


Patient Name : Mrs.SWATI JHA	Collected : 14/Mar/2024 10:09AM
Age/Gender : 35 Y 9 M 25 D/F	Received : 14/Mar/2024 12:31PM
UHID/MR No : CCHA.0000177560	Reported : 14/Mar/2024 04:53PM
Visit ID : CCHAOPV326463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12725	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.26	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.5	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,880	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.8	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4320.64	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1953.92	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	82.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	522.88	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.21		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR WITH GIANT PLATELETS



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

SIN No: BED240068147

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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.R.SHALINI
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Consultant Pathologist

SIN No:BED240068147

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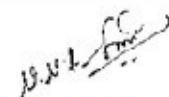


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UHID/MR No : CCHA.0000177560	Reported : 14/Mar/2024 08:17PM
Visit ID : CCHAOPV326463	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology


Dr.SRINIVAS N.S.NORI
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CONSULTANT PATHOLOGY

SIN No:BED240068147

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Patient Name : Mrs.SWATI JHA	Collected : 14/Mar/2024 10:09AM
Age/Gender : 35 Y 9 M 25 D/F	Received : 14/Mar/2024 12:23PM
UHID/MR No : CCHA.0000177560	Reported : 14/Mar/2024 01:18PM
Visit ID : CCHAOPV326463	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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	84	mg/dL	70-100	Hexokinase

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:PLF02124252

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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

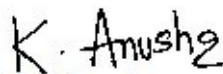
Note: Dietary preparation or fasting is not required.

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
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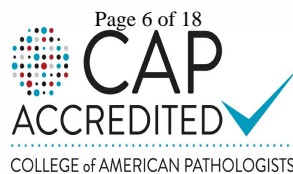
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (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)

Maruthi...

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Consultant biochemist

K. Anusha

Dr.K.Anusha
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Consultant Biochemist



SIN No:EDT240031029

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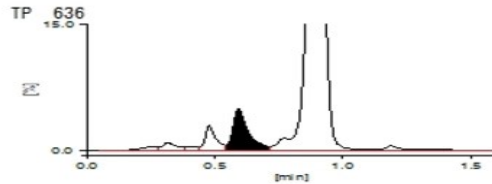
Chromatogram Report

V5.28 1 2024-03-14 12:33:44
 ID EDT240031029
 Sample No. 03140045 SL 0001 - 02
 Patient ID
 Name
 Comment

CALIB Y = 1.2025X + 0.3021			
Name	%	Time	Area
A1A	0.4	0.25	7.23
A1B	0.8	0.32	13.70
F	0.3	0.41	5.34
LA1C+	1.8	0.48	30.95
SA1C	5.1	0.59	71.93
AO	93.0	0.89	1644.11
H-V0			
H-V1			
H-V2			

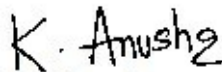
Total Area 1773.26

HbA1c 5.1 % **IFCC 32 mmol/mol**
 HbA1 6.3 % HbF 0.3 %




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SIN No:EDT240031029



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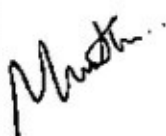
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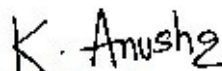
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<0.11	Calculated

Comment:

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

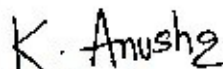
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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SIN No:SE04660949

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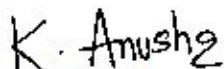
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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:

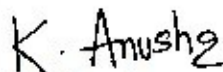
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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SIN No:SE04660949

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

Patient Name : Mrs.SWATI JHA	Collected : 14/Mar/2024 10:09AM
Age/Gender : 35 Y 9 M 25 D/F	Received : 14/Mar/2024 12:31PM
UHID/MR No : CCHA.0000177560	Reported : 14/Mar/2024 02:42PM
Visit ID : CCHAOPV326463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12725	

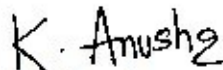
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.69	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	21.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.59	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.34	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.78	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



Dr. RAJESH BATTINA
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Consultant Biochemist



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SIN No:SE04660949

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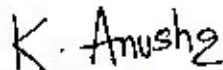
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.00	U/L	<38	IFCC



Dr. RAJESH BATTINA
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Dr.K.Anusha
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SIN No:SE04660949

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

Patient Name : Mrs.SWATI JHA	Collected : 14/Mar/2024 10:09AM
Age/Gender : 35 Y 9 M 25 D/F	Received : 14/Mar/2024 12:30PM
UHID/MR No : CCHA.0000177560	Reported : 14/Mar/2024 02:00PM
Visit ID : CCHAOPV326463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12725	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.76	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	6.45	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	45.205	µIU/mL	0.38-5.33	CLIA

Comment:

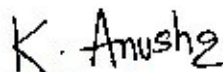
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24045372

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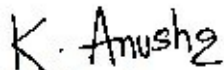
Patient Name	: Mrs.SWATI JHA	Collected	: 14/Mar/2024 10:09AM
Age/Gender	: 35 Y 9 M 25 D/F	Received	: 14/Mar/2024 12:30PM
UHID/MR No	: CCHA.0000177560	Reported	: 14/Mar/2024 02:00PM
Visit ID	: CCHAOPV326463	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE12725		

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
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Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
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SIN No:SPL24045372

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

Patient Name : Mrs.SWATI JHA	Collected : 14/Mar/2024 10:09AM
Age/Gender : 35 Y 9 M 25 D/F	Received : 14/Mar/2024 11:40AM
UHID/MR No : CCHA.0000177560	Reported : 14/Mar/2024 01:24PM
Visit ID : CCHAOPV326463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12725	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2304884

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

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Patient Name : Mrs.SWATI JHA	Collected : 14/Mar/2024 12:42PM
Age/Gender : 35 Y 9 M 25 D/F	Received : 14/Mar/2024 02:22PM
UHID/MR No : CCHA.0000177560	Reported : 14/Mar/2024 03:42PM
Visit ID : CCHAOPV326463	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12725	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017126

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

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Patient Name	: Mrs.SWATI JHA	Collected	: 14/Mar/2024 10:09AM
Age/Gender	: 35 Y 9 M 25 D/F	Received	: 14/Mar/2024 11:40AM
UHID/MR No	: CCHA.0000177560	Reported	: 14/Mar/2024 01:22PM
Visit ID	: CCHAOPV326463	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE12725		


DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR


Dr. B Pavani
M.B.B.S, M.D(pathalogy)
Consultant Pathologist

SIN No:UF011174

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

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mrs. SWATI JHA

on

14/03/24

After reviewing the medical history

on clinical examination it has been found that he/she is

Medically Fit	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
---------------	-------------------------------------	-----	--------------------------	----

Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after

Currently Unfit.

Review after.....

Recommended Unfit

Dr.



Medical Officer

The Apollo Clinic, Chandanagar



Dr. BOLLINI MAANASA JAYARAM
Reg No: TSMC/FMR/00039
Qualification: M.B.B.S, M.Sc (Perfusion)

This certificate is not meant for medico-legal purposes

PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745
 SWATIJHA Date: 14-03-2024

Age: 35

UHID: _____ PH NO _____

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

- Single Vision Glass
- CR-39
- Polycarbonate
- ARC
- Biofocal
- D- Biofocal (Glass/CR)
- High Index
- Progressive
- Normal Progressive
- Internal Progressive
- Photochromic

DIAGNOSIS :

Colour Vision Test: RE: NORMAL LE: NORMAL

NEXT EXAMINATIONS : 1 Month / Year

Signature

Name <u>Mrs. Swathika</u>	Date <u>24/3/24</u>
Age <u>35y</u>	UHID No. <u>177560</u>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ref. Physician <u>Arcoferi</u>
Ref. Diagnosis	

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.0</u> cm	(1.5cm / m2)	IVS (Ed) <u>1.0</u> cm	(0.6 - 1.2 cm)
LA (es) <u>2.7</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m2)	EF <u>70</u>	(0.62 - 0.85)
LVID (ed) <u>4.0</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>35</u>	(2.8% - 42%)
LVID (es) <u>3.0</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML _____	Interventricular septum _____
Aortic Valve	_____	Pulmonary artery _____
Tricuspid valve	_____	Aorta _____
Pulmonary valve	_____	Right atrium _____
Right ventricle	_____	Left atrium _____

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

Arcofemi

BILL DATE : 24/03/2024 UHID: 177560

BILL NO: 85302

PATIENT NAME : Mrs. Swathi Jha

AGE: 35/F

Weight : 61.3 Kgs

Height : 156.5 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 65 / bpm

B.P : 90/60 / mm Hg

Hip: - 103cm
Waist: - 98cm
SpO2: 100%
BMI - 25

MRS SWATI THA
Female 35 Years
Req. No. :

14-03-2024 12:57:04
HR : 65 bpm
P : 98 ms
PR : 150 ms
QRS : 74 ms
QT/QTcBz : 396/412 ms
P/QRS/T : 45/57/44 °
RV5/SV1 : 0.500/0.528 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

N5



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108

V1.47 Glasgow V28.6.7 APOLLO CLINIC CHANDA NAGAR

Patient Name	: Mrs. SWATI JHA	Age/Gender	: 35 Y/F
UHID/MR No.	: CCHA.0000177560	OP Visit No	: CCHAOPV326463
Sample Collected on	:	Reported on	: 14-03-2024 19:35
LRN#	: RAD2266573	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE12725		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

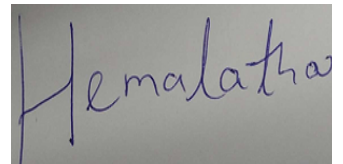
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. G HEMALATHA
MBBS,DNB
Radiology

Patient Name : Mrs. SWATI JHA	Age/Gender : 35 Y/F
UHID/MR No. : CCHA.0000177560	OP Visit No : CCHAOPV326463
Sample Collected on :	Reported on : 14-03-2024 12:46
LRN# : RAD2266573	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : bobE12725	

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures** : 13.0 cm.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen is normal.No focal lesion seen. Splenic vein is normal.**Spleen measures** : 9 cm.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. **Right kidney measures** : 97 x 45 mm . , **Left kidney measures** : 110 x 40 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Uterus measures : 70 x 25 x 32 mm.

Endometrial echo-complex appears normal and **measures** 8 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

Right ovary measures: 24 x 14 mm . **Left ovary measures** : 27 x 16 mm . No evidence of any adnexal pathology noted.

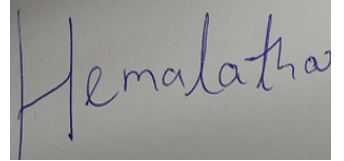
IMPRESSION:-

No significant abnormality detected.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mrs. SWATI JHA

Age/Gender : 35 Y/F



Dr. G HEMALATHA
MBBS,DNB
Radiology

APOLLO CLINIC CONSENT FORM

Mr/Mrs/Ms Swati Jha (177560) Employee of ARCofem (Company) want to inform you that I am not interested in getting Pap Smear Test done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: gha

Date: 14/3/24

To: swatijha20@gmail.com

Cc: Chandanagar Apolloclinic; Corporate Apollo Clinic; Syamsunder M

Reply

Reply all

Forward

Mon 3/11/2024 4:48 PM



Dear MS.,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **CHANDA NAGAR** clinic on **2024-03-14** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: 9, #1-58/91/SS, SURESH SQUARE, MADEENAGUDA, SERI LINGAMPALLY MANDAL, RANGA REDDY DISTRICT.



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

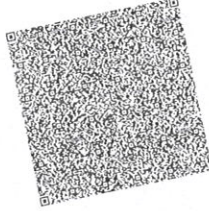
नामांकन क्रम / Enrollment No. : 0000/00316/9784r

To
Swati Jha
स्वाति झा
Flat No. B905,
Aparna Hillpark Silveroaks,
SY No 273,
VTC: Chandanagar, PO: Chandanagar,
District: K.v. Rangareddy,
State: Telangana, PIN Code: 500050,
Mobile: 9584311026

10994394



KC109943945FL



आपका आधार क्रमांक / Your Aadhaar No. :
2861 9987 6867

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India



Issue Date: 26/10/2011

स्वाति झा
Swati Jha
जन्म तिथि / DOB: 20/05/1988
महिला / Female

2861 9987 6867

मेरा आधार, मेरी पहचान

Patient Name	: Mrs. SWATI JHA	Age	: 35 Y/F
UHID	: CCHA.0000177560	OP Visit No	: CCHAOPV326463
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 14-03-2024 13:03
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 65 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----



Dr. A RAVINDRA

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2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM
LA (es) 2.7 CM
LVID (ed) 4.0 CM
LVID (es) 3.0 CM
IVS (Ed) 1.0 CM
LVPW (Ed) 1.0 CM
EF 70.00%
%FD 35.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NO EFFUSION

LEFT VENTRICLE:-NO RWMA

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COLOUR AND DOPPLER STUDIES:-NO MR/TR/AR/PR,

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.1m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

IMPRESSION:

NORMAL CHAMBERS,

NO RWMA,

GOOD LV FUNCTION,



Dr. A
RAVINDRA

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NO MR/TR/AR/PR,

NO PE/NO CLOT/VEGS.