

Patient Name : Mrs.BRUNDA R  
Age/Gender : 37 Y 3 M 2 D/F  
UHID/MR No : SALW.0000143154  
Visit ID : SALWOPV221283  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S33040

Collected : 14/Sep/2024 08:26AM  
Received : 14/Sep/2024 10:46AM  
Reported : 14/Sep/2024 12:14PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC

RBC : Normocytic Normochromic to microcytic hypochromic RBCS. Few anisopoikilocytosis seen.


WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

COMMENTS : Kindly correlate clinically.

ADVICE : Serum iron profile.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240227608

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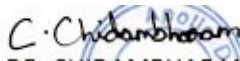
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>9.6</b>	g/dL	12.5-15	Spectrophotometer
PCV	<b>29.70</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.15	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>71.7</b>	fL	83-101	Calculated
MCH	<b>23.1</b>	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>3,970</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57.6	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	2.5	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2286.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1429.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	111.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>99.25</b>	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.67	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.6		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	286000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240227608




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**DEPARTMENT OF HAEMATOLOGY**

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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240227608

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Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 06:05PM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 06:58PM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



Dr THILAGA  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:HA07654925

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 10:18AM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 10:21AM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	

**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	95	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry


**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. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLF02207016



Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 11:39AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 12:35PM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 12:57PM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	


**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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	95	mg/dL	70-140	HEXOKINASE

**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.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:PLP1485590

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Patient Name : Mrs.BRUNDA R  
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Collected : 14/Sep/2024 08:26AM  
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240090461

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 09:56AM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 10:35AM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	

**DEPARTMENT OF BIOCHEMISTRY**

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

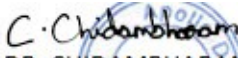
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	157	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	86	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	54	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.91		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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04824627






Patient Name : Mrs.BRUNDA R  
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**DEPARTMENT OF BIOCHEMISTRY**

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

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. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04824627

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Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 09:56AM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 10:07AM
Visit ID : SALWOPV221283	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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	99.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	3.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		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:

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

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

**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.

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

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.59</b>	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	18.83	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	142	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.3	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	105	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	3.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

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

  
DR. CHIDAMBHARAM C  
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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>12.00</b>	U/L	16-73	catalytic activity- reflectance spectrophotometry

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:SE04824627

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Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 11:58AM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 02:56PM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.820	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139377

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

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

Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 11:58AM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 02:56PM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	

**DEPARTMENT OF IMMUNOLOGY**

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

Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
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



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24139377

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 11:57AM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 12:03PM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

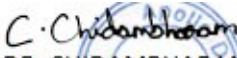
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		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.

Page 17 of 19

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2412012




Patient Name : Mrs.BRUNDA R  
Age/Gender : 37 Y 3 M 2 D/F  
UHID/MR No : SALW.0000143154  
Visit ID : SALWOPV221283  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S33040

Collected : 14/Sep/2024 08:26AM  
Received : 14/Sep/2024 11:57AM  
Reported : 14/Sep/2024 12:03PM  
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. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UR2412012

Page 18 of 19



Patient Name : Mrs.BRUNDA R	Collected : 14/Sep/2024 08:26AM
Age/Gender : 37 Y 3 M 2 D/F	Received : 14/Sep/2024 11:57AM
UHID/MR No : SALW.0000143154	Reported : 14/Sep/2024 12:03PM
Visit ID : SALWOPV221283	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33040	

**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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UF012095

Page 19 of 19



Patient Name : Mrs.BRUNDA R  
Age/Gender : 37 Y 3 M 2 D/F  
UHID/MR No : SALW.0000143154  
Visit ID : SALWOPV221283  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S33040

Collected : 14/Sep/2024 08:26AM  
Received : 14/Sep/2024 11:57AM  
Reported : 14/Sep/2024 12:03PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### 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. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST



SIN No:UF012095

<b>Patient Name</b>	: Mrs. Brunda R	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: SALW.0000143154	<b>OP Visit No</b>	: SALWOPV221283
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 16-09-2024 14:27
<b>LRN#</b>	: RAD2415922	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S33040		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - A calculus noted in the lumen measuring 1.4cm.  
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 11.4cm and shows normal echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites or lymphadenopathy.

Right kidney measures 10.7 x 3.4cm.  
Left kidney measures 10.0 x 4.0cm.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus anteverted measures 7.7 x 3.2cm. Endometrial thickness - 5mm.

Right ovary measures 2.6 x 2.0cm.  
Left ovary measures 2.9 x 1.9cm.  
Both ovaries are normal in size and echotexture.

Bladder is normal in contour.

**IMPRESSION:**

GALL BLADDER - S/O CALCULUS.

**Patient Name** : Mrs. Brunda R

**Age/Gender** : 37 Y/F

- SUGGESTED CLINICAL CORRELATION.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. ARUN KUMAR S**  
MBBS, DMRD, DNB  
Radiology

Mammography and Pap-smear report will be upload after 3-4 days

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of \_\_\_\_\_ on 14/09/24

After that \_\_\_\_\_ a clinical examination it has been found  
Mrs. Brunda R  
SALW.0000143154 37/F

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. RAJMADHANGI .D  
 M.D. INTERNAL MEDICINE  
 GENERAL PHYSICIAN  
 Apollo Spectra Alwarpet  
 APOLLO SPECTRA HOSPITALS  
 Alwarpet, REG No: 104481

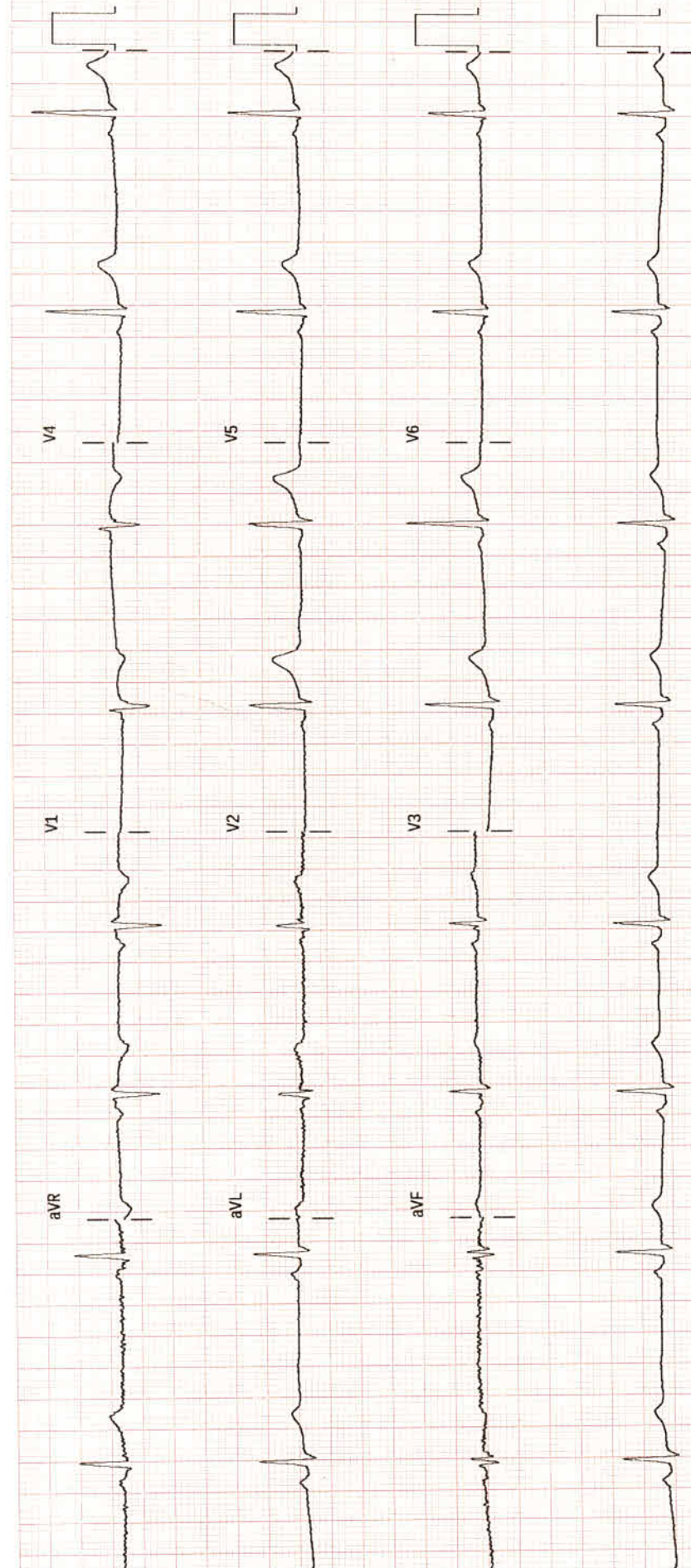
*This certificate is not meant for medico-legal purposes*



49 . Bradycardia with irregular rate .....V-rate 42- 57, mean < 50  
130 . Abnormal R-wave progression, early transition.....QRS area>0 in V2  
103 . Baseline wander in lead(s) V4  
428  
389

IS--  
28  
23  
18  
leads; Standard Placement

- BORDERLINE ECG -  
Unconfirmed Diagnosis



Speed: 25mm/sec  
Limb: 10.0mm/mv  
Chest: 10.00mm/mv  
F 50- 0.15-100 HZ  
110C CL P?

Patient Name : Mrs. Brunda R  
UHID : SALW.0000143154  
Conducted By :  
Referred By : SELF

Age : 37 Y/F  
OP Visit No : SALWOPV221283  
Conducted Date : 14-09-2024 15:04

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:	
Ao (cd)	2.5 CM
LA (es)	2.7 CM
LVID (ed)	4.9 CM
LVID (es)	3.1 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.8 CM
EF	65%
%FD	36%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW

E/A-E: 1.2m/sec A: 0.8m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.9m/sec

VELOCITY ACROSS THE AV UPTO 1.5m/sec

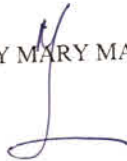
TR VELOCITY UPTO 1.9m/sec 15mmHg

**IMPRESSION**

NO REGIONAL WALL MOTION ABNORMALITY  
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-65%)  
TRIVIAL MITRAL REGURGITATION  
TRIVIAL TRICUSPID REGURGITATION  
NO PULMONARY ARTERY HYPERTENSION  
NORMAL RIGHT VENTRICULAR SYSTOLIC FUNCTION  
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

DR CECILY MARY MAJELLA MD DM (Cardio)



**Dr. SUNDHARI V, MBB.S., DNB., MNAMS**  
SENIOR ENT CONSULTANT  
Ear Nose Throat Surgeon, Head & Neck Surgeon  
Specialist in Endoscopic, Microscopic,  
Advanced Skull Base  
Phono Surgery & Snoring Surgery  
Reg. No. 58764

14/9/24.

Mrs. Brunda R  
SALW.0000143154 37/F

Health check.

NO ENT Symptoms.

o/r

Exam. - TM intact

Nose: DSL & BL grossly, HF RT & ONE block.

Throat: Mallampati Grade IV oropharynx  
Bilateral Enlarged Tonsils. & Low lying soft palate.  
Congested granular PPV

DSL & Moderate OSA / CPAP.

Plan

Home Sleep Study to rule out OSA.

Well



**Dr. ATLURI ANILASRE**  
M.S. (OBG), FMAS, DMAS  
OBSTETRICIAN & GYNECOLOGIST  
Reg. No: 85501

14/9/24

Mrs. Brunda R  
SALW.0000143154 37/F

R

I. T. FLORITALL.

o - ) - o.

x 1 month.



**Dr. UMA RAMESH**

MBBS., F.R.C.S (Edin. Oph), F.R.C.S. (Glasgow Oph), F.R.C.S.I. (Dublin Oph), D.O.M.S. (AFMC Pune)  
Glaucoma & Cataract Fellow Toronto Canada  
Paediatric Ophthal & Squint Fellow Toronto & Dublin  
Senior Eye Surgeon  
Reg. No. 40898

Branda

19/9/24

Systane Ultra eye drops  
3-4 times/day x 3 months  
U


ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಬಿ.ಎಂ. ಆರ್  
B. Umida. R  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 12/06/1987  
FEMALE

8622 8646 3884  
VTD : 9115 2263 9865 1023

ನನ್ನ ಅಧಾರ್. ನನ್ನ ನುರುತು

Issue Date: 04/04/2016



9740677737  
12/06/1987

To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	BRUNDA R
DATE OF BIRTH	12-06-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-09-2024
BOOKING REFERENCE NO.	24S160596100113416S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. K S BHASKARA REDDY
EMPLOYEE EC NO.	160596
EMPLOYEE DESIGNATION	MID - CORPORATE CLUSTER - CREDIT
EMPLOYEE PLACE OF WORK	MID CORPORATE CLUSTER OFFICE S
EMPLOYEE BIRTHDATE	05-06-1984

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **10-09-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



<b>Patient Name</b>	: Mrs. Brunda R	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: SALW.0000143154	<b>OP Visit No</b>	: SALWOPV221283
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-09-2024 13:14
<b>LRN#</b>	: RAD2415922	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S33040		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

■ **NORMAL STUDY.**



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology