

Patient Name : Mrs.ANKITA KATIYAR	Collected : 14/Sep/2024 10:21AM
Age/Gender : 36 Y 5 M 0 D/F	Received : 14/Sep/2024 12:37PM
UHID/MR No : SCHE.0000088140	Reported : 14/Sep/2024 02:18PM
Visit ID : SCHEOPV105860	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31571	

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	12.2	g/dL	12-15	Spectrophotometer
PCV	36.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.23	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	85	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	71	%	40-80	Electrical Impedence
LYMPHOCYTES	24	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5041	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1704	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	142	Cells/cu.mm	20-500	Calculated
MONOCYTES	213	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.96		0.78- 3.53	Calculated
PLATELET COUNT	203000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

Page 1 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240227748



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Ph: 022 4334 4600

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DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
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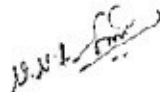
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Collected : 14/Sep/2024 10:21AM
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Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Negative			Microplate technology


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SIN No:BED240227750

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



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Patient Name : Mrs.ANKITA KATIYAR	Collected : 14/Sep/2024 10:21AM
Age/Gender : 36 Y 5 M 0 D/F	Received : 14/Sep/2024 01:13PM
UHID/MR No : SCHE.0000088140	Reported : 14/Sep/2024 01:38PM
Visit ID : SCHEOPV105860	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31571	

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	90	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.



DR. APARNA NAIK
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SIN No:PLF02207110



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UHID/MR No : SCHE.000088140
Visit ID : SCHEOPV105860
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Collected : 14/Sep/2024 01:58PM
Received : 14/Sep/2024 02:17PM
Reported : 14/Sep/2024 03:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	124	mg/dL	70-140	GOD - POD

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:PLP1485642



Patient Name : Mrs.ANKITA KATIYAR	Collected : 14/Sep/2024 10:21AM
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UHID/MR No : SCHE.0000088140	Reported : 14/Sep/2024 04:37PM
Visit ID : SCHEOPV105860	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31571	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT240090518

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Patient Name : Mrs.ANKITA KATIYAR	Collected : 14/Sep/2024 10:21AM
Age/Gender : 36 Y 5 M 0 D/F	Received : 14/Sep/2024 02:01PM
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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	158	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	59	mg/dL	<150	
HDL CHOLESTEROL	66	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

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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SIN No:SE04824772



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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	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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 > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson'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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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	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	17.76	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3.0-5.5	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	10.00	U/L	16-73	Glycylglycine Kinetic method



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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)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.325	µIU/mL	0.38-5.33	CLIA


Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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.
- 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.
- 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.
- 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
Low	N	High	High	Thyroiditis, Interfering Antibodies

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SIN No:SPL24139459

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

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



Dr.Sandip Kumar Banerjee
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 Consultant Pathologist

SIN No:SPL24139459



Patient Name : Mrs.ANKITA KATIYAR	Collected : 14/Sep/2024 10:21AM
Age/Gender : 36 Y 5 M 0 D/F	Received : 14/Sep/2024 02:42PM
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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	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

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.

*** End Of Report ***

Page 14 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2412091



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,
Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mrs.ANKITA KATIYAR
Age/Gender : 36 Y 5 M 0 D/F
UHID/MR No : SCHE.0000088140
Visit ID : SCHEOPV105860
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31571

Collected : 14/Sep/2024 10:21AM
Received : 14/Sep/2024 02:42PM
Reported : 14/Sep/2024 03:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2412091



Patient Name : Mrs.ANKITA KATIYAR
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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.


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST



SIN No:UR2412091

Name : Mrs. Ankita Katiyar

Age: 36 Y

UHID:SCHE.0000088140

Sex: F



Address : Subhash nagar, Chembur

OP Number:SCHEOPV105860

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SCHE-OCR-24904

Date : 14.09.2024 10:15

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
✓2	D ECHO	
✓3	LIVER FUNCTION TEST (LFT)	
✓4	GLUCOSE, FASTING	
✓5	HEMOGRAM + PERIPHERAL SMEAR	
•6	GYNAECOLOGY CONSULTATION	
•7	DIET CONSULTATION	
✓8	COMPLETE URINE EXAMINATION	
✓9	URINE GLUCOSE(POST PRANDIAL)	
✓10	PERIPHERAL SMEAR	
✓11	EKG	
•12	LBC PAP TEST- PAPSURE	
✓13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12500	2500
✓16	URINE GLUCOSE(FASTING)	
✓17	HbA1c, GLYCATED HEMOGLOBIN	
✓18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
✓21	BLOOD GROUP ABO AND RH FACTOR	
✓22	LIPID PROFILE	
✓23	BODY MASS INDEX (BMI)	
✓24	OPHTHAL BY GENERAL PHYSICIAN Dr. N. Sharma.	
✓25	ULTRASOUND - WHOLE ABDOMEN	
✓26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

9651216326

Patient Name	: Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 15/Sep/2024 03:09PM
UHID/MR No	: SCHE.0000088140	Reported	: 15/Sep/2024 08:52PM
Visit ID	: SCHEOPV105860	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31571		

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			Microplate technology
Rh TYPE	Negative			Microplate technology

*** End Of Report ***



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:BED240227750

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Page 1 of 1
CAP
ACCREDITED ✓
COLLEGE of AMERICAN PATHOLOGISTS



TOUCHING LIVES	Patient Name : Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 14/Sep/2024 12:37PM
UHID/MR No	: SCHE.0000088140	Reported	: 14/Sep/2024 02:18PM
Visit ID	: SCHEOPV105860	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31571		

DEPARTMENT OF HAEMATOLOGY

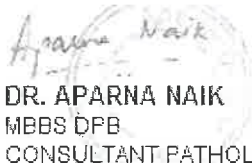
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.23	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	71	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5041	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1704	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	142	Cells/cu.mm	20-500	Calculated
MONOCYTES	213	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.96		0.78- 3.53	Calculated
PLATELET COUNT	203000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Page 1 of 14



DR. APARNA NAIK
MBBS DFB
CONSULTANT PATHOLOGIST

SIN No:BED240227748



TOUCHING LIVES


Patient Name : Mrs.ANKITA KATIYAR
Age/Gender : 36 Y 5 M 0 D/F
UHID/MR No : SCHE.0000088140
Visit ID : SCHEOPV105860
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31571

Collected : 14/Sep/2024 10:21AM
Received : 14/Sep/2024 12:37PM
Reported : 14/Sep/2024 02:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Page 2 of 14



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240227748



Patient Name : Mrs.ANKITA KATIYAR
Age/Gender : 36 Y 5 M 0 D/F
UHID/MR No. : SCHE.0000088140
Visit ID : SCHEOPV105860
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31571

Collected : 14/Sep/2024 10:21AM
Received : 14/Sep/2024 01:13PM
Reported : 14/Sep/2024 01:38PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	90	mg/dL	70-100	GOD - POD

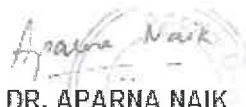
Comment:

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.



DR. APARNA NAIK
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SIN No:PLF02207110



Patient Name	: Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 01:58PM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 14/Sep/2024 02:17PM
UHID/MR No	: SCHE.0000088140	Reported	: 14/Sep/2024 03:55PM
Visit ID	: SCHEOPV105860	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31571		

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	124	mg/dL	70-140	GOD - POD

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.

Aparna Naik
DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:PLP1485642



Patient Name	: Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 14/Sep/2024 03:28PM
UHID/MR No	: SCHE.0000088140	Reported	: 14/Sep/2024 04:37PM
Visit ID	: SCHEOPV105860	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31571		

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



Patient Name : Mrs.ANKITA KATIYAR
Age/Gender : 36 Y 5 M 0 D/F
UHID/MR No : SCHE.0000088140
Visit ID : SCHEOPV105860
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31571

Collected : 14/Sep/2024 10:21AM
Received : 14/Sep/2024 02:01PM
Reported : 14/Sep/2024 02:21PM
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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	158	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	59	mg/dL	<150	
HDL CHOLESTEROL	66	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated


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.


DR. APARNA NAIK
MBBS DFB
CONSULTANT PATHOLOGIST

SIN No:SE04824772



TOUCHING LIVES	Patient Name : Mrs.ANKITA KATIYAR	Collected : 14/Sep/2024 10:21AM	Expertise. Empowering you.
Age/Gender : 36 Y 5 M 0 D/F	UHID/MR No : SCHE.0000088140	Received : 14/Sep/2024 02:01PM	
Visit ID : SCHEOPV105860	Ref Doctor : Dr.SELF	Reported : 14/Sep/2024 02:21PM	
Emp/Auth/TPA ID : 22S31571		Status : Final Report	
		Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

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	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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:

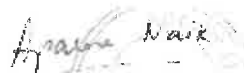
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In 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.


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST



SIN No:SE04824772

TOUCHING LIVES

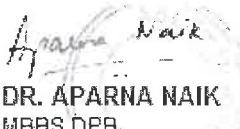
Patient Name : Mrs.ANKITA KATIYAR
Age/Gender : 36 Y 5 M 0 D/F
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Visit ID : SCHEOPV105860
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31571

Collected : 14/Sep/2024 10:21AM
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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.



DR. APARNA NAIK
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SIN No:SE04824772




Patient Name	: Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 14/Sep/2024 02:01PM
UHID/MR No	: SCHE.0000088140	Reported	: 14/Sep/2024 02:21PM
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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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	17.76	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3.0-5.5	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:SE04824772




Patient Name	: Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
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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	10.00	U/L	16-73	Glycylglycine Kinetic method


DR. APARNA NAIK
 MBBS DFB
 CONSULTANT PATHOLOGIST
 SIN No:SE04824772



Patient Name	: Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 14/Sep/2024 03:40PM
UHID/MR No	: SCHE.0000088140	Reported	: 14/Sep/2024 05:13PM
Visit ID	: SCHEOPV105860	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31571		

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)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.325	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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
Low	N	High	High	Thyroiditis, Interfering Antibodies



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:SPL24139459

TOUCHING LIVES	Patient Name : Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 14/Sep/2024 03:40PM
UHID/MR No	: SCHE.0000088140	Reported	: 14/Sep/2024 05:13PM
Visit ID	: SCHEOPV105860	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31571		

DEPARTMENT OF IMMUNOLOGY

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

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



Dr.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:SPL24139459

Patient Name	: Mrs.ANKITA KATIYAR	Collected	: 14/Sep/2024 10:21AM
Age/Gender	: 36 Y 5 M 0 D/F	Received	: 14/Sep/2024 02:42PM
UHID/MR No	: SCHE.0000088140	Reported	: 14/Sep/2024 03:55PM
Visit ID	: SCHEOPV105860	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31571		

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	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
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	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy


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.

*** End Of Report ***

Page 13 of 14


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:UR2412091



TOUCHING LIVES

Patient Name : Mrs.ANKITA KATIYAR
Age/Gender : 36 Y 5 M 0 D/F
UHID/MR No : SCHE.0000088140
Visit ID : SCHEOPV105860
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31571

Collected : 14/Sep/2024 10:21AM
Received : 14/Sep/2024 02:42PM
Reported : 14/Sep/2024 03:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:
BLOOD GROUP ABO AND RH FACTOR



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2412091





Patient Name : Mrs. Ankita Katiyar Age : 36 Y F
UHID : SCHE.0000088140 OP Visit No : SCHEOPV105860
Reported on : 14-09-2024 13:55 Printed on : 14-09-2024 13:56
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys: Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK: 8.9 X 4.2 cm.

LK: 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Optimally distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 7.1 x 4.8 x 3.8 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries: Both the ovaries are normal in size and echopattern

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.

Printed on:14-09-2024 13:55

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mrs. Ankita Katiyar
Age / Sex : 36 yrs / Female.
Ref Doctor : Health Check

Bill No : SCHE -OCR-24904
UHID NO : SCHE.0000088140
Report Date : 14 / 09 / 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 75%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 27	LA (mm) : 27
IVSd (mm) : 9	LVIDd (mm) : 43
IVSs (mm) : 14	LVIDs (mm) : 24
LVPWd (mm) : 8	LVPWs (mm) : 15
EF(Teich)(mm) : 75%	

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



Patient Name : Mrs. Ankita Katiyar Age : 36 Y F
UHID : SCHE.0000088140 OP Visit No : SCHEOPV105860
Reported on : 14-09-2024 13:05 Printed on : 14-09-2024 13:22
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

A small fibro radio opacity seen in left upper zone possibly changes of old koch's.

No evidence of active lung pathology.

Rest of the lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

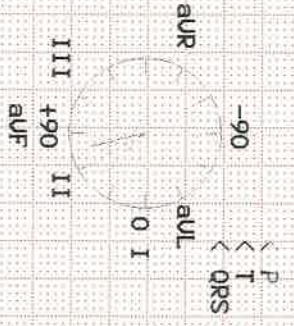
Thoracic wall and soft tissues appear normal.

Printed on:14-09-2024 13:05

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

AGE: 36
 SEX: M
 HEIGHT: 170 cm
 WEIGHT: 65 kg
 BLOOD PRESSURE: 120/80 mmHg
 SUGAR: 100 mg/dl
 CHOLESTEROL: 180 mg/dl
 TRIGLYCERIDES: 150 mg/dl
 HEMOGLOBIN: 15 g/dl
 HEMATOCRIT: 45%
 WBC: 10,000/mm³
 RBC: 4,500,000/mm³
 PLATELETS: 1,50,000/mm³
 ECG: 12 lead

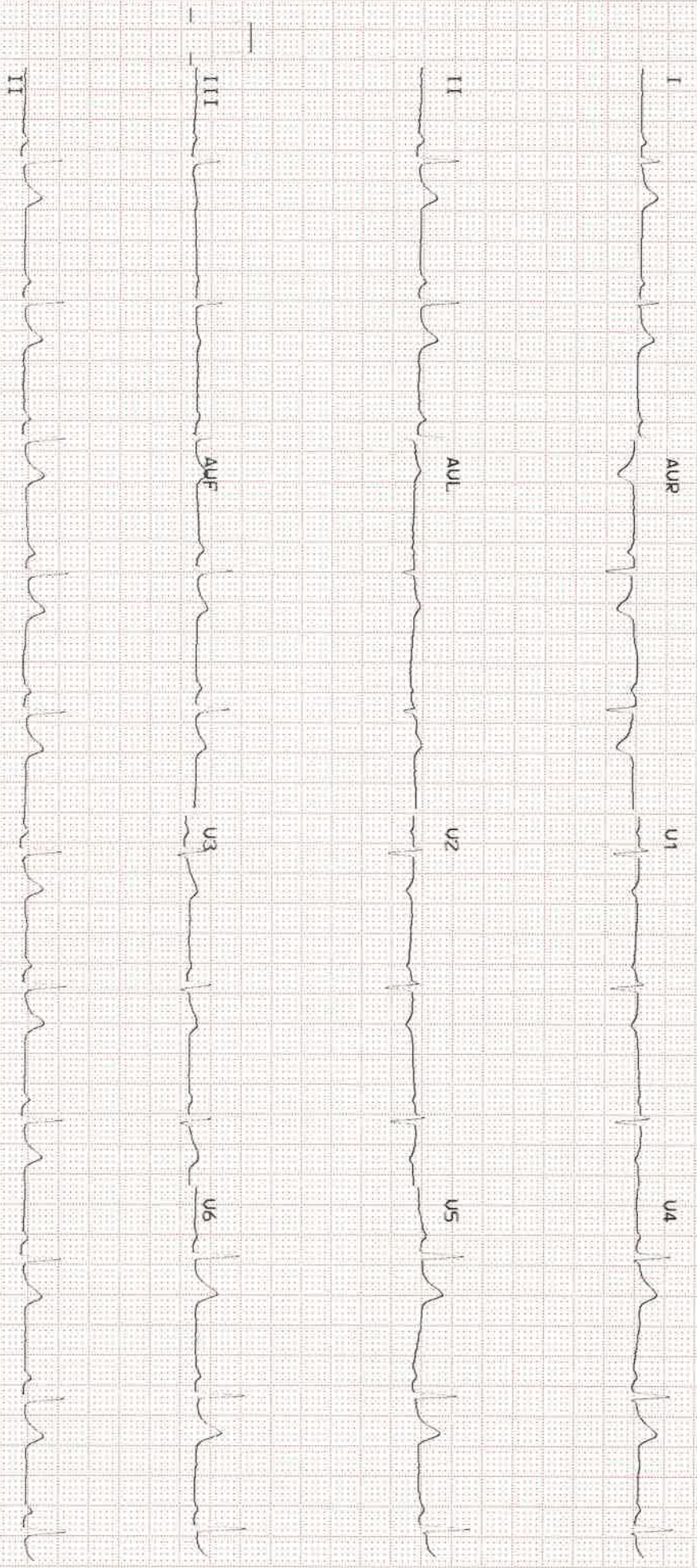


ST-segment elevation (anterior)
 negative T-wave (anterior)
 low QRS amplitudes
 probably abnormal ECG



Handwritten signature

Unconfirmed report.





OUT- PATIENT RECORD

Date : 14/09/2024
 MRNO : 88140
 Name :- Ankita Katiyar
 Age / Gender : 36 (F)
 Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
 Consultant **Dr. Amit Shobhavat**
 Reg. No : 2001/09/3124
 Qualification : F.C.C.M, Dip. Diabetology

Pulse : <u>70/min.</u>	B.P : <u>110/70</u>	Resp : <u>16</u>	Temp : <u>97.7</u>
Weight : <u>57-9</u>	Height : <u>164</u>	BMI : <u>21.5</u>	Waist Circum : <u>78/95</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

chest:-84/89
8802:-987.

n's comfort done ✓
No surgical signs
No edema
Family Hx NA
intake
As
low IP

physically fit

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date : 14.9.24
MRNO : _____
Name :- Mrs. Anujita Katyav.
Age / Gender : 36 y/f.
Mobile No:- _____

Department : **OPHTHALMOLOGY**
Consultant **Dr. Neeta Sharma** 8369602399
Reg. No : **68446**
Qualification : MBBS, DIP. Ophal, DNB (Ophthal)

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Family History of glaucoma. - mother +.

same.

Refr. Normal

RL 6/6p

LA 6/6

RL N/S

LA N/S

sunken eye. N/S

NRC

P. F.U. x 3 mths

NSL

Follow up date:

Doctor Signature



I Anvita Katiyar came on 14th Sep for Annual
checkup. ^{will come again on} Next Wednesday - on 18th Sep, 2024. for ENT,
Pap & Gynaecology consultation.

Anvita Katiyar



भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

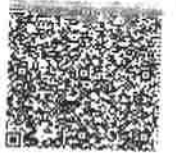
Government of India

सांस्कृतिक क्रम / Enrolment No.: 261600013.45432

To
अंकिता कटियार
Ankita Katiyar
D/O: R.K.Katiyar
303 Munshipuliya
16
Indira Nagar
Indira Nagar
Indira Nagar Lucknow
Uttar Pradesh 226016
9651216326

26/01/2015
21 851076

MP116510769FT



आपका आधार क्रमांक / Your Aadhaar No. :

8982 2542 3956

आधार - आम आदमी का अधिकार



Government of India



अंकिता कटियार
Ankita Katiyar
जन्म तिथि / DOB : 14/04/1988
महिला / Female



8982 2542 3956

आधार - आम आदमी का अधिकार