


Name : Mrs. SNIGDHA SINHA Address : 10/33 4TH MAIN 10TH CROSS SRINIVAS NAGAR Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 36 Y Sex: F	UHID: CBAS.0000040138  OP Number: CBASOPV99573 Bill No : CBAS-OCR-60561 Date : 27.01.2024 10:10
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA → R-U	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE ✓ - refused	
21	OPHTHAL BY GENERAL PHYSICIAN	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

27 - ALP, Vitamin level - 1

HT - 152

→ ~~PHYSIO~~

WT - 62.4

BP - 125/78

PR - 86

W-d - 94

H-P - 97

ECHOCARDIOGRAPHY REPORT

Name: MRS SNIGDHA S Age: 35 YEARS GENDER: FEMALE

Consultant: Dr.VISHAL KUMAR.H. Date : 27/01/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.72	m/sec	A	0.63	m/sec	No MR
Tricuspid Valve	E	0.48	m/sec	A	0.33	m/sec	No TR
Aortic Valve	Vmax	0.90	m/sec				No AR
Pulmonary Valve	Vmax	0.72	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.6	2.6-3.6	cm
LI	left Atrium	2.9	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	0.8	0.9-1.1	cm
L	left Ventricle-Diastole	4.4	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.9	2.1-4.0	cm
P	Posterior wall-Systole	1.1	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.2	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H
CLINICAL CARDIOLOGIST

Date: IST: 2024-01-27 13:14:46

Report ID: AHLLP_01P3FGAT6S910RV_V6S910SL

Apollo

Personal Details
UHID: 01P3FGAT6S910RV
Patient ID: 40138
Name: SNIJDHA S
Age: 36
Gender: Female
Mobile: 9599495979

Interpretation

Sinus Rhythm Regular
Normal Axis

Measurements

HR: 71 BPM
PR: 133 ms
PD: 111 ms
QRS: 86 ms
QRS Axis: 5 deg
QT/QTc: 382/416 ms

Vitals

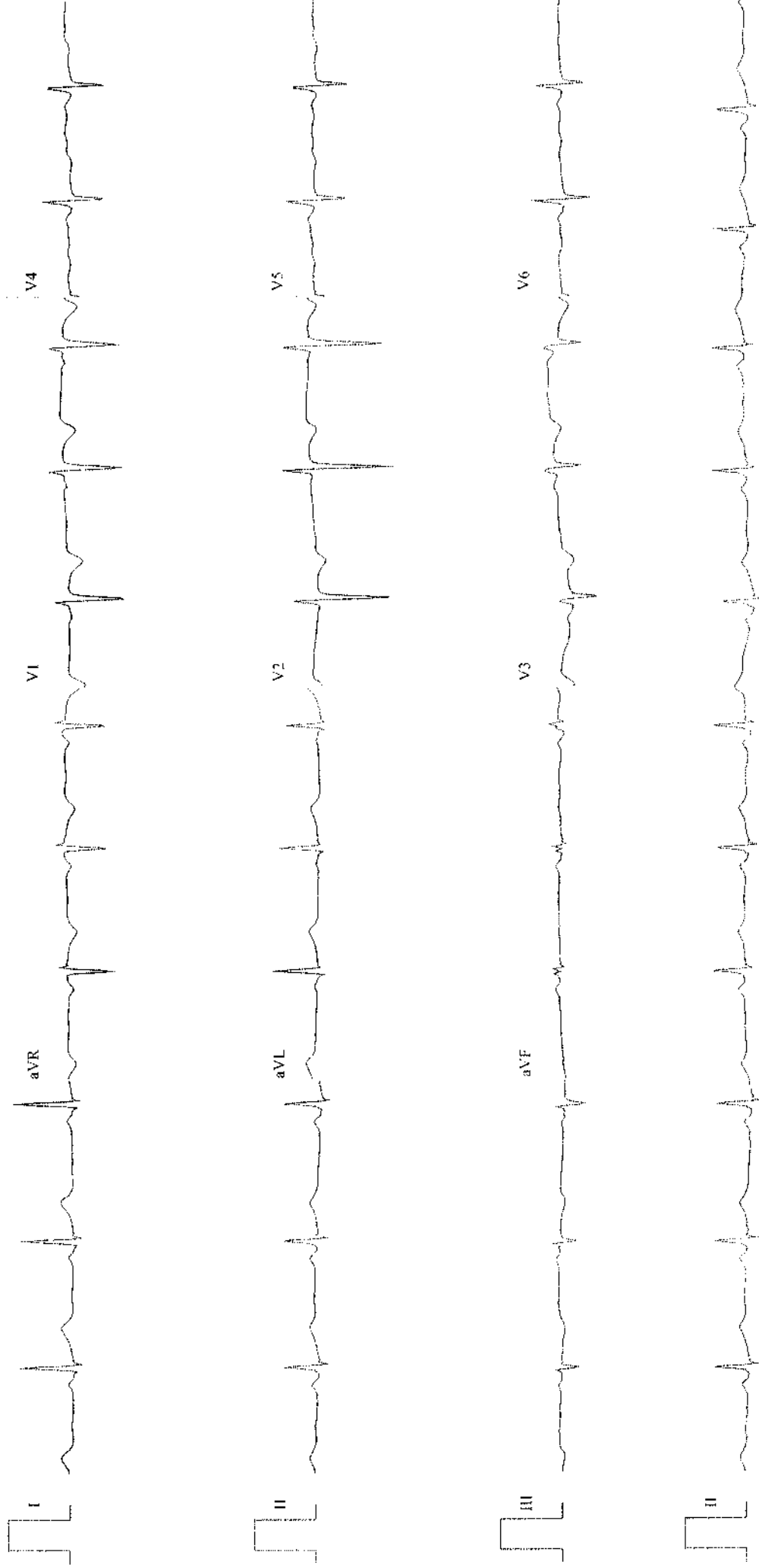
Symptoms

Pre-Existing Medical-
Conditions

Author:

Dr. Yogesh
MD, DNB,
Reg. No- K

This trace is generated by *KardiaScreen*. *Touch-Connected*. *Version: 1.0.2*. *Lead Scorable ECG Platform from IMEDRIA*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Accuracy: Analysis in this report is based on an algorithm that may not detect all heart rhythm abnormalities. Symptoms and results of other diagnostic tests and should be interpreted in conjunction with clinical information. *Standard ECG strips and other diagnostic tests should be used to confirm the results of this report. The test information is for informational purposes only.*

Srigidha Sinha
35 / F

27 / 1 / 24

On Examination

Class I Dc 8/

Ca+

Adv
filling 8/

oral prophylaxis

Dr. Deepa

Miss. SNIQDHA SINH
35/F

Dr Ankithe Purohit
MBBS, MS, DNB, FRCO.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for regular health check up.

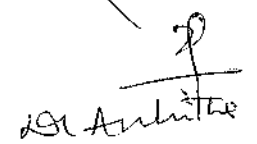
O/E: Ear: B/L Impacted wax (+).

Oval cavity
None | wax.

Imp: wax (+).

Adv: waxoil e/d
↓
wax removal

Follow up date:


Dr Ankithe Purohit
Doctor Signature

आधार - आम आदमी का अधिकार

3344 0919 0049



भारत सरकार
Government of India
सिद्धा सिन्हा
Siddha Sinha
जन्म तिथि / DOB : 11/01/1988
स्त्री / Female



आधार - आम आदमी का अधिकार

3344 0919 0049

आधार संख्या / Your Aadhaar No. :



To
सिद्धा सिन्हा
Siddha Sinha
D/O: Satyendra Kumar
C/130/344 BANGLA SCHOOL GALI
GEETA VATIKA ward no 59
Gorakhpur
Gita Vatika
Sahanwa Gorakhpur
Uttar Pradesh 273006
8080140582
61641061
22/09/2013
MNG16410614FT

आधार संख्या / Enrollment No. : 2020/53104/00885

Unique Identification Authority of India
Government of India

भारत सरकार

भारतीय विशिष्ट पहचान प्राधिकरण



Mrs. Smigelska Siska,

27/1/24

Postnatal → 1 yr / cholestasis. HT, 152cm

July 10 → 11m. WT, 63kg

Adult 1800kcal High protein.

low-glycemic. IBW → 50-55kg

Aglycemic → 20-20-20mm

BF in Dinner → Pezizolact / Brants / Jovan / byer.

vegetable salad → 2-3 times / y.

Water - ① Beyond milk.

Cucumber, Tomatoes, carrot, Turnip, galsch

Main milk → ②

Dinner 7pm. Avoid: Carbonated drinks, fruit juice

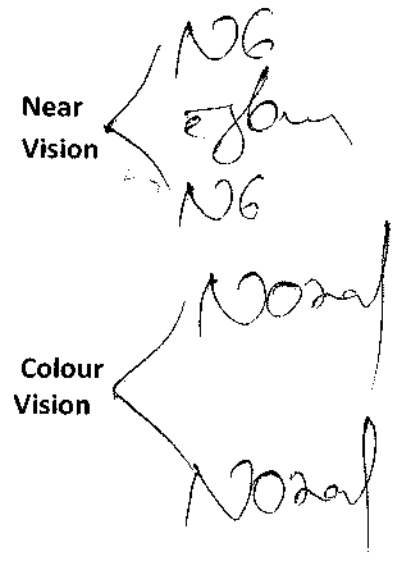
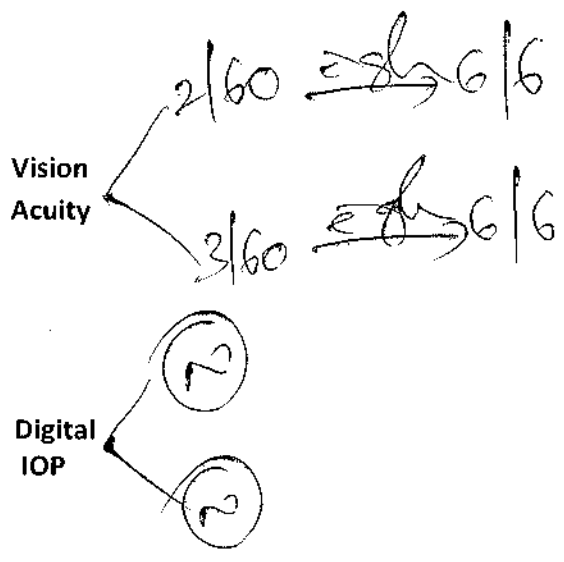
Deep fried items, Warming biscuits, egg yolk, and milk.

Water - 3 lit / y + count water, Bunk, Saps

D. K. H. H. H.
944934933

Mrs. Swigtha 36/P 40138 27/1/24

EYE CHECK UP REPORT



• Fundus: Normal @ steady

• Ant. Segment :- wal

• Media: normal

• Pupil: normal

Rx: Hi-Myopia, fully corrected by laser.

AFS

RE: Health Check-up Bookings No. 41 (Annual)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Thu 1/25/2024 1:56 PM

To:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Cc:Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>;Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>;Electronic City <ecity@apolloclinic.com>;Tnagar Apolloclinic <tnagar@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>;Nizampet Apolloclinic <nizampet@apolloclinic.com>;Nigdi Apolloclinic <nigdi@apolloclinic.com>;Apollo Clinic Uppal <uppal@apolloclinic.com>;Vizag Apolloclinic <vizag@apolloclinic.com>;Asraonagar Apolloclinic <asraonagar@apolloclinic.com>;Indiranagar Apolloclinic <indiranagar@apolloclinic.com>;Hitechcity Apolloclinic <hitechcity@apolloclinic.com>;Fo Krm <fo.krm@apollospectra.com>;FO Swargate <fo.swg@apollospectra.com>; so.swg@apollospectra.com <so.swg@apollospectra.com>;Dilip Baniya <Dilip.b@apolloclinic.com>;Pritam Padyal <pritam.padyal@apolloclinic.com>;Rahul Rai <rahul.raai@apolloclinic.com>

📎 1 attachments (20 KB)

Copy of 25012024.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Anvesh M | Apollo Clinics | Pan India Toll No: 1860 500 7788| Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sent: 25 January 2024 11:53

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

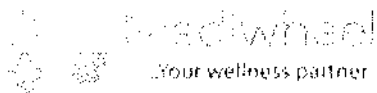
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Check-up Bookings No. 41 (Annual)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

Apollo Clinic

CONSENT FORM

Patient Name: Srigdha Sinha Age: 36Y / F

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

*ENT, General
consultation on
next visit.
PAP Test X*

Patient Signature: Date: 27/01/2024

Patient Name : Mrs. SNIGDHA SINHA

Age/Gender : 36 Y/F

UHID/MR No. : CBAS.0000040138

OP Visit No : CBASOPV99573

Sample Collected on :

Reported on : 27-01-2024 15:09

LRN# : RAD2218383

Specimen :

Ref Doctor : soundarya

Emp/Auth/TPA ID : 336727

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.

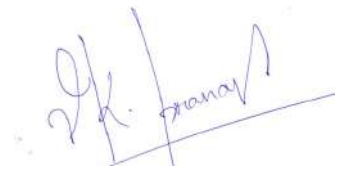
Both costophrenic and cardiophrenic angles are clear.

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

Patient Name : Mrs. SNIGDHA SINHA

Age/Gender : 36 Y/F

UHID/MR No. : CBAS.0000040138

OP Visit No : CBASOPV99573

Sample Collected on :

Reported on : 27-01-2024 15:33

LRN# : RAD2218383

Specimen :

Ref Doctor : soundarya

Emp/Auth/TPA ID : 336727

DEPARTMENT OF RADIOLOGY

Liver: appears enlarged in size (15.5 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation.

Gall bladder is well distended. echogenic calculi in lumen, largest measuring 2.0x0.7 cm. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

Right kidney appear normal in size 9.4x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 11.2x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

Uterus appears normal in size with anteverted position and measuring 8.3x4.1x4.9 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 1.3 cm - prominent.

Both ovaries are normal in size with peripherally arranged tiny non-dominant follicle and central echogenic stroma. No dominant follicle /cyst.

Right ovary measuring 3.4x2.1x2.8 cm volume 9 cc and left ovary measuring 3.5x2.2x2.9 cm volume 9 cc. No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

GRADE I FATTY LIVER.

CHOLELITHIASIS.

BILATERAL MILD POLYCYCTIC OVARIAN RESPONSE.

Suggested clinical correlation.

The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion.



Dr. V K PRNAV VENKATESH
MBBS,MD



Patient Name : Mrs. SNIGDHA SINHA

Age/Gender : 36 Y/F

Radiology

Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:27AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 12:51PM
UHID/MR No : CBAS.0000040138	Reported : 27/Jan/2024 03:18PM
Visit ID : CBASOPV99573	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336727	

DEPARTMENT OF HAEMATOLOGY

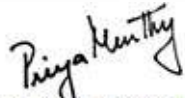
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	36.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.1	%	40-80	Electrical Impedance
LYMPHOCYTES	39.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3927.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2889.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	290.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.78	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



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



SIN No: BED240020037

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:27AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 12:51PM
UHID/MR No : CBAS.0000040138	Reported : 27/Jan/2024 03:18PM
Visit ID : CBASOPV99573	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336727	

DEPARTMENT OF HAEMATOLOGY

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

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

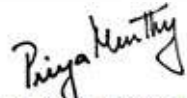
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.



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Consultant Pathologist



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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:27AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 12:51PM
UHID/MR No : CBAS.0000040138	Reported : 27/Jan/2024 03:22PM
Visit ID : CBASOPV99573	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336727	

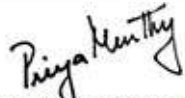
DEPARTMENT OF HAEMATOLOGY

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

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



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



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

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:27AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 01:25PM
UHID/MR No : CBAS.0000040138	Reported : 27/Jan/2024 03:37PM
Visit ID : CBASOPV99573	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	88	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



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Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:27AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 01:25PM
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HBA1C, GLYCATED HEMOGLOBIN	5.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	204	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.60		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.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	96.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.43	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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.



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3. Synthetic function impairment:

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.56	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.86	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.731	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	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




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



Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:27AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 04:11PM
UHID/MR No : CBAS.0000040138	Reported : 27/Jan/2024 05:56PM
Visit ID : CBASOPV99573	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336727	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24013236



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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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 Karnataka - 560034



Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:26AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 04:41PM
UHID/MR No : CBAS.0000040138	Reported : 27/Jan/2024 06:09PM
Visit ID : CBASOPV99573	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336727	

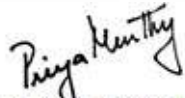
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		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	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No: UR2269612

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.SNIGDHA SINHA	Collected : 27/Jan/2024 10:26AM
Age/Gender : 36 Y 0 M 16 D/F	Received : 27/Jan/2024 06:25PM
UHID/MR No : CBAS.0000040138	Reported : 27/Jan/2024 08:12PM
Visit ID : CBASOPV99573	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 336727	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

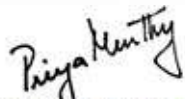
Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE

Page 15 of 15



Dr. Shobha Emmanuel
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SIN No: UF010386

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