

**Dr. Manaswini Ramachandra,** MBBS, MS (ENT)  
Consultant ENT and Head & Neck Surgeon  
Fellowship in Endoscopic Sinus Surgery  
Trained in Allergy (AASC)  
Email : manaswiniramachandra@gmail.com



Ms. SAVITA  
2

10-2-24

MOUTH CHOK

Resp. - Pale mucosa.

(Acute allergic Rhinitis)

Exam - (w)

OC/OD - NS

V. No. XAG5 70210011072  
NAME SAVITHA KRISHNA S  
D.O.B 09/11/1989  
VALID TILL 11/07/2031 (M)



VALID THROUGHOUT INDIA  
Class - MV 120719621

Sex - F  
ADDRESS C. SURYANARAYANA  
NO 3 TWO FLOOR 4TH CROSS 4TH MAIN  
LAYOUT NEAR SHIVANAPURA  
RAMAMURTHY NAGAR  
CHENNAI - 600016

Type of Holder

ISSUING AUTHORITY  
CHENNAI

*Self*

\* For Health check up purpose

FOUR VIEW

<b>NAME</b>	Mrs SAVITHA KRISHNA S		<b>DATE:</b> 13/02/2024
<b>AGE</b>	34 YRS	<b>KRM NUMBER</b>	037932
<b>GENDER</b>	FEMALE	<b>REFERRED BY</b>	

**DIMENSIONS:**

<b>AORTA:</b> 2.4 cms	<b>IVSD:</b> 1.06 cms	<b>LVDd:</b> 3.9 cms	<b>LVPWD :</b> 1.0 cms
<b>LA :</b> 2. cms	<b>IVSS :</b> 1.12cms	<b>LVDs:</b> 2.7 cms	<b>LVPWS:</b> 1.1cms
<b>EF :</b> 60 %			<b>EDV :</b> 68 ML
			<b>ESV :</b> 28 ML

**VALVES:**

**MITRAL** : NORMAL.  
**TRICUSPID** : NORMAL.  
**AORTIC** : NORMAL.  
**PULMONARY** : NORMAL.

**2D - ECHO:**

**IAS** : Intact.  
**IVS** : Intact.  
**RA** : Normal.  
**RV** : Normal.  
**LA** : NORMAL.  
**LV** : NORMAL;  
**IVC, AORTA AND PULMONARY ARTERY:** NORMAL.  
**PERICARDIUM** : NORMAL.

**DOPPLER DAT**

**Mitral valve** : E-0.75 M/sec A-0.57 m/sec, NO MR.  
**Tricuspid valve** : NO TR  
**Aortic valve** : V max -1.0 m /sec  
**Pulmonary valve** : NO PR.

**FINAL IMPRESSION:**

**NORMAL CHAMBERS AND VALVES**  
**NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST**  
**NORMAL LV & RV SYSTOLIC FUNCTION, EF-60%**  
**NORMAL DIASTOLIC FUNCTION**  
**NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.**

**DR. MOHAN MURALI**  
**Consultant Cardiologist**

Zimbra

**Health Check-up Booking**

Sat, Feb 10, 2024 10:24 AM

1 attachment

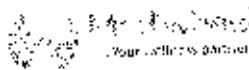
**From :** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
**Subject :** Health Check-up Booking  
**To :** fo.krm <fo.krm@apollospectra.com>

Dear Team,

Please note the package.

Arsofam /Mediwheel /MALE/F/M/ALT	ARSOFFMI - MCD/WHTEL - FULL BODY ANNUAL PLUS PAIT - 2D ECHO - PMS /A/DIA - FY2324	6605772	W Rajesh
Arsofam /Mediwheel/MALE/F/M/ALT	Arsofam Mediwheel Full Body Health Annual Plus Check - 2D ECHO	6605772	Smita Kashyap

Thanks & Regards



Arsofam Health Care Ltd. | F-701A, Lakh Sara, Mansarovar | New Delhi - 110 010  
 Ph.No. 011 47186969  
 Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in) | web: [www.mediwheel.in](http://www.mediwheel.in)

# DOCTORS NOTE

NAME: Mrs. Sargha Krishna

AGE: 34/F SEX:

NO:

Early morning → lukewarm water + chia seeds.

Bfaut → Dal dosa - 2 no. + sambhar / Poha upma (1 cup) + nuts (almond, walnuts, cashews)  
 Idly/Dosa weekly once

Mid morning (10-11am) → Beet-carrot juice / cucumber juice - 200 mL.

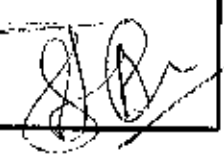
Lunch → Poha 200 + Dal + veg + curd (1.5 tsp of fennel seed powder)  
 or Rice (Brown Rice) ↓ 1 cup.

Snacks → 2-3 egg whites / Sprouts + pomegranate + onion salad.

Dinner → Quinoa Veg Pulao (1.5 cup) + cucumber / Broken wheat khichdi/upma (1.5 cup) + cucumber / Power chapati (1 no.) + Dal + Veg

Post dinner → lukewarm water / curd. + Black chana salad + cucumber

Ht - 160 cm  
 Wt - 73.2 kg  
 BMI - 28.5 kg/m<sup>2</sup>  
 All reports are normal  
 - Early pregnancy (4 wks)  
 - BUN ↓  
 - weight control.  
 - Egg-fasting.



Date : 13-02-24  
MRNO :  
Name : Mrs. Savitha Krishna S  
Age / Gender : 34y / F  
Mobile No :

Department :  
Consultant : Dr. Ravi  
Reg. No : KMC 106,430  
Qualification :  
Consultation Timing :

Pulse : 80 b/min	B.P. : 113/69 mmHg	Resp : 18 b/min	Temp : 98.6 °F
Weight :	Height :	BMI : SPO <sub>2</sub> : 99%	Waist Circum :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Adv

① T. nifedipine 60K once a month

② T. Calcitriol 500 1-0-0 X 1 month

- Exposure to Sunlight 30 min daily

- To take milk & milk products with low fat.

Pri

Follow up date:

Doctor Signature

Vlc

10/2/24

1777 Suvitha 34 yrs

Early pregnancy 60 Jo

OPN - G2P14 CO - 6 yrs F-100

1777 - PANC - Pregnancy (MRP - 29/12)

Post-M-2005

Family in Nellore - 2000

~

**Dr. Roma Haider**

Dental Surgeon

Certified in Esthetic Dentistry & Implantology

Email: roma.haider@yahoo.com

Consultation : Monday to Saturday 10 am to 7 pm

8296500869 - WhatsApp

7259679908



10/2/2024

34/F

Mrs. Jawitha Krishna

• Restorative Procedures

• Root canal treatment

H.C

• Teeth replacement -  
fixed and removable dentures

• Oral surgery

Carious  $\frac{7}{87 \quad 78}$

• Orthodontics

• Preventive dentistry

• Dental Implants

Advised - O.P.G. x-ray

• Pedodontics

• Esthetics & smile design

• Tooth Jewellery

• Periodontics

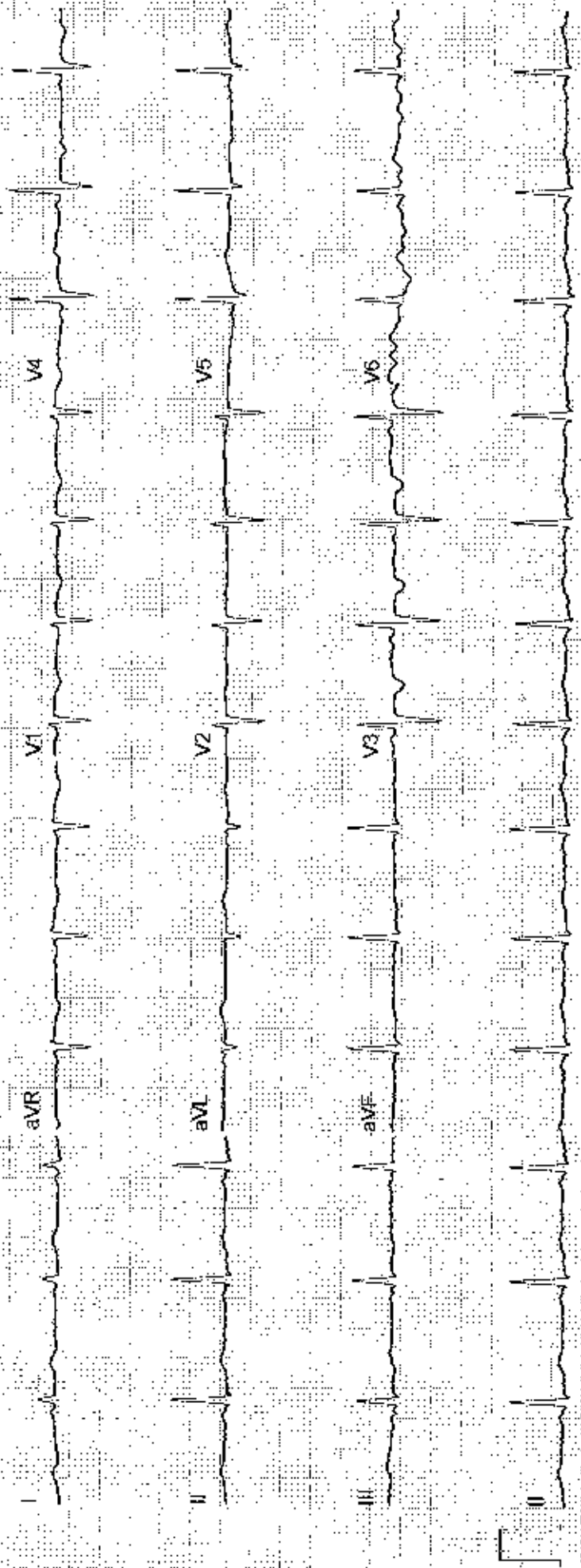


BP - 115/71 mmHg

Sinus rhythm with short PR  
Nonspecific T wave abnormality  
Prolonged QT  
Abnormal ECG

QRS 84 ms  
QT / QTcBaz 398 / 462 ms  
PR 104 ms  
P 90 ms  
RR / PP 740 / 740 ms  
P / QRS / T 41 / 73 / 14 degrees

*R-1*





Patient Name : Mrs.SAVITHA KRISHNA S  
 Age, Gender : 34 Y 3 M 1 D/F  
 UID/MR No : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Emp/Ach/TPA ID : 112303



Collected : 10/Feb/2024 10:49 AM  
 Received : 10/Feb/2024 11:07 AM  
 Reported : 10/Feb/2024 01:05 PM  
 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:BED240034058





Mrs.SAVITHA KRISHNA S

Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 112303

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-31.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
PLASMAPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4760	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1960	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	70	Cells/cu.mm	20-500	Calculated
MONOCYTES	210	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	225000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	39	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:BED240034055





Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 UH/SMR No : RJAY.0000037932  
 Visit ID : SKOROPV200187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303



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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Result Rechecked

*Anushree R*

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

SIN No:BED240034058





: Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 UHID/MR No : RJAY.0000037932  
 Visit ID : SKOROPV200187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303



Collected : 10/Feb/2024 10:49 AM  
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DEPARTMENT OF HAEMATOLOGY

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

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

*Anushree B*

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



SIN No:BED240034058



Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M F D/F  
 UHID/MR No : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SEIF  
 Emp/Auth/TPA ID : 112303

Collected : 10/Feb/2024 10:49AM  
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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	91	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL

70-100 mg/dL

100-125 mg/dL

≥126 mg/dL

<70 mg/dL

Interpretation

Normal

Prediabetes

Diabetes

Hypoglycemia

**Note:**

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

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

*Anushree R*

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



SIN No:PLI02104041



Apollo  
 Apollo Center  
 UHID/MR No  
 Visit ID  
 Ref Doctor  
 Emp/Auth/TPA ID

: Mrs.SAVITHA KRISHNA S  
 : 64 Y 3 M 1 D/F  
 : RJAY.0000037932  
 : SKOROPV280187  
 : Dr.SELF  
 : 112303



Collected : 10/Feb/2024 12:52 PM  
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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)	91	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:PLP1417772





Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 54 Y 3 M 1 D/F  
 UHID/MRN No : RJAY.GU000037932  
 Visit ID : SKOROPV28C187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303



Collected : 10/Feb/2024 10:49 AM  
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETIS	5.7 - 6.4
DIABETIS	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 - 7
FAIR TO GOOD CONTROL	7 - 8
UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fast ag 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
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



*Signature*

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

STN No:EDT240015100





Mrs.SAVITHA KRISHNA S

Age/Gender : 34 Y 3 M 1 D/F

UHID/MRN No : RJAY.0500037932

Visit ID : SKOROPV280187

Ref Doctor : Dr.SEI F

Emp/Auth/TPA ID : 112303

Collected : 10/Feb/2024 10:49 AM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE, SERUM</b>				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	51	mg/dL	<150	
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.98		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

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.
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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

*Arushree R*

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



SIN No:SE04625664



Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 Patient No : RJAY.GU00037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Emis/Auth/TPA ID : 1123C3



Collected : 10/Feb/2024 10:49AM  
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. 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)	10	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	69.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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:SE01625664



Mrs. SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 10 F  
 UHID/MPN/LEIPS : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303



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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.49	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	8.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	4.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	3.0-5.5	URICASE
CALCIUM	8.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

Result Rechecked

*Anushree R*

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



SIN No:SE04625664



Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 UHID/MRN No : RJAY.0000037932  
 Visit ID : SKOROPV200187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303



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 Reported : 10/Feb/2024 12:12 PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	12.00	U/L	16-73	Glycylglycine Kinetic method

Result Rechecked

*Anushree R*

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



SIN No:SE01625664



Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 10 F  
 UHID/MRN : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Emp/Auh/IPA ID : 112303



Collected : 10/Feb/2024 10:28 AM  
 Received : 10/Feb/2024 01:40 PM  
 Reported : 10/Feb/2024 03:51 PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOETHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.183	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females

Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)

First trimester	0.1 - 2.5
Second trimester	0.2 - 3.6
Third trimester	0.3 - 3.0

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Inadequate Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Graves, 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



*Shetty*

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

SIN No: SPL24022474

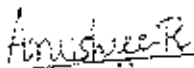
Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 JHID/MRK No : RJAY.0050037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Enr/Au/HT/PA ID : 112303

Collected : 10/Feb/2024 10:49 AM  
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 Reported : 10/Feb/2024 12:24 PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 4	/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.S.B.S,M.D(Pathology)  
 Consultant Pathologist



SIN No:UR.2279995



Mrs.SAVITHA KRISHNA S

Age/Gender : 34 Y 3 M 1 D/F  
UHID/MRN : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
Emp/Autn/TPA ID : 112303

Collected : 10/Feb/2024 12:52PM  
Received : 10/Feb/2024 01:00PM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MED/WHEEL - 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. Priya Murthy  
M.B.B.S.,M.D(Pulmology);  
Consultant Pathologist



SIN No:UPP016526



Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M F D/F  
 UHID/MRN No : RJAY,0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Enr/Auth/TPA ID : 112303



Collected : 10/Feb/2024 10:59 AM  
 Received : 10/Feb/2024 11:05 AM  
 Reported : 10/Feb/2024 12:24 PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*Anushree R*

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



SIN No:CT610562



Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 112303

Collected : 10/Feb/2024 10:49AM  
Received : 10/Feb/2024 11:14AM  
Reported : 10/Feb/2024 01:05PM  
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:BED240034058



Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.8	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82</b>	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4760	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1960	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	70	Cells/cu.mm	20-500	Calculated
MONOCYTES	210	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	225000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>39</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs are normocytic normochromic.

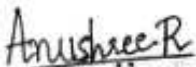
WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Page 2 of 15



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

SIN No:BED240034058



Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 112303

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Reported : 10/Feb/2024 01:05PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Result Rechecked

*Anushree R*

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

SIN No:BED240034058



Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 UHID/MR No : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			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:BED240034058

Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 UHID/MR No : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303

Collected : 10/Feb/2024 10:49AM  
 Received : 10/Feb/2024 11:14AM  
 Reported : 10/Feb/2024 11:40AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

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

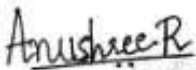
**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

- 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:PLF02104041

Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 112303

Collected : 10/Feb/2024 12:52PM  
Received : 10/Feb/2024 01:10PM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

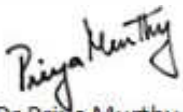
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	91	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:PLP141772







Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 112303

Collected : 10/Feb/2024 10:49AM  
Received : 10/Feb/2024 01:51PM  
Reported : 10/Feb/2024 03:46PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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:EDT240015100



Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
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Collected : 10/Feb/2024 10:49AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	51	mg/dL	<150	
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.98		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

*Anushree R*

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



SIN No:SE04625664



Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
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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
<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)	10	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	69.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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:**

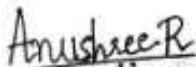
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.



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



SIN No:SE04625664

Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 UHID/MR No : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303

Collected : 10/Feb/2024 10:49AM  
 Received : 10/Feb/2024 11:14AM  
 Reported : 10/Feb/2024 12:12PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.49	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>8.60</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>4.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	3.0-5.5	URICASE
CALCIUM	<b>8.30</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

Result Rechecked

*Anushree R*

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



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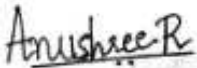
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>12.00</b>	U/L	16-73	Glycylglycine Kinetic method

Result Rechecked



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



SIN No:SE04625664



Patient Name : Mrs.SAVITHA KRISHNA S  
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UHID/MR No : RJAY.0000037932  
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Emp/Auth/TPA ID : 112303

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Reported : 10/Feb/2024 03:31PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.183	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:SPL24022474



Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
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Collected : 10/Feb/2024 10:49AM  
Received : 10/Feb/2024 11:56AM  
Reported : 10/Feb/2024 12:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

*Anushree R*

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



SIN No:UR2279995

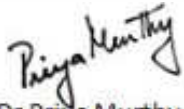
Patient Name : Mrs.SAVITHA KRISHNA S  
 Age/Gender : 34 Y 3 M 1 D/F  
 UHID/MR No : RJAY.0000037932  
 Visit ID : SKOROPV280187  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 112303

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 Received : 10/Feb/2024 01:38PM  
 Reported : 10/Feb/2024 01:43PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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:UPP016526



Patient Name : Mrs.SAVITHA KRISHNA S  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : RJAY.0000037932  
Visit ID : SKOROPV280187  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 112303

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Received : 10/Feb/2024 11:35AM  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

*Anushree R*

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

SIN No:UF010563

