

Patient Name : Mrs.GOSAVI AMRUTA ASHOKGIRI	Collected : 27/May/2023 10:12AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 27/May/2023 12:45PM
UHID/MR No : CKHA.0000066538	Reported : 27/May/2023 03:07PM
Visit ID : CKHAOPV97832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458697	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



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

HAEMOGLOBIN	13.9	g/dL	12-15	Spectrophotometer
PCV	41.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88.8	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,150	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	68.1	%	40-80	Electrical Impedence
LYMPHOCYTES	26.7	%	20-40	Electrical Impedence
EOSINOPHILS	1.1	%	1-6	Electrical Impedence
MONOCYTES	3.9	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4869.15	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1909.05	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	78.65	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	278.85	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	14.3	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	286000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR				
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RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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UHID/MR No : CKHA.0000066538	Reported : 27/May/2023 02:37PM
Visit ID : CKHAOPV97832	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.GOSAVI AMRUTA ASHOKGIRI	Collected : 27/May/2023 12:39PM
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UHID/MR No : CKHA.0000066538	Reported : 27/May/2023 05:24PM
Visit ID : CKHAOPV97832	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
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GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	110	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





Patient Name : Mrs.GOSAVI AMRUTA ASHOKGIRI	Collected : 27/May/2023 10:12AM
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Visit ID : CKHAOPV97832	Status : Final Report
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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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	100	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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Visit ID : CKHAOPV97832	Status : Final Report
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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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	104	mg/dL	<200	CHO-POD
TRIGLYCERIDES	54	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	58	mg/dL	<130	Calculated
LDL CHOLESTEROL	47.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.72	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.28		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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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
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.77	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	62.99	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.58</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated



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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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	34.32	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	16.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.65	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.93	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.54	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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	12.27	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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.83	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.53	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	4.883	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



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Visit ID : CKHAOPV97832	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**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	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

  
 Dr. Sanjay Ingle  
 M.B.B.S, MD(Pathology)  
 Consultant Pathologist





**Patient Name** : Mrs. GOSAVI AMRUTA ASHOKGIRI

**Age/Gender** : 36 Y/F

**UHID/MR No.** : CKHA.0000066538

**OP Visit No** : CKHAOPV97832

**Sample Collected on** :

**Reported on** : 27-05-2023 16:08

**LRN#** : RAD2008332

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 458697

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

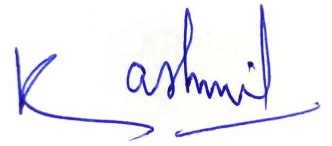
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology

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<b>UHID/MR No.</b>	: CKHA.0000066538	<b>OP Visit No</b>	: CKHAOPV97832
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-05-2023 13:12
<b>LRN#</b>	: RAD2008332	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 458697		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** It appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

**Gall bladder:** It is partially distended. No calculus or sludge noted.

**Spleen :** It appears normal in size, shape and echotexture. No focal lesion is noted.

**Pancreas :** It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

**Right kidney :** Normal in size ms 9.8 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

**Left kidney :** Normal in size ms 10.4 x 4.3 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

**Urinary bladder:** It is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

**Uterus:** is anteverted, and measures 8.5 x 3.5 x 5.4 cms. No focal lesion seen. Endometrial thickness is 8.7 mm.

**Right ovary :** measures 3.1 x 2.3 cms.

**Left ovary : not visualised PA.**

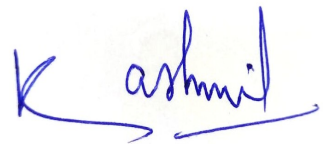
Visualised bowel loops appear normal.

#### IMPRESSION :

- **NO SIGNIFICANT ABNORMALITY.**

Clinical correlation suggested.....

(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. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology