



Name : Miss. Tripti Jha

Age: 35 Y

UHID: SCHI.0000016666

Sex: F



Address : B 284/5 chattarpur

OP Number: SCHIOPV23796

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-8783

Date : 09.12.2023 11:31

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING ✓	
4	HbA1c, GLYCATED HEMOGLOBIN ✓	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA (P) ✓	
7	GLUCOSE, FASTING ✓	
8	HEMOGRAM + PERIPHERAL SMEAR ✓	
9	ENT CONSULTATION ✓	
10	CARDIAC STRESS TEST (TMT) (P) ✓	
11	FITNESS BY GENERAL PHYSICIAN ✓	
12	GYNAECOLOGY CONSULTATION ✓	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION ✓	
15	URINE GLUCOSE (POST PRANDIAL)	
16	PERIPHERAL SMEAR ✓	
17	ECG ✓	
18	BLOOD GROUP ABO AND RH FACTOR ✓	
19	LIPID PROFILE ✓	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST - PAPSURE ✓	
22	OPHTHAL BY GENERAL PHYSICIAN ✓	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
26	DENTAL CONSULTATION ✓	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) .3'05	

5/9/1988

TLC ↑  
TLC 325  
Cupin Breast

BP: 116/86  
P: 95b/min  
HT: 151  
WT: 59  
SpO2: 94%

## PHC\_Desk

---

**From:** noreply@apolloclinics.info  
**Sent:** 08 December 2023 12:02  
**To:** ankita.pragati.jha12@gmail.com  
**Cc:** phc.klc@apollospectra.com; syamsunder.m@apollohl.com;  
cc.klc@apollospectra.com  
**Subject:** Your appointment is confirmed



Dear Tripti Jha .,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA NEHRU ENCLAVE** clinic on **2023-12-09** at **09:45-10:00**.

Payment Mode	<b>Credit</b>
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor." Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

  
भारत सरकार  
Government of India

  
त्रिप्ति झा  
Tripti Jha  
जन्म तिथि/ DOB: 05/09/1988  
महिला / FEMALE



**9781 3110 7964**

**मेरा आधार, मेरी पहचान**

  
आधार

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

**पता:**  
आत्मजा: मंगनू झा, 1810/2, ज्ञानी  
बाजार, डीडीए पार्क के पास, उदय  
चन्द मार्ग, साउथ एक्सटेंशन पार्ट-1,  
एंड्रयू गंज, दक्षिण दिल्ली,  
दिल्ली - 110049

**Address:**  
D/O: Mangnu Jha, 1810/2, Gyani  
Bazaar, Near DDA Park, Uday  
Chand Marg, South Extension  
Part-1, Andrewganj, South  
Delhi,  
Delhi - 110049

**9781 3110 7964**

LMP - 20/11/23 .

ML - 34u .

HL - nil .

FT - nil .

breast (N)

P/A rep-

Triph Jha .

9.12.23 .

Adv

- Lactacyd  
wash .

- clingen vaginal  
penney 4x

            
x 7 days

- caroten  
ointment .

over

9971570792  
DR. RUCHI TANDON

**DR. (Pof.) Ameet Kishore**  
SENIOR CONSULTANT SURGEON  
MBBS,(AFMC), FRCS(Glass), FRCS(Edin), FRCS-ORL(UK)  
Ear, Nose, Throat & Neuro-Otolology

For Appointment: +91 1140465555  
M: +91 9910995018

Tripti 34/P



Specialists in Surgery

**DR. Sharad Nair**  
MBBS,MS,(ENT),FHNORS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Head, Neck & Cancer Surgery

For Appointment: +91 1140465555  
M: +91 9910995018

09.12.2023

**DR. Ashwani Kumar**  
MBBS,DNB, MNAMS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Surgery  
Allergy Specialist

For Appointment: +91 1140465555  
M: +91 9910995018

Routine check up

- Allergy ⊕

- Intermittent Nasal Blockage

FE Nose Right ITM ⊕

- Phn ⊕

Ear B/L WAX ⊕

Adv

- NASOWASH KIT Request 1-11-23  
yusee

- Free Air Nts. 1 Puff from daily  
1-12-23

- Tas Monitor CC 1-12-23

*[Signature]*

SPT

FOZ

97716948900

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | www.apollohl.com

09/12/23

Ms - Trupti Jha.  
35F

happ @ 9/6 → 2  
Cep → 2  
(Unassisted)

9/6 - nil

10/1/23

NCTP 17  
16 mm - 4

Subj Ref @ 10.21 - 0.75 x 10 → 2/6  
10.25 x 10

PO4 10.10 x 10  
10.25 x 10

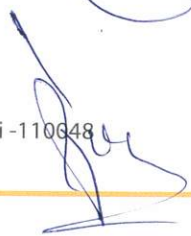
Color vision @ 10.10 - 10.15

tonometry 10.10  
10.15 @ 10.15

Adv - Contact glasses

Lubex eye drop  
OK  
ophth

SOS @ 10.15



09/12/2023

Miss Teipti Tha,  
35 Years / Female.

C/C :- Regular Dental Check up.

M/H :- N.R.

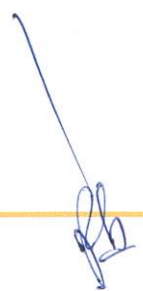
PDH :- RCT of Crown in upper front region  
since 7 - 8 years.

O/E :-

- Stains present.
- Enamel Hypoplasia.
- Generalised Erosion of Anterior present.

Advised :-

- Scaling
- Veneers  $\frac{321}{123}$
- Night Guard (soft)



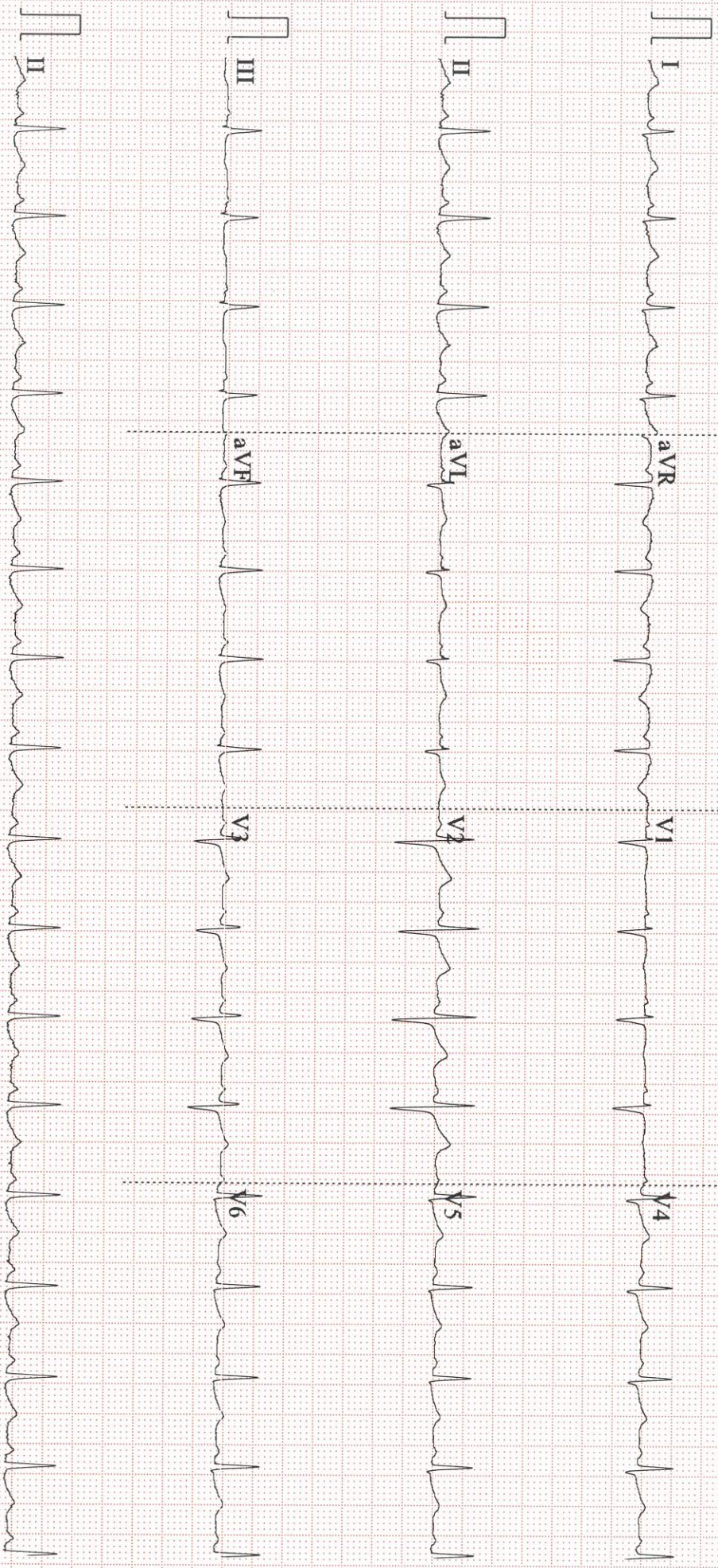
ID: 16666  
Tripti Jha  
Female 35Years  
Req. No. :

09-12-2023 13:16:20  
HR : 101 bpm  
P : 81 ms  
PR : 116 ms  
QRS : 75 ms  
QT/QTcBz : 346/449 ms  
P/QRS/T : 52/64/22 °  
RV5/SV1 : 0.676/0.492 mV

Diagnosis Information:  
Sinus Tachycardia  
Short PR Interval

*WNL*

Report Confirmed by:





<b>NAME :</b>	<b>TRIPTI</b>	<b>AGE/SEX:</b>	<b>35</b>	<b>YRS./F</b>
<b>UHID :</b>	<b>1666</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>09.12.2023</b>	

**ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is antverted and normal in size. It measures 7.4 x 4.3 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 8.4 mm

Both ovaries are normal in size ,shape and echotexture.

**Right ovary:** 2.8 x 1.7 cm

**Left ovary:** 2.9 x 1.8 cm

No obvious adenexal mass is seen. No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY.**

**Please correlate clinically and with lab. Investigations.**

  
**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

NAME :	TRIPTI	AGE/SEX:	35	YRS./F
UHID :	1666			
REF BY :	APOLLO SPECTRA	DATE:-	09.12.2023	

### **USG BOTH BREAST**

**5.5mm cyst is seen at 10'O Clock position of the right breast .**

Both breast otherwise shows normal parenchymal pattern.

No abnormal ductal dilatation seen.

Skin and subcutaneous tissues are normal.

No abnormal vascularity seen on both sides.

Bilateral subareolar regions are unremarkable.

Few small axillary nodes with preserved fatty hilum are seen bilaterally .

**Advise:** Clinical and lab Correlation.

  
**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 12:23PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 05:28PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfghdh	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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

<b>HAEMOGLOBIN</b>	13.6	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	44.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>4.92</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.4	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	<b>30.5</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>11,320</b>	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	20.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	<b>8150.4</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2354.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	147.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	633.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.96	Cells/cu.mm	0-100	Calculated

<b>PLATELET COUNT</b>	164000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	04	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC MILDLY INCREASED. DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 12:23PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 03:04PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfggdh	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 03:01PM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 05:56PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 06:57PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfghdh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	86	mg/dL	70-100	GOD - POD
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**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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	99	mg/dL	70-140	GOD - POD
-----------------------------------------------------------------------------	----	-------	--------	-----------

**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.



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 04:20PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 05:24PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfggdh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	4.9	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	94	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)



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 04:07PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 05:34PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfggdh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	<b>271</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>325</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>229</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>164</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>65</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.45</b>		0-4.97	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 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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Visit ID : SCHIOPV23796	Status : Final Report
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Emp/Auth/TPA ID : zsfggdh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	122.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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:**

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



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 04:07PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 05:20PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfghdh	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	21.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	2.5-6.2	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>133</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 04:07PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 04:37PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfghdh	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	12-43	Glycylglycine Nitoranalide



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 04:13PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 06:08PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfggdh	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.47	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.560	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



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
Age/Gender : 35 Y 3 M 4 D/F	Received : 09/Dec/2023 03:06PM
UHID/MR No : SCHI.0000016666	Reported : 09/Dec/2023 03:11PM
Visit ID : SCHIOPV23796	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zsfggdh	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

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



Patient Name : Miss.TRIPTI JHA	Collected : 09/Dec/2023 11:33AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**


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

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


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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
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