

≥126 mg/dL





DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Emp/Auth/TPA ID	: SE199426				
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CBASOPV90906	Status	: Final Report		
UHID/MR No	: CBAS.0000086799	Reported	: 01/Apr/2023 04:00PM		
Age/Gender	: 32 Y 6 M 0 D/F	Received	: 01/Apr/2023 02:23PM		
Patient Name	: Miss.C SHRUTHI	Collected	: 01/Apr/2023 09:01AM		

Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	HEXOKINASE
Comment:				
As per American Diabetes Guidelines				
Fasting Glucose Values in mg/d L	Interpretation			
<100 mg/dL	Normal		1	
100-125 mg/dL	Prediabetes			

Diabetes

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SIN No:PLF01954147

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

Address: 99, Bull Temple Road, Basavanagudi, Bengaluru, Karnataka, India - 560019



Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Faser 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)







DEPARTMENT OF IMMUNOLOGY					
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UHID/MR No	: CBAS.0000086799	Reported	: 01/Apr/2023 03:39PM		
Age/Gender	: 32 Y 6 M 0 D/F	Received	: 01/Apr/2023 01:30PM		
Patient Name	: Miss.C SHRUTHI	Collected	: 01/Apr/2023 09:01AM		

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.67	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.411	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. 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

*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, URINE GLUCOSE(FASTING), HBA1C, GLYCATED HEMOGLOBIN, LIVER FUNCTION TEST (LFT), LIPID PROFILE, URINE GLUCOSE(POST PRANDIAL), HEMOGRAM, RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT), BLOOD GROUP ABO AND RH FACTOR, GAMMA GLUTAMYL TRANFERASE (GGT), COMPLETE URINE EXAMINATION, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

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APOllo

Dr.Anita Shobha Flynn M.B.B.S MD(Pathology) Consultant Pathologist

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SIN No:SPL23055215

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Patient Name	: Miss. C SHRUTHI	Age/Gender	: 32 Y/F
UHID/MR No.	: CBAS.0000086799	OP Visit No	: CBASOPV90906
Sample Collected on	:	Reported on	: 01-04-2023 14:20
LRN#	: RAD1965970	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: SE199426		

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
<u>MBBS,MD</u>
Radiology



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UHID/MR No.	: CBAS.0000086799	OP Visit No	: CBASOPV90906
Sample Collected on	:	Reported on	: 01-04-2023 13:54
LRN#	: RAD1965970	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: SE199426		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (12 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

<u>Gall bladder</u> is well distended. No evidence of calculus. 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 obscured

Right kidney seen in right renal pelvis measuring 8x0.9 cm

Left kidney appear normal in size 9.7x1.0 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 abnormality detected.

Uterus appears normal in size and measuring 6.3x3.2x3.1 cm. It shows normal shape & echopattern. Endometrial echo-complex appears normal and measures 7 mm.

Both ovaries appear normal in size, shape and echotexture. Right ovary measuring 2.4x2.5x3.2 cm volume 10 cc and left ovary measuring 3.2x2.1x3.6 cm volume 12 cc. No evidence of any adnexal pathology noted.

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

IMPRESSION:-

Bilateral Polycystic Ovarian.

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, Not valid for medico legal purpose.

Dr. V K PRANAV VENKATESH
<u>MBBS,MD</u>
Radiology