


<b>Name</b> : Mrs. PUNYA M R  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 26 Y  <b>Sex</b> : F	<b>UHID</b> :CJPN.000092098  <b>OP Number</b> :CJPNOPV188930 <b>Bill No</b> :CJPN-OCR-69382 <b>Date</b> : 23.02.2024 08:45
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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 TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO <i>ORTM</i>	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION <i>-4</i>	
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 <i>-11</i>	
21	OPHTHAL BY GENERAL PHYSICIAN <i>-3</i>	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION <i>-22</i>	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>11:30 AM</i>	

*Audio-21 @*  
*Physio-4*

*Bp - 126 / 82 mmHg*  
*wb 70.9 kg*  
*Hb - 16.1*  
*waist - 80 cm*  
*Hip - 102 cm*

Name - PUNYO MR

Age - 26 y<sup>o</sup> F

Date - 23/02/24

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

clo- Routine

Eye checkup

H/O HOP - No

H/O Eye Sx - No

UNVH  
 { 6/6 N6  
 6/6 N6

Emetria mi

colour vision is normal in RE

Follow up date:

After 6 months.

Doctor Signature



Mr. Pragna m 26 yrs

MS - 3 yrs Pils

23/2/24

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

**General Examination / Allergies History**

Imp! 12/2/24

MIH! 5 days → Regular  
20-40 day ↓ mid flow  
mid comp

O/H! Pils

O/S, 1 yr, USG

• Gestational Hypertension

• back pain

• no pregnancy

**Clinical Diagnosis & Management Plan**

For Health check

P/H! → Mid-MS  
- Sx → MS

P/H! NO CONC

O/E!

bc skin

Appetite

P/A w/lt

Scan ⊕

P/S Gx w/lt

P/Vs w/lt av, MS

3/6 for MS

Advised

• Pils to regulate

Follow up date:

Dr. Shaila S. Shetty  
MBBS MS (OGG) FRCO  
Fellowship in Obstetrical Emergency (COG)  
Consultant Obstetrician & Gynaecologist  
Laparoscopic Surgeon  
NIC: 104978  
Doctor Signature



D: GJPN92098

Visit: AHC

26-Feb-2024  
18:19:17

26years  
161cm  
Asian  
70kg

Female

BRICE  
Max HR: 181bpm 93% of max predicted 194bpm  
Max BP: 146/82  
Maximum workload: 10.1METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: SELF  
Test ind: CAD SCREENNG

Reason for Termination:  
Comments: GOOD EFFORT AND TOLERANCE  
NORMAL BP/HR RESPONSE  
NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN  
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
REST	SUPINE	1:09	0.8	0.0	1.3	91	126/82	115
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	126	146/82	171
	STAGE 2	3:00	2.5	12.0	7.0	139	146/82	232
	STAGE 3	3:00	3.4	14.0	10.1	151	146/82	264
RECOVERY	Post	1:33	0.8	0.0	3.1	127	126/82	160

NORMAL

↓

23/2/24

Technician: RAJESHWARI

Unconfirmed

MAC55 010A



ID: CJP92098

Visit: AHC

23-Feb-2024

13:20:02

82bpm

Bp: 126/82

PRETEST

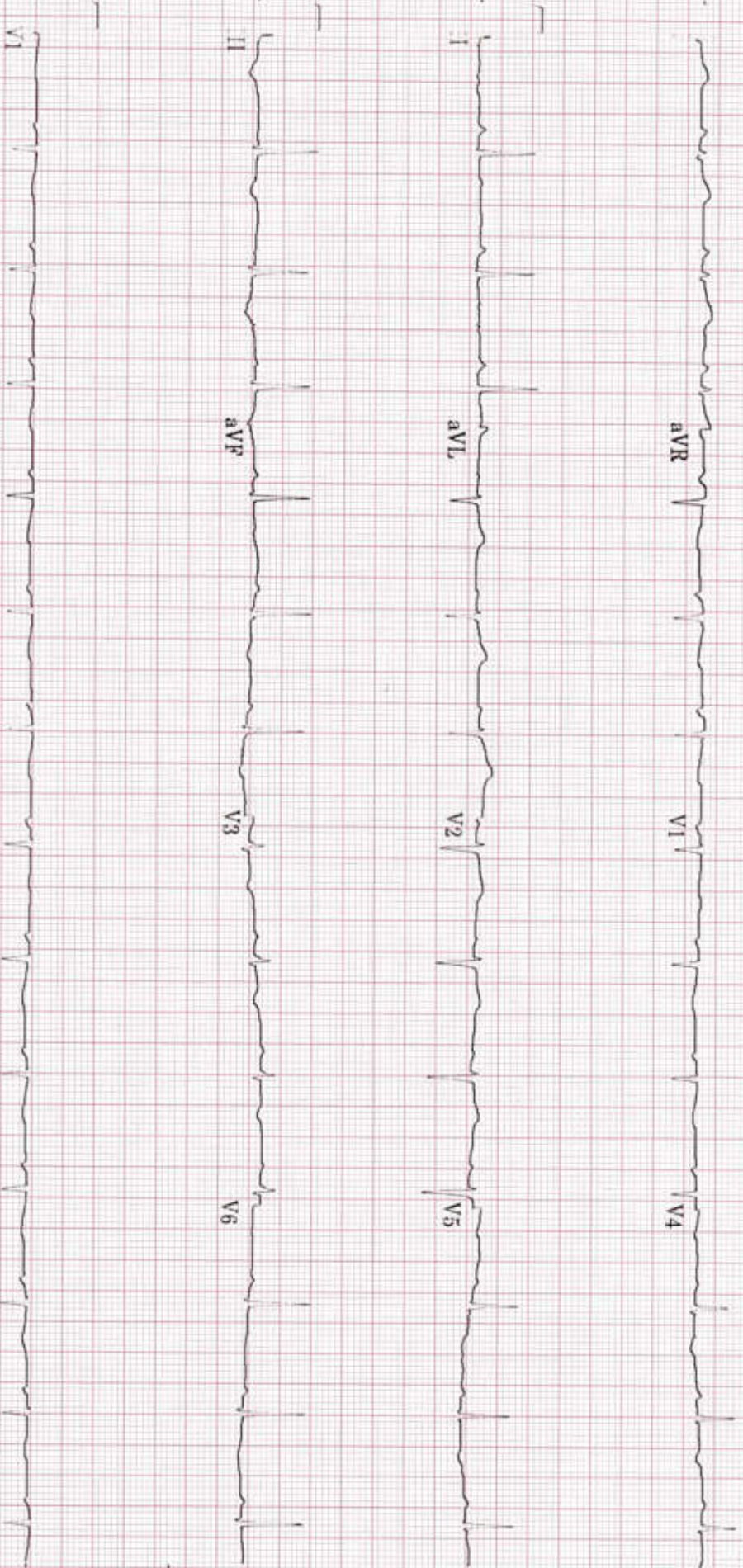
SUPINE

0:45

BRUCE

\*\*5 mph

\*\*1/2



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm id

MAC55 010A

II



127bpm

BP: 136/82

EXERCISE  
STAGE 1  
2.50

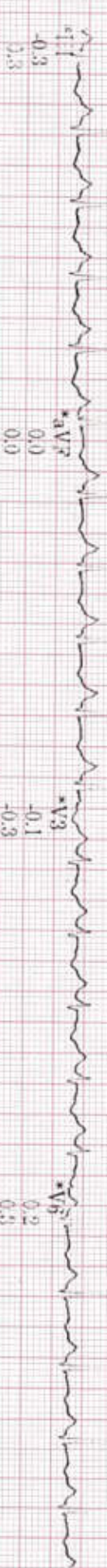
BRUCE

1.7mph

10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010A

II



MRS PUNYA M R

LINKED MEDIANS REPORT

D: G:JPN92098

VISIT: AHC

23-Feb-2024

13:26:16

157bpm

BP: 146/82

ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 2

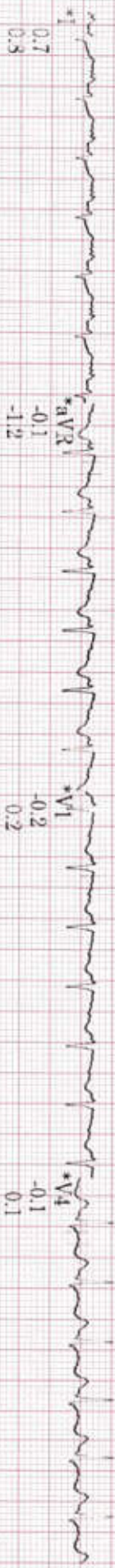
5:51

BRUCE

2.5mph

12.0%

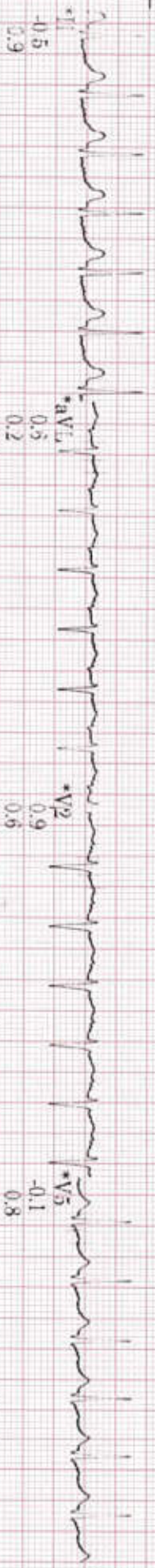
Lead  
ST(mm)  
Slope(mV/s)



\*aVR  
-0.1  
-1.2

\*V1  
-0.2  
0.2

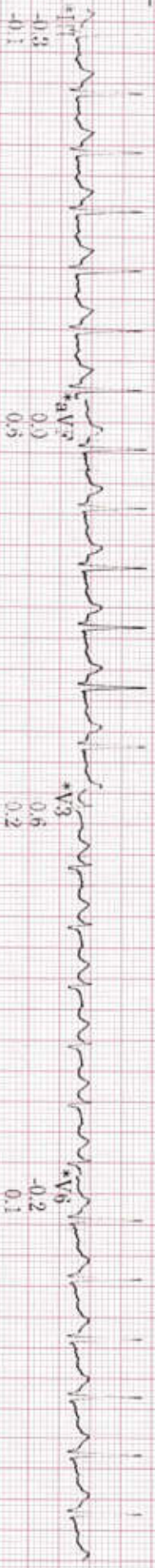
\*V4  
-0.1  
0.1



\*aVL  
0.5  
0.2

\*V2  
0.9  
0.6

\*V5  
-0.1  
0.8



\*aVF  
0.2  
0.5

\*V3  
0.6  
0.2

\*V6  
-0.2  
0.1



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 010A

II



D: GJPN92098

Vist: AHC

23-Feb-2024

13:29:16

181bpm

Bp: 146/82

EXERCISE  
STAGE 3

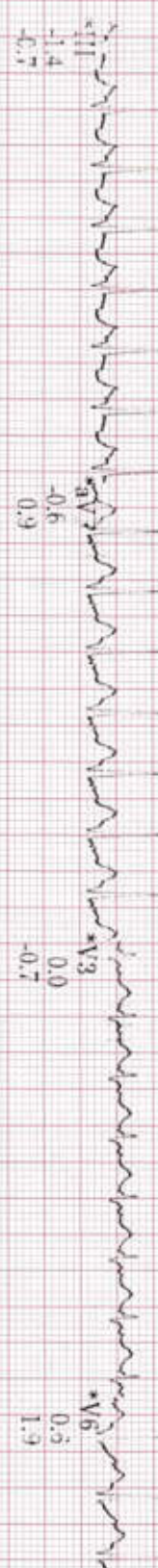
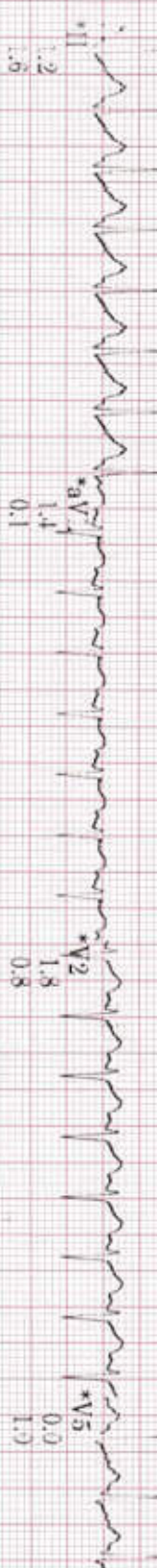
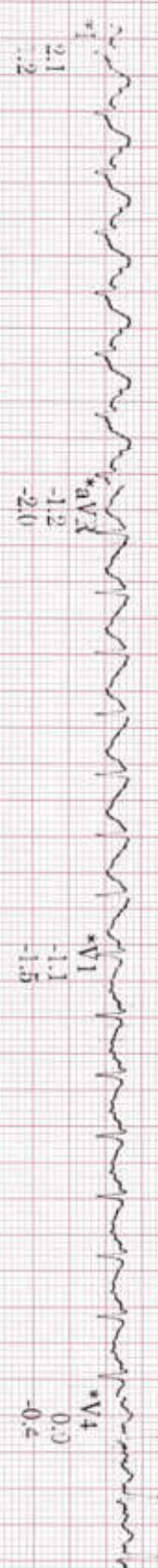
8:50

BRUCE

3.4mph

14.0%

ST @ 10mm/mV  
80ms postJ



10 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized

MAC55 010



ID: CJP92098

Visit: AHC

23-Feb-2024

13:29:27

181bpm

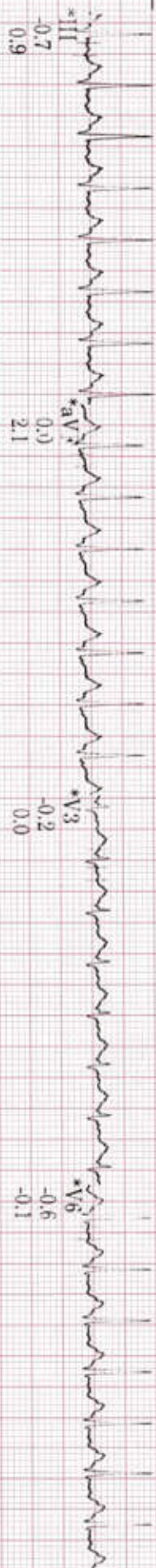
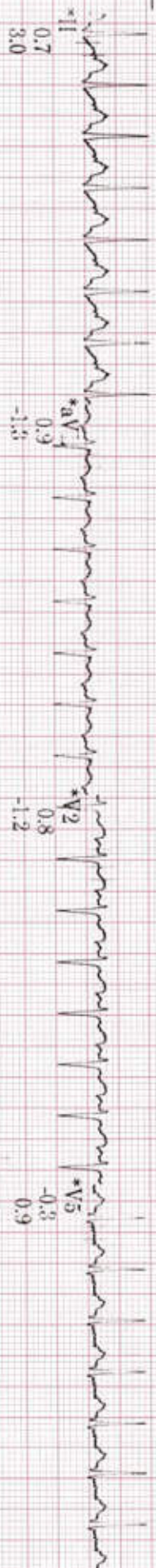
BP: 146/82

ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 3  
9:00

BRUCE  
3.4mph  
14.0%

Lead  
ST'(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010A



D: CJPIN92098

Vis: AHC

23-Feb-2024

13:30:26

RECOVERY

141bpm

BP: 136/82

Post

1:00

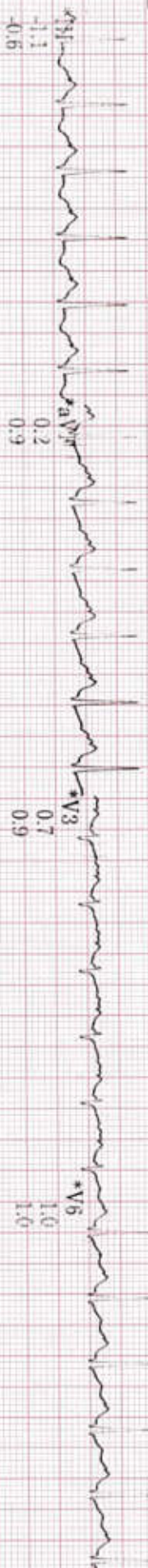
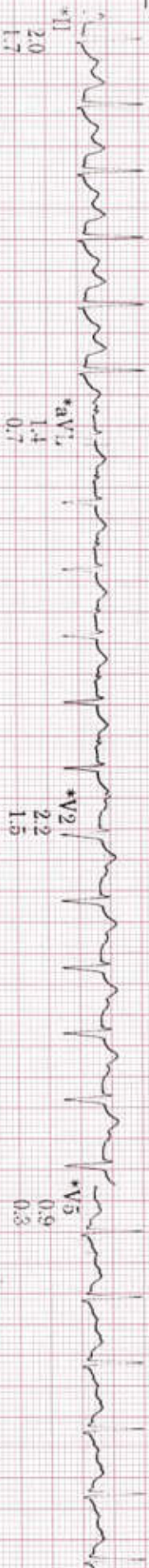
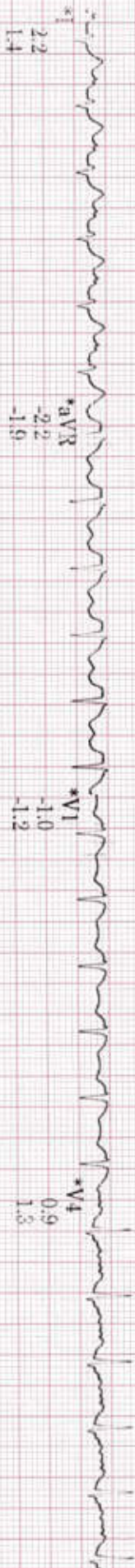
BRUG

\*\*mph

\*\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV A-F-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010A

II



BRUC 2 Total Exercise time: 9:00

Max HR: 183 bpm 93% of max predicted 194bpm

Max EP: 146/82 Maximum workload: 10.1 METS

Reason for Termination: Comments: GOOD EFFORT AND TOLERANCE

NORMAL HEHR RESPONSE NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

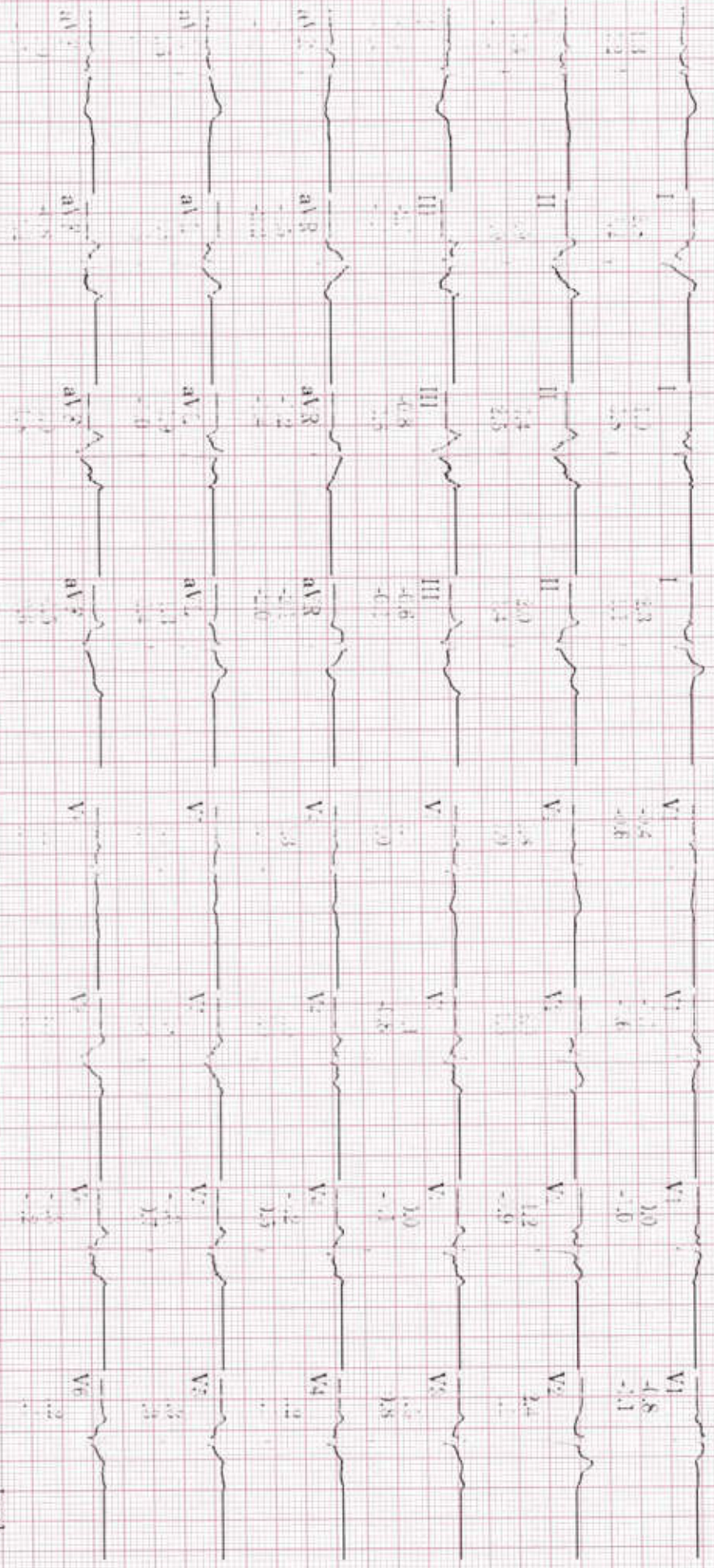
25.0 mm/s  
100hz

Age: 27 years  
Sex: Female  
Date: 21-Feb-2024  
Time: 13:30:17

151cm  
70kg  
Astoria

Referred by: SELF  
Test: ST-CAD SCREENING

Phase	HR (bpm)	BP (mmHg)
BASELINE	60	126/82
MAX ST EXERCISE	183	146/82
PEAK EXERCISE	183	146/82
TEST END RECOVERY	133	126/82
BASELINE	60	126/82
MAX ST EXERCISE	183	146/82
PEAK EXERCISE	183	146/82
TEST END RECOVERY	133	126/82



Technician: RAJESHVARI

ECG confirmed

MAC55 010A

Lead ST (mm) Slope (mV/s)



MRS PUNYA M R

GRADED EXERCISE SUMMARY

ID: GJPN92098

BRUCE

Total Exercise time: 9:00

25.0 mm/s

Visit: AHC

Max HR: 181bpm

93% of max predicted

10.0 mm/mV

26years

161cm

Asian

Max BP: 146/82

Maximum workload: 10.1METS

100hz

23-Feb-2024

Reason for Termination:

GOOD EFFORT AND TOLERANCE

NORMAL BP, HR RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

\*TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Referred by: SELF  
Test Ind: CAD SCREENNG

BASELINE

Lead

MAX ST

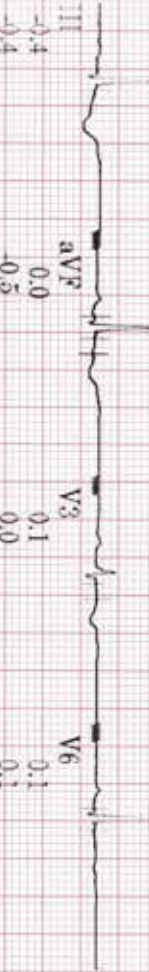
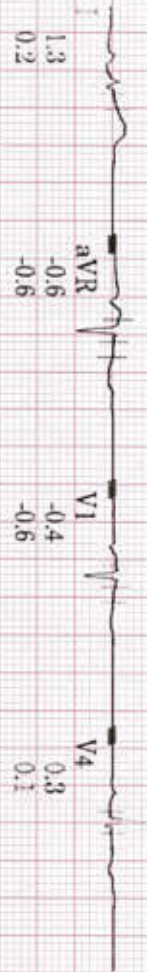
Lead

EXERCISE STAGE 1 1.3METS 91bpm ST @ 10mm/mV 80ms postJ

ST(mm) Slope(mV/s)

EXERCISE STAGE 3 10.1METS 182bpm ST @ 10mm/mV 80ms postJ

ST(mm) Slope(mV/s)



Technician: RAJESHWARI

Unconfirmed

MAC55 010A



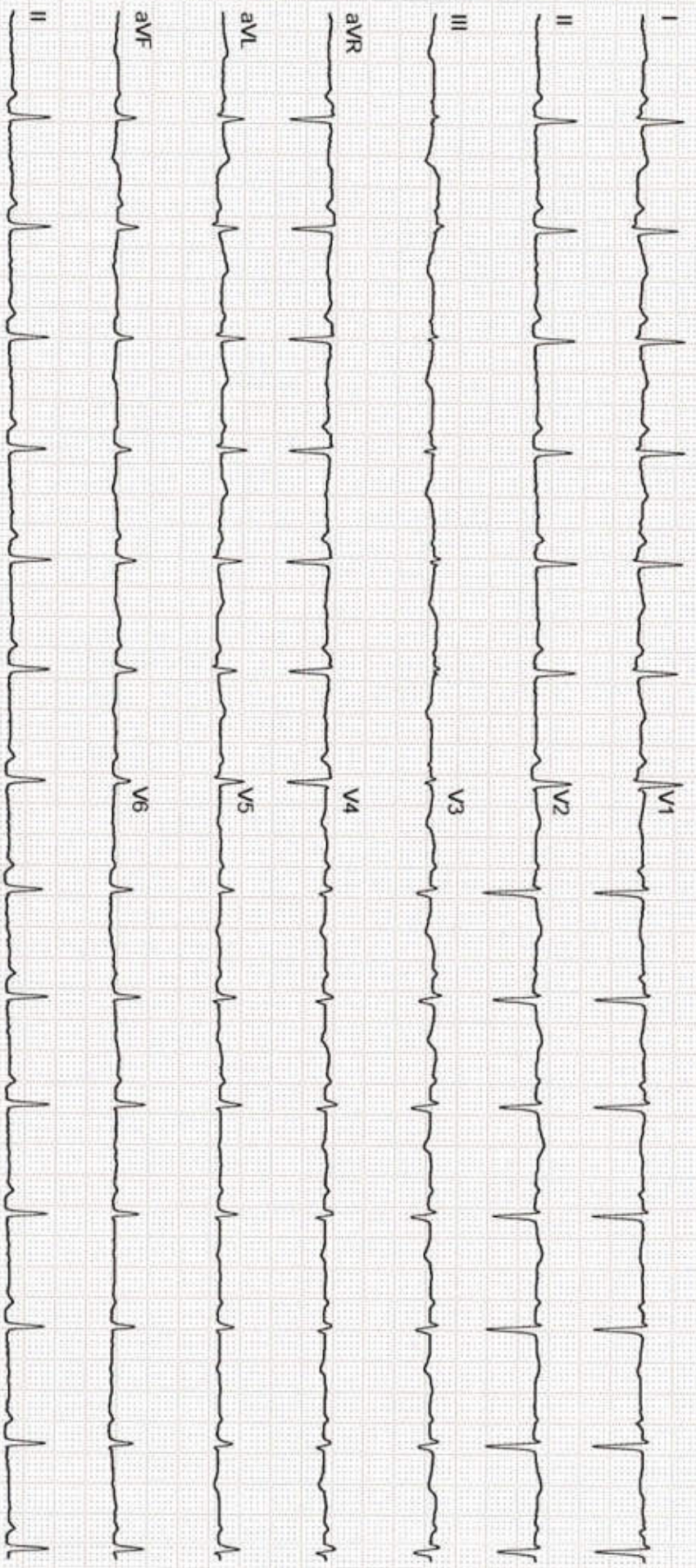
26 Years 161 cm Female  
70.0 kg

Apollo Clinic  
J.P. Nagar  
Bangalore

QRS : 70 ms  
QT / QTcBaz : 370 / 437 ms  
PR : 154 ms  
P : 88 ms  
RR / PP : 710 / 714 ms  
P / QRS / T : 21 / 32 / -12 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

*Wor*  
*OR*



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1

Unconfirmed



<b>Patient Name</b>	: Mrs. PUNYA M R	<b>Age/Gender</b>	: 26 Y/F
<b>UHID/MR No.</b>	: CJPN.0000092098	<b>OP Visit No</b>	: CJPNOPV188930
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-02-2024 12:19
<b>LRN#</b>	: RAD2245103	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS10575		

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size ( 13.8cm)**and increased echotexture**. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen.

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures: 8.8 x 1.2cm.

Left kidney measures : 9.5 x 1.6cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : Normal in size and echotexture. It measures : 7.9 x 3.4 x 4.0 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 5mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size.

Right ovary measures : 3.1 x 2.0 cm.

Left ovary measures : 3.3 x 2.0cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.



**Patient Name** : Mrs. PUNYA M R

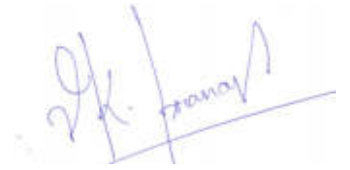
**Age/Gender** : 26 Y/F

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**IMPRESSION : GRADE I FATTY LIVER.**

Please Note :No preparation done before scanning.

(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. PUNYA M R

**Age/Gender** : 26 Y/F

**UHID/MR No.** : CJPN.0000092098

**OP Visit No** : CJPNOPV188930

**Sample Collected on** :

**Reported on** : 23-02-2024 10:45

**LRN#** : RAD2245103

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS10575

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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 .

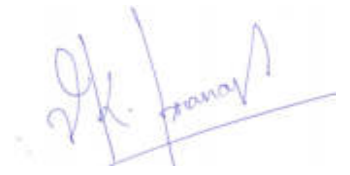
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. V K PRNAV VENKATESH**

**MBBS,MD**

Radiology

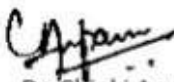


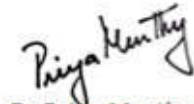
Patient Name : Mrs.PUNYA M R	Collected : 23/Feb/2024 08:51AM
Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 12:02PM
UHID/MR No : CJPN.0000092098	Reported : 23/Feb/2024 01:58PM
Visit ID : CJPNOPV188930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10575	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	40.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.3	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,150	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2884	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1751	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	169.95	Cells/cu.mm	20-500	Calculated
MONOCYTES	329.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	15.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	287000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm at the end of 1 hour	0-20	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				

  
 Dr. Chinki Anupam  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

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



SIN No:BED240046506

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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.apollohlt.com | Email ID: enquiry@apollohlt.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 | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Velasaravakkam | 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

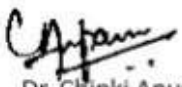


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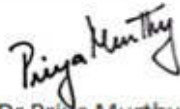
DEPARTMENT OF HAEMATOLOGY

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

PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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



SIN No:BED240046506

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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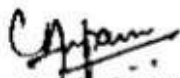


Patient Name : Mrs.PUNYA M R	Collected : 23/Feb/2024 08:51AM
Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 12:02PM
UHID/MR No : CJPN.000092098	Reported : 23/Feb/2024 03:18PM
Visit ID : CJPNOPV188930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10575	

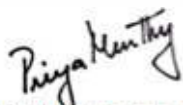
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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SIN No:BED240046506

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Patient Name : Mrs.PUNYA M R	Collected : 23/Feb/2024 08:51AM
Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 12:39PM
UHID/MR No : CJPN.000092098	Reported : 23/Feb/2024 04:39PM
Visit ID : CJPNOPV188930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10575	

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	100	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 > 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	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				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC



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SIN No:EDT240020638

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

ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL	Calculated
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**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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Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 12:26PM
UHID/MR No : CJPN.000092098	Reported : 23/Feb/2024 02:45PM
Visit ID : CJPNOPV188930	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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	219	mg/dL	<200	CHO-POD
TRIGLYCERIDES	136	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	166	mg/dL	<130	Calculated
LDL CHOLESTEROL	139.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.14		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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



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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.93	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.53</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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, 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.

**3. Synthetic function impairment:**

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



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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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.51-0.95	Jaffe's, Method
UREA	19.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.76	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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Patient Name : Mrs.PUNYA M R	Collected : 23/Feb/2024 08:51AM
Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 12:26PM
UHID/MR No : CJPN.000092098	Reported : 23/Feb/2024 01:44PM
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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	13.00	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.73	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>8.445</b>	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24030516

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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 | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu: Chennai** (Annam Nagar | 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**  
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Patient Name : Mrs.PUNYA M R	Collected : 23/Feb/2024 08:51AM
Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 12:41PM
UHID/MR No : CJPN.000092098	Reported : 23/Feb/2024 01:52PM
Visit ID : CJPNOPV188930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10575	

DEPARTMENT OF IMMUNOLOGY

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



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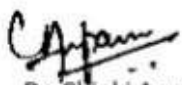
Patient Name : Mrs.PUNYA M R	Collected : 23/Feb/2024 08:51AM
Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 01:07PM
UHID/MR No : CJPN.000092098	Reported : 23/Feb/2024 03:33PM
Visit ID : CJPNOPV188930	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10575	

DEPARTMENT OF CLINICAL PATHOLOGY

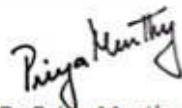
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

Page 13 of 14



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UR2288924

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Patient Name : Mrs.PUNYA M R	Collected : 23/Feb/2024 08:51AM
Age/Gender : 26 Y 11 M 20 D/F	Received : 23/Feb/2024 01:07PM
UHID/MR No : CJPN.0000092098	Reported : 23/Feb/2024 03:31PM
Visit ID : CJPNOPV188930	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

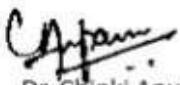
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

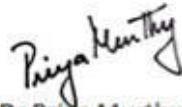
\*\*\* End Of Report \*\*\*

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



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Consultant Pathologist



Dr. Priya Murthy  
M.B.B.S,M.D(Pathology)  
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SIN No:UF010670

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