


Name : Mrs. Shylashree G Address : blore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 54 Y Sex : F	UHID :CINR.0000121151  <small>* CINR . 0 0 0 0 1 2 1 1 5 1 *</small> OP Number :CINROPV204758 Bill No :CINR-OCR-88656 Date : 13.09.2023 07:41
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING <i>-Nirama breast screening</i>	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO <i>(9)</i>	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA <i>(10)</i>	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION <i>(3) ✓</i>	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE <i>(3) ✓</i>	
22	OPHTHAL BY GENERAL PHYSICIAN <i>(5)</i>	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION <i>(1)</i>	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>2hrs 11:00 (8)</i>	

phesio (14)

Date : 13-09-2023
 MR NO : CINR.0000121151
 Name : Mrs. Shylashree G
 Age/ Gender : 54 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 07:41

HP-102cm

Height : 162cm	Weight : 78.45kg	BMI : 29	Waist Circum : 92cm
Temp : 98°F	Pulse : 82bpm	Resp : 18bpm	B.P : 120/100mmHg

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

54 yrs P₂ menopausal, 2 yrs,
 nil complaints

Adv

P E

LBC pap test

CA 125-


PA - soft mast

CEA

PS - a healthy
 Pap done



Phs.

SUBCUTANEOUS XT ——— 

x food meals



Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs. Shylashree G

DATE : 13/9/23

UHID NO : 121151

AGE : 54y

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: F

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	+1.00	—	—	6/6(P)	+2.00	-1.00	65°	6/6
Add	+1.50	—	—	Nil	+1.50	—	—	Nil

PD – RE: _____ LE: _____

Colour Vision: Normal (BE)

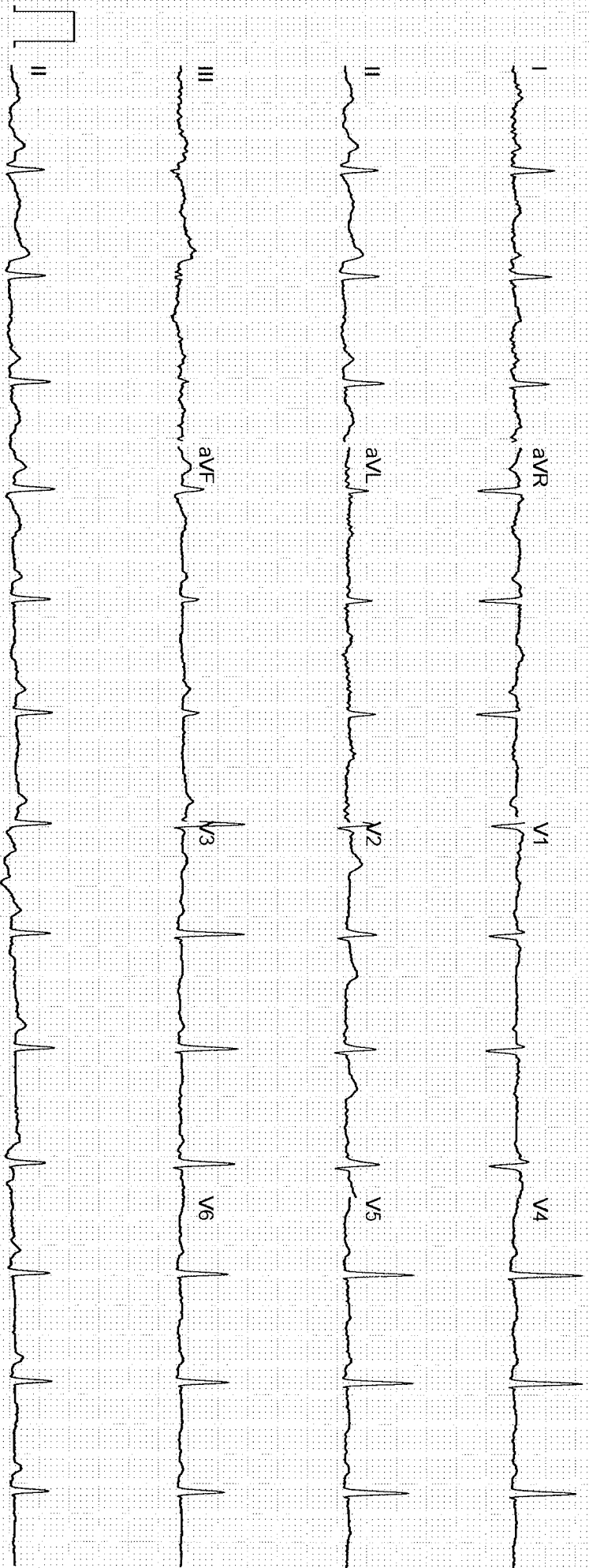
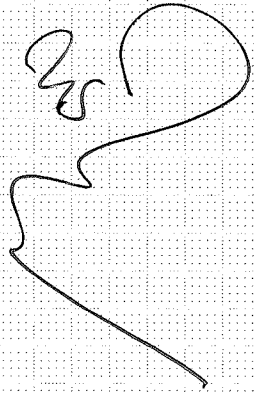
Remarks:


Apollo clinic Indiranagar

Female

QRS 70 ms
QT / QTcBaz 390 / 455 ms
PR 162 ms
P 86 ms
RR / PP 734 / 731 ms
P / QRS / T 49 / 27 / 18 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



NAME: MRS SHYLASHREE	AGE/SEX: 54Y/F	OP NUMBER: 121151
Ref By : SELF	DATE: 13-09-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.6	IVS(D): 0.7	MV: E Vel: 0.7	A Vel : 0.9
LA: 2.8	LVIDD(D): 5.1	AV Peak: 1.33	
	LVPW(D): 0.8		
	IVS(S): 1.02		
	LVID(S): 3.5		
	LVEF: 57%		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Pulmonary Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

IVC:	1.5cm Non collapsing
Others	---

IMPRESSION :

Normal cardiac Valves and chambers

No Regional wall motion abnormality

Good Biventricular function, LVEF 57%

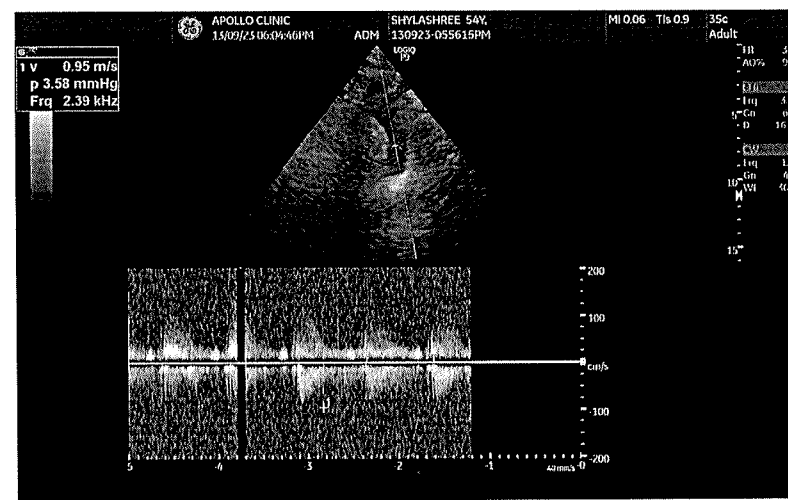
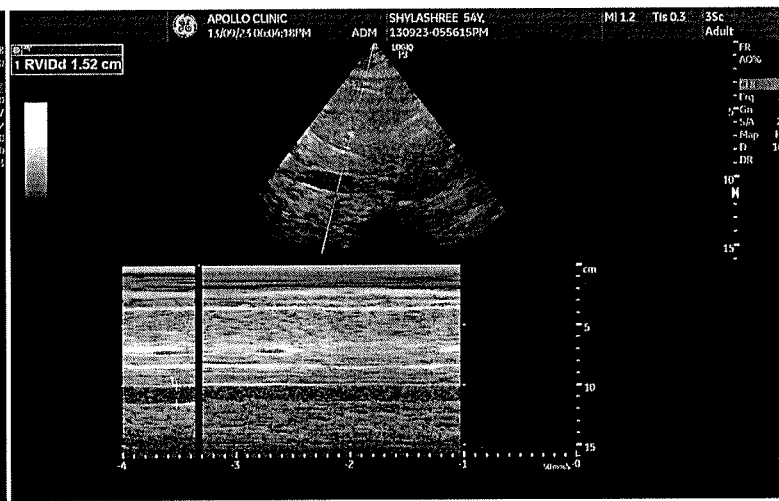
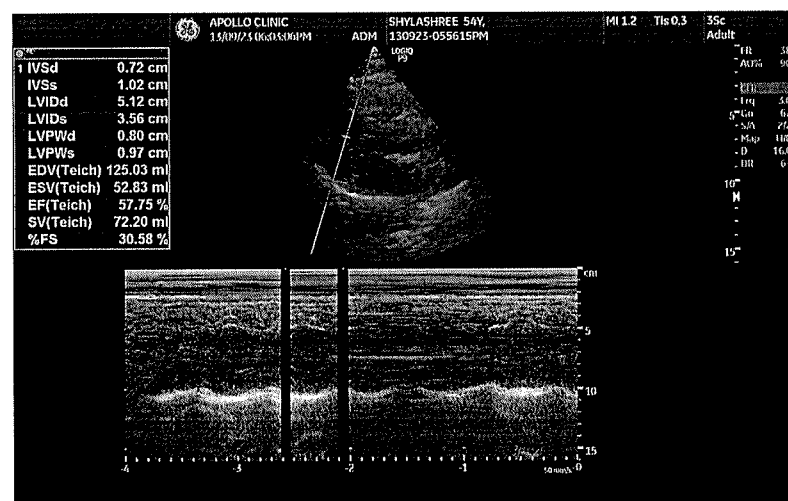
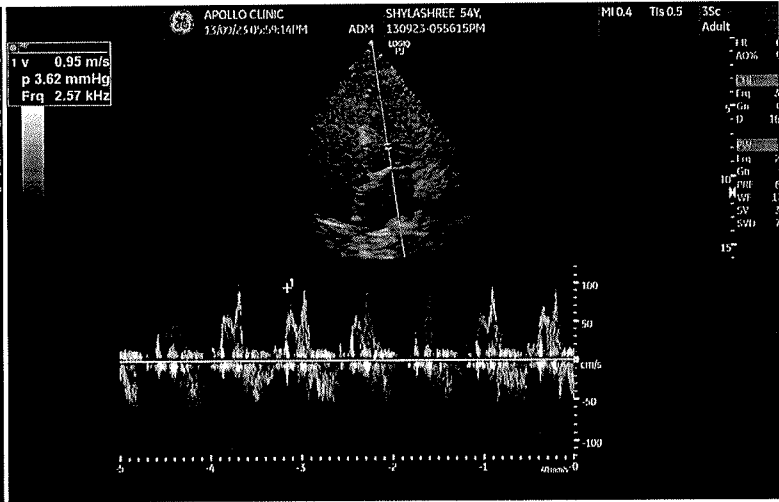
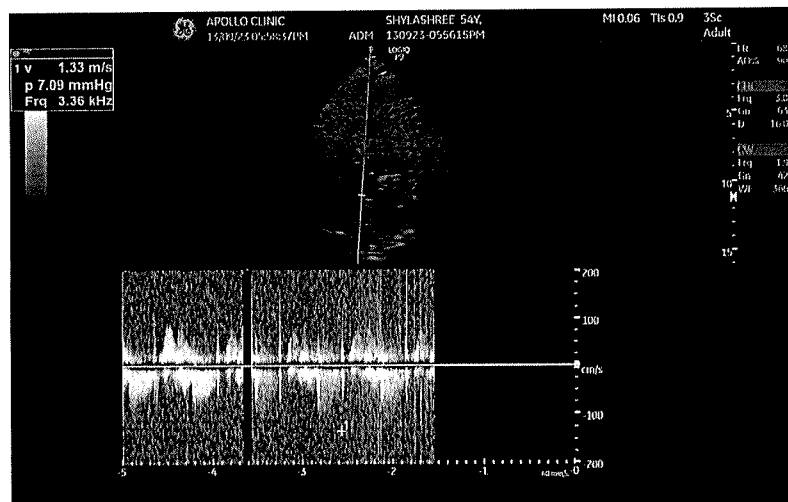
Grade I LV Diastolic dysfunction

No clot/vegetation/pericardial effusion/CoA



Dr. SUDHAKAR RAO DM FACC FESC FSCAI

Consultant Cardiologist





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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SHYLASHREE GOPALKRISHNA
DATE OF BIRTH	07-09-1969
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-09-2023
BOOKING REFERENCE NO.	23S153947100068814S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. P GOPAL KRISHNA
EMPLOYEE EC NO.	153947
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	BANGALORE,PBB-BANGALORE
EMPLOYEE BIRTHDATE	15-09-1963

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 **07-09-2023** 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's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM 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



ಭಾರತ ಸರ್ಕಾರ
 Unique Identification Authority of India
 Government of India
 ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2017/60256/06279

To
 ಶೈಲಶ್ರೀ ಜಿ
 Shylashree G
 W/O: P Gopal Krishna
 #5 21st Cross, CMH Road
 Lakshmpuram, Halasuru
 Bangalore North
 H.A.L II Stage
 Bangalore North Bangalore
 Karnataka 560008
 9741964887
 MN172375836FT

01/07/2013
 17237583

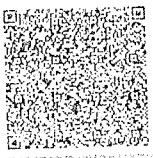


ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
7952 4077 1633

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
 Government of India
 ಶೈಲಶ್ರೀ ಜಿ
 Shylashree G
 ಪುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1969
 ಸ್ತ್ರೀ / Female



7952 4077 1633

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

ಆಯಕರ ವಿಭಾಗ
 INCOME TAX DEPARTMENT

ಭಾರತ ಸರ್ಕಾರ
 GOVT. OF INDIA


ಸ್ಥಾಯಿ ಲೇಖಾ ಸಂಖ್ಯಾ ಕಾರ್ಡ್
 Permanent Account Number Card
 CADPG0469C

ನಾಮ / Name
 SHYLASHREE G

ಪಿತಾ ಕಾ ನಾಮ / Father's Name
 MAHENDRA

ಜನ್ಮ ತಿಥಿ / Date of Birth
 07/02/1969

ಹಸ್ತಾಕ್ಷರ / Signature
Shylashree



Shylashree

Patient Name : Mrs. Shylashree G

Age/Gender : 54 Y/F

UHID/MR No. : CINR.0000121151

OP Visit No : CINROPV204758

Sample Collected on :

Reported on : 13-09-2023 16:29

LRN# : RAD2097417

Specimen :

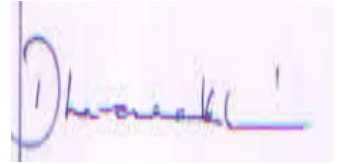
Ref Doctor : SELF

Emp/Auth/TPA ID : 919945847565..

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

THERMAL SONO MAMMOGRAPHY DONE.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Shylashree G

Age/Gender : 54 Y/F

UHID/MR No. : CINR.0000121151

OP Visit No : CINROPV204758

Sample Collected on :

Reported on : 13-09-2023 15:04

LRN# : RAD2097417

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 919945847565..

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mrs. Shylashree G	Age/Gender	: 54 Y/F
UHID/MR No.	: CINR.0000121151	OP Visit No	: CINROPV204758
Sample Collected on	:	Reported on	: 13-09-2023 12:29
LRN#	: RAD2097417	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 919945847565..		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. **A gall stones seen.** No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.9X4.0 cm.

Left kidney measures 10.9X5.2cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS & OVARIES: Atrophic

No free fluid is seen.

IMPRESSION:

1. A GALL STONES SEEN WITHIN THE GALL BLADDER MEASURING APPROXIMATELY 1.9cm.

2. ADVISE CT ABDOMEN FOR CONFORMATION.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:40AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 12:57PM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.74	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80.1	fL	83-101	Calculated
MCH	25.9	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,260	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	49.1	%	40-80	Electrical Impedence
LYMPHOCYTES	39.3	%	20-40	Electrical Impedence
EOSINOPHILS	3.8	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3564.66	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2853.18	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	275.88	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	551.76	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	14.52	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	300000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	33	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:40AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 12:57PM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:BED230220943

NABL renewal accreditation under process

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:40AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 03:27PM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:38AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 12:09PM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	119	mg/dL	70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	180	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	7.4	%		HPLC
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Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:38AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 12:09PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	166	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)

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:38AM
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Visit ID : CINROPV204758	Status : Final Report
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Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:42AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 12:37PM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	210	mg/dL	<200	CHO-POD
TRIGLYCERIDES	274	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	54.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.04		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:42AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 12:37PM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04480009

NABL renewal accreditation under process

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:58AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 11:42AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.04	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	84.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	3.94	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.69	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	26.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC



SIN No:SE04480009

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UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 01:43PM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.7	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.35	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.310	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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	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

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DEPARTMENT OF IMMUNOLOGY

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

Test Name				Result	Unit	Bio. Ref. Range	Method
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



SIN No:SPL23130398

NABL renewal accreditation under process

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 07:57AM
Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 10:53AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 11:54AM
Visit ID : CINROPV204758	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919945847565..	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	5-6	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked



SIN No:UR2183060

NABL renewal accreditation under process

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Age/Gender : 54 Y 7 M 6 D/F	Received : 13/Sep/2023 10:53AM
UHID/MR No : CINR.0000121151	Reported : 13/Sep/2023 11:53AM
Visit ID : CINROPV204758	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 12:32PM
Age/Gender : 54 Y 7 M 6 D/F	Received : 14/Sep/2023 01:22PM
UHID/MR No : CINR.0000121151	Reported : 15/Sep/2023 06:50PM
Visit ID : CINROPV204758	Status : Final Report
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DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	15479/23
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
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	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,INFLAMMATORY SMEAR

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

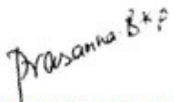
***** End Of Report *****

Result/s to Follow:
PERIPHERAL SMEAR

Patient Name : Mrs.SHYLASHREE G	Collected : 13/Sep/2023 12:32PM
Age/Gender : 54 Y 7 M 6 D/F	Received : 14/Sep/2023 01:22PM
UHID/MR No : CINR.0000121151	Reported : 15/Sep/2023 06:50PM
Visit ID : CINROPV204758	Status : Final Report
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DEPARTMENT OF CYTOLOGY

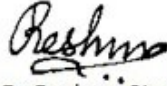
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324



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