

Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:56AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Anushree R*

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

SIN No:BED240058291



Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:56AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.8</b>	g/dL	12-15	Spectrophotometer
PCV	<b>32.80</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>79</b>	fL	83-101	Calculated
MCH	<b>26.1</b>	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3551	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1378	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106	Cells/cu.mm	20-500	Calculated
MONOCYTES	265	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	250000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>35</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs are normocytic normochromic.

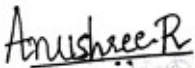
WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Page 2 of 16



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

SIN No:BED240058291



Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:56AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Result Rechecked

*Anushree R*

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

SIN No:BED240058291



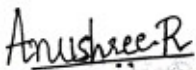
Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:56AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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



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

SIN No:BED240058291



Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:27AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD

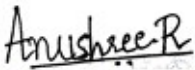
**Comment:**

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:**

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



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

SIN No:PLF02118307



Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 12:57PM  
 Received : 05/Mar/2024 01:13PM  
 Reported : 05/Mar/2024 01:40PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

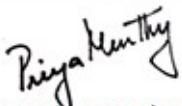
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	90	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.



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

SIN No:PLP1427393







Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 02:02PM  
Reported : 05/Mar/2024 03:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.SHIVARAJA SHETTY**  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:EDT240026303



Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:03AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:33AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

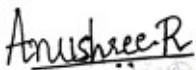
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	
HDL CHOLESTEROL	76	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.47		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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



SIN No:SE04650775

**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:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,  
Koramangala, Bengaluru



Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:03AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:33AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	54.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		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:**

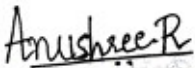
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- 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's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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

SIN No:SE04650775

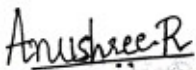


Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:03AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>15.80</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.60	mg/dL	3.0-5.5	URICASE
CALCIUM	8.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated
Result Rechecked				



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

SIN No:SE04650775



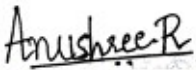
Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:03AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	17.00	U/L	16-73	Glycylglycine Kinetic method



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

SIN No:SE04650775





Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 02:03PM  
Reported : 05/Mar/2024 03:04PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.408	µIU/mL	0.34-5.60	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



**DR.SHIVARAJA SHETTY**  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24038562



**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:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel, Koramangala, Bengaluru

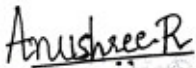
Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:33AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



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

SIN No:UR2297694





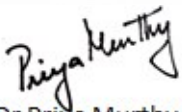
Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 12:57PM  
Received : 05/Mar/2024 01:14PM  
Reported : 05/Mar/2024 01:40PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



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

SIN No:UPP016866



Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:28AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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

*Anushree R*

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

SIN No:UF010897



Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 12:57PM  
Received : 06/Mar/2024 01:31PM  
Reported : 07/Mar/2024 07:25PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

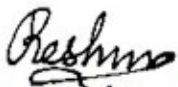
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	4903/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



Dr. Reshma Stanly  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist



SIN No:CS075718

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



Patient Name : Mrs.ANANYA S  
Age/Gender : 30 Y 3 M 27 D/F  
UHID/MR No : SKOR.0000195927  
Visit ID : SKOROPV283143  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 177898



Collected : 05/Mar/2024 10:05AM  
Received : 05/Mar/2024 10:38AM  
Reported : 05/Mar/2024 11:56AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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

SIN No.BED240058291



Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 TOUCHING LIVES :  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 10:39AM  
 Reported : 05/Mar/2024 11:56AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	10.8	g/dL	12-15	Spectrophotometer
PCV	32.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79	fL	83-101	Calculated
MCH	26.1	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5.300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3551	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1378	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106	Cells/cu.mm	20-500	Calculated
MONOCYTES	265	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.58		0.78- 3.53	Calculated
PLATELET COUNT	250000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No Hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

*Anushree R*

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

SIN No:BED240058291







Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR.No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898



Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:56AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Result Rechecked

*Anushree R*

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

SIN No:BED240058291





Patient Name : Mrs.ANANYA S  
 Age/Gender LIVES : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898



Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 10:18AM  
 Reported : 05/Mar/2024 11:56AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

*Anushree R*

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

SIN No:BED240058291



Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05 AM  
 Received : 05/Mar/2024 10:13 AM  
 Reported : 05/Mar/2024 11:27 AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD

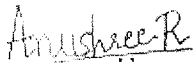
Comment:

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:

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



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

SIN No: PLF02118307





Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 12:57PM  
 Received : 05/Mar/2024 01:43PM  
 Reported : 05/Mar/2024 01:40PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	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.

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

SIN No:PLP1427393



Patient Name : Mrs. ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:03AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	
HDL CHOLESTEROL	76	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.47		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol, Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL, LDL cholesterol is a direct measurement.

*Anushree R*

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

SIN No: SE04650775





Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:03AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	54.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		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.
- Bilirubin may be elevated.
- 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.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3 Synthetic function impairment:**

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

*Anushree R*

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

SIN No:SE04650775





: Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No VES : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 02:02PM  
 Reported : 05/Mar/2024 03:23PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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: Hemozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

Result/s to Follow:  
 LBC PAP TEST (PAPSURE)

DR. SHIVARAJA SHETTY  
 M.B.B.S.M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

SIN No:EDT240026303



Age/Gender : Mrs.ANANYA S  
 UHID/MR No : 30 Y 3 M 27 D/F  
 : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:03AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>15.80</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.60	mg/dL	3.0-5.5	URICASE
CALCIUM	8.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated

Result Rechecked



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

SIN No:SE04650775





Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898



Collected : 05/Mar/2024 10:03AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method

*Anushree R*

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

SIN No:SE04650775



Patient Name : Mrs. ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898



MC-614

Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 02:03PM  
 Reported : 05/Mar/2024 03:04PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOETHYRONINE (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.408	µIU/mL	0.34-5.60	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




DR. SH. VARAJA SHETTY  
 M.B.B.S. M.D.(Biochemistry)  
 CONSULTANT BIOCHEMIST  
 SIN No. SPL24038562



Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898

Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 10:30AM  
 Reported : 05/Mar/2024 11:33AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



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

SIN No:UR2297694





Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 UHID/MR.No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 177898



Collected : 05/Mar/2024 12:57PM  
 Received : 05/Mar/2024 01:40PM  
 Reported : 05/Mar/2024 01:40PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Dr. Pooja Murthy  
 M.B.B.S M.D(Pathology)  
 Consultant Pathologist

SIN No: LPP016866





Patient Name : Mrs.ANANYA S  
 Age/Gender : 30 Y 3 M 27 D/F  
 TOUCHING LIVES UHID/HR.No : SKOR.0000195927  
 Visit ID : SKOROPV283143  
 Ref Doctor : Dr.SELF  
 Emp/Act/TPA ID : 177898



Collected : 05/Mar/2024 10:05AM  
 Received : 05/Mar/2024 10:38AM  
 Reported : 05/Mar/2024 11:28AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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

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

Results to Follow:


HBA1C, GLYCATED HEMOGLOBIN, LBC PAP TEST (PAPSURE)

*Anusree R*

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

SIN/ACT/010897



* Restorative Procedures	
* Root Canal Treatment	Ananya 30/1/24
* Teeth replacement	
* Oral Surgery	TMD → NAD <span style="float: right;">NRI</span>
* Preventive Dentistry	Soft tissue → NAD
* Orthodontics / Braces	Hard tissue → NAD
* Dental Implants	
* Pedodontics	<u>In</u> <span style="margin-left: 100px;"><u>OPG</u></span>
* Esthetics and Smile design	
* Periodontics	
* Veneers	
* Tooth jewellery	
	

Ms. Aranya. S. 132g...

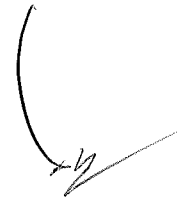
5/3/24.

For ENT check up  
N's complaint

OPD (B) Ear NAD

OPD NAD

OPD NAD



<b>Pt. Name: MRS. ANANYA S</b>	<b>Age/Sex: 30 Y / F</b>
<b>Ref By: H.C</b>	<b>Date: 05 - 03 - 2024</b>

**ULTRASOUND ABDOMEN AND PELVIS**

- LIVER:** Normal in size and normal in echotexture.  
No focal lesion is seen. No IHBR dilatation is seen.  
Portal vein and CBD are normal.
- GALL BLADDER:** Is well distended with normal wall thickness.  
No pericholecystic collection is seen.  
No intraluminal content or calculi are seen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen.  
Peri-pancreatic fat planes are well preserved
- SPLEEN:** Normal in size and normal in echotexture.  
No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 8.9 x 1.6 cms, Left Kidney measures 9.3 x 1.4 cms.  
Both kidneys are normal in size, shape, position, contour and echotexture  
Cortico-medullary differentiation is well maintained  
No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness.  
No intraluminal content or calculi are seen.
- UTERUS:** **Bulky in size 9.0 x 6.2 x 5.3 cms, ET: 13.3 mm, thickened.**  
**Multiple fibroids seen, largest fibroid measures 8.5 x 6.2 cm in right lateral wall.**
- OVARIES:** Normal in size and echotexture. No focal lesion is seen.
- Both the adnexa are clear. No lymphadenopathy or ascites are seen.

**IMPRESSION:**

- **BULKY UTERUS WITH MULTIPLE FIBROIDS**
- **THICKENED ENDOMETRIUM.**

Thanks for reference.

  
**Dr. PREMSAI REDDY., M.B.B.S., MDRD**  
**CONSULTANT RADIOLOGIST**

**DOCTORS NOTE**



NAME: Ms. Ananya S.

AGE: 30/F SEX:

NO:

- Increase protein content.
- Iron-rich diet

HT :- 149 cm  
 WT :- 44 kg.  
 - No food allergies  
 - Non-veg - chr.  
 - No reg. med. as of now.  
 - Urea & BUN ↓  
 Hb - 10.8  
 - Fibroids in uterus  
 - work - 10 - 7pm.

- 3 meats - [ ] protein source
- 1 bowl of sambar / dal dhas.
- 2-3 egg whites
- paneer.
- chicken -

Sprouts

Red meats .

- Beetroot - Carrot, Juice - 10:30am - 11am.
- Jaggery, Dates
- Spinach omelet - Snacks

- Milkshakes - Double toned milk / skinned milk



## HEALTH PLAN

### OPHTHALMOLOGY SCREENING

Name: *Ananya*

Date: *5/3/24*

Age / Sex *30 / F*

	Right Eye	Left Eye
Visual Acuity	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6</i>	<i>N6</i>
Colour Vision	<i>Normal</i>	<i>Normal</i>

Anterior Segment: *N*

Pupil: *Brock*

Lens: *N*

*N / B̄*

Fundus  
*(normal)*

*Disc, vessels - N*  
*both eyes*

Dr. Mary Varghese



Consultant Ophthalmologist

Date : 05-03-24  
MRNO : 195927  
Name : Mrs. Ananya S.  
Age / Gender : 30y / F  
Mobile No :

Department :  
Consultant : Dr. Ravi  
Reg. No : KMC 106,420  
Qualification :  
Consultation Timing :

Pulse : 70 b/min	B.P. : 102/69 mmHg	Resp : 18 b/min	Temp : 98.6°F
Weight : 44 kg	Height : 140 cm	BMI : 28.2	Waist Circum : 99%

General Examination / Allergies History

Hb - 10.8  
MCV - 79

- Referred to  
OBG for  
opinion.

Pr:

Clinical Diagnosis & Management Plan

Adm  
① T-Serwil 1-0-0 x 2 months.  
- To take. Spinach, Jaggery &  
Dates.

Pr:

Follow up date:

Doctor Signature

5/3/24 M/C  
Mr Aranya 30yrs  
No gynae complaints  
Mm. Pmc - regular mnt 12/2  
OBN m - 6 mths

Past H - OK  
Family H - father - DM  
O/E - P/A - OK

P/S - G  
Vagina 10 pap smear

sd  
M/C  
2

Customer Pending with Sonomamography

Pt. Name: MRS. ANANYA S	Age/Sex: 30 Y/ F
Ref By: H C	Date: 05-03-2024

**X-RAY CHEST PA VIEW**

Both the lung parenchyma appears normal.  
Heart and mediastinum are unremarkable  
Trachea and main stem bronchi are unremarkable.  
Pulmonary vasculature is normal.  
Both the cardiophrenic and costophrenic angles are clear.  
Soft tissues and bony thorax are unremarkable.

---

**IMPRESSION: NORMAL STUDY.**

---

Please correlate clinically.

Thanks for reference.

  
**Dr. PREMSAI REDDY**  
CONSULTANT RADIOLOGIST

APOLLO SPECTRA  
KORAMANGALA  
BANGALORE

**Station**  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: Miss Ananya ,  
Patient ID: 13245  
Height: 149 cm  
Weight: 44 kg

DOB: 08.11.1993  
Age: 30 yrs  
Gender: Female  
Race: Indian

Study Date: 05.03.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: Dr. Murali Mohan  
Attending Physician: Dr. Murali Mohan  
Technician: --

Medications:

--

Medical History:  
No medical History

Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	00:19	0.00	0.00	72		
	STANDING	00:35	0.00	0.00	63		
	HYPERV.	00:02	0.00	0.00	62		
	WARM-UP	01:06	0.00	0.00	70	100/70	
EXERCISE	STAGE 1	03:00	2.70	10.00	97	100/70	
	STAGE 2	03:00	4.00	12.00	115	110/80	
	STAGE 3	03:00	5.40	14.00	133	120/85	
	STAGE 4	01:34	6.70	16.00	164		
RECOVERY		02:49	0.00	0.00	104	125/90	

The patient exercised according to the BRUCE for 10:33 min:s, achieving a work level of Max. METS: 13.30. The resting heart rate of 71 bpm rose to a maximal heart rate of 166 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/70 mmHg , rose to a maximum blood pressure of 125/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

Miss Ananya,  
Patient ID: 13245  
05.03.2024  
9:30:49am

Female 149 cm 44 kg  
30 yrs Indian  
Meds:

Test Reason:

Medical History: No medical History

Ref. MD: Dr. Murali Mohan Ordering MD: Dr. Ravi Kesari

Technician: Test Type: Treadmill Stress Test

Comment:

Exercise Test / Selected Medians Report

BRUCE: Exercise Time 10:33  
Max HR: 166 bpm 87 % of max predicted 190 bpm HR at rest: 71  
Max BP: 125/90 mmHg BP at rest: 100/70 Max RPP: 19920 mmHg\*bpm  
Maximum Workload: 13.30 METS  
Max. ST: -2.95 mm, -0.68 mV/s in II; EXERCISE STAGE 4 9:59  
Arrhythmia: A:129, VBIG:6, PVC:40, PSVC:13, CPLT:1  
ST/HR index: 1.61  $\mu$ V/bpm  
ST/HR slope: 2.32  $\mu$ V/bpm (V4)  
HR reserve used: 78 %  
HR recovery: 26 bpm  
VE recovery: 1 VE/min  
ST/HR hysteresis: -0.006 mV (I)  
QRS duration: BASELINE: 84 ms, PEAK EX: 72 ms, REC: 82 ms  
**Reasons for Termination:** Target heart rate achieved  
**Summary:**  
**Resting ECG:** normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.  
**Chest Pain:** none. **Arrhythmias:** none. **ST Changes:** none. **Overall impression:** Normal stress test.  
**Conclusion:** STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA  
Room:  
Location: \* 0 \*

Miss Ananya,  
 Patient ID: 13245  
 05.03.2024  
 9:30:49am

Female 149 cm 44 kg  
 30 yrs Indian  
 Meds:

BRUCE: Exercise Time 10:33  
 Max HR: 166 bpm 87% of max predicted 190 bpm HR at rest: 71  
 Max BP: 125/90 mmHg BP at rest: 100/70 Max RPP: 19920 mmHg\*bpm  
 Maximum Workload: 13.30 METS

Max ST: -2.95 mm, -0.68 mV/s in II; EXERCISE STAGE 4 9:59  
 Arrhythmia: A:129, VBIG:6, PVC:40, PSVC:13, CPLT:1  
 ST/HR index: 1.61  $\mu$ V/bpm  
 ST/HR slope: 2.32  $\mu$ V/bpm (V4)  
 HR reserve used: 78 %  
 HR recovery: 26 bpm  
 VE recovery: 1 VE/min

Test Reason:  
 Medical History: No medical History

Ref. MD: Dr. Murali Mohan Ordering MD: Dr. Ravi Kesari  
 Technician: Test Type: Treadmill Stress Test  
 Comment:

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:00 70 bpm 100/70 mmHg	9:59 162 bpm	10:34 164 bpm	2:26 107 bpm	0:00 70 bpm 100/70 mmHg	9:59 162 bpm	10:34 164 bpm	2:26 107 bpm
I 0.05 mm -0.04 mV/s	I -1.10 -0.63	I -0.40 1.60	I -0.10 -0.45	V1 0.20 -0.32	V1 -0.05 -1.25	V1 -0.10 1.48	V1 0.30 0.25
II -0.10 0.16	II -2.95 -0.68	II -1.50 0.66	II -0.50 0.80	V2 0.55 0.06	V2 -0.35 0.01	V2 0.10 0.88	V2 0.25 0.45
III -0.15 -0.28	III -2.00 -1.07	III -0.90 -1.09	III -0.40 0.81	V3 0.15 -0.01	V3 -1.05 -0.07	V3 -0.90 1.58	V3 0.00 1.00
aVR 0.05 -0.34	aVR 2.00 -0.03	aVR 0.90 -1.54	aVR 0.25 -0.71	V4 0.15 -0.04	V4 -1.20 -0.32	V4 -1.40 2.13	V4 -0.25 0.87
aVL 0.10 -0.14	aVL 0.35 -0.17	aVL 0.25 1.57	aVL 0.15 -0.77	V5 0.10 0.18	V5 -1.20 0.06	V5 -1.35 2.17	V5 -0.35 0.61
aVF -0.15 -0.03	aVF -2.55 -1.10	aVF -1.20 -0.35	aVF -0.45 0.88	V6 0.00 0.07	V6 -1.10 0.57	V6 -1.30 2.66	V6 -0.30 0.68



Exercise Test / Linked Medians  
 EXERCISE  
 STAGE I  
 02:50

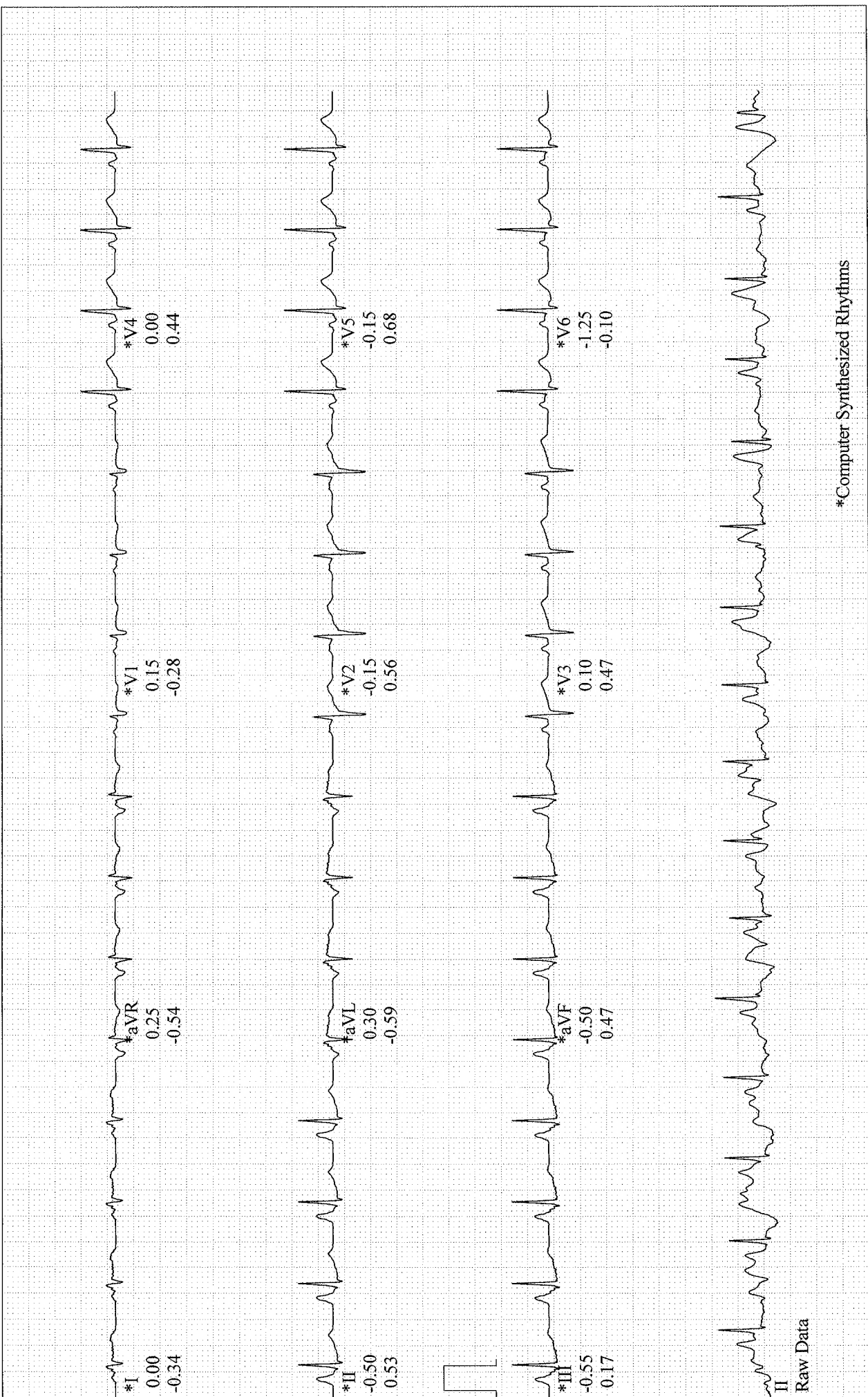
BRUCE  
 2.7 km/h  
 10.0 %

Miss Ananya,  
 Patient ID: 13245  
 05.03.2024  
 9:35:41am

97 bpm  
 100/70 mmHg

Female 149 cm 44 kg  
 30 yrs Indian

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



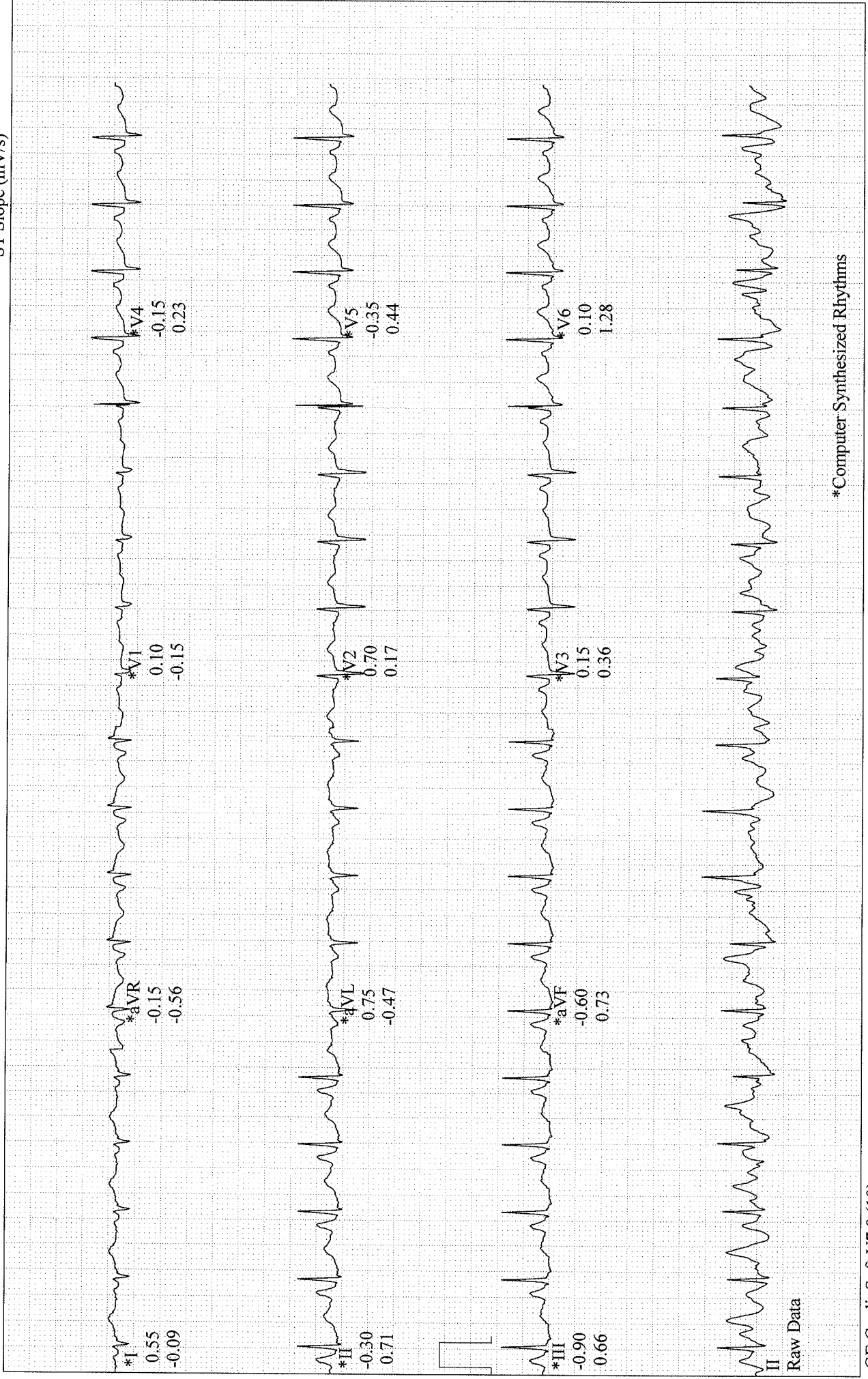
\*Computer Synthesized Rhythms

BRUCE  
 4.0 km/h  
 12.0 %

Lead

ST Level (mm)

ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

Exercise Test / Linked Medians

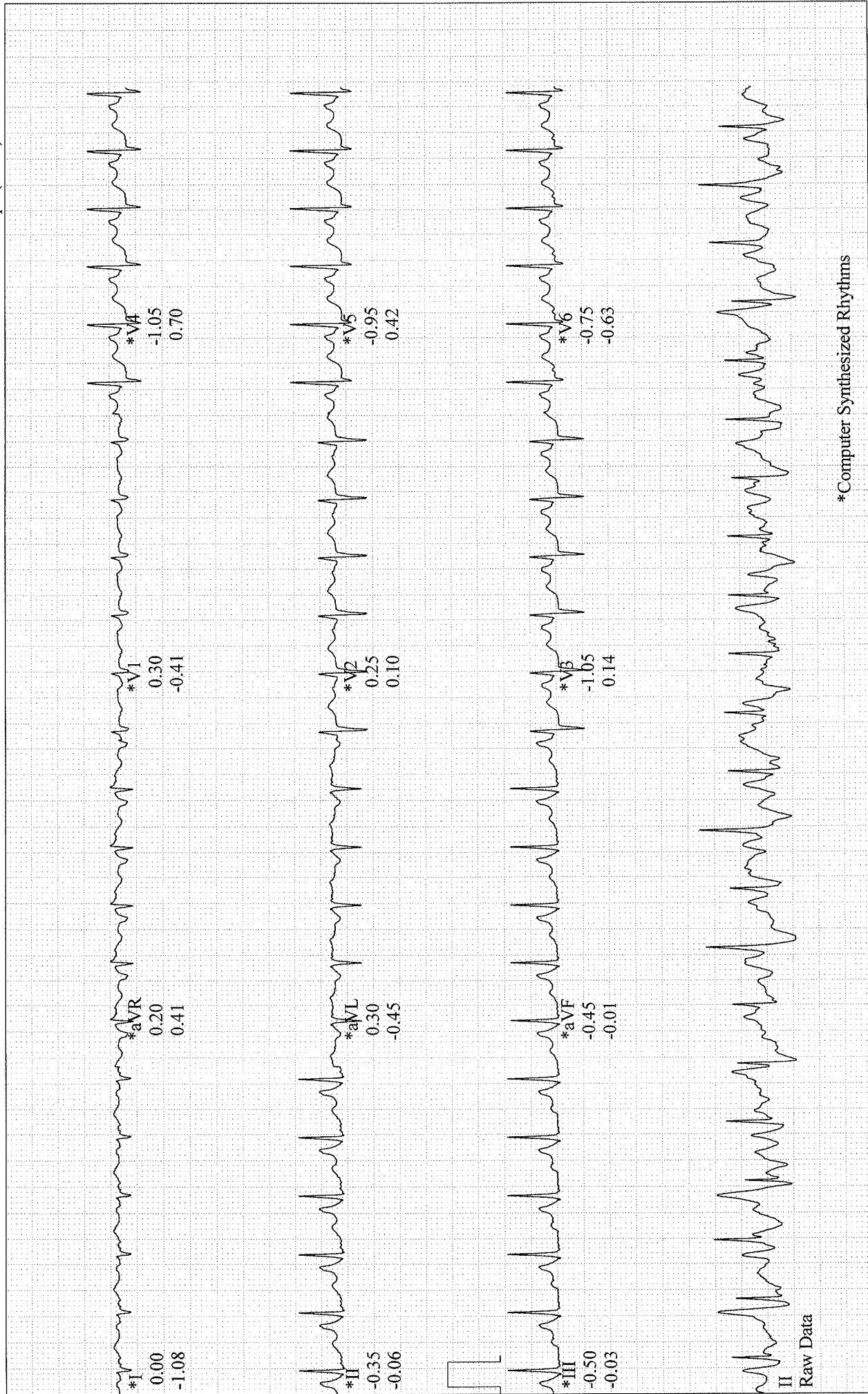
Miss Ananya,  
Patient ID: 13245  
05.03.2024 Female 149 cm 44 kg  
9:41:40am 30 yrs Indian

BRUCE  
5.4 km/h  
14.0 %

EXERCISE  
STAGE 3  
08:50

134 bpm  
120/85 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



II  
Raw Data

\*Computer Synthesized Rhythms

Exercise Test / Linked Medians ( PEAK EXERCISE )

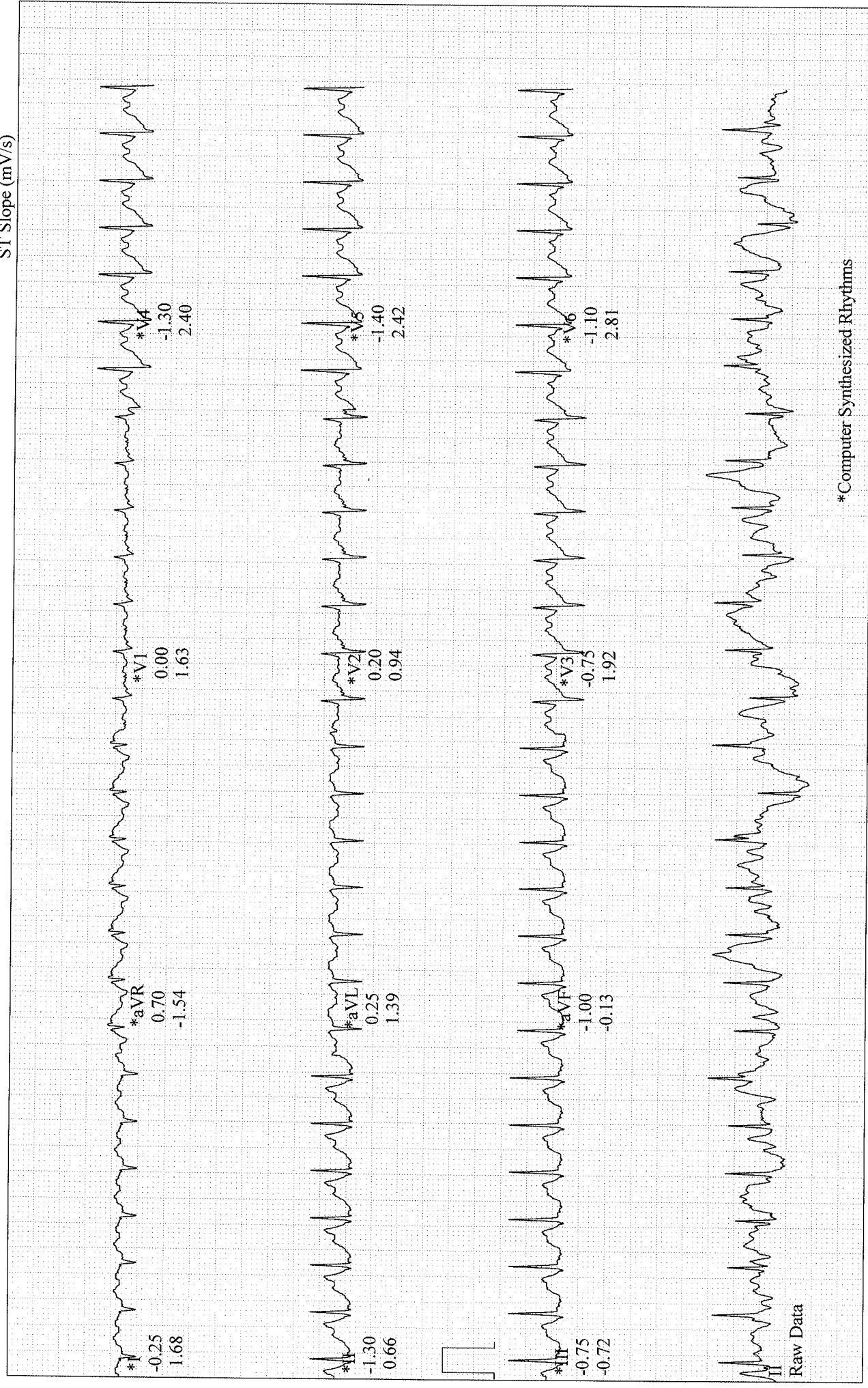
BRUCE  
6.7 km/h  
16.0 %

EXERCISE  
STAGE 4  
10:34

164 bpm

Miss Ananya,  
Patient ID: 13245  
05.03.2024  
9:43:24am  
Female 149 cm 44 kg  
30 yrs Indian

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

Exercise Test / Linked Medians

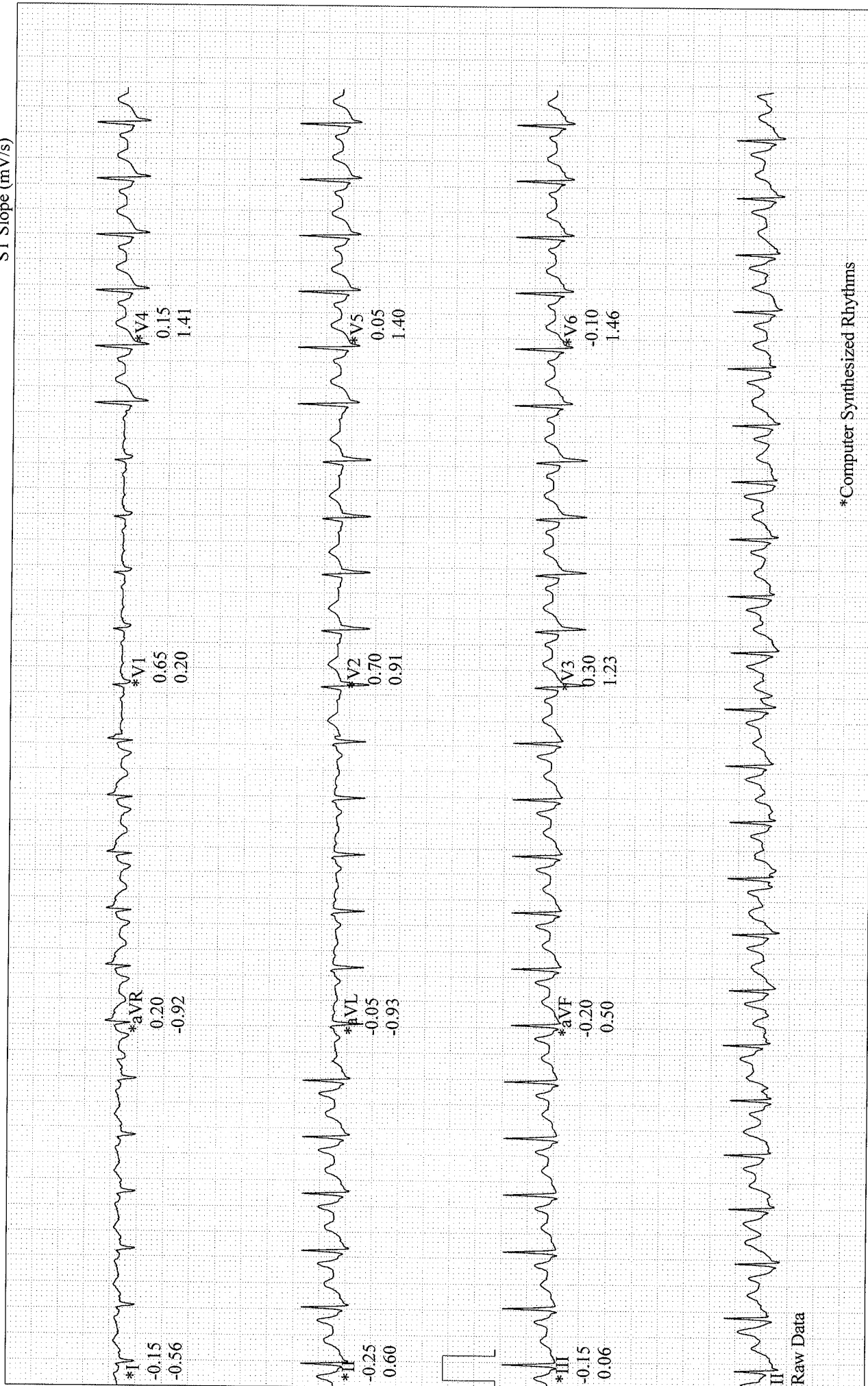
Miss Ananya,  
Patient ID: 13245  
05.03.2024  
9:44:23am  
Female 149 cm 44 kg  
30 yrs Indian

BRUCE  
0.0 km/h  
0.0 %

RECOVERY  
#1  
01:00

139 bpm  
125/90 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

Mrs. ananya  
ID: 195927

Female

30 Years

05.03.2024 15:34:45  
APOLLO SPECTRA HOSPITAL  
KORAMANGALA  
BANGALORE

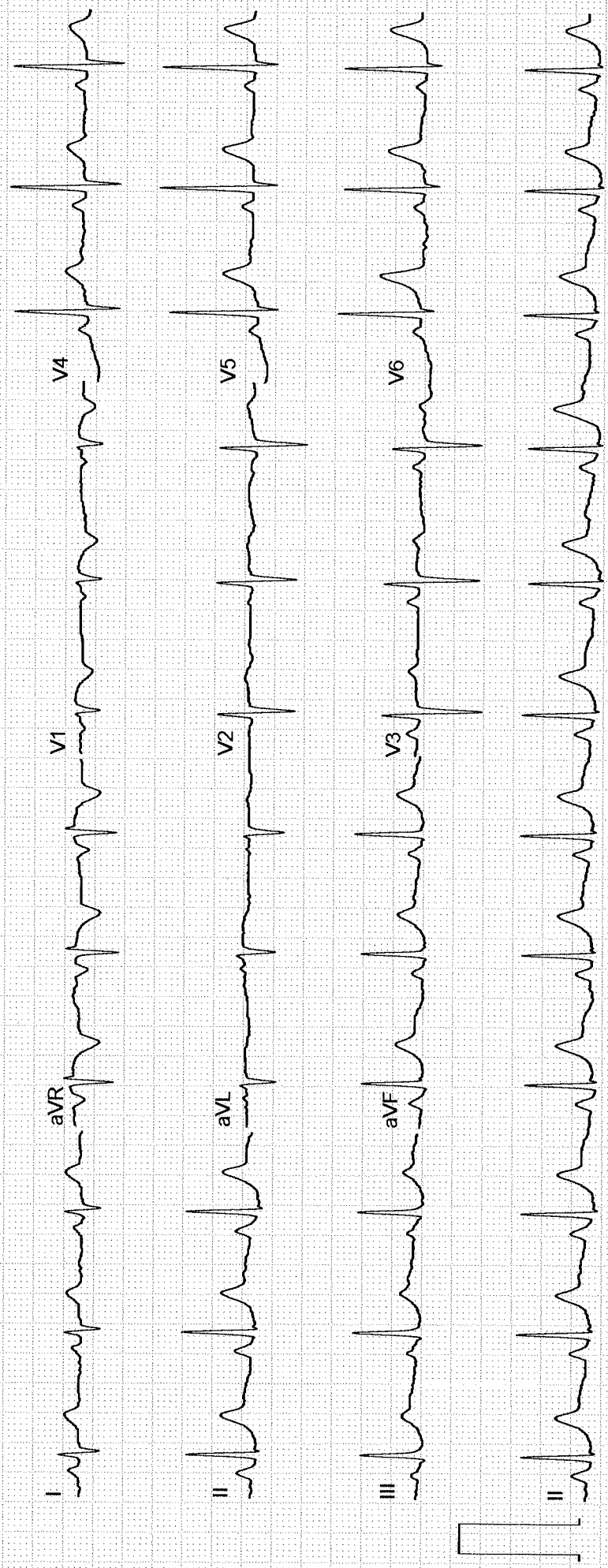
QRS : 74 ms  
QT/QTcBaz : 384 / 417 ms  
PR : 134 ms  
P : 90 ms  
RR/PP : 846 / 845 ms  
P/QRS/T : 55 / 92 / 65 degrees

Normal sinus rhythm  
Rightward axis  
Borderline ECG

*PH*

71 bpm  
- / - mmHg

BP - 100/70 mmHg





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. S ANANYA
EC NO.	177898
DESIGNATION	CREDIT MONITORING
PLACE OF WORK	BENGALURU,ZO BENGALURU
BIRTHDATE	08-11-1993
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M177898100086616E

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 **30-01-2024** till **31-03-2024** 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 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 Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



ഭാരത സർക്കാർ  
GOVERNMENT OF INDIA



അന്യ എസ്  
ANANYA S

താഴെ : സാദാശിവൻ ജി  
Father : SADASIVAN G

ജനന വർഷം/Year of Birth: 1993  
ലിംഗം / Female



2094 2374 6292

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം