

Name : Mrs. Vijayasanthi Soma

Age: 38 Y

UHID: CINR.0000161911

Sex: F



Address : Bangalore

OP Number: CINROPV217183

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : CINR-OCR-93244

Date : 27.01.2024 08:37

| Sno           | Service Type/ServiceName  | Department |
|---------------|---|------------|
| 1             | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 |            |
| <del>1</del>  | <del>URINE GLUCOSE(FASTING)</del>   |            |
| <del>2</del>  | <del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>   |            |
| <del>3</del>  | <del>HbA1c, GLYCATED HEMOGLOBIN</del>   |            |
| <del>4</del>  | <del>2D ECHO - (C) Time 9:45</del>  |            |
| <del>5</del>  | <del>LIVER FUNCTION TEST (LFT)</del>  |            |
| <del>6</del>  | <del>X-RAY CHEST PA - 10</del>  |            |
| <del>7</del>  | <del>GLUCOSE, FASTING</del>   |            |
| <del>8</del>  | <del>HEMOGRAM + PERIPHERAL SMEAR</del>  |            |
| <del>9</del>  | <del>DENT CONSULTATION</del>  |            |
| <del>10</del> | <del>FITNESS BY GENERAL PHYSICIAN</del>   |            |
| <del>11</del> | <del>Gynaecology CONSULTATION</del>   |            |
| <del>12</del> | <del>DIET CONSULTATION</del>  |            |
| <del>13</del> | <del>COMPLETE URINE EXAMINATION</del>   |            |
| <del>14</del> | <del>URINE GLUCOSE(POST PRANDIAL)</del>   |            |
| <del>15</del> | <del>PERIPHERAL SMEAR</del>   |            |
| <del>16</del> | <del>ECG - 6</del>  |            |
| <del>17</del> | <del>BLOOD GROUP ABO AND RH FACTOR</del>  |            |
| <del>18</del> | <del>LIPID PROFILE</del>  |            |
| <del>19</del> | <del>BODY MASS INDEX (BMI)</del>  |            |
| <del>20</del> | <del>LBC PAP TEST- PAPSURE - 3</del>  |            |
| <del>21</del> | <del>OPHTHAL BY GENERAL PHYSICIAN</del>   |            |
| <del>22</del> | <del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>  |            |
| <del>23</del> | <del>ULTRASOUND - WHOLE ABDOMEN - 9</del>   |            |
| <del>24</del> | <del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>  |            |
| <del>25</del> | <del>DENTAL CONSULTATION</del>  |            |
| <del>26</del> | <del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>                                       |            |

~~27~~ Niramai Breast Screening - 15  
PTA

2999

Date : 27-01-2024  
MR NO : CINR.0000161911

Department : GENERAL  
Doctor :

Name : Mrs. Vijaysanthi Soma

Registration No :

Age/ Gender : 38 Y / Female

Qualification :

Consultation Timing: 08:36

|                 |                 |                               |                       |
|-----------------|-----------------|-------------------------------|-----------------------|
| Height : 155-cm | Weight : 66.3kg | BMI : 27.59 kg/m <sup>2</sup> | Waist Circum : 102-cm |
| Temp : 98.6 F   | Pulse : 80 bpm  | Resp : 18 bpm                 | B.P : 110 / 70 mmHg   |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

~~Jan 27/2024~~

30yr M, L, LCB - 13yr, R/lych  
P/E  
Jan 10<sup>th</sup>

Adv  
Miramist  
Bonak  
Sunip  
Vit D3  
CA 125  
CEA

NA - (signature)  
PS -  
cx healthy

LBC pap done

Tab Acucal ——— M  
x food Immuniz

Follow up date:

Doctor Signature

27.01.2024

Mrs. vijayashanthi Soma 38 yrs / F

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Araofuni - AHe

Ears: MAO

Nose: MAO

Throat: MAO

Follow up date:

Doctor Signature



Dr. RAVI K. S. ... /A

M.B.B.S., D.L.O.

E.N.T. SURGEON

KMC REG. No. 18581

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Phone: (080) 2521 4614/15

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Mrs. vyasanthi  
ID: 161911

23.07.1985  
38 Years

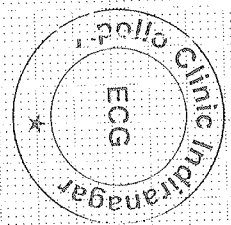
Female

27.01.2024 10:03:01  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

Location: Room: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
Indication: \_\_\_\_\_  
Medication 1: \_\_\_\_\_  
Medication 2: \_\_\_\_\_  
Medication 3: \_\_\_\_\_

79 bpm  
-- / -- mmHg

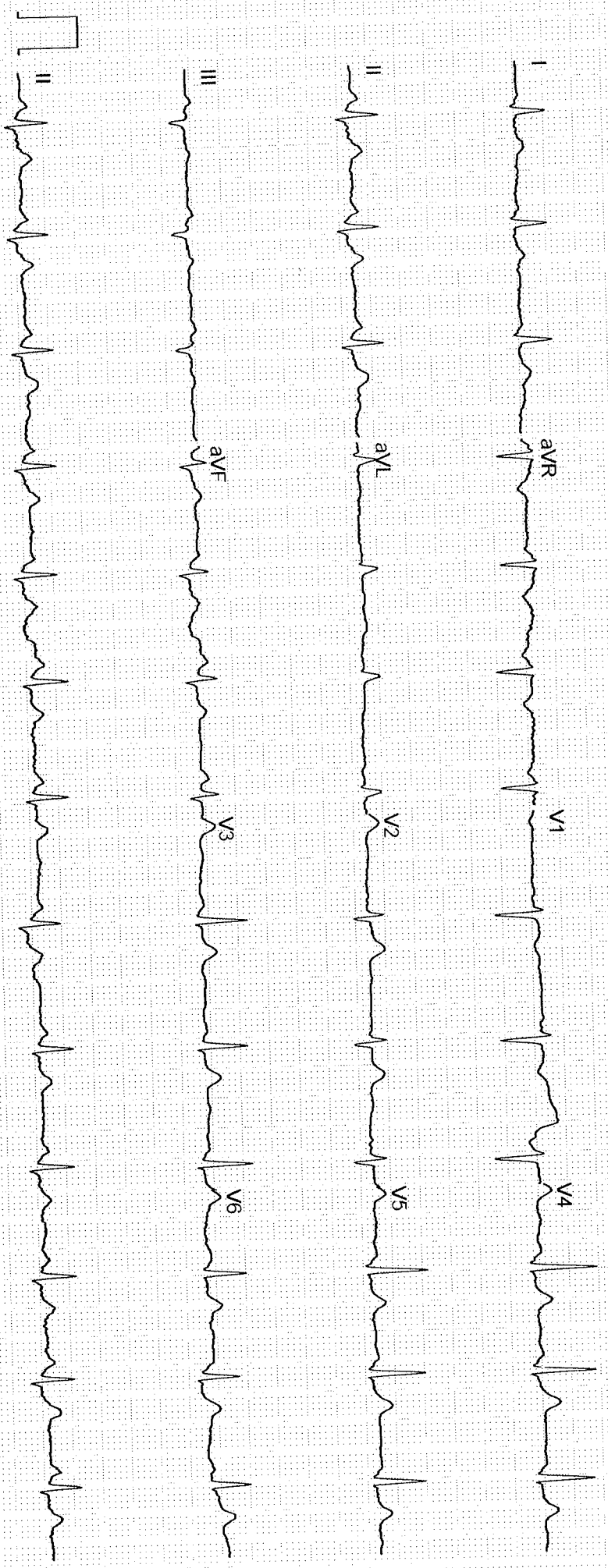
QRS : 78 ms  
QT / QTcBaz : 352 / 403 ms  
PR : 122 ms  
P : 100 ms  
RR / PP : 762 / 759 ms  
P / QRS / T : 66 / 17 / 47 degrees



*Normal*

**DR. M. SUDHAKAR RAO**  
MBBS, MD, DM(Cardiol), FACC, FESC, FSCAI  
Consultant Cardiologist  
KMC Reg No: CTG000018KTK  
Apollo Clinic

Technician: \_\_\_\_\_  
Ordering Ph: \_\_\_\_\_  
Referring Ph: \_\_\_\_\_  
Attending Ph: \_\_\_\_\_



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4X2.5X3\_25\_R1

Unconfirmed

## OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs vijayashanthi

DATE : 21/1/24

UHID NO : 161911

AGE : 38.

OPTOMETRIST NAME: Ms.Swathi

GENDER: ♀

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 | 0.50      | 4.00 | 50   |      | 0.50     | 1.25 | 112  |      |
| Add      |           |      |      |      |          |      |      |      |

PD - RE: 31 LE: 31 -

Colour Vision: normal (BF)

Remarks: single vision (BF)

Apollo clinic Indiranagar

|                          |                  |                   |
|--------------------------|------------------|-------------------|
| NAME: MRS VIJAYASANTHI S | AGE/SEX: 38Y/F   | OP NUMBER: 161911 |
| Ref By : SLEF            | DATE: 27-01-2024 |                   |

**M mode and doppler measurements:**

| CM      | CM            | M/sec          |             |
|---------|---------------|----------------|-------------|
| AO: 1.9 | IVS(D): 1.2   | MV: E Vel: 0.9 | A Vel : 0.6 |
| LA: 2.5 | LVIDD(D): 2.9 | AV Peak: 0.9   |             |
|         | LVPW(D):1.3   | PV peak:0.8    |             |
|         | IVS(S): 1.3   |                |             |
|         | LVID(S):2.0   |                |             |
|         | LVPW(S):1.2   |                |             |
|         | LVEF: 59%     |                |             |
|         | TAPSE:2.4     |                |             |

**Descriptive findings:**

|                  |        |
|------------------|--------|
| Left Ventricle   | Normal |
| Right Ventricle: | Normal |
| Left Atrium:     | Normal |
| Right Atrium:    | Normal |
| Mitral Valve:    | Normal |
| Aortic Valve:    | Normal |
| Tricuspid Valve: | Normal |
| IAS:             | Normal |
| IVS:             | Normal |

Pericardium:

Normal

IVC:

Normal

Others

---

**IMPRESSION :**

Normal cardiac chamber and valves

No Regional wall motion abnormality

No MR/AR/TR

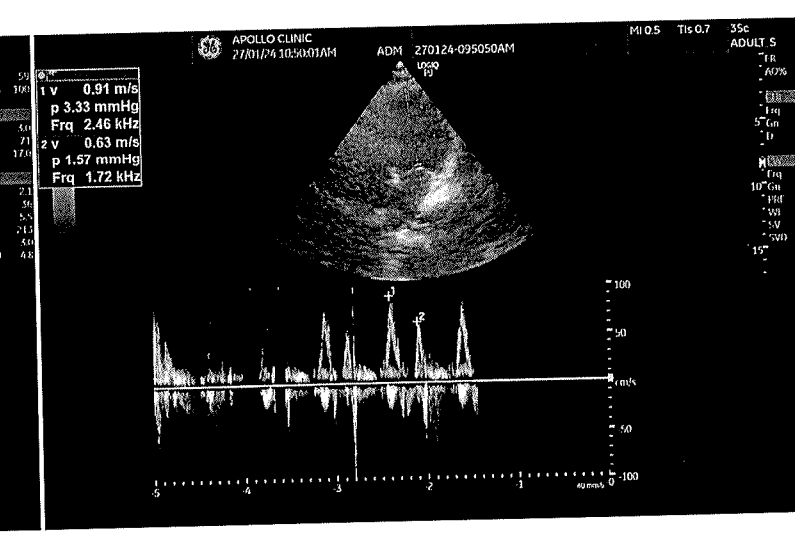
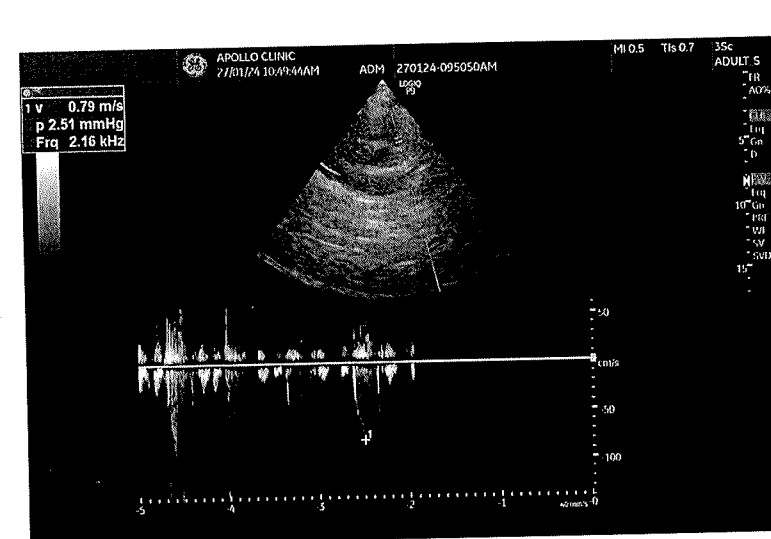
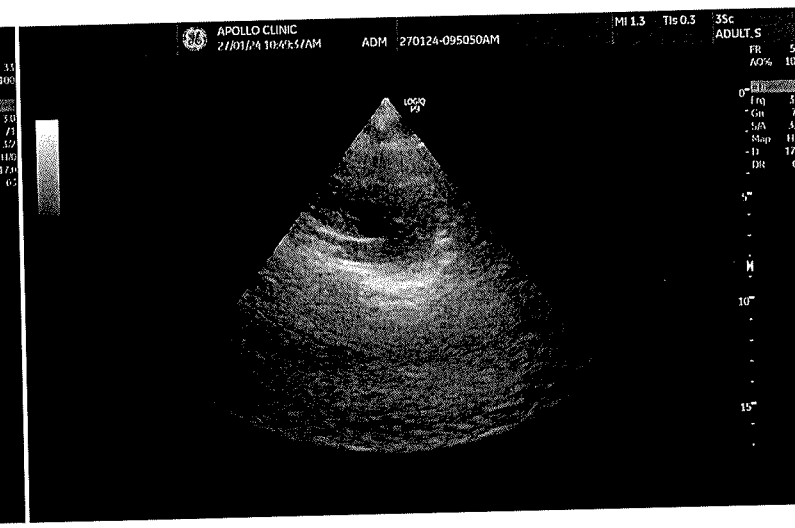
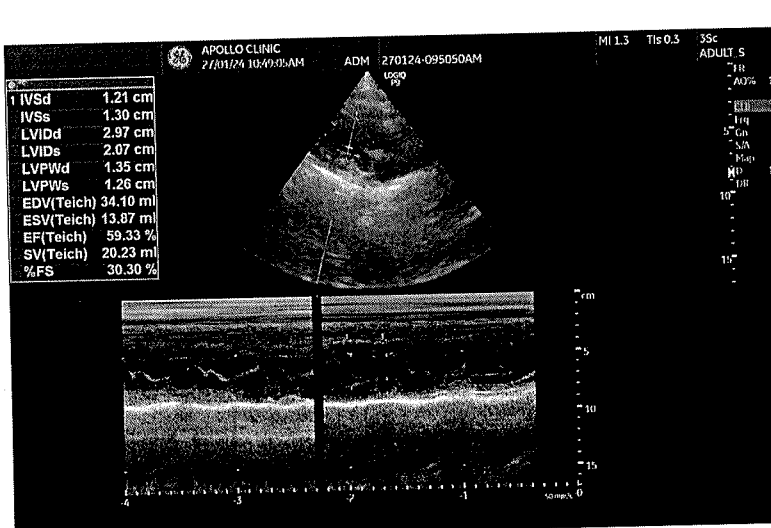
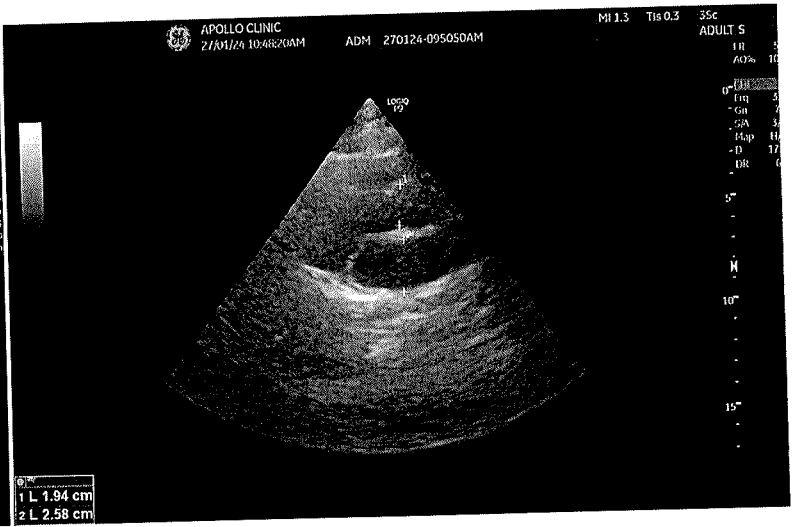
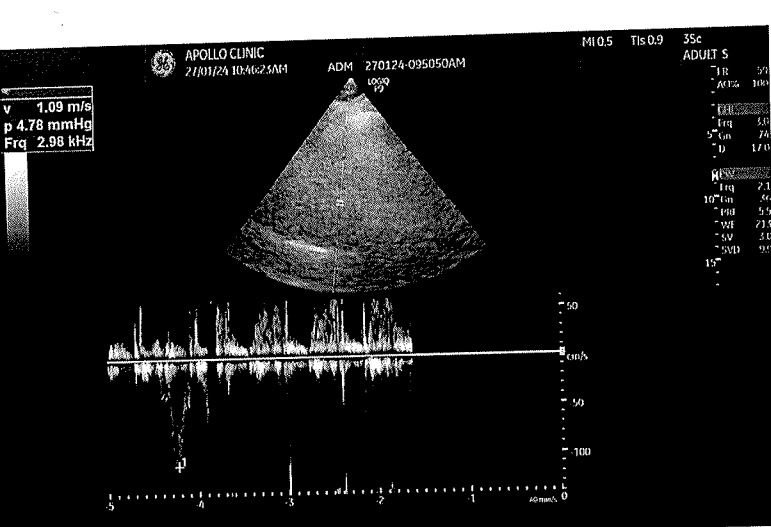
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 59%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST







| Booked Member Name | Age     | Gender |
|--------------------|---------|--------|
| SOMA VIJAYASANTHI  | 38 year | Female |

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Tests included in this Package**

- Bmi Check
- Pap Smear
- Ent Consultation
- Dietician Consultation
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

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ROYAL CIRCLE, BALLARI - 583101



Name: S.VLMOGANTHI

नाम : एस विजयशान्ति

Employee No. / कर्मचारी क्र : 612443

Birth Date / जन्म तिथि : 23.07.1985

Blood Group / रक्त समूह : B+ve

*[Handwritten Signature]*  
Signature

Place of Issue / जारी करने का स्थान : RO Bangalore

Issue Date / जारी करने की तारीख : 04.10.2016

*[Handwritten Signature]*

Issued Authority

**Patient Name** : Mrs. Vijayasanthi Soma

**Age/Gender** : 38 Y/F

**UHID/MR No.** : CINR.0000161911

**OP Visit No** : CINROPV217183

**Sample Collected on** :

**Reported on** : 27-01-2024 13:50

**LRN#** : RAD2217710

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8073702113

## 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. No definite calculi identified. 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.

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


**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 6.5 mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

#### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology

**Patient Name** : Mrs. Vijayasanthi Soma

**Age/Gender** : 38 Y/F

**UHID/MR No.** : CINR.0000161911

**OP Visit No** : CINROPV217183

**Sample Collected on** :

**Reported on** : 27-01-2024 16:18

**LRN#** : RAD2217710

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8073702113

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**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

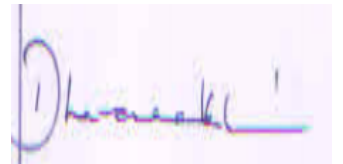
Both costophrenic and cardiophrenic angles are clear .

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.VIJAYASANTHI SOMA | Collected : 27/Jan/2024 08:45AM            |
| Age/Gender : 38 Y 6 M 4 D/F          | Received : 27/Jan/2024 12:00PM             |
| UHID/MR No : CINR.0000161911         | Reported : 27/Jan/2024 01:40PM             |
| Visit ID : CINROPV217183             | Status : Final Report                      |
| Ref Doctor : Dr.SELF                 | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8073702113         |  |

DEPARTMENT OF HAEMATOLOGY

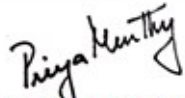
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                                  | Result  | Status | Unit                    | Bio. Ref. Range | Method                         |
|--|---------|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |         |        |                         |                 |                                |
| HAEMOGLOBIN                                | 12.2    | L      | g/dL                    | 12-15           | Spectrophotometer              |
| PCV  | 35.90   | L      | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                  | 4.36    | L      | Million/cu.mm           | 3.8-4.8         | Electrical Impedance           |
| MCV  | 82.2    | L      | fL                      | 83-101          | Calculated                     |
| MCH  | 27.9    | L      | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 33.9    | L      | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 15      | H      | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 7,320   | L      | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |         |        |                         |                 |                                |
| NEUTROPHILS                                | 59      | L      | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 25.3    | L      | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 7.4     | H      | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 7.9     | L      | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.4     | L      | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |         |        |                         |                 |                                |
| NEUTROPHILS                                | 4318.8  | L      | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 1851.96 | L      | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 541.68  | H      | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 578.28  | L      | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 29.28   | L      | Cells/cu.mm             | 0-100           | Calculated                     |
| PLATELET COUNT                             | 218000  | L      | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 24      | H      | mm at the end of 1 hour | 0-20            | Modified Westegren method      |
| PERIPHERAL SMEAR                           |         | L      |                         |                 |                                |

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: BED240019363

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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**DEPARTMENT OF HAEMATOLOGY**

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

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

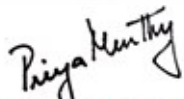
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH EOSINOPHILIA.**

Kindly correlate clinically.



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: BED240019363

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

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Address:  
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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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|                                      |  |
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| Emp/Auth/TPA ID : 8073702113         |  |

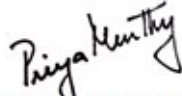
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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



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M.B.B.S, M.D (Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
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|                                      |  |
|--------------------------------------|--|
| Patient Name : Mrs.VIJAYASANTHI SOMA | Collected : 27/Jan/2024 08:45AM            |
| Age/Gender : 38 Y 6 M 4 D/F          | Received : 27/Jan/2024 12:01PM             |
| UHID/MR No : CINR.0000161911         | Reported : 27/Jan/2024 01:18PM             |
| Visit ID : CINROPV217183             | Status : Final Report                      |
| Ref Doctor : Dr.SELF                 | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8073702113         |  |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                     | Result | Status | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 81     | L      | 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.

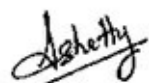
| Test Name  | Result | Status | Unit  | Bio. Ref. Range | Method     |
|--|--------|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 93     | L      | mg/dL | 70-140          | HEXOKINASE |

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 | Status | Unit | Bio. Ref. Range | Method |
|--|--------|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |        |      |                 |        |
| HBA1C, GLYCATED HEMOGLOBIN                     | 5.4    | L      | %    |                 | HPLC   |



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|                                 |     |   |       |            |
|---------------------------------|-----|---|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | N | 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 | Status | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|--------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |        |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 129    | L      | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 89     | L      | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 44     | L      | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 85     | L      | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 67.5   | L      | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 17.8   | L      | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 2.94   | L      |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                                | Result | Status | Unit  | Bio. Ref. Range | Method             |
|--|--------|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.36   | L      | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.08   | L      | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.28   | L      | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 11     | L      | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 16.0   | L      | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 84.00  | L      | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 6.94   | L      | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 3.89   | L      | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 3.05   | L      | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.28   | L      |       | 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.

**3. Synthetic function impairment:**



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



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| Test Name   | Result       | Status | Unit   | Bio. Ref. Range | Method                   |
|---|--------------|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |              |        |        |                 |                          |
| CREATININE  | 0.75         | L      | mg/dL  | 0.51-0.95       | Jaffe's, Method          |
| UREA  | <b>15.70</b> | L      | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | <b>7.3</b>   | L      | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 3.78         | L      | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | 8.90         | L      | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.02         | L      | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 137          | L      | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.6          | L      | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 106          | L      | mmol/L | 101-109         | ISE (Indirect)           |



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

| Test Name  | Result | Status | Unit | Bio. Ref. Range | Method |
|--|--------|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 11.00  | L      | U/L  | <38             | IFCC   |



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SIN No:SE04610411



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Karnataka- 560034

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|                                      |  |
|--------------------------------------|--|
| Patient Name : Mrs.VIJAYASANTHI SOMA | Collected : 27/Jan/2024 08:45AM            |
| Age/Gender : 38 Y 6 M 4 D/F          | Received : 27/Jan/2024 11:48AM             |
| UHID/MR No : CINR.0000161911         | Reported : 27/Jan/2024 01:41PM             |
| Visit ID : CINROPV217183             | Status : Final Report                      |
| Ref Doctor : Dr.SELF                 | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8073702113         |  |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name  | Result | Status | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 1.01   | L      | ng/mL  | 0.64-1.52       | CMIA   |
| THYROXINE (T4, TOTAL)                              | 8.70   | L      | µg/dL  | 4.87-11.72      | CMIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 1.790  | L      | µIU/mL | 0.35-4.94       | CMIA   |

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   |

- 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.
- 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.
- 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.
- 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:SPL24012675



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Patient Name : Mrs.VIJAYASANTHI SOMA  
Age/Gender : 38 Y 6 M 4 D/F  
UHID/MR No : CINR.0000161911  
Visit ID : CINROPV217183  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8073702113

Collected : 27/Jan/2024 08:45AM  
Received : 27/Jan/2024 11:48AM  
Reported : 27/Jan/2024 01:41PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24012675



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|                                      |  |
|--------------------------------------|--|
| Patient Name : Mrs.VIJAYASANTHI SOMA | Collected : 27/Jan/2024 08:45AM            |
| Age/Gender : 38 Y 6 M 4 D/F          | Received : 27/Jan/2024 11:48AM             |
| UHID/MR No : CINR.0000161911         | Reported : 27/Jan/2024 01:37PM             |
| Visit ID : CINROPV217183             | Status : Final Report                      |
| Ref Doctor : Dr.SELF                 | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8073702113         |  |

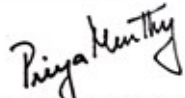
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name  | Result       | Status | Unit | Bio. Ref. Range  | Method                     |
|--|--------------|--------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |              |        |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |              |        |      |                  |                            |
| COLOUR   | PALE YELLOW  | N      |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | HAZY         | N      |      | CLEAR            | Visual                     |
| pH   | 6.0          | L      |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | 1.025        | L      |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |              |        |      |                  |                            |
| URINE PROTEIN  | NEGATIVE     | N      |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE     | N      |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE     | N      |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE     | N      |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL       | N      |      | NORMAL           | MODIFIED EHRlich REACTION  |
| BLOOD  | NEGATIVE     | N      |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE     | N      |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | POSITIVE +++ | N      |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |              |        |      |                  |                            |
| PUS CELLS  | 20-25        | H      | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 2-3          | N      | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL          | N      | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL          | L      |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT       | N      |      | 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: UR2268966

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|                                      |  |
|--------------------------------------|--|
| Patient Name : Mrs.VIJAYASANTHI SOMA | Collected : 27/Jan/2024 08:45AM            |
| Age/Gender : 38 Y 6 M 4 D/F          | Received : 27/Jan/2024 11:48AM             |
| UHID/MR No : CINR.0000161911         | Reported : 27/Jan/2024 03:32PM             |
| Visit ID : CINROPV217183             | Status : Final Report                      |
| Ref Doctor : Dr.SELF                 | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8073702113         |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

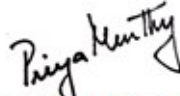
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

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



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: UF010333

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|                 |                         |              |                               |
|-----------------|-------------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.VIJAYASANTHI SOMA | Collected    | : 27/Jan/2024 02:27PM         |
| Age/Gender      | : 38 Y 6 M 4 D/F        | Received     | : 28/Jan/2024 04:51PM         |
| UHID/MR No      | : CINR.0000161911       | Reported     | : 30/Jan/2024 01:25PM         |
| Visit ID        | : CINROPV217183         | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF               | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 8073702113            |              |                               |

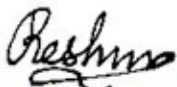
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

|            |                                  |  |
|------------|----------------------------------|--|
|            | <b>CYTOLOGY NO.</b>              | 1663/24  |
| <b>I</b>   | <b>SPECIMEN</b>                  |  |
| <b>a</b>   | SPECIMEN ADEQUACY                | ADEQUATE   |
| <b>b</b>   | <b>SPECIMEN TYPE</b>             | LIQUID-BASED PREPARATION (LBC)   |
|            | SPECIMEN NATURE/SOURCE           | CERVICAL SMEAR   |
| <b>c</b>   | ENDOCERVICAL-TRANSFORMATION ZONE | PRESENT WITH ENDOCERVICAL CELLS  |
| <b>d</b>   | COMMENTS                         | SATISFACTORY FOR EVALUATION  |
| <b>II</b>  | <b>MICROSCOPY</b>                | Superficial and intermediate squamous epithelial cells with benign morphology.<br><br>Inflammatory cells, predominantly neutrophils.<br><br>Negative for intraepithelial lesion/ malignancy. |
| <b>III</b> | <b>RESULT</b>                    |  |
| <b>a</b>   | <b>EPITHEIAL CELL</b>            |  |
|            | SQUAMOUS CELL ABNORMALITIES      | NOT SEEN   |
|            | GLANDULAR CELL ABNORMALITIES     | NOT SEEN   |
| <b>b</b>   | <b>ORGANISM</b>                  | NIL  |
| <b>c</b>   | <b>NON NEOPLASTIC FINDINGS</b>   | INFLAMMATORY SMEAR   |
| <b>IV</b>  | <b>INTERPRETATION</b>            | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY  |

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 \*\*\*



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No:CS073564

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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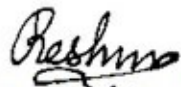


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|                 |                         |              |                               |
|-----------------|-------------------------|--------------|-------------------------------|
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| UHID/MR No      | : CINR.0000161911       | Reported     | : 30/Jan/2024 01:25PM         |
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| Emp/Auth/TPA ID | : 8073702113            |              |                               |

## DEPARTMENT OF CYTOLOGY

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No: CS073564

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