


यूनियन बँक Union Bank
OF INDIA



नाम : अजीत कुमार
Name : Ajit Kumar
पदनाम : मुख्य प्रबंधक
Designation : Chief Manager
कर्मचारी सं. / Employee No. : 636605
जन्म तिथि / Date of Birth : 22/08/1977
रक्त समूह / Blood Group : A + ve


अजीत कुमार
Signature


अधीनस्थ अधिकारी
Issuing Authority

Bh - Kapra Sainikpuri [Union Bank Of India]

From: Mediwheel <wellness@mediwheel.in>
Sent: 13 February 2024 18:31
To: Bh - Kapra Sainikpuri [Union Bank Of India]
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(UBOIES3543), Beneficiary Code-169569

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कृपया सावधानी बरते एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और चहचहाने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing@dot\[aisa\]at\[the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing@dot[aisa]at[the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

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011-41195959

Dear AJIT KUMAR,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

Booking Date : 13-02-2024
User Package Name : Executive Health Checkup Male For Self And Spouse
Hospital Package Name : Mediwheel Full Body Standard Plus
Health Check Code : PKG10000361
Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar
Address of Diagnostic/Hospital : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062
Appointment Date : 23-02-2024
Preferred Time : 8:30am

Member Information

Booked Member Name	Age	Gender
AJIT KUMAR	46 year	Male
Reena kumari	38 year	Female

Patient Name	: Mrs. Reena Kumari	Age	: 39 Y/F
UHID	: CASR.0000185968	OP Visit No	: CASROPV221149
Reported By:	: Dr. MRINAL .	Conducted Date	: 23-02-2024 19:38
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 68 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. MRINAL .



Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
Expert Care Beyond

Date 23/6/24 UHID 185968
Name Mrs. Pooja Kulkarni Age 39y 15

Height 164 Cms

Weight 72.7 Kgs

Chest Measurement (In)cm (out)cm

Waist cm

HIP

Pulse 77 Bt/Min

BMI 27 kgs/cm²

BP 110/80 mm/Hg

SPO2 97 %

Apollo Clinic, A.S. Rao Nagar.

CERTIFICATE OF MEDICAL FITNESS

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

Mrs Keera kumari on 20/2/2024

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

<ul style="list-style-type: none"> • Medically Fit 	<p>Tick</p> <p><input checked="" type="checkbox"/></p>
<ul style="list-style-type: none"> • Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> • Unfit 	



Dr. K. VAISHNAVI
MBBS

Regd. No: TSMC/12106
K. Vaishnavi

Dr. Vaishnavi
Reg No :12106
Consultant physician
Apollo Clinic
A S Rao Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC040089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ammerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Geethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. Reena Kumari
UHID : CASR.0000185968
Reported By : Dr. MRINAL
Referred By : SELF

Age : 39 Y/F
OP Visit No : CASROPV221149
Conducted Date : 23-02-2024 19:38

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 68 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
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5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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



Dr. MRINAL

185968
39 Years

MRS. KEENA KUMARI
Female

22-Feb-24 20:22:56
Apollo Clinic A S Rao Nagar

Rate 68 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline repolarization abnormality.....ST dep & abnormal T

PR 129
QRSD 87
QT 376
QTc 400

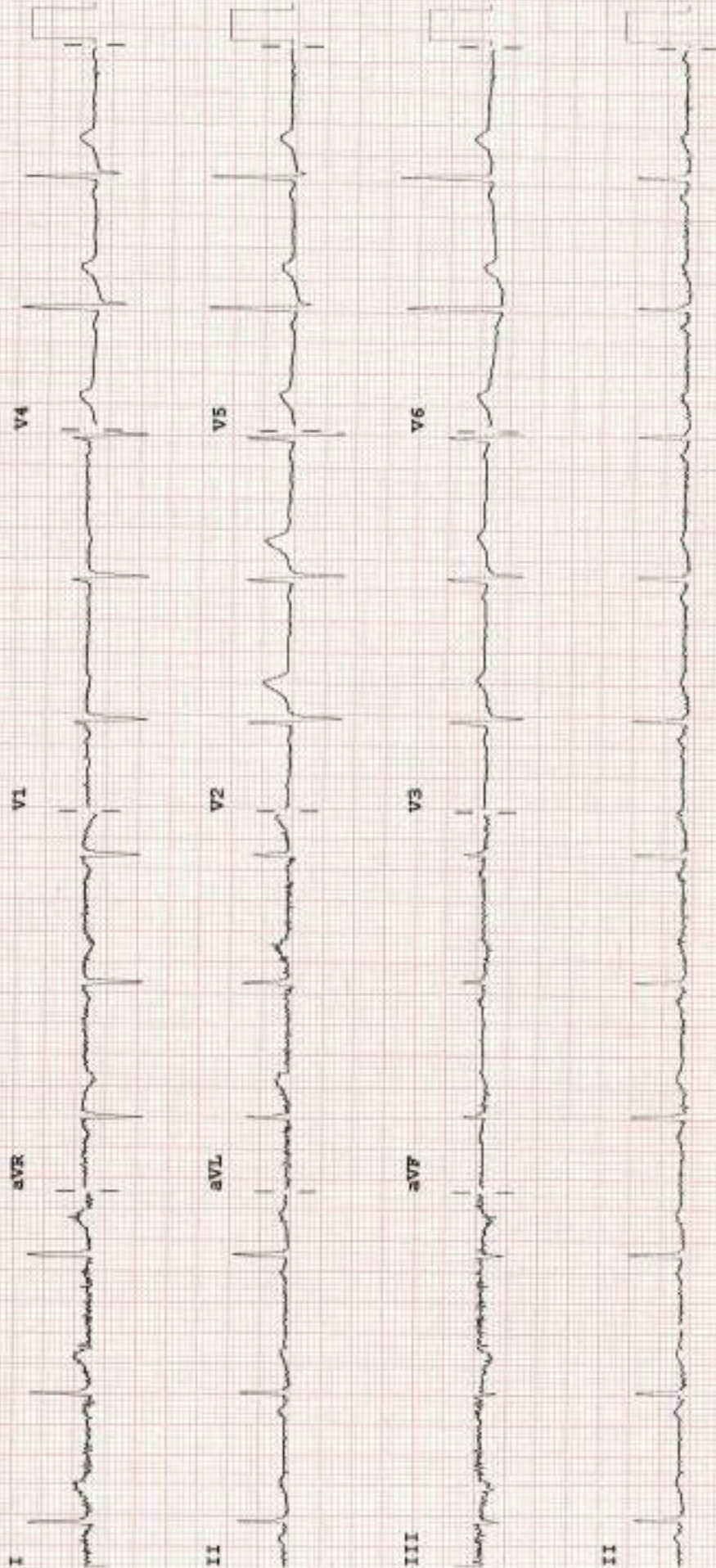
--AXIS--

P 17
QRS 15
T -19

12 Lead; Standard Placement

Unconfirmed Diagnosis

Keena
Kumar



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W 100B CL P?

PHILIPS

RECORDED BY VASTRA

TM

POWER PRESCRIPTION

NAME: *Alena Kumari*

GENDER: M/F

DATE: *23/12/24*

AGE: *39*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	<i>+1.00</i>	-	-	<i>N6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	<i>+1.00</i>	-	-	<i>N6</i>

COLOUR VISION :

DIAGNOSIS : *None*

OTHER FINDINGS :

INSTRUCTIONS :

None
SIGNATURE



ORAL EXAMINATION FORM



Date: 23/2/2024

Patient ID: _____ MHC

Patient Name: Mrs. Rena Kumari Age: 39 Sex: Male Female

Chief Complaint: General Checkup

Medical History :

Drug Allergy :

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries : 6+

Impacted Teeth : -

Bleeding : +ve

Calculus / Stains : ++

Restored Teeth : -

Malocclusion : -

Missing Teeth : -

Attrition / Abrasion : -

Pockets / Recession : -

Mobility : -

Non - restorable Teeth for extraction /
Root Stumps : → +6

Others :

Advice :- ① Advised seal prophylaxis of

Doctor Name & Signature : ② Advised OPD follow up
A. Mounika .

Patient Name	: Mrs. Reena Kumari	Age/Gender	: 39 Y/F
UHID/MR No.	: CASR.0000185968	OP Visit No	: CASROPV221149
Sample Collected on	:	Reported on	: 23-02-2024 12:22
LRN#	: RAD2245188	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 09696666966		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 95x42mm **Left kidney : 102x44mm**

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus 50x42x33mm appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures **6 mm**.

Right ovary : 26x22mm **Left ovary : 24x22mm**

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

Cervix Bulky


IMPRESSION:-Grade 1 Fatty Liver.

Cervicitis Changes

Suggested clinical correlation and further evaluation if necessary .

Patient Name : Mrs. Reena Kumari

Age/Gender : 39 Y/F




Dr. PRAVEEN BABU KAJA
Radiology

Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 02:40PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 07:03PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.79	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	94.4	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,380	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.8	%	40-80	Electrical Impedence
LYMPHOCYTES	25.6	%	20-40	Electrical Impedence
EOSINOPHILS	1.6	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4134.24	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1633.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102.08	Cells/cu.mm	20-500	Calculated
MONOCYTES	497.64	Cells/cu.mm	200-1000	Calculated
BASOPHILS	12.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.53		0.78- 3.53	Calculated
PLATELET COUNT	150500	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				


Dr.SRINIVAS N.S.NORI
 M.B.B.S,M.D(Pathology)
 CONSULTANT PATHOLOGY

SIN No:BED240046573

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



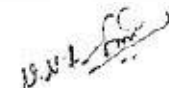
Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 02:40PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 07:03PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN
 IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE




Dr.SRINIVAS N.S.NORI
 M.B.B.S,M.D(Pathology)
 CONSULTANT PATHOLOGY

SIN No:BED240046573

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

Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 03:13PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 04:24PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

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	83	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

K. Anusha

Dr.K.Anusha

M.B.B.S.,M.D(Biochemistry)

Consultant Biochemist

SIN No:PLF02110978

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



Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 02:54PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 05:00PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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)

Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



SIN No:EDT240020680

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

Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 02:54PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 05:00PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF BIOCHEMISTRY

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

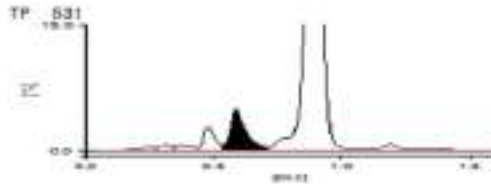
Chromatogram Report

1 10.28 1 2024-02-23 16:05:17
 ID: EDT240020680
 Sample No. 02230164 SL 0006 - 03
 Patient ID
 Name
 Comment

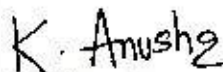
CALIB	Name	%	Time	Area
	A1A	0.4	0.25	7.77
	A1B	0.5	0.31	8.35
	F	0.5	0.37	10.17
	LA10-	1.6	0.48	29.05
	SA10	5.0	0.59	70.82
	AD	93.7	0.89	1738.09
	H-V0			
	H-V1			
	H-V2			

Total Area 1864.26

HbA1c 5.0 % IFGC 31 mmol/mol
 HbA1c 5.0 % HbF 0.5 %




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 PhD.(Biochemistry)
 Consultant Biochemist



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 Consultant Biochemist



SIN No:EDT240020680

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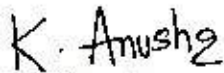
Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 02:54PM
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Visit ID : CASROPV221149	Status : Final Report
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Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF BIOCHEMISTRY

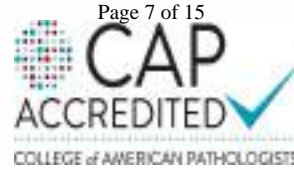
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



SIN No:EDT240020680

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

Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 04:36PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 05:36PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	91	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.12		0-4.97	Calculated

Comment:

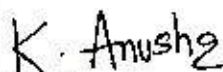
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



SIN No:SE04638325

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

Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 04:36PM
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Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.38	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.28	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	90.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.17	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.16		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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

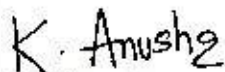
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



SIN No:SE04638325

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

Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 04:36PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 05:41PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.23	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.31	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.473	µIU/mL	0.38-5.33	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

K. Anusha
 Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SPL24030565

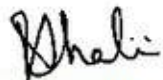
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 09:02AM
Age/Gender : 39 Y 0 M 0 D/F	Received : 23/Feb/2024 02:38PM
UHID/MR No : CASR.0000185968	Reported : 23/Feb/2024 04:55PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	TRACE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	1-2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: UR2288983

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



Patient Name : Mrs.REENA KUMARI	Collected : 23/Feb/2024 06:11PM
Age/Gender : 39 Y 0 M 0 D/F	Received : 24/Feb/2024 11:11AM
UHID/MR No : CASR.0000185968	Reported : 24/Feb/2024 05:02PM
Visit ID : CASROPV221149	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 09696666966	

DEPARTMENT OF CYTOLOGY

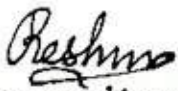
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	3775/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
IV	INTERPRETATION	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 ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS074992

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

