Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:50PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

Apollo Health and Lifestyle Limited
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.5**	g/dL	12-15	Spectrophotometer
PCV	**31.60**	%	36-46	Electronic pulse & Calculation
RBC COUNT	**4.86**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**65**	fL	83-101	Calculated
MCH	**19.5**	pg	27-32	Calculated
MCHC	**30**	g/dL	31.5-34.5	Calculated
R.D.W	**14.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,770	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3288.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2019.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	163000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**25**	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Dr. Khushbu Jain
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Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:22PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Khushbu Jain

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 11:43AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 12:49PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:48PM
Visit ID	: SJAIOPV55268	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	91	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	**Normal**
100-125 mg/dL	**Prediabetes**
≥126 mg/dL	**Diabetes**
<70 mg/dL	**Hypoglycemia**

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relavant medication if taking.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	**62**	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.29**		<0.11	Calculated

Kindly correlate clinically.

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Khushbu Jain

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Consultant Pathologist

SIN No:SE04804969

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.25	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	85.34	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

Khushbu Jain

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Consultant Pathologist

SIN No:SE04804969

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.62	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	28.14	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.09	mg/dL	2.6-6	Uricase
CALCIUM	9.22	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**72.70**	U/L	12-43	Glyclyclycine Nitoranalide

Kindly correlate clinically.

Khushbu Jain

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SIN No:SE04804969

Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.115	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	7.632	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	**7.844**	µlU/mL	0.35-4.75	CLIA

Kindly correlate clinically.

Comment:

For pregnant females	**Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)**
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	**T3**	**T4**	**FT4**	**Conditions**
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

Khushbu Jain

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SIN No:SPL24130206

Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	15-20	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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SIN No:UR2401791

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

***** End Of Report *****

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:UR2401791

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient ID :

TEST REPORT

Reg. No	: 408101355	**Reg. On**	: 10-Aug-2024 01:10 PM
Name	: Mrs. KARISHMA BAI MEENA	**Collected On**	: 10-Aug-2024 01:10 PM
Age/Sex	: 34 Years / Female	**Report Date**	: 10-Aug-2024 01:59 PM
Ref. By	:	**Dispatch At**	:
Client Name	: APOLLO HEALTH AND LIFE STYLE LTD	**Tele No**	:

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C *Turbidimetric InhibitionImmunoassay*	5.00	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	96.80	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

---------- End Of Report ----------

This is an Electronically Authenticated Report.

Khushbu Jain

DR KHUSHBU JAIN
MD PATHOLOGY

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.

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Specialists in Surgery

Name : Mrs. Vaishnavi. Bai Meena

Age/Sex : 34/F **Visit type: HC**

MRN No :

Eye Check-up Report

Present Complains: No Complain

Surgical History: No.

Past History: Hypertension / Diabetes / IHD / Asthma/ TB/ Kidney

No / No / No

Problems: No.

Family History: Glaucoma / Diabetes / Retina Problem / High Myopia / Night Blindness

No / No / No

Retinoscopy:

RE +2.50 / +2.50 LE +2.50 / +2.50

Ophthalmoscopy:

RE LE

Vision:

RE		
V/A	UCVA	PH
	6/6	6/6
LE		
V/A	UCVA	PH
	6/6	6/6

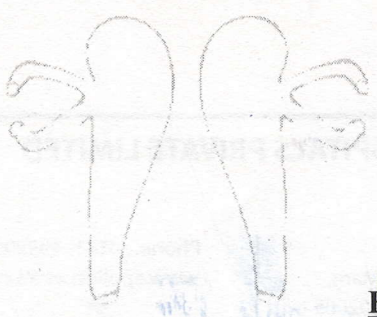
GLASS PRISCRIPTION:

RE					
	SPH	CYL	AXIS	DV	NV ADD
PG					
NEW				6/6	

LE					
	SPH	CYL	AXIS	DV	NV ADD
PG					
NEW				6/6	

Colour Vision
RE
No colour vision

Lacrimal Sac



Apollo Specialty Hospitals Pvt. Ltd. JAIPUR

FINDINGS:

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 04:13PM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 05:04PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 05:36PM
Visit ID	: SJAIOPV55280	Status	: Final Report
Ref Doctor	: Dr.SELF		

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	23.324	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method

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DEPARTMENT OF IMMUNOLOGY

VITAMIN B12 , *SERUM*	308.991	pg/mL	183-822	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:50PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.5**	g/dL	12-15	Spectrophotometer
PCV	**31.60**	%	36-46	Electronic pulse & Calculation
RBC COUNT	**4.86**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**65**	fL	83-101	Calculated
MCH	**19.5**	pg	27-32	Calculated
MCHC	**30**	g/dL	31.5-34.5	Calculated
R.D.W	**14.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,770	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3288.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2019.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	163000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**25**	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Khushbu Jain

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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

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Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:22PM
Visit ID	: SJAIOPV55268	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 11:43AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 12:49PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:48PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	91	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relavant medication if taking.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	**62**	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.29**		<0.11	Calculated

Kindly correlate clinically.

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.25	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	85.34	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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SIN No:SE04804969

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DEPARTMENT OF BIOCHEMISTRY

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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Khushbu Jain

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Consultant Pathologist

SIN No:SE04804969

Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.62	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	28.14	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.09	mg/dL	2.6-6	Uricase
CALCIUM	9.22	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804969

Apollo Health and Lifestyle Limited
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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**72.70**	U/L	12-43	Glyclyclycine Nitoranalide

Kindly correlate clinically.

Khushbu Jain

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.115	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	7.632	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	**7.844**	µIU/mL	0.35-4.75	CLIA

Kindly correlate clinically.

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	15-20	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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SIN No:UR2401791

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

*** End Of Report ***

Khushbu Jain

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Patient ID :

TEST REPORT

Reg. No	: 408101355	**Reg. On**	: 10-Aug-2024 01:10 PM
Name	: Mrs. KARISHMA BAI MEENA	**Collected On**	: 10-Aug-2024 01:10 PM
Age/Sex	: 34 Years / Female	**Report Date**	: 10-Aug-2024 01:59 PM
Ref. By	:	**Dispatch At**	:
Client Name	: APOLLO HEALTH AND LIFE STYLE LTD	**Tele No**	:

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C *Turbidimetric InhibitionImmunoassay*	5.00	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	96.80	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

---------- End Of Report ----------

This is an Electronically Authenticated Report.

Khushbu Jain

DR KHUSHBU JAIN
MD PATHOLOGY

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Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER

M MODE-2D ECHO FINDINGS

DIMENSIONS:

IVST	(DIASTOLIC)	10	mm	AO	30	mm
LVID	(DIASTOLIC)	46	mm	LA	33	mm
LVPW	(DIASTOLIC)	10	mm			
IVST	(SYSTOLIC)	15	mm			
LVID	(SYSTOLIC)	31	mm			
LVPW	(SYSTOLIC)	13	mm			

LV FUNCTIONS:

HR	bpm	SV	ml
LVEDV	ml	EF	59 %
LVESV	ml	FS	%

MORPHOLOGY:

SITUS	:	SOLITUS
ANTRIOVENTRICULAR RELATION	:	CONCORDANT
VENTRICULOARTERIAL RELATION	:	CONCORDANT
MITRAL AORTIC CONTINUITY	:	NORMAL
SEPTAL AROTIC CONTINUITY	:	NORMAL
IAS	:	INTACT
IVS	:	INTACT
CARDIAC CHAMBERS	:	NORMAL SIZE
GREAT VESSELS	:	NORMAL SIZE

VALVES:

MITRAL	:	NORMAL
TRICUSPID	:	NORMAL
PULMONARY	:	NORMAL
AORTIC	:	NORMAL

L.V.:

REGIONAL WALL MOTION	:	NORMAL
SYSTOLIC FUNCTION	:	NORMAL
DIASTOLIC FUNCTION	:	ABNORMAL

Cont..... Page (2)

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DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

THROMBUS	:	NIL
VEGETATION	:	NIL
PERICARDIUM	:	NIL

VALVE		VELOCITY (m/sec)	REGURG Grade	STENOSIS GRADIENT (peak/mean-mm Hg)
MITRAL	E	0.50	NIL	
MITRAL	A	0.72	NIL	
TRICUSPID		0.51	NIL	
PULMONARY		0.66	NIL	
AORTIC		1.11	NIL	

MV AREA cm^2 (BY PHT/PLANIMETRY)
AV AREA NORMAL
PULMONARY ARTERY PRESSURE : NORMAL

IMPRESSION:

- LV DIASTOLIC DYSFUNCTION GRADE I.
- ALL CARDIAC CHAMBERS ARE NORMAL.
- ALL VALVES ARE NORMAL.
- IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- PERICARDIUM NORMAL.
- NO CLOT/VEGETATION SEEN.
- NORMAL SYSTOLIC FUNCTIONS OF THE LV.

Consultant Cardiologist.

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Diagnostic Centre

DATE: 10-AUG-24

NAME: KRISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:

- Normal study of chest X-ray.

Dr. N.M. Kumawat
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 17614)

Dr. Vaishali Singh
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 27095)

Dr. Sumita Choudhary
DNB (Radiodiagnosis).
Consultant Radiologist
(RMC Reg. No. - 22866)

Dr. Ravi Kasniya
MD (Radiodiagnosis)
Consultant radiologist
(RMC reg. No. - 24691)

Dr. Mitesh Gupta (khandelwal)
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 41952)

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Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:

LIVER: Is enlarged in size (15.6 cm) and shows normal echotexture. No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

GALL BLADDER: is partially distended. Multiple calculi seen largest measuring approx. 8.5 mm in GB lumen. The CBD is normal in course (3.9 mm) and caliber. Intrahepatic biliary canaliculi are not dilated.

PANCREAS: to the extent visualized is normal. The pancreatic duct is not visualized.

RIGHT KIDNEY:
Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

LEFT KIDNEY:
Left kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

SPLEEN: It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.

URINARY BLADDER: Is minimally filled.

UTERUS: is normal in size, shape and echotexture.
Bilateral ovaries could not be visualized due to minimally filled bladder.

IMPRESSION:

- **Mild hepatomegaly**
- **Cholelithiasis.**

Dr. N.M. Kumawat	Dr. Vaishali Singh	Dr. Sumita Choudhary	Dr. Ravi Kasniya	Dr. Mitesh Gupta
DNB (Radiodiagnosis)	MD (Radiodiagnosis)	DNB (Radiodiagnosis).	MD (Radiodiagnosis)	MD (Radiodiagnosis)
Consultant Radiologist	Consultant Radiologist	Consultant Radiologist	Consultant radiologist	Consultant Radiologist
(RMC Reg. No. – 17614)	(RMC Reg. No. - 27095)	(RMC Reg. No. - 22866)	(RMC reg. No. - 24691)	(RMC Reg. No. – 41952)

There is only a professional opinion and should be correlated clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

Dr. Vaishali Singh
Consultant Radiologist
RMC Reg. No. 27095

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ID: 68951

MRS KARISHMA BAI MEENA

Female 34Years

Req. No. :

10-08-2024 08:56:13 AM

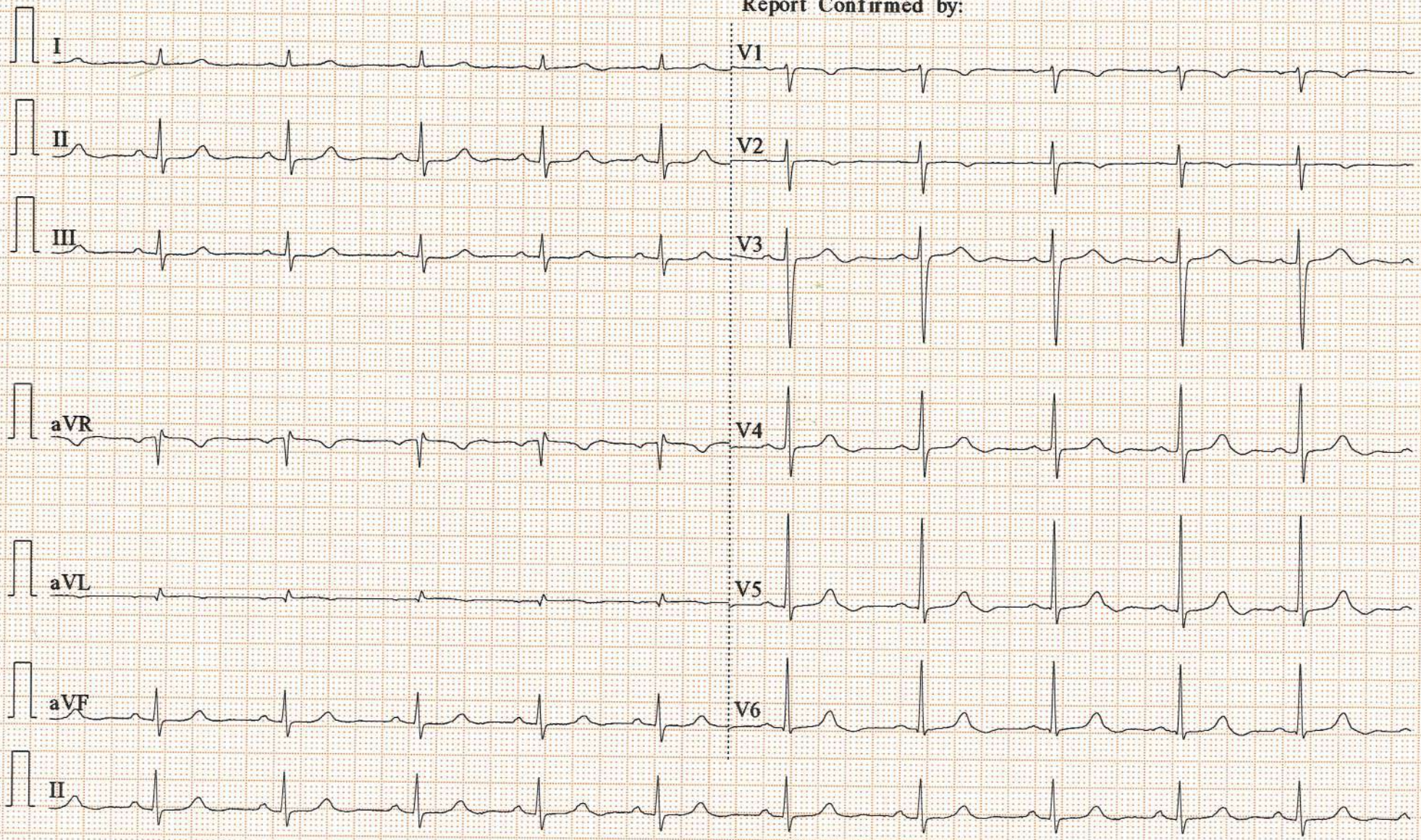
HR	: 64	bpm	
P	: 97	ms	
PR	: 169	ms	
QRS	: 82	ms	
QT/QTcBz	: 443/459	ms	
P/QRS/T	: 68/49/64	°	
RV5/SV1	: 1.679/0.398	mV	

Diagnosis Information:

Sinus Rhythm

Inverted T Wave(V1,V2)

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITAL JAIPUR

भारत सरकार
GOVERNMENT OF INDIA

करिश्मा बाई मीना
Karishma Bai Meena
जन्म तिथि/ DOB:
26/06/1990
महिला / FEMALE

9708 0368 8483

मेरा आधार, मेरी पहचान

करिश्मा मीना

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O देशराज मीना, आरेज, आरेज, आरेज, करौली, राजस्थान - 322220

Address:
W/O Deshraj Meena, arej, arej, Arej, Karauli, Rajasthan - 322220

9708 0368 8483

MERA AADHAAR, MERI PEHACHAN

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 04:13PM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 05:04PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 05:36PM
Visit ID	: SJAIOPV55280	Status	: Final Report
Ref Doctor	: Dr.SELF		

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	23.324	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method

Khushbu Jain

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SIN No:SPL24131012

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DEPARTMENT OF IMMUNOLOGY

VITAMIN B12 , *SERUM*	308.991	pg/mL	183-822	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:50PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.5**	g/dL	12-15	Spectrophotometer
PCV	**31.60**	%	36-46	Electronic pulse & Calculation
RBC COUNT	**4.86**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**65**	fL	83-101	Calculated
MCH	**19.5**	pg	27-32	Calculated
MCHC	**30**	g/dL	31.5-34.5	Calculated
R.D.W	**14.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,770	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3288.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2019.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	163000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**25**	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Khushbu Jain

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M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

Dr. Khushbu Jain
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UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:22PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 11:43AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 12:49PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:48PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	91	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relavant medication if taking.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	**62**	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.29**		<0.11	Calculated

Kindly correlate clinically.

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.25	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	85.34	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

Khushbu Jain

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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.62	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	28.14	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.09	mg/dL	2.6-6	Uricase
CALCIUM	9.22	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**72.70**	U/L	12-43	Glyclyclycine Nitoranalide

Kindly correlate clinically.

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.115	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	7.632	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	**7.844**	µIU/mL	0.35-4.75	CLIA

Kindly correlate clinically.

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

Khushbu Jain

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	15-20	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:UR2401791

Apollo Health and Lifestyle Limited
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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

*** End Of Report ***

Khushbu Jain

Dr. Khushbu Jain
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Patient ID :

TEST REPORT

Reg. No	: 408101355	**Reg. On**	: 10-Aug-2024 01:10 PM
Name	: Mrs. KARISHMA BAI MEENA	**Collected On**	: 10-Aug-2024 01:10 PM
Age/Sex	: 34 Years / Female	**Report Date**	: 10-Aug-2024 01:59 PM
Ref. By	:	**Dispatch At**	:
Client Name	: APOLLO HEALTH AND LIFE STYLE LTD	**Tele No**	:

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C *Turbidimetric InhibitionImmunoassay*	5.00	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	96.80	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

---------- End Of Report ----------

This is an Electronically Authenticated Report.

Khushbu Jain

DR KHUSHBU JAIN
MD PATHOLOGY

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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suryam
Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER

M MODE-2D ECHO FINDINGS

DIMENSIONS:

IVST	(DIASTOLIC)	10	mm	AO	30	mm
LVID	(DIASTOLIC)	46	mm	LA	33	mm
LVPW	(DIASTOLIC)	10	mm			
IVST	(SYSTOLIC)	15	mm			
LVID	(SYSTOLIC)	31	mm			
LVPW	(SYSTOLIC)	13	mm			

LV FUNCTIONS:

HR	bpm	SV	ml
LVEDV	ml	EF	59 %
LVESV	ml	FS	%

MORPHOLOGY:

SITUS	:	SOLITUS
ANTRIOVENTRICULAR RELATION	:	CONCORDANT
VENTRICULOARTERIAL RELATION	:	CONCORDANT
MITRAL AORTIC CONTINUITY	:	NORMAL
SEPTAL AROTIC CONTINUITY	:	NORMAL
IAS	:	INTACT
IVS	:	INTACT
CARDIAC CHAMBERS	:	NORMAL SIZE
GREAT VESSELS	:	NORMAL SIZE

VALVES:

MITRAL	:	NORMAL
TRICUSPID	:	NORMAL
PULMONARY	:	NORMAL
AORTIC	:	NORMAL

L.V.:

REGIONAL WALL MOTION	:	NORMAL
SYSTOLIC FUNCTION	:	NORMAL
DIASTOLIC FUNCTION	:	ABNORMAL

Cont..... Page (2)

suryam
Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

THROMBUS	:	NIL
VEGETATION	:	NIL
PERICARDIUM	:	NIL

VALVE		VELOCITY (m/sec)	REGURG Grade	STENOSIS GRADIENT (peak/mean-mm Hg)
MITRAL	E	0.50	NIL	
MITRAL	A	0.72	NIL	
TRICUSPID		0.51	NIL	
PULMONARY		0.66	NIL	
AORTIC		1.11	NIL	

MV AREA cm^2 (BY PHT/PLANIMETRY)
AV AREA NORMAL
PULMONARY ARTERY PRESSURE : NORMAL

IMPRESSION:

- LV DIASTOLIC DYSFUNCTION GRADE I.
- ALL CARDIAC CHAMBERS ARE NORMAL.
- ALL VALVES ARE NORMAL.
- IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- PERICARDIUM NORMAL.
- NO CLOT/VEGETATION SEEN.
- NORMAL SYSTOLIC FUNCTIONS OF THE LV.

Consultant Cardiologist.

suryam
Diagnostic Centre

DATE: 10-AUG-24

NAME: KRISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:

- Normal study of chest X-ray.

Dr. N.M. Kumawat
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 17614)

Dr. Vaishali Singh
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 27095)

Dr. Sumita Choudhary
DNB (Radiodiagnosis).
Consultant Radiologist
(RMC Reg. No. - 22866)

Dr. Ravi Kasniya
MD (Radiodiagnosis)
Consultant radiologist
(RMC reg. No. - 24691)

Dr. Mitesh Gupta (khandelwal)
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 41952)

suryam
Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:

LIVER: Is enlarged in size (15.6 cm) and shows normal echotexture. No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

GALL BLADDER: is partially distended. Multiple calculi seen largest measuring approx. 8.5 mm in GB lumen. The CBD is normal in course (3.9 mm) and caliber. Intrahepatic biliary canaliculi are not dilated.

PANCREAS: to the extent visualized is normal. The pancreatic duct is not visualized.

RIGHT KIDNEY:
Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

LEFT KIDNEY:
Left kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

SPLEEN: It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.

URINARY BLADDER: Is minimally filled.

UTERUS: is normal in size, shape and echotexture.
Bilateral ovaries could not be visualized due to minimally filled bladder.

IMPRESSION:

- **Mild hepatomegaly**
- **Cholelithiasis.**

Dr. N.M. Kumawat	Dr. Vaishali Singh	Dr. Sumita Choudhary	Dr. Ravi Kasniya	Dr. Mitesh Gupta
DNB (Radiodiagnosis)	MD (Radiodiagnosis)	DNB (Radiodiagnosis).	MD (Radiodiagnosis)	MD (Radiodiagnosis)
Consultant Radiologist	Consultant Radiologist	Consultant Radiologist	Consultant radiologist	Consultant Radiologist
(RMC Reg. No. – 17614)	(RMC Reg. No. - 27095)	(RMC Reg. No. - 22866)	(RMC reg. No. - 24691)	(RMC Reg. No. – 41952)

There is only a professional opinion and should be correlated clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

Dr. Vaishali Singh
Consultant Radiologist
RMC Reg. No. 27095

Ground Floor, Akshat Retreat, Opp. Gate No.1 of SMS Hospital, Tonk Road, Jaipur
Ph.: 0141-2369763/64, 4021683 • Email: care@suryamdiagnostic.in • Website: www.suryamdiagnostic.in

ID: 68951

MRS KARISHMA BAI MEENA

Female 34Years

Req. No. :

10-08-2024 08:56:13 AM

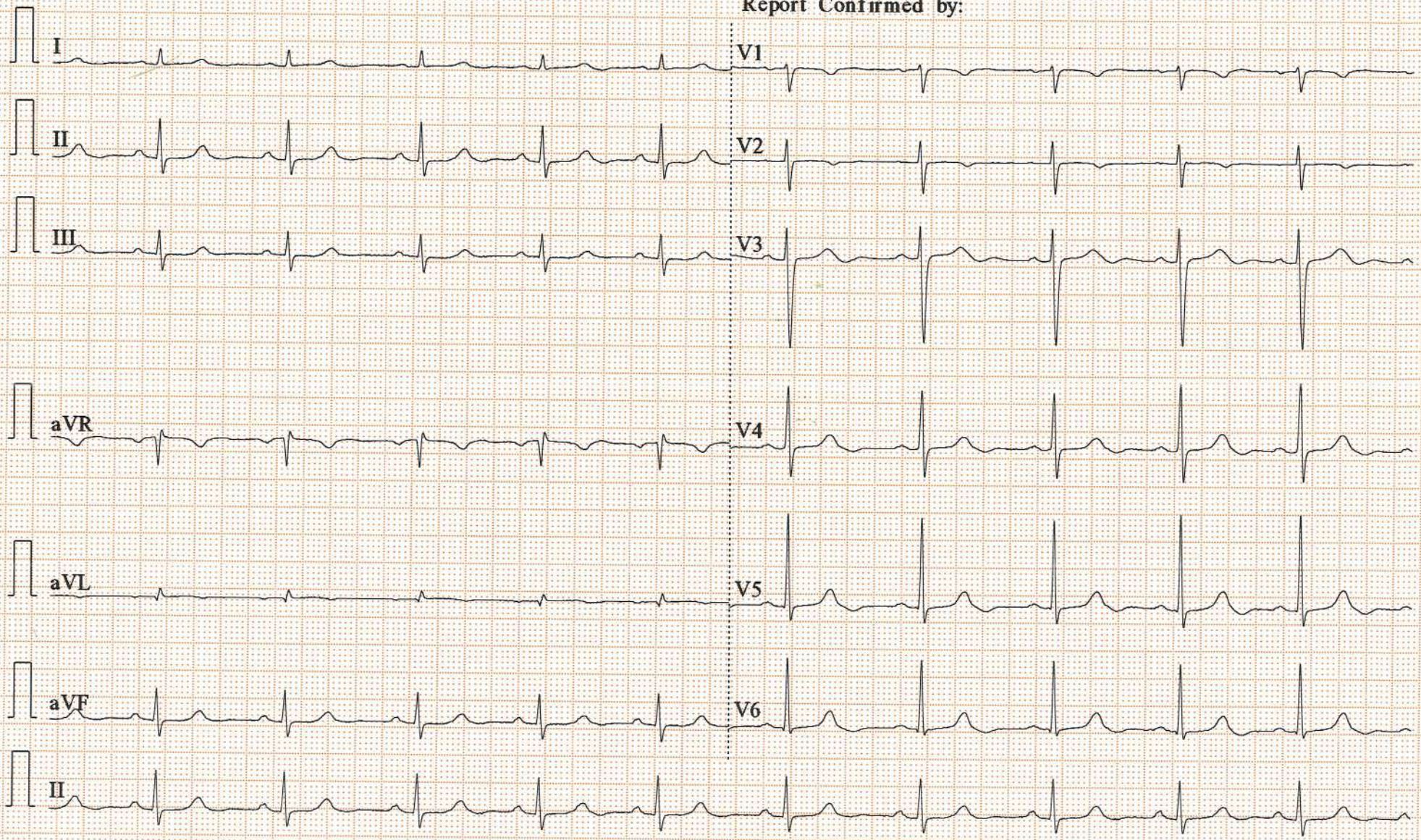
HR	: 64	bpm	
P	: 97	ms	
PR	: 169	ms	
QRS	: 82	ms	
QT/QTcBz	: 443/459	ms	
P/QRS/T	: 68/49/64	°	
RV5/SV1	: 1.679/0.398	mV	

Diagnosis Information:

Sinus Rhythm

Inverted T Wave(V1,V2)

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITAL JAIPUR

भारत सरकार
GOVERNMENT OF INDIA

करिश्मा बाई मीना
Karishma Bai Meena
जन्म तिथि/ DOB:
26/06/1990
महिला / FEMALE

9708 0368 8483

मेरा आधार, मेरी पहचान

करिश्मा मीना

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O देशराज मीना, आरेज, आरेज, आरेज, करौली, राजस्थान - 322220

Address:
W/O Deshraj Meena, arej, arej, Arej, Karauli, Rajasthan - 322220

9708 0368 8483

MERA AADHAAR, MERI PEHACHAN

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 04:13PM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 05:04PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 05:36PM
Visit ID	: SJAIOPV55280	Status	: Final Report
Ref Doctor	: Dr.SELF		

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	23.324	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL24131012

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DEPARTMENT OF IMMUNOLOGY

VITAMIN B12 , *SERUM*	308.991	pg/mL	183-822	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***

Khushbu Jain

Dr. Khushbu Jain
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Consultant Pathologist

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:50PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.5**	g/dL	12-15	Spectrophotometer
PCV	**31.60**	%	36-46	Electronic pulse & Calculation
RBC COUNT	**4.86**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**65**	fL	83-101	Calculated
MCH	**19.5**	pg	27-32	Calculated
MCHC	**30**	g/dL	31.5-34.5	Calculated
R.D.W	**14.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,770	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3288.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2019.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	163000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**25**	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:50PM
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Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:22PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 11:43AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 12:49PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:48PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	91	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relavant medication if taking.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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SIN No:PLP1481137

Apollo Health and Lifestyle Limited
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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	**62**	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.29**		<0.11	Calculated

Kindly correlate clinically.

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.25	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	85.34	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.62	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	28.14	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.09	mg/dL	2.6-6	Uricase
CALCIUM	9.22	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**72.70**	U/L	12-43	Glyclyclycine Nitoranalide

Kindly correlate clinically.

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.115	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	7.632	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	**7.844**	µIU/mL	0.35-4.75	CLIA

Kindly correlate clinically.

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	15-20	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Khushbu Jain

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*** End Of Report ***

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Patient ID :

TEST REPORT

Reg. No	: 408101355	**Reg. On**	: 10-Aug-2024 01:10 PM
Name	: Mrs. KARISHMA BAI MEENA	**Collected On**	: 10-Aug-2024 01:10 PM
Age/Sex	: 34 Years / Female	**Report Date**	: 10-Aug-2024 01:59 PM
Ref. By	:	**Dispatch At**	:
Client Name	: APOLLO HEALTH AND LIFE STYLE LTD	**Tele No**	:

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C *Turbidimetric InhibitionImmunoassay*	5.00	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	96.80	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

---------- End Of Report ----------

This is an Electronically Authenticated Report.

Khushbu Jain

DR KHUSHBU JAIN
MD PATHOLOGY

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suryam
Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER

M MODE-2D ECHO FINDINGS

DIMENSIONS:

IVST	(DIASTOLIC)	10	mm	AO	30	mm
LVID	(DIASTOLIC)	46	mm	LA	33	mm
LVPW	(DIASTOLIC)	10	mm			
IVST	(SYSTOLIC)	15	mm			
LVID	(SYSTOLIC)	31	mm			
LVPW	(SYSTOLIC)	13	mm			

LV FUNCTIONS:

HR	bpm	SV	ml
LVEDV	ml	EF	59 %
LVESV	ml	FS	%

MORPHOLOGY:

SITUS	:	SOLITUS
ANTRIOVENTRICULAR RELATION	:	CONCORDANT
VENTRICULOARTERIAL RELATION	:	CONCORDANT
MITRAL AORTIC CONTINUITY	:	NORMAL
SEPTAL AROTIC CONTINUITY	:	NORMAL
IAS	:	INTACT
IVS	:	INTACT
CARDIAC CHAMBERS	:	NORMAL SIZE
GREAT VESSELS	:	NORMAL SIZE

VALVES:

MITRAL	:	NORMAL
TRICUSPID	:	NORMAL
PULMONARY	:	NORMAL
AORTIC	:	NORMAL

L.V.:

REGIONAL WALL MOTION	:	NORMAL
SYSTOLIC FUNCTION	:	NORMAL
DIASTOLIC FUNCTION	:	ABNORMAL

Cont..... Page (2)

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DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

THROMBUS	:	NIL
VEGETATION	:	NIL
PERICARDIUM	:	NIL

VALVE		VELOCITY (m/sec)	REGURG Grade	STENOSIS GRADIENT (peak/mean-mm Hg)
MITRAL	E	0.50	NIL	
MITRAL	A	0.72	NIL	
TRICUSPID		0.51	NIL	
PULMONARY		0.66	NIL	
AORTIC		1.11	NIL	

MV AREA cm^2 (BY PHT/PLANIMETRY)
AV AREA NORMAL
PULMONARY ARTERY PRESSURE : NORMAL

IMPRESSION:

- LV DIASTOLIC DYSFUNCTION GRADE I.
- ALL CARDIAC CHAMBERS ARE NORMAL.
- ALL VALVES ARE NORMAL.
- IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- PERICARDIUM NORMAL.
- NO CLOT/VEGETATION SEEN.
- NORMAL SYSTOLIC FUNCTIONS OF THE LV.

Consultant Cardiologist.

suryam
Diagnostic Centre

DATE: 10-AUG-24

NAME: KRISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:

- Normal study of chest X-ray.

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(RMC Reg. No. - 22866)

Dr. Ravi Kasniya
MD (Radiodiagnosis)
Consultant radiologist
(RMC reg. No. - 24691)

Dr. Mitesh Gupta (khandelwal)
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 41952)

suryam
Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:

LIVER: Is enlarged in size (15.6 cm) and shows normal echotexture. No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

GALL BLADDER: is partially distended. Multiple calculi seen largest measuring approx. 8.5 mm in GB lumen. The CBD is normal in course (3.9 mm) and caliber. Intrahepatic biliary canaliculi are not dilated.

PANCREAS: to the extent visualized is normal. The pancreatic duct is not visualized.

RIGHT KIDNEY:
Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

LEFT KIDNEY:
Left kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

SPLEEN: It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.

URINARY BLADDER: Is minimally filled.

UTERUS: is normal in size, shape and echotexture.
Bilateral ovaries could not be visualized due to minimally filled bladder.

IMPRESSION:

- **Mild hepatomegaly**
- **Cholelithiasis.**

Dr. N.M. Kumawat	Dr. Vaishali Singh	Dr. Sumita Choudhary	Dr. Ravi Kasniya	Dr. Mitesh Gupta
DNB (Radiodiagnosis)	MD (Radiodiagnosis)	DNB (Radiodiagnosis).	MD (Radiodiagnosis)	MD (Radiodiagnosis)
Consultant Radiologist	Consultant Radiologist	Consultant Radiologist	Consultant radiologist	Consultant Radiologist
(RMC Reg. No. – 17614)	(RMC Reg. No. - 27095)	(RMC Reg. No. - 22866)	(RMC reg. No. - 24691)	(RMC Reg. No. – 41952)

There is only a professional opinion and should be correlated clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

Dr. Vaishali Singh
Consultant Radiologist
RMC Reg. No. 27095

Ground Floor, Akshat Retreat, Opp. Gate No.1 of SMS Hospital, Tonk Road, Jaipur
Ph.: 0141-2369763/64, 4021683 • Email: care@suryamdiagnostic.in • Website: www.suryamdiagnostic.in

ID: 68951

MRS KARISHMA BAI MEENA

Female 34Years

Req. No. :

10-08-2024 08:56:13 AM

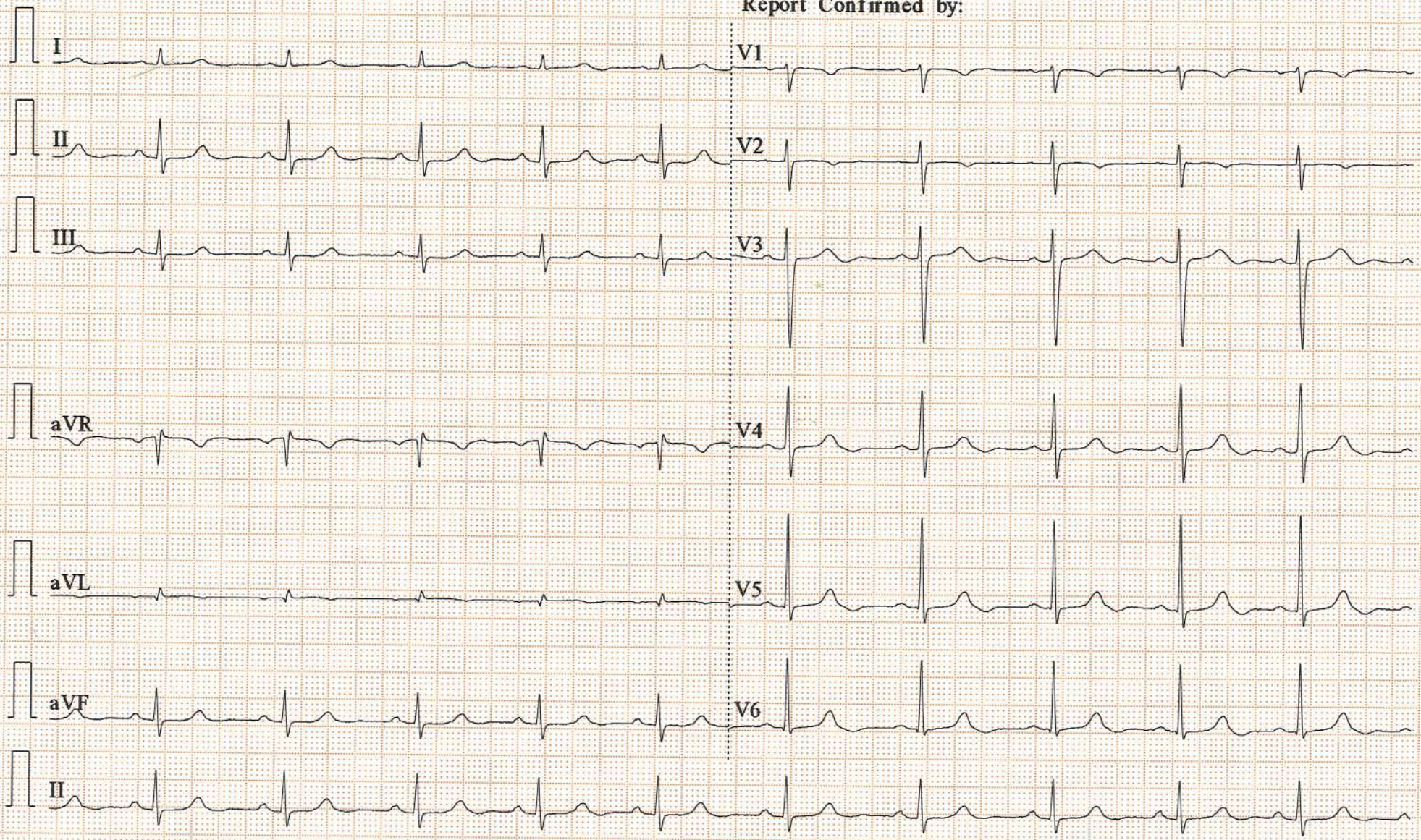
HR	: 64	bpm	
P	: 97	ms	
PR	: 169	ms	
QRS	: 82	ms	
QT/QTcBz	: 443/459	ms	
P/QRS/T	: 68/49/64	°	
RV5/SV1	: 1.679/0.398	mV	

Diagnosis Information:

Sinus Rhythm

Inverted T Wave(V1,V2)

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITAL JAIPUR

भारत सरकार
GOVERNMENT OF INDIA

करिश्मा बाई मीना
Karishma Bai Meena
जन्म तिथि/ DOB:
26/06/1990
महिला / FEMALE

9708 0368 8483

मेरा आधार, मेरी पहचान

करिश्मा मीना

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O देशराज मीना, आरेज, आरेज, आरेज, करौली, राजस्थान - 322220

Address:
W/O Deshraj Meena, arej, arej, Arej, Karauli, Rajasthan - 322220

9708 0368 8483

MERA AADHAAR, MERI PEHACHAN

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 04:13PM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 05:04PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 05:36PM
Visit ID	: SJAIOPV55280	Status	: Final Report
Ref Doctor	: Dr.SELF		

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	23.324	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL24131012

Apollo Health and Lifestyle Limited
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DEPARTMENT OF IMMUNOLOGY

VITAMIN B12 , *SERUM*	308.991	pg/mL	183-822	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:50PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.5**	g/dL	12-15	Spectrophotometer
PCV	**31.60**	%	36-46	Electronic pulse & Calculation
RBC COUNT	**4.86**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**65**	fL	83-101	Calculated
MCH	**19.5**	pg	27-32	Calculated
MCHC	**30**	g/dL	31.5-34.5	Calculated
R.D.W	**14.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,770	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3288.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2019.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	163000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**25**	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:22PM
Visit ID	: SJAIOPV55268	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 11:43AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 12:49PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:48PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	91	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relavant medication if taking.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:PLP1481137

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	**62**	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.29**		<0.11	Calculated

Kindly correlate clinically.

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804969

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.25	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	85.34	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804969

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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804969

Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.62	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	28.14	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.09	mg/dL	2.6-6	Uricase
CALCIUM	9.22	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04804969

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**72.70**	U/L	12-43	Glyclyclycine Nitoranalide

Kindly correlate clinically.

Khushbu Jain

Dr. Khushbu Jain
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.115	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	7.632	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	**7.844**	µIU/mL	0.35-4.75	CLIA

Kindly correlate clinically.

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
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Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	15-20	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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SIN No:UR2401791

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

*** End Of Report ***

Khushbu Jain

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Patient ID :

TEST REPORT

Reg. No	: 408101355	**Reg. On**	: 10-Aug-2024 01:10 PM
Name	: Mrs. KARISHMA BAI MEENA	**Collected On**	: 10-Aug-2024 01:10 PM
Age/Sex	: 34 Years / Female	**Report Date**	: 10-Aug-2024 01:59 PM
Ref. By	:	**Dispatch At**	:
Client Name	: APOLLO HEALTH AND LIFE STYLE LTD	**Tele No**	:

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C *Turbidimetric InhibitionImmunoassay*	5.00	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	96.80	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

---------- End Of Report ----------

This is an Electronically Authenticated Report.

Khushbu Jain

DR KHUSHBU JAIN
MD PATHOLOGY

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Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER

M MODE-2D ECHO FINDINGS

DIMENSIONS:

IVST	(DIASTOLIC)	10	mm	AO	30	mm
LVID	(DIASTOLIC)	46	mm	LA	33	mm
LVPW	(DIASTOLIC)	10	mm			
IVST	(SYSTOLIC)	15	mm			
LVID	(SYSTOLIC)	31	mm			
LVPW	(SYSTOLIC)	13	mm			

LV FUNCTIONS:

HR	bpm	SV	ml
LVEDV	ml	EF	59 %
LVESV	ml	FS	%

MORPHOLOGY:

SITUS	:	SOLITUS
ANTRIOVENTRICULAR RELATION	:	CONCORDANT
VENTRICULOARTERIAL RELATION	:	CONCORDANT
MITRAL AORTIC CONTINUITY	:	NORMAL
SEPTAL AROTIC CONTINUITY	:	NORMAL
IAS	:	INTACT
IVS	:	INTACT
CARDIAC CHAMBERS	:	NORMAL SIZE
GREAT VESSELS	:	NORMAL SIZE

VALVES:

MITRAL	:	NORMAL
TRICUSPID	:	NORMAL
PULMONARY	:	NORMAL
AORTIC	:	NORMAL

L.V.:

REGIONAL WALL MOTION	:	NORMAL
SYSTOLIC FUNCTION	:	NORMAL
DIASTOLIC FUNCTION	:	ABNORMAL

Cont..... Page (2)

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Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

THROMBUS	:	NIL
VEGETATION	:	NIL
PERICARDIUM	:	NIL

VALVE		VELOCITY (m/sec)	REGURG Grade	STENOSIS GRADIENT (peak/mean-mm Hg)
MITRAL	E	0.50	NIL	
MITRAL	A	0.72	NIL	
TRICUSPID		0.51	NIL	
PULMONARY		0.66	NIL	
AORTIC		1.11	NIL	

MV AREA cm^2 (BY PHT/PLANIMETRY)
AV AREA NORMAL
PULMONARY ARTERY PRESSURE : NORMAL

IMPRESSION:

- LV DIASTOLIC DYSFUNCTION GRADE I.
- ALL CARDIAC CHAMBERS ARE NORMAL.
- ALL VALVES ARE NORMAL.
- IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- PERICARDIUM NORMAL.
- NO CLOT/VEGETATION SEEN.
- NORMAL SYSTOLIC FUNCTIONS OF THE LV.

Consultant Cardiologist.

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Diagnostic Centre

DATE: 10-AUG-24

NAME: KRISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:

- Normal study of chest X-ray.

Dr. N.M. Kumawat
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 17614)

Dr. Vaishali Singh
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 27095)

Dr. Sumita Choudhary
DNB (Radiodiagnosis).
Consultant Radiologist
(RMC Reg. No. - 22866)

Dr. Ravi Kasniya
MD (Radiodiagnosis)
Consultant radiologist
(RMC reg. No. - 24691)

Dr. Mitesh Gupta (khandelwal)
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 41952)

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Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:

LIVER: Is enlarged in size (15.6 cm) and shows normal echotexture. No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

GALL BLADDER: is partially distended. Multiple calculi seen largest measuring approx. 8.5 mm in GB lumen. The CBD is normal in course (3.9 mm) and caliber. Intrahepatic biliary canaliculi are not dilated.

PANCREAS: to the extent visualized is normal. The pancreatic duct is not visualized.

RIGHT KIDNEY:
Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

LEFT KIDNEY:
Left kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

SPLEEN: It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.

URINARY BLADDER: Is minimally filled.

UTERUS: is normal in size, shape and echotexture.
Bilateral ovaries could not be visualized due to minimally filled bladder.

IMPRESSION:

- **Mild hepatomegaly**
- **Cholelithiasis.**

Dr. N.M. Kumawat	Dr. Vaishali Singh	Dr. Sumita Choudhary	Dr. Ravi Kasniya	Dr. Mitesh Gupta
DNB (Radiodiagnosis)	MD (Radiodiagnosis)	DNB (Radiodiagnosis).	MD (Radiodiagnosis)	MD (Radiodiagnosis)
Consultant Radiologist	Consultant Radiologist	Consultant Radiologist	Consultant radiologist	Consultant Radiologist
(RMC Reg. No. – 17614)	(RMC Reg. No. - 27095)	(RMC Reg. No. - 22866)	(RMC reg. No. - 24691)	(RMC Reg. No. – 41952)

There is only a professional opinion and should be correlated clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

Dr. Vaishali Singh
Consultant Radiologist
RMC Reg. No. 27095

Ground Floor, Akshat Retreat, Opp. Gate No.1 of SMS Hospital, Tonk Road, Jaipur
Ph.: 0141-2369763/64, 4021683 • Email: care@suryamdiagnostic.in • Website: www.suryamdiagnostic.in

ID: 68951

MRS KARISHMA BAI MEENA

Female 34Years

Req. No. :

10-08-2024 08:56:13 AM

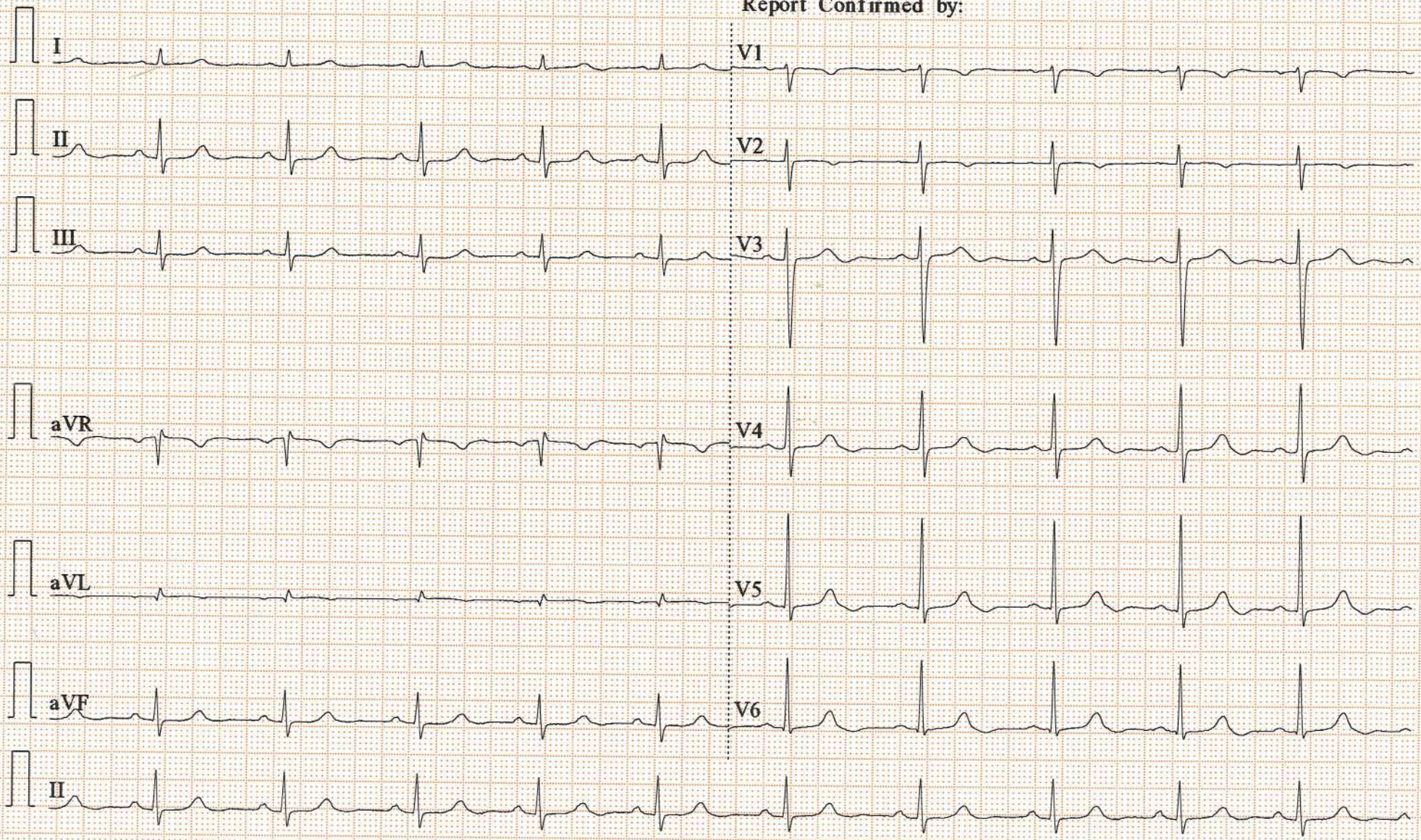
HR	: 64	bpm	
P	: 97	ms	
PR	: 169	ms	
QRS	: 82	ms	
QT/QTcBz	: 443/459	ms	
P/QRS/T	: 68/49/64	°	
RV5/SV1	: 1.679/0.398	mV	

Diagnosis Information:

Sinus Rhythm

Inverted T Wave(V1,V2)

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITAL JAIPUR

भारत सरकार
GOVERNMENT OF INDIA

करिश्मा बाई मीना
Karishma Bai Meena
जन्म तिथि/ DOB:
26/06/1990
महिला / FEMALE

9708 0368 8483

मेरा आधार, मेरी पहचान

करिश्मा मीना

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O देशराज मीना, आरेज, आरेज, आरेज, करौली, राजस्थान - 322220

Address:
W/O Deshraj Meena, arej, arej, Arej, Karauli, Rajasthan - 322220

9708 0368 8483

MERA AADHAAR, MERI PEHACHAN

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 04:13PM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 05:04PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 05:36PM
Visit ID	: SJAIOPV55280	Status	: Final Report
Ref Doctor	: Dr.SELF		

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	23.324	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method

Khushbu Jain

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SIN No:SPL24131012

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DEPARTMENT OF IMMUNOLOGY

VITAMIN B12 , *SERUM*	308.991	pg/mL	183-822	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***

Khushbu Jain

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:50PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240208230

Apollo Health and Lifestyle Limited
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.5**	g/dL	12-15	Spectrophotometer
PCV	**31.60**	%	36-46	Electronic pulse & Calculation
RBC COUNT	**4.86**	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**65**	fL	83-101	Calculated
MCH	**19.5**	pg	27-32	Calculated
MCHC	**30**	g/dL	31.5-34.5	Calculated
R.D.W	**14.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,770	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3288.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2019.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	346.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	163000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**25**	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC - Predominantly microcytic hypochromic with presence of few tear drop cells, ovalocytes & macrocytes . NRBC are not seen.

Wbc- Total count is adequate with normal distribution. Hypersegmented neutrophils are seen. Toxic granules are seen.

Platelets - Adequate in number with anisocytosis.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Parasite- Not seen.

Impression- Microcytic hypochromic anaemia.
Advised iron profile study for further evaluation.

Khushbu Jain

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UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 02:22PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 11:43AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 12:49PM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:48PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	91	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	mg/dL	70-140	GOD - POD

Kindly correlate with dietary history &/ or with any relavant medication if taking.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	**62**	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.29**		<0.11	Calculated

Kindly correlate clinically.

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.25	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	85.34	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

Khushbu Jain

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.62	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	28.14	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.09	mg/dL	2.6-6	Uricase
CALCIUM	9.22	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.28	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**72.70**	U/L	12-43	Glyclyclycine Nitoranalide

Kindly correlate clinically.

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.115	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	7.632	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	**7.844**	µIU/mL	0.35-4.75	CLIA

Kindly correlate clinically.

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.25-4.33 uIU/mL
Second trimester	0.43-6.61 uIU/mL
Third trimester	0.38-6.22 uIU/mL

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	15-20	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:UR2401791

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnostics.in

Patient Name	: Mrs.KARISHMA BAI MEENA	Collected	: 10/Aug/2024 08:18AM
Age/Gender	: 34 Y 1 M 14 D/F	Received	: 10/Aug/2024 08:50AM
UHID/MR No	: SJAI.0000068951	Reported	: 10/Aug/2024 01:49PM
Visit ID	: SJAIOPV55268	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 26061990		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

*** End Of Report ***

Khushbu Jain

Dr. Khushbu Jain
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Patient ID :

TEST REPORT

Reg. No	: 408101355	**Reg. On**	: 10-Aug-2024 01:10 PM
Name	: Mrs. KARISHMA BAI MEENA	**Collected On**	: 10-Aug-2024 01:10 PM
Age/Sex	: 34 Years / Female	**Report Date**	: 10-Aug-2024 01:59 PM
Ref. By	:	**Dispatch At**	:
Client Name	: APOLLO HEALTH AND LIFE STYLE LTD	**Tele No**	:

BIO - CHEMISTRY

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
Hb A1C *Turbidimetric InhibitionImmunoassay*	5.00	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	96.80	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

---------- End Of Report ----------

This is an Electronically Authenticated Report.

Khushbu Jain

DR KHUSHBU JAIN
MD PATHOLOGY

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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suryam
Diagnostic Centre
Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER

M MODE-2D ECHO FINDINGS

DIMENSIONS:

IVST	(DIASTOLIC)	10	mm	AO	30	mm
LVID	(DIASTOLIC)	46	mm	LA	33	mm
LVPW	(DIASTOLIC)	10	mm			
IVST	(SYSTOLIC)	15	mm			
LVID	(SYSTOLIC)	31	mm			
LVPW	(SYSTOLIC)	13	mm			

LV FUNCTIONS:

HR	bpm	SV	ml
LVEDV	ml	EF	59 %
LVESV	ml	FS	%

MORPHOLOGY:

SITUS	:	SOLITUS
ANTRIOVENTRICULAR RELATION	:	CONCORDANT
VENTRICULOARTERIAL RELATION	:	CONCORDANT
MITRAL AORTIC CONTINUITY	:	NORMAL
SEPTAL AROTIC CONTINUITY	:	NORMAL
IAS	:	INTACT
IVS	:	INTACT
CARDIAC CHAMBERS	:	NORMAL SIZE
GREAT VESSELS	:	NORMAL SIZE

VALVES:

MITRAL	:	NORMAL
TRICUSPID	:	NORMAL
PULMONARY	:	NORMAL
AORTIC	:	NORMAL

L.V.:

REGIONAL WALL MOTION	:	NORMAL
SYSTOLIC FUNCTION	:	NORMAL
DIASTOLIC FUNCTION	:	ABNORMAL

Cont..... Page (2)

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Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/M

REF. BY: APOLLO HOSPITAL

THROMBUS	:	NIL
VEGETATION	:	NIL
PERICARDIUM	:	NIL

VALVE		VELOCITY (m/sec)	REGURG Grade	STENOSIS GRADIENT (peak/mean-mm Hg)
MITRAL	E	0.50	NIL	
MITRAL	A	0.72	NIL	
TRICUSPID		0.51	NIL	
PULMONARY		0.66	NIL	
AORTIC		1.11	NIL	

MV AREA cm^2 (BY PHT/PLANIMETRY)
AV AREA NORMAL
PULMONARY ARTERY PRESSURE : NORMAL

IMPRESSION:

- LV DIASTOLIC DYSFUNCTION GRADE I.
- ALL CARDIAC CHAMBERS ARE NORMAL.
- ALL VALVES ARE NORMAL.
- IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- PERICARDIUM NORMAL.
- NO CLOT/VEGETATION SEEN.
- NORMAL SYSTOLIC FUNCTIONS OF THE LV.

Consultant Cardiologist.

suryam
Diagnostic Centre

DATE: 10-AUG-24

NAME: KRISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:

- Normal study of chest X-ray.

Dr. N.M. Kumawat
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 17614)

Dr. Vaishali Singh
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 27095)

Dr. Sumita Choudhary
DNB (Radiodiagnosis).
Consultant Radiologist
(RMC Reg. No. - 22866)

Dr. Ravi Kasniya
MD (Radiodiagnosis)
Consultant radiologist
(RMC reg. No. - 24691)

Dr. Mitesh Gupta (khandelwal)
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. – 41952)

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Focusing on Journey of Fetus

DATE: 10-AUG-24

NAME: KARISHMA BAI MEENA 34Y/F

REF. BY: APOLLO HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:

LIVER: Is enlarged in size (15.6 cm) and shows normal echotexture. No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

GALL BLADDER: is partially distended. Multiple calculi seen largest measuring approx. 8.5 mm in GB lumen. The CBD is normal in course (3.9 mm) and caliber. Intrahepatic biliary canaliculi are not dilated.

PANCREAS: to the extent visualized is normal. The pancreatic duct is not visualized.

RIGHT KIDNEY:
Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

LEFT KIDNEY:
Left kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

SPLEEN: It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.

URINARY BLADDER: Is minimally filled.

UTERUS: is normal in size, shape and echotexture.
Bilateral ovaries could not be visualized due to minimally filled bladder.

IMPRESSION:

- **Mild hepatomegaly**
- **Cholelithiasis.**

Dr. N.M. Kumawat	Dr. Vaishali Singh	Dr. Sumita Choudhary	Dr. Ravi Kasniya	Dr. Mitesh Gupta
DNB (Radiodiagnosis)	MD (Radiodiagnosis)	DNB (Radiodiagnosis).	MD (Radiodiagnosis)	MD (Radiodiagnosis)
Consultant Radiologist	Consultant Radiologist	Consultant Radiologist	Consultant radiologist	Consultant Radiologist
(RMC Reg. No. – 17614)	(RMC Reg. No. - 27095)	(RMC Reg. No. - 22866)	(RMC reg. No. - 24691)	(RMC Reg. No. – 41952)

There is only a professional opinion and should be correlated clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

Dr. Vaishali Singh
Consultant Radiologist
RMC Reg. No. 27095

Ground Floor, Akshat Retreat, Opp. Gate No.1 of SMS Hospital, Tonk Road, Jaipur
Ph.: 0141-2369763/64, 4021683 • Email: care@suryamdiagnostic.in • Website: www.suryamdiagnostic.in

ID: 68951

MRS KARISHMA BAI MEENA

Female 34Years

Req. No. :

10-08-2024 08:56:13 AM

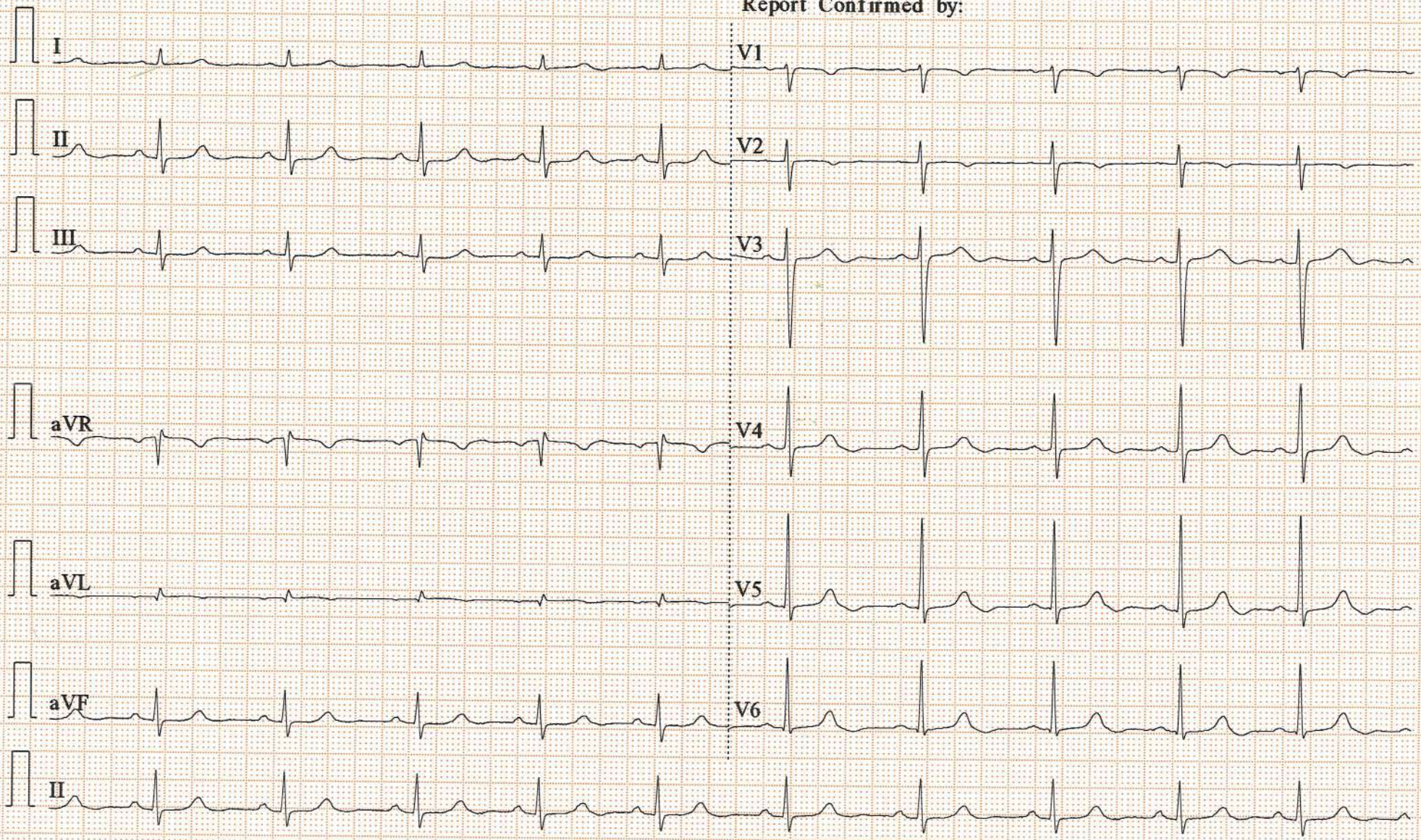
HR	: 64	bpm	
P	: 97	ms	
PR	: 169	ms	
QRS	: 82	ms	
QT/QTcBz	: 443/459	ms	
P/QRS/T	: 68/49/64	°	
RV5/SV1	: 1.679/0.398	mV	

Diagnosis Information:

Sinus Rhythm

Inverted T Wave(V1,V2)

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITAL JAIPUR

भारत सरकार
GOVERNMENT OF INDIA

करिश्मा बाई मीना
Karishma Bai Meena
जन्म तिथि/ DOB:
26/06/1990
महिला / FEMALE

9708 0368 8483

मेरा आधार, मेरी पहचान

करिश्मा मीना

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O देशराज मीना, आरेज, आरेज, आरेज, करौली, राजस्थान - 322220

Address:
W/O Deshraj Meena, arej, arej, Arej, Karauli, Rajasthan - 322220

9708 0368 8483

MERA AADHAAR, MERI PEHACHAN

Apollo Spectra® HOSPITALS
Specialists in Surgery

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs Karishma Bai Meena on 10/8/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
• Medically Fit	
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. USG S/o: Cholelithiasis and Mild hepatomegaly. 2. GGT – 72.70. 3. TSH – 7.844 However the employee should follow the advice/medication that has been communicated to him/her. Review after Vit B12, D3. Surgery consult	✓
• Currently Unfit. Review after _____ recommended	
• Unfit	

Dr. Mriganka Bohra
Medical Officer
The Apollo Clinic

Dr. MRIGANKA BOHRA
MBBS General Physician
Apollo Speciality Hospitals Jaipur
Reg. No. 56174

This certificate is not meant for medico-legal purposes

Apollo Spectra® HOSPITALS
Specialists in Surgery

Diet Consultation

10/8/24.

Mrs. Karishma Bai Meena.
34 yr female.

Avoid → less spicy, Besan, Bhujiya.
maida.

→ Daliya, Kichdi, Dal.
→ fruits, veg.

Apollo Speciality Hospitals Pvt. Ltd. JAIPUR

Apollo Spectra® HOSPITALS
Specialists in Surgery

Name : Mrs. Kavishma Bai Meena
Age/Sex : 34 yrs.
MRN No :

Visit type: HC

BMI Report

B.P.: 120/94 mm/Hg Pulse: 75/min.

Weight (in KGs): - 40.6 kg.

Height (in cm): - 155 cm

BMI (Body Mass Index): 16.6 kg/m^2.

BMI Categories:

Underweight = <18.5
Normal weight = 18.5–24.9
Overweight = 25–29.9
Obesity = BMI of 30 or greater
(According to WHO Standards)

Waist Measurement (At narrowest point): 28 Inch

Hip Measurement (At widest Point): = 34 Inch

Waist to Hip Ratio: 0.9

Chest - Expirations (cms) : 31 inch

Inspirations (cms) : - 29 inch.

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Dental Consultation

Apollo Spectra® HOSPITALS
Specialists in Surgery

Karishma Bai Meena. 34 yrs.
10/8/24.

O/E: $\frac{}{6}$ carious broken..

Adv. Crown.

℞ Glodent Tooth Paste.

Apollo Speciality Hospitals Pvt. Ltd. JAIPUR

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED
CIN- U85100KA2009PTC049961

Apollo Spectra Hospitals
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Near Vidhan Sabha, Lal Kothi, Jaipur- 302005

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Registered Address
Imperial Towers, 7th Floor,
Opp. to : Ameerpet Metro Station, Ameerpet,
Hyderabad-500038, Telangana (INDIA)

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Apollo Spectra® HOSPITALS
Specialists in Surgery

10/8/24

Mrs Kashmir Bai Meena.

34yr female.

c/o. Nausea.
Generalised weakness.
pain B/L calf pain.
Headache (Severe).

TSH - 7.8 mIU.
Calcium → 9.22.

Uses c/o → Cholelithiasis.

- Mvit-B12
- D3

Rx.

→ Tab Napna D 500 1 SOS (Headache).

- Cap Uprise D3 60K 1 cap once a week (every sunday).

- Syp Zincovit 2tsf BD.

Apollo Speciality Hospitals Pvt. Ltd. JAIPUR

Customer Pending Tests

Customer Pending Tests

Customer Pending Tests