



Patient Name : Mrs.CHETAN G J

Age/Gender : 51 Y 6 M 25 D/F UHID/MR No : CBAS.0000048425

Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 Collected : 30/Nov/2023 09:26AM

Received : 30/Nov/2023 12:21PM Reported : 30/Nov/2023 02:46PM

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		

HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80.9	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,510	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	25.2	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3746.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1388.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	55.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	303.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.53	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	198000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	33	mm at the end of 1 hour	0-20	Modified Westegrer method
ERIPHERAL SMEAR				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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DEPARTMENT OF HAEMATOLOGY

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

Test Name

Result

Unit

Bio. Ref. Range

Method

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA

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SIN No:BED230294753

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka-560034







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Reported

Collected

Received

: 30/Nov/2023 09:26AM : 30/Nov/2023 12:21PM : 30/Nov/2023 03:11PM

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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		

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	0	Microplate Hemagglutination		
Rh TYPE	Positive	Microplate Hemagglutination		

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Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 Collected : 30/Nov/2023 09:26AM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ADOOFFMI MEDIMULEL EUL DOD	V ANNULAL DILLO OL	IEOK ADVANO	ED EENAALE TAAT D	ANUNDIA EVOCA	
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	94	mg/dL	70-100	HEXOKINASE	
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Comment:

As per American Diabetes Guidelines, 2023

F,		
Fasting Glucose Values in mg/dL	Interpretation	
70-100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	- 1
≥126 mg/dL	Diabetes	
<70 mg/dL	Hypoglycemia	

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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SIN No:PLF02062425

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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	99	mg/dL	70-140	HEXOKINASE
HOURS, SODIUM FLUORIDE PLASMA (2				
HR)				

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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD EDTA	134	mg/dL	Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

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

Result **Test Name**

Unit

Bio. Ref. Range

Method

- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:PLP1391925,EDT230108197 NABL renewal accreditation under process

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Collected

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: 30/Nov/2023 12:41PM

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: 30/Nov/2023 02:25PM

Sponsor Name

: Final Report

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: 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		

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	128	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.94		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
	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
IINON-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.

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SIN No:SE04554928

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BOD	Y ANNUAL PLUS (CHECK ADVANC	ED - FEMALE - TMT - PA	AN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	88.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- 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.

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Result Unit Bio. Ref. Range Method

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SIN No:SE04554928

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL	FULL BODY ANNUAL	PLUS CHECK ADVANCED	- FEMALE - TMT - PAN INDIA - FY2324
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Test Name Result	Unit	Bio. Ref. Range	Method
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CREATININE	0.45	mg/dL	0.72 - 1.18	JAFFE METHOD
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.06	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.71	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE	20.00	U/L	<38	IFCC
(GGT) , SERUM				

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BOD	Y ANNUAL PLUS CI	HECK ADVANC	ED - FEMALE - TMT - PA	AN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.70	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.303	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

- **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	Т3	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:SPL23171824

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APOLLO CLINICS NETWORK

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Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Result Unit Bio. Ref. Range **Test Name** Method

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT	AND MICROSCOPY			
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	5-6	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2230709

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telang www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 na - 500 016 | APOLLO CLINICS NETWORK

Aduress: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034







Patient Name Age/Gender

: Mrs.CHETAN G J

UHID/MR No

: 51 Y 6 M 25 D/F

: CBAS.0000048425

Visit ID Ref Doctor : CBASOPV97409

Emp/Auth/TPA ID

: Dr.SELF : 277611

Collected

: 30/Nov/2023 09:25AM

Received

: 30/Nov/2023 01:10PM

Reported

: 30/Nov/2023 02:15PM

Status Sponsor Name : Final Report

: 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

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE

Dipstick

Page 14 of 16

SIN No:UPP015900,UF009909 NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE











Patient Name Age/Gender : Mrs.CHETAN G J

UHID/MR No

: 51 Y 6 M 25 D/F : CBAS.0000048425

Visit ID Ref Doctor : CBASOPV97409

Emp/Auth/TPA ID : 2

: Dr.SELF : 277611 Collected

: 30/Nov/2023 11:48AM

Received

: 01/Dec/2023 10:59AM

Reported Status : 01/Dec/2023 04:49PM

Sponsor Name

: Final Report

e

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

BC PA	P TEST (PAPSURE) , CERVICAL BRUSH SAMI	PLE
	CYTOLOGY NO.	20037/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
Ш	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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 ***

Result/s to Follow: PERIPHERAL SMEAR

Page 15 of 16

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE











Patient Name

: Mrs.CHETAN G J

Age/Gender

: 51 Y 6 M 25 D/F

UHID/MR No

: CBAS.0000048425

Visit ID Ref Doctor : CBASOPV97409

Emp/Auth/TPA ID

: Dr.SELF : 277611 Collected

: 30/Nov/2023 11:48AM

Received

: 01/Dec/2023 10:59AM

Reported

: 01/Dec/2023 04:49PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

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

Dr.Reshma Stanly M.B.B.S,DNB(Pathology) Consultant Pathologist Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist

Page 16 of 16



SIN No:CS070723

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE





Patient Name: Mrs. Chetan G JAge/Gender: 51 Y/F

UHID/MR No.

: CBAS.0000048425

Sample Collected on

LRN#

: RAD2164267

Ref Doctor : SELF **Emp/Auth/TPA ID** : 277611

OP Visit No

Reported on

: CBASOPV97409

Specimen

: 04-12-2023 11:59

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

IMPRESSION

No significant abnormality is seen in this study.

(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.

Dr. V K PRANAV VENKATESH

MBBS,MD

Radiology



Patient Name : Mrs. Chetan G J Age/Gender : 51 Y/F

UHID/MR No.

: CBAS.0000048425

OP Visit No Reported on : CBASOPV97409

Sample Collected on

LRN#

: RAD2164267

Specimen

: 30-11-2023 15:25

: SELF

Ref Doctor Emp/Auth/TPA ID : 277611

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.

Dr. V K PRANAV VENKATESH

MBBS,MD

Radiology



Name : Mrs. Chetan G J

Address: blore

Plan

Age: 51 Y

Sex: F

UHID:CBAS.0000048425

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

OP Number: CBASOPV97409 Bill No: CBAS-OCR-59268

INDIA OP AGREEMENT Date : 30.11.2023 09:03

	Serve TyperService. tune	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT	- PAN INDIA - FY2324
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbATc, GLYCATED HEMOGLOBIN	
_5	LIVER FUNCTION TEST (LFT)	
**6	X-RAY CHEST PA 10:10 Am -	
7	GLUCOSE, FASTING	
_&	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	CARDIAC STRESS TEST(TMT) \mathcal{L}^{S} $\mathcal{L}_{\delta} \leftarrow \infty$	
11	FITNESS BY GENERAL PHYSICIAN	
1-2-	GYNAECOLOGY CONSULTATION 🗸	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
I	PERIPHERAL SMEAR	
.17	ECG	
_1-8	BLOOD GROUP ABO AND RH FACTOR	
19	LIPHOPROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE V	
2/2	OPTHAL BY GENERAL PHYSICIAN	
_23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION 19 17 064	
27	GLUEOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Dental
B12

Hr- 147

wf-64.1

BP- 112/66

PR- 107

W.d- 92

HP- 104

Gender: Female Mobile: 679564649652 Personal Details
UHID: 01P3FGAT6QN0U12 Name: chetan gj PatientID: 48425 Date: IST: 2023-11-30 10:49:02 Ш Pre-Existing Medical- Symptoms
Conditions aVR aVF aVL This trace is generated by KardioScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX Vitals HR: 98 BPM
PR: 138 ms
PD: 109 ms
QRS: 68 ms
QRS Axis: 43 deg
QT/QTc: 325/415 ms Measurements ĭ √2 ≲ Normal sinus rhythm Normal axis Low voltage ECG Interpretation report to the ٧4 ٧5 ٧6 MD,DNB,I Reg No- K D S S Dr. Yogesh Authoria

Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV isclaimer: 1. Analysis in this report is based on ECC; alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive texts and must be interpreted by a qualified physician. Normal ECC; alone for rule out heart disease Almorrnal ECC; alone and should must be used as an adjunct to clinical history, symptoms and results of other non-invasive texts and must be interpreted by a qualified physician. Normal ECC; alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive texts and must be interpreted by a qualified physician.

Versionl 8.2 Copyright iMedrix, All R.

30/11/23 mm Che Mar, Sign, YOUA + MEDITATION - While whole 19w-45-804 Negren wills Errainly, 6-7am-) Sullyht-, WAK 20 ~ My MEDICATED Shipping. Met + cold Julest. Mento versophysia . weight loss. 3 Maganas yasas

EYE CHECK UP REPORT

Mrs. Cheffon 97	51/2 48	3415	30/M/23
Vision 2 60 = 50 6 9 p Acuity 160 = 50 6 12	Near Vision	3 86m	
Digital	Colour	020	
IOP	Vision	oral	
 Fundus: Ant.Segment:- 	retira	Simling	tien
Ant.Segment :-Media:			
Be Hi-Myopia, pa	ii: nos	Come	cted by
planes, Adv for dilate	d gretono	けいナ	Jetina
opinia.		•	1110



SIBLENT



Mus Chetan G

De Amkithe Perenink.
MBBS, MS, DNB, FHND.

Height:	Weight:	BMI:	Waist Circum :
Temp :	Pulse :	Resp :	B.P :
General Examination / Allerg		-	
	- Came gon	, regular he	alth cherk up.
	ofe: R Ean: D	far: War (f). 7 m: 9 ntaut
	Nose: h Oral Camb	om. Grade I hypertro)	f). millar shy noncongert
			· 1° × 5 days
	- T ₂	3 74 7811.	N STE 0

Apollo Clinic, Basavanagudi

#99, Bull Temple Road, Basavanagudi - 560019

Phone: (080) 2661 1236/7

661 1236/7

Follow up date:

BOOK YOUR APPOINTMENT TODAY! Whatsapp Number: 970 100 3333

Toll Number Website : 1860 500 7788 : www.apolloclinic.com PAP SMEAR CONSENT FORM

ME: Chelan

PATIENT NAME:

AGE:

GENDER:

DATE:

30-11-22

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE

: 117

AGE OF MENOPAUSAL IF APPLICABLE

MENSTRUAL REGULARITY

: REGULAR/IRREGULAR

FIRST DAY OF LAST MENSTRUATION PERIOD:

AGE AT MARRIAGE

YEAR'S OF MARRIED LIFE

CONTRACEPTION

:YES()NO()IF YES WHAT KIND?

HORMONAL TREATMENT

: YES() NO() IF YES WHAT KIND?

GRAVIDA (NO OF TIME'S CONCEIVED)

PARA(NO OF CHILDBIRTH)

LIVE(NO OF LIVING CHILDREN)

ABORTIONS

MISCARRIAGES/ABORTION

AGE OF FIRST CHILD

AGE OF LAST CHILD

PREVIOUS PAP SMEAR REPORT

SULAR/IRREGULAR

20.10.23. ONCE SM A

264.

SCINO() IF YES WHAT KIND?

SCINO() IF YES WHAT KIND?

SCINO() IF YES WHAT KIND?

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA

VAGINA

CERVIX

SMEAR THAKEN FROM - ENDOCERVIX

ECTOCERVIX

POSTERIOR VAGINA

Apollo Clinic

CONSENT FORM

Patient Name:	Chetan G		6/Y	
•				
	the transfer of the second	€ # * ÷	(4) (4) (4) (4) (4) (4) (4) (4)	a void
I Mr/Mrs/Ms		Employee of	***************************************	
	orm you that I am not inter art of my routine health ch		General	Physician X
	tatement in my full conscio		7/9/	
Patient Signature: 1	tint left flit	M Date: 301	U 2013	
	J'reme	/		





ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ಯಾಧಿಕಾರ

ಭಾರತ ಸರಕಾರ Unique Identification Authority of India Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ Enrolment No.: 1189/55648/14753

To ಜೇತನ್ ಜಿ ಜೆ Chetan G J W/O Pradeep Kumar NO 45/1 2ND CROSS BRINDAVAN LAYOUT CHIKKALLASANDRA Bangalore South Subramanyapura Bangalore Karnataka 560061 9845034672



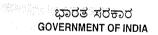


ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6803 2890 5230

ಆಧಾರ್ – ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ







ਲੀਵਰਨੀ ਲੈ ਲੈ Chetan G J ਲਮ੍ਹਿਟ ਰੜਾ / Year of Birth : 1972 ਮੂੰ/ Fernale



6803 2890 5230

ಆಧಾರ್ – ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



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. J CHETAN G
EC NO.	156737
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	BANGALORE,PADMANABHA NAGAR
BIRTHDATE	05-05-1972
PROPOSED DATE OF HEALTH	30-11-2023
CHECKUP	
BOOKING REFERENCE NO.	23D156737100076378E

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 23-11-2023 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
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
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
General Tests	General Tests
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

Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 Collected : 30/Nov/2023 09:26AM
Received : 30/Nov/2023 12:21PM
Reported : 30/Nov/2023 02:46PM

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

HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80.9	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,510	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	25.2	%	20-40	Electrical Impedanc
EOSINOPHILS	1	%	1-6	Electrical Impedanc
MONOCYTES	5.5	%	2-10	Electrical Impedanc
BASOPHILS	0.3	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				•
NEUTROPHILS	3746.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1388.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	55.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	303.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.53	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	198000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	33	mm at the end of 1 hour	0-20	Modified Westegrer method

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 | Collected : 30/Nov/2023 09:26AM | Received : 30/Nov/2023 12:21PM | Reported : 30/Nov/2023 02:46PM

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

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA



 Patient Name
 : Mrs.CHETAN G J

 Age/Gender
 : 51 Y 6 M 25 D/F

 UHID/MR No
 : CBAS.0000048425

 Visit ID
 : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 Collected : 30/Nov/2023 09:26AM Received : 30/Nov/2023 12:21PM Reported : 30/Nov/2023 03:11PM

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					

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	0	Microplate Hemagglutination		
Rh TYPE	Positive	Microplate Hemagglutination		



Patient Name : Mrs.CHETAN G J

Age/Gender : 51 Y 6 M 25 D/F UHID/MR No : CBAS.0000048425

Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 277611

Collected : 30/Nov/2023 09:26AM
Received : 30/Nov/2023 12:45PM
Reported : 30/Nov/2023 01:21PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BOD	Y ANNUAL PLUS C	HECK ADVANC	ED - FEMALE - TMT - P.	AN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING, NAF PLASMA	94	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:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- $2.\ Very\ high\ glucose\ levels\ (>\!\!450\ mg/dL\ in\ adults)\ may\ result\ in\ Diabetic\ Ketoacidosis\ \&\ is\ considered\ critical.$



Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 Collected : 30/Nov/2023 09:26AM
Received : 30/Nov/2023 12:09PM
Reported : 30/Nov/2023 01:27PM

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	Test Name Result Unit Bio. Ref. Range Method					

GLUCOSE, POST PRANDIAL (PP), 2	99	mg/dL	70-140	HEXOKINASE
HOURS, SODIUM FLUORIDE PLASMA (2		_		
HR)				

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.

mg/dL		Calculated
	mg/dL	mg/dL

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

Visit ID : CBASOPV97409

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BOD	Y ANNUAL PLUS C	HECK ADVANC	ED - FEMALE - TMT - P.	AN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 Collected : 30/Nov/2023 09:26AM Received : 30/Nov/2023 12:41PM Reported : 30/Nov/2023 02:25PM

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

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	128	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.94		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
1 1	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
IINON-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.



Visit ID : CBASOPV97409

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 277611 Collected : 30/Nov/2023 09:26AM Received : 30/Nov/2023 12:41PM Reported : 30/Nov/2023 02:25PM

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

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	88.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- 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.

 Patient Name
 : Mrs.CHETAN G J

 Age/Gender
 : 51 Y 6 M 25 D/F

 UHID/MR No
 : CBAS.0000048425

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DEPARTMENT OF BIOCHEMISTRY						
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						



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DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM				
CREATININE	0.45	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.06	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.71	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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 Collected
 : 30/Nov/2023 09:26AM

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 : 30/Nov/2023 12:41PM

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 : 30/Nov/2023 02:24PM

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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				
Test Name Result Offit Bio. Ref. Range Method				

GAMMA GLUTAMYL TRANSPEPTIDASE	20.00	U/L	<38	IFCC
(GGT), SERUM				



Patient Name : Mrs.CHETAN G J Age/Gender : 51 Y 6 M 25 D/F

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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

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM					
TRI-IODOTHYRONINE (T3, TOTAL) 1.2 ng/mL 0.7-2.04 CLIA					
THYROXINE (T4, TOTAL)	8.70	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	2.303	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

- **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	Т3	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	ubclinical 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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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

PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW		PALE YELLOW	Visual	
TRANSPARENCY	HAZY		CLEAR	Visual	
рН	8.0		5-7.5	DOUBLE INDICATOR	
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue	
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF	
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE	
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION	
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE	
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION	
BLOOD	POSITIVE +		NEGATIVE	Peroxidase	
NITRITE	NEGATIVE		NEGATIVE	Diazotization	
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE	
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY		·		
PUS CELLS	1-2	/hpf	0-5	Microscopy	
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY	
RBC	5-6	/hpf	0-2	MICROSCOPY	
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY	
CRYSTALS	ABSENT		ABSENT	MICROSCOPY	



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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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DEPARTMENT OF CLINICAL PATHOLOGY					
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324					
Test Name	Result	Unit Bio. Ref. Range M		Method	
			-		
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick	
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick	





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Collected : 30/Nov/2023 11:48AM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

LBC PA	BC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE					
	CYTOLOGY NO.	20037/23				
I	SPECIMEN					
a	SPECIMEN ADEQUACY	ADEQUATE				
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)				
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR				
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT				
d	COMMENTS	SATISFACTORY FOR EVALUATION				
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.				
Ш	RESULT					
a	EPITHEIAL CELL					
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN				
	GLANDULAR CELL ABNORMALITIES	NOT SEEN				
b	ORGANISM	NIL				
IV	INTERPRETATION	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 ***

Result/s to Follow: PERIPHERAL SMEAR





Patient Name : Mrs.CHETAN G J Age/Gender : 51 Y 6 M 25 D/F

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DEPARTMENT OF CYTOLOGY

Status

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

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