

Patient Name : Mrs.JASVINDER	Collected : 08/Jun/2024 08:52AM
Age/Gender : 52 Y 6 M 29 D/F	Received : 08/Jun/2024 10:01AM
UHID/MR No : CAOP.0000000488	Reported : 08/Jun/2024 11:29AM
Visit ID : CAOPOPV597	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 625064	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Predominantly Normocytic Normochromic
WBCs	Are essentially unremarkable. No abnormal cells seen.
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation




Dr. Shivangi Chauhan  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

**Apollo Health and Lifestyle Limited**

SIN No: BED240147199  
Lab Address  
2C/14, New Rohtak Rd, Block 66a, Karol Bagh, New Delhi-110005

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(CIN-U85110TG2000PLC115819)  
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.1</b>	g/dL	12-15	Spectrophotometer
PCV	<b>33.20</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>82</b>	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,600	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2760	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1610	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>138</b>	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	151000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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Visit ID : CAOPOPV597	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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UHID/MR No : CAOP.0000000488	Reported : 08/Jun/2024 10:44AM
Visit ID : CAOPOPV597	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	GOD - POD


**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:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

  
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Patient Name : Mrs.JASVINDER	Collected : 08/Jun/2024 08:51AM
Age/Gender : 52 Y 6 M 29 D/F	Received : 08/Jun/2024 02:03PM
UHID/MR No : CAOP.000000488	Reported : 08/Jun/2024 02:37PM
Visit ID : CAOPPV597	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>211</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	147	mg/dL	<150	
HDL CHOLESTEROL	57	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>154</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>124.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.70		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

Kindly correlate clinically

**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 HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	97.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.



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**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

3. Synthetic function impairment:  
 · Albumin- Liver disease reduces albumin levels.  
 Correlation with PT (Prothrombin Time) helps.




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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	30.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>5.90</b>	mg/dL	3.0-5.5	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	6.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated
Kindly correlate clinically				



  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	16-73	Glycylglycine Kinetic method




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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.32	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.720	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

- 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



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**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)

Page 13 of 14



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# Apollo One

## CONSENT FORM

Patient Name: Ms. Jasvinder Age: 52

UHID Number: COOP 0000000488 Company Name: Asrofermi Healthcare limited

I Mr/Mrs/Ms Jasvinder Employee of Asrofermi healthcare limited  
(Company) Want to inform you that I am not interested in getting LBC Pap test &  
Tests done which is a part of my routine health check package. Gynae Consultation.

And I claim the above statement in my full consciousness.

*(Lab rejected the LBC Pap test sample we also inform patient about this. but she didn't reply as when will she come)*

Patient Signature: \_\_\_\_\_

Date: 10/8/24

*Apollo One - New Delhi Address:*

*Apollo One, Plot no. 3, Block no. 34, Pusa Road,  
WEA, Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road  
NEW DELHI, DELHI INDIA*

Pincode:- 110005  
Phone no: - 1860-500-7788  
Email: - [ApolloOnePusaRoad@apolloclinic.com](mailto:ApolloOnePusaRoad@apolloclinic.com)

# Apollo One

## CONSENT FORM

Patient Name: Jasvinder Age: 52  
UHID Number: CAOP.0000000488 Company Name: Asifemi medicines

I Mr/Mrs/MS Jasvinder Employee of Asifemi medicines  
(Company) Want to inform you that I am not interested in getting LBC Pap test report  
Tests done which is a part of my routine health check package. Pending lab ask for report  
And I claim the above statement in my full consciousness. sample Patient will come in 2-3 days.

Patient Signature: \_\_\_\_\_ Date: 9/6/24

*Apollo One - New Delhi Address:*

Apollo One. Plot no. 3. Block no. 34, Pusa Road,  
WEA. Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road  
NEW DELHI, DELHI INDIA

Pincode:- 110005  
Phone no: - 1860-500-7788  
Email: - [ApolloOnePusaRoad@apolloclinic.com](mailto:ApolloOnePusaRoad@apolloclinic.com)

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of

JASVINDER on 10/5/24  
52 yr/A

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
Medically Fit	✓
<p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job</p> <p>1. <u>Medically fit</u></p> <p>2. ....</p> <p>3. ....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p>Current Unfit.</p>	
Review after _____ recommended	
Unfit	

Height: 153 cm  
Weight: 68 kg  
Blood Pressure: 108/76

*AS*

Dr. \_\_\_\_\_  
Medical Officer  
**APOLLO HEALTH AND LIFESTYLE LTD.**  
**APOLLO ONE**  
Plot No. 3, Block No. 34, Metro Pillar No. 77  
Pusa Road, WEA Karol Bagh  
New Delhi-110005

This certificate is not meant for medico-legal purposes

**Apollo One** (Unit of Apollo Health and Lifestyle Ltd )  
Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,  
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788  
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

**Registered Office:** Apollo Health and Lifestyle Limited  
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,  
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

www.apolloclinic.com



<b>Patient Name</b>	: Mrs. JASVINDER	<b>Age/Gender</b>	: 52 Y/F
<b>UHID/MR No.</b>	: CAOP.0000000488	<b>OP Visit No</b>	: CAOPOPV597
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-06-2024 11:18
<b>LRN#</b>	: RAD2345929	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 625064		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**ULTRASOUND WHOLE ABDOMEN**

**Liver is enlarged in size(17cm) and shows diffuse increase in echotexture suggestive of Grade I fatty infiltration** and normal echotexture. No focal lesion seen in the liver.

Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder** is partially contracted, does not show any evidence of cholecystitis or cholelithiasis.

**CBD** is not dilated.

**Portal** vein is normal in caliber.

**Both kidneys** are of normal size (RK 9.8 x 3.4cm, LK 10.1x 6 cm in length), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size (7.9cm) and echotexture.

**Pancreas** visualized part appears normal.

**Urinary bladder** is partially filled and shows no mural or intraluminal pathology.

**Uterus** is anteverted, normal in size(7.2x3.5x4.3cm), shape and echo pattern.(**post-menopausal status**)

**Endometrium** echo is 3.9mm thick.

Bilateral adnexa are clear

No free fluid seen in the peritoneal cavity.

Please correlate clinically.

**Suggest – clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Dr. SEEMA PRAJAPATI**  
MBBS MD Radio  
Radiology



Patient Name	: Mrs. JASVINDER	Age	: 52 Y/F
UHID	: CAOP.0000000488	OP Visit No	: CAOPOPV597
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 08-06-2024 13:02
Referred By	: SELF		

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### ECG REPORT

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 71beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL RESTING ECG.

----- END OF THE REPORT -----



Dr. RAJNI SHARMA