



Corporate Health  
Checks

0/66

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

24-02-2024



**Patient Details**

Patient First Name

MRS.

Patient Last Name

MAHESHWARI STUTI

Patient Mobile Number

8875876479

Patient E-mail ID

mahstuti@gmail.com

Date of Birth

01-05-1991

Gender

female

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL FEMALE AHC



बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम : स्तुति माहेश्वरी

Name : STUTI MAHESHWARI


कर्मचारी कूट क्र : 109866

E.C. No. : 109866

जारीकर्ता प्राधिकारी  
Issuing Authority



धारक के हस्ताक्षर  
Signature of Holder

<b>Name</b> : Miss. MAHESHWARI STUTI  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 33 Y  <b>Sex</b> : F	<b>UHID</b> :CJPN.000092145  <b>OP Number</b> :CJPNOPV189048 <b>Bill No</b> :CJPN-OCR-69427 <b>Date</b> : 24.02.2024 08:55
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO <i>OR TMT ✓</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE <i>- 11</i>	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION <i>- 22</i>	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) *	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION <i>- 5</i>	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN <i>3</i>	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

*Dental - 22*  
*Audio - 21*  
*Physio - 4*  
*ophthal - 3*

*Bp - 95/73 mmHg*  
*Wb - 75.1 kg*  
*Hb - 168 c.m.*  
*Waist - 94 c.m*  
*Aip - 103*

# Apollo Clinic

## CONSENT FORM

Patient Name: Stuti Maheshwari Age: 33  
BHD Number: 92145 Company Name: \_\_\_\_\_

I Mr/Mrs/Ms Stuti Maheshwari Employee of Bank of Baroda  
(Company) Want to inform you that I am not interested in getting Gynaecology consultation  
Tests done which is a part of my routine health check package.  
And I claim the above statement in my full consciousness.

Patient Signature: Stuti Date: 24/02/24



Patient Name	: Miss. MAHESHWARI STUTI	Age	: 33 Y F
UHID	: CJPN.0000092145	OP Visit No	: CJPNOPV189048
Reported on	: 24-02-2024 11:00	Printed on	: 24-02-2024 11:00
Adm/Consult Doctor	:	Ref Doctor	: SELF

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.

Printed on:24-02-2024 11:00

---End of the Report---



**Dr. V K PRANAV VENKATESH**  
**MBBS,MD**  
Radiology

Patient Name	: Miss. MAHESHWARI STUTI	Age	: 33 Y F
UHID	: CJPN.0000092145	OP Visit No	: CJPNOPV189048
Reported on	: 24-02-2024 15:27	Printed on	: 24-02-2024 15:47
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Normal in size ( 13.6cm)and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

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

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

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

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

Right kidney measures: 10.7 x 1.5cm.

Left kidney measures : 9.0 x 1.5cm.

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

**UTERUS** : **Bulky in size and normal echotexture.** It measures : 10.3 x 3.5 x 6.0 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 1.2cm.

**Anterior and posterior wall intramural fibroids measuring:5.9 x 4.8 cm and 4.8 x 3.7 cm respectively.**

Patient Name	: Miss. MAHESHWARI STUTI	Age	: 33 Y F
UHID	: CJPN.0000092145	OP Visit No	: CJPNOPV189048
Reported on	: 24-02-2024 15:27	Printed on	: 24-02-2024 15:47
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

OVARIES : Both ovaries are normal in size.  
Right ovary measures : 2.6 x 1.9cm.  
Left ovary measures : 3.3 x 1.8cm.

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


### IMPRESSION : BULKY FIBROID UTERUS.

Please Note :No preparation done before scanning.

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

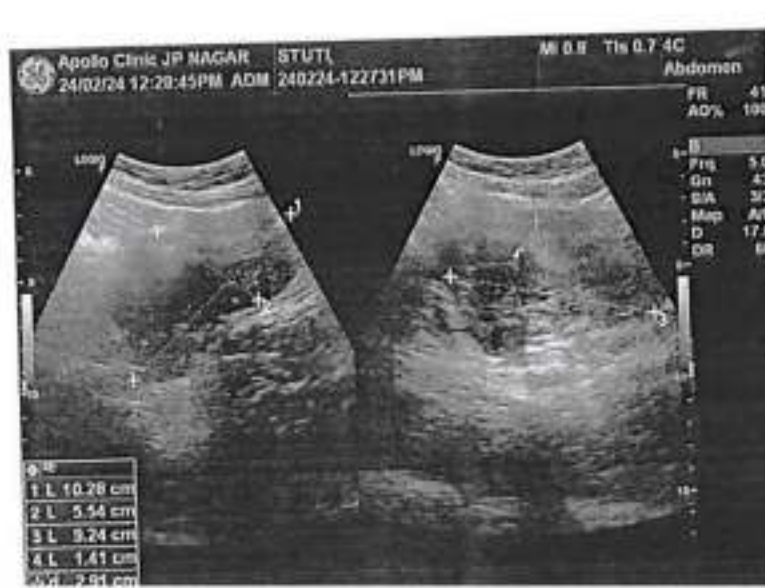
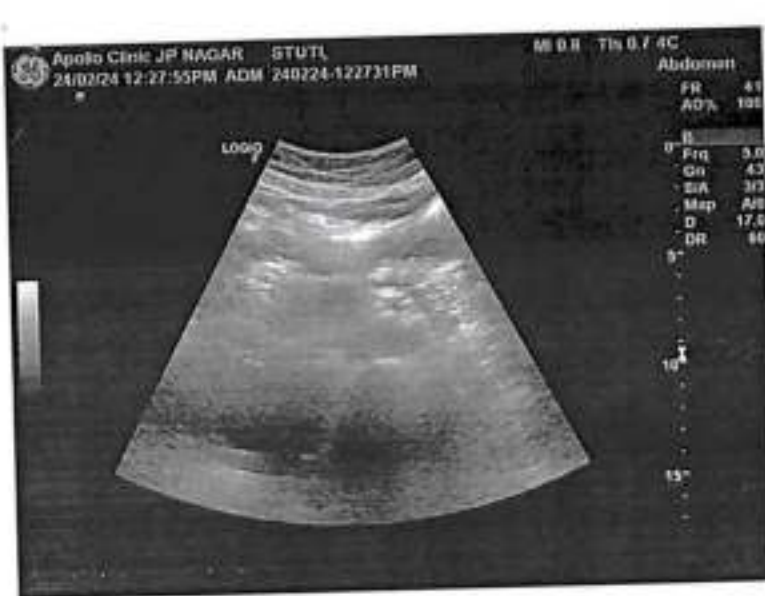
Printed on:24-02-2024 15:27

---End of the Report---

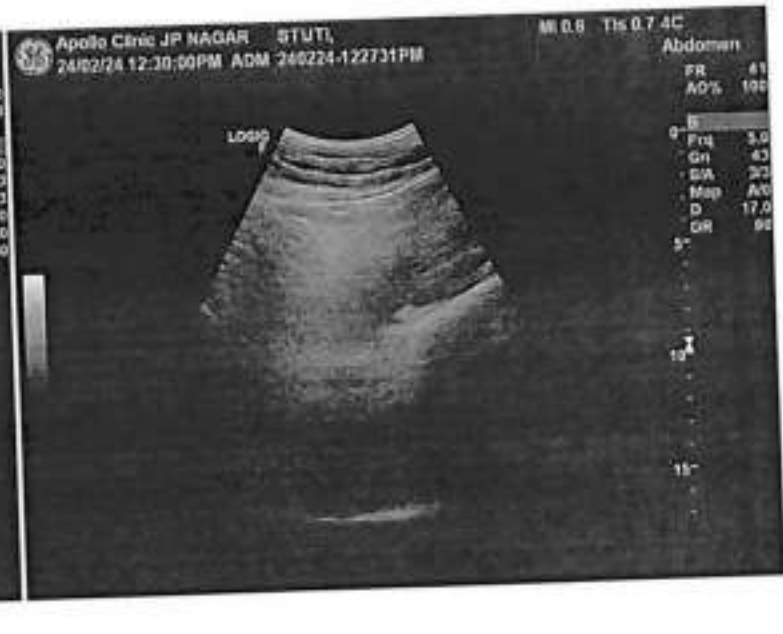
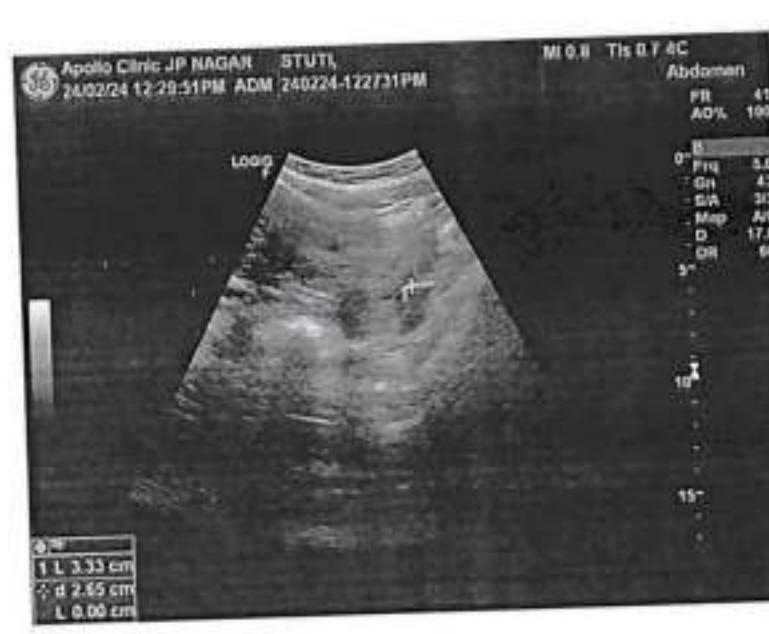


**Dr. V K PRANAV VENKATESH**  
MBBS,MD  
Radiology









PRICE  
 Max HR 175bpm 98% of max predicted 157bpm  
 Max BP 130/73  
 Total Exercise time: 9:00  
 Maximum workload: 10.1METS  
 25.0 mm/s  
 10.0 mm/mV  
 100hz

Reason for Termination:  
 Comments: GOOD EFFORT AND TOLERANCE  
 NORMAL BP/HR RESPONSE  
 NO ANGINA AND ARRYTHMIA NOTED  
 NO SIGNIFICANT ST-T CHANGES SEEN

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Referred by: SELF  
 Test ind: CAD SCREENING

D. GJPN92145  
 Visit: AHC  
 26-Feb-2024  
 17:27:17  
 33years  
 168cm  
 Asian  
 75kg  
 Female

Stage Name	Time in Stage	Speed (mph)	Grade %	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	0:58	0.8	0.0	1.2	98	100/73	96
STAGE 1	3:00	1.7	0.0	4.5	128	110/73	141
STAGE 2	3:00	2.5	2.0	7.0	157	120/73	186
STAGE 3	3:00	3.4	4.0	10.1	175	130/73	228
RECOVERY	1:40	0.8	0.0	2.5	138	100/73	153

Normal  
 2/2/24



MISS MAHESHWARI, S

ID: CJP92145

24-Feb-2024 11:26:29

33y years  
Female  
168cm  
Asian  
75kg

Heart rate 90 bpm  
PR interval 110 ms  
QRS duration 76 ms  
QT/QTc 348/425 ms  
P-R-T axes 74 83 -9

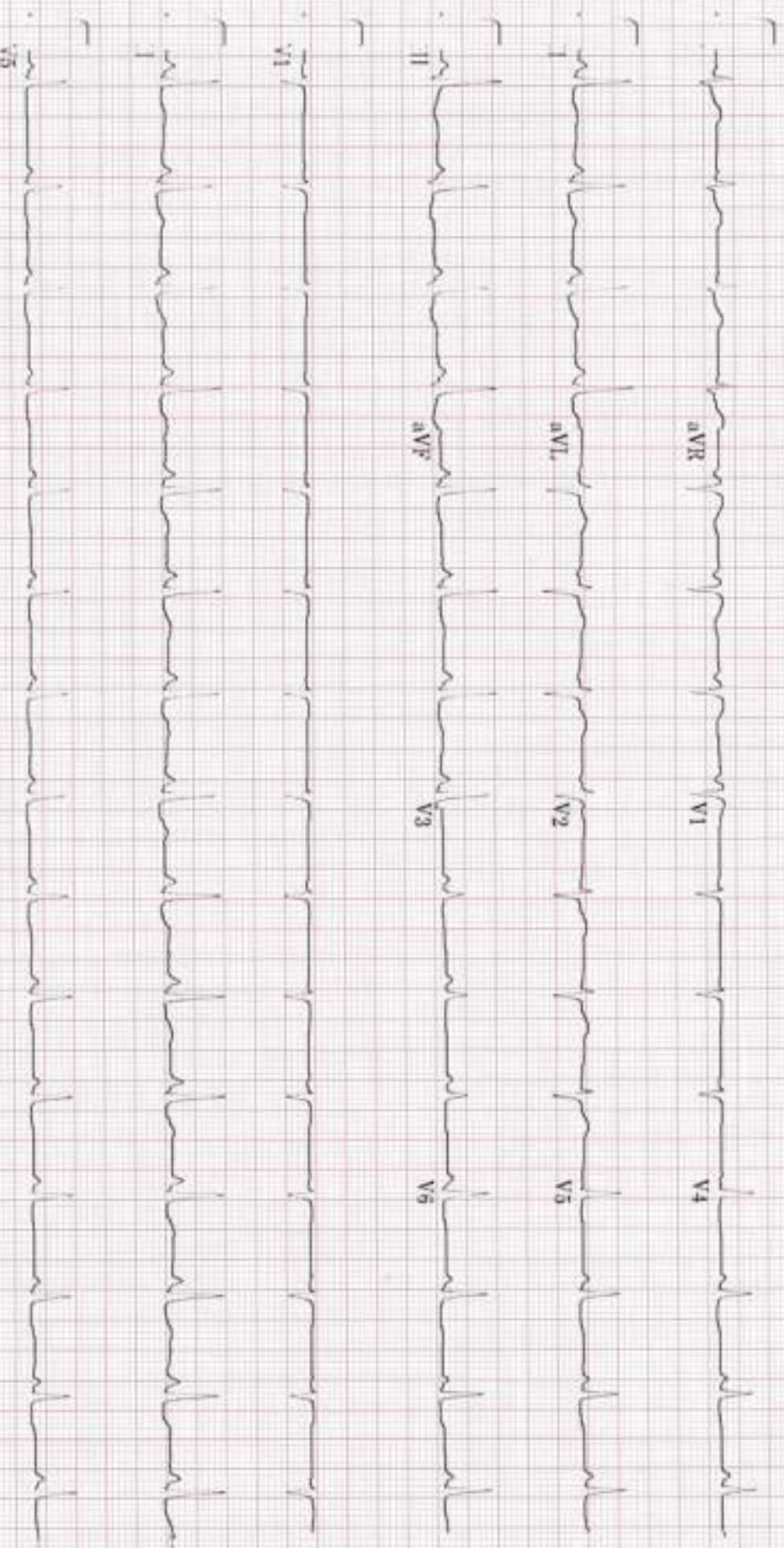
Sinus rhythm with short PR  
Nonspecific T wave abnormality  
Abnormal ECG

2

Technician: RAJESHWARI  
Test ind: CAD SCREENING

Visit: AHC  
Referred by: SKLJ

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 010A

TE 12SL™ V241



ID: CJP92145

Vsite: AHC

24 Feb 2024

11:27:50

93bpm

BP: 100/73

PRETEST

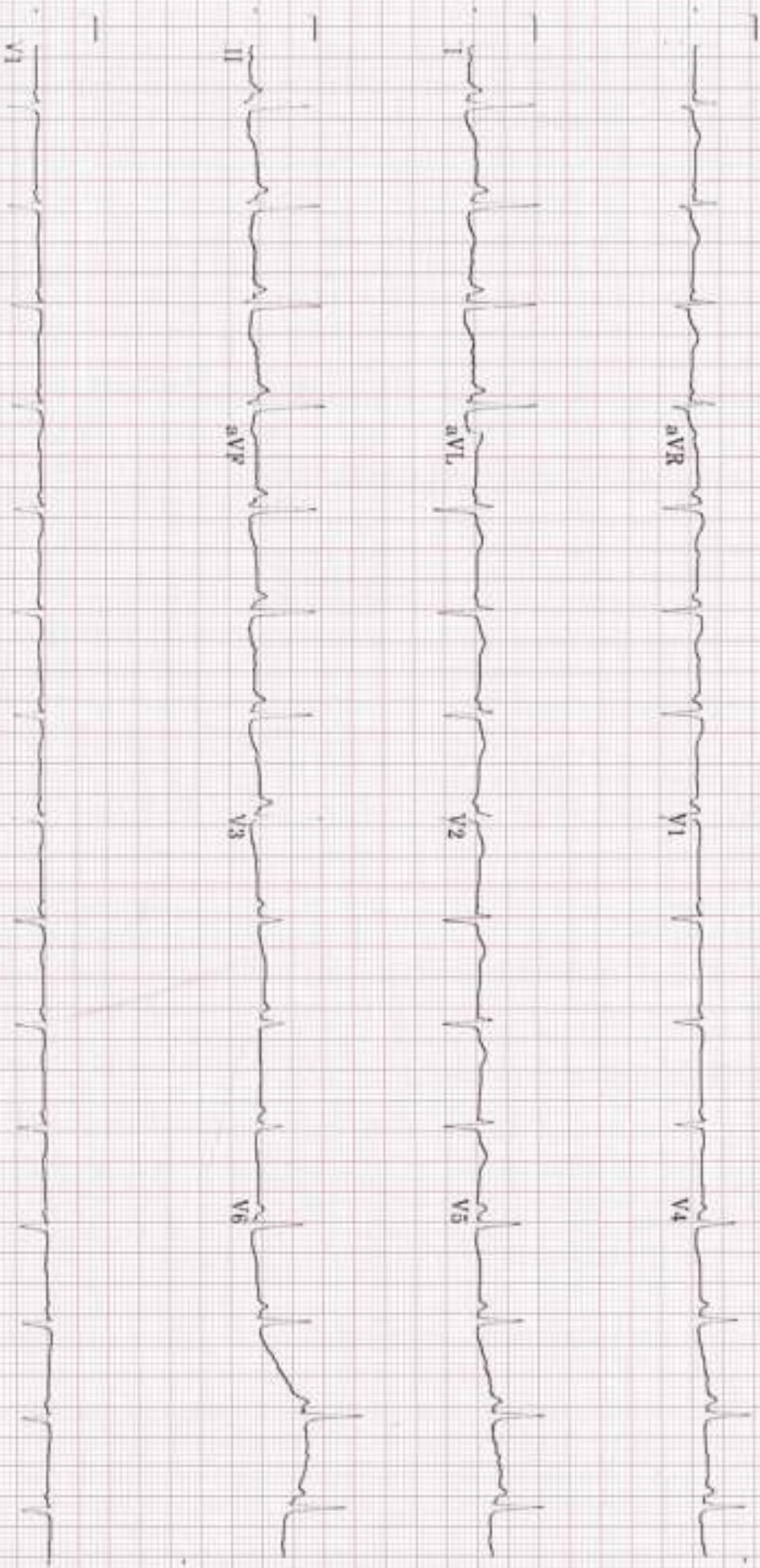
SUPINE

0:34

BRUCE

3.5 mph

3.5%



40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

4 by 2.5s + 1 rhythm rd

MAC55 010A

II



ID: C12N92145

Veter AHC

24-Feb-2024

11:31:04

127bpm

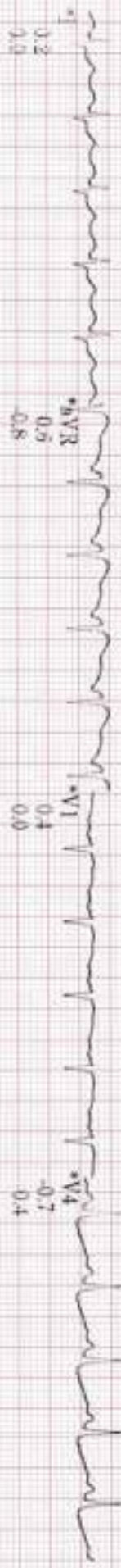
BP: 110/73

EXERCISE  
STAGE 1  
2:50

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mV)  
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV Change Chart

End Approaching Change Chart

Computer Synthesized Rhythm

MAC95-0104



D. C. JPN92145

Vic: AHC

24-Jul-2024

11:34:04

155bpm

BP: 120/73

ST @ 10mm/mV  
50ms postd

EXERCISE  
STAGE 2

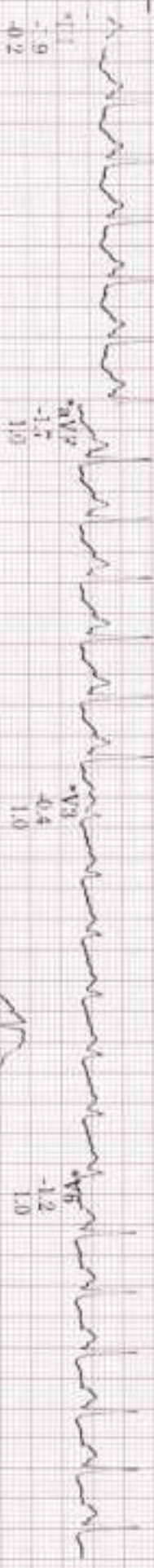
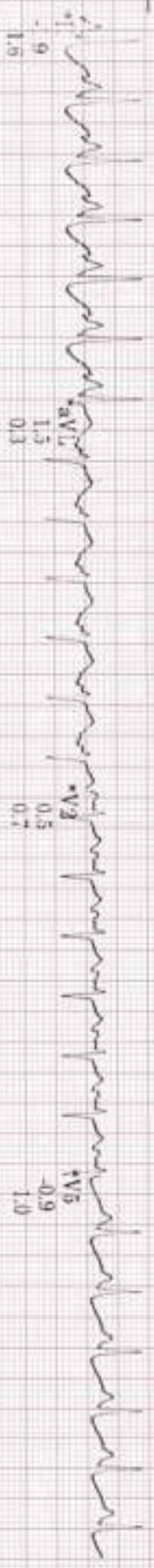
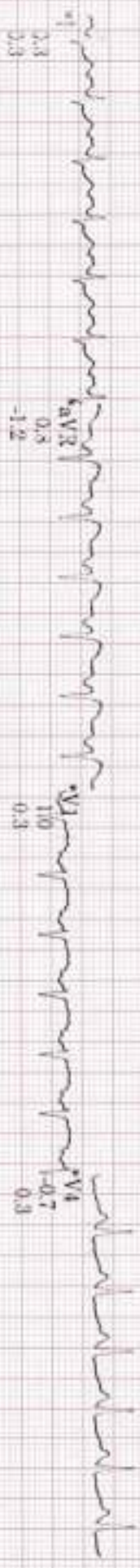
5:50

BRUCE

2.5mph

12.0%

Lead  
ST(mm)  
Slupee(mV/s)



Computer Synthesized Rhythm



D. C. JPN92145

Vic: AHC

24-Feb-2024

11:37:04

175bpm

BP: 130/73

EXERCISE  
STAGE 3

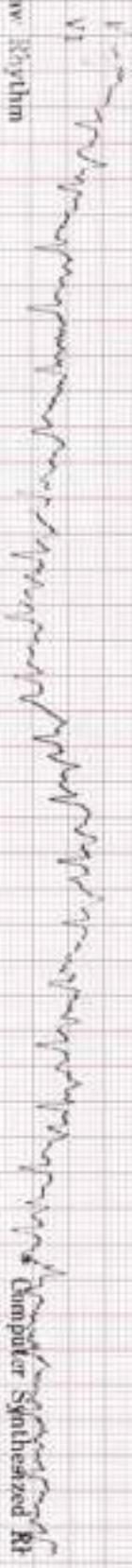
8:50

BRUCE

3.4mph

14.0%

ST @ 10mm/mV  
Sens postd



Computer Synthesized Rt



ID: CJPEN92145

Visit: AHC

24-Feb-2024

11:37:15

175bpm

BP: 130/73

EXERCISE  
STAGE 3  
9:00

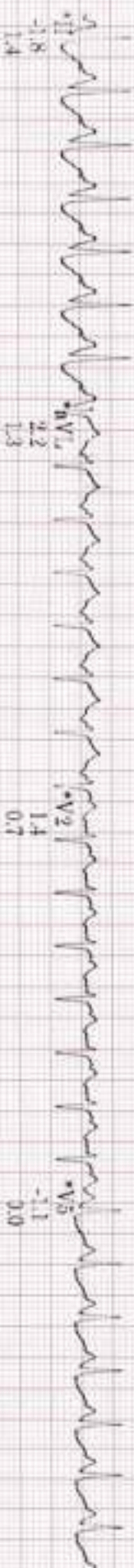
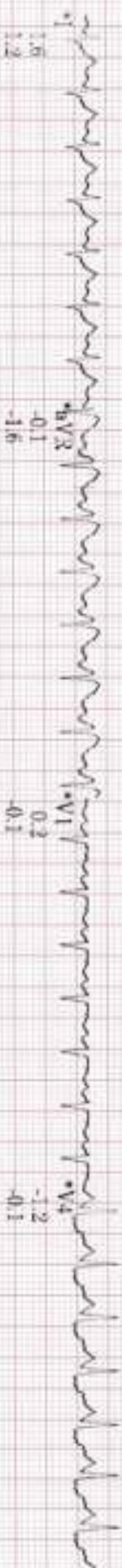
BRUCE

3.4mph

14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mV)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



ID: C11N92145

Vital: AHC

24-Pec-2024

11:58:14

148bpm

RECOVERY

Post

1:00

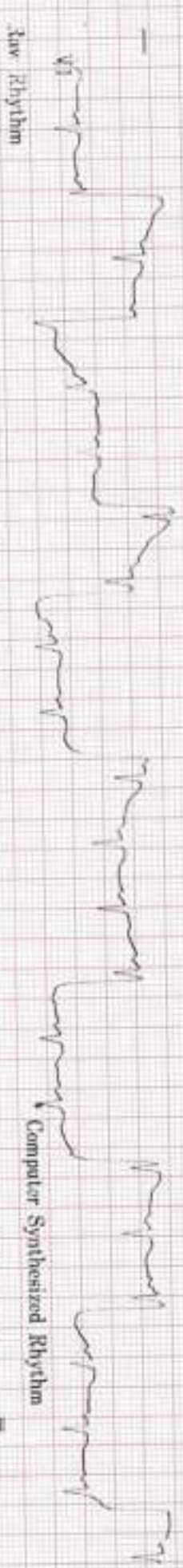
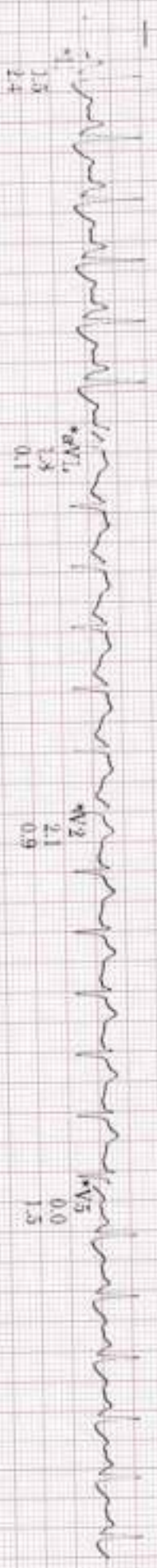
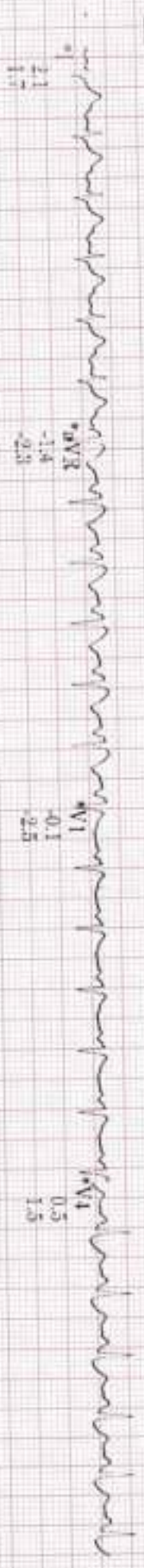
BRUCE

\*\* \*mph

\*\* \*%

ST @ 10mm/mV  
80ms postd

Lead  
ST(mm)  
Slope(mV/s)



25.0 mm/s  
 10.0 mm/mV  
 Change  
 HR 46  
 End Approaching  
 Change  
 MI



11/19/92145

38/02

Total Exercise time: 9:00

25.0 mm/s

Age: AHC

35 years

Asian

Female

Max HR: 173bpm

93% of max predicted 187bpm

10.0 mm/mV

24 Feb 2024

1:37 pm

75kg

Max EP: 140/73

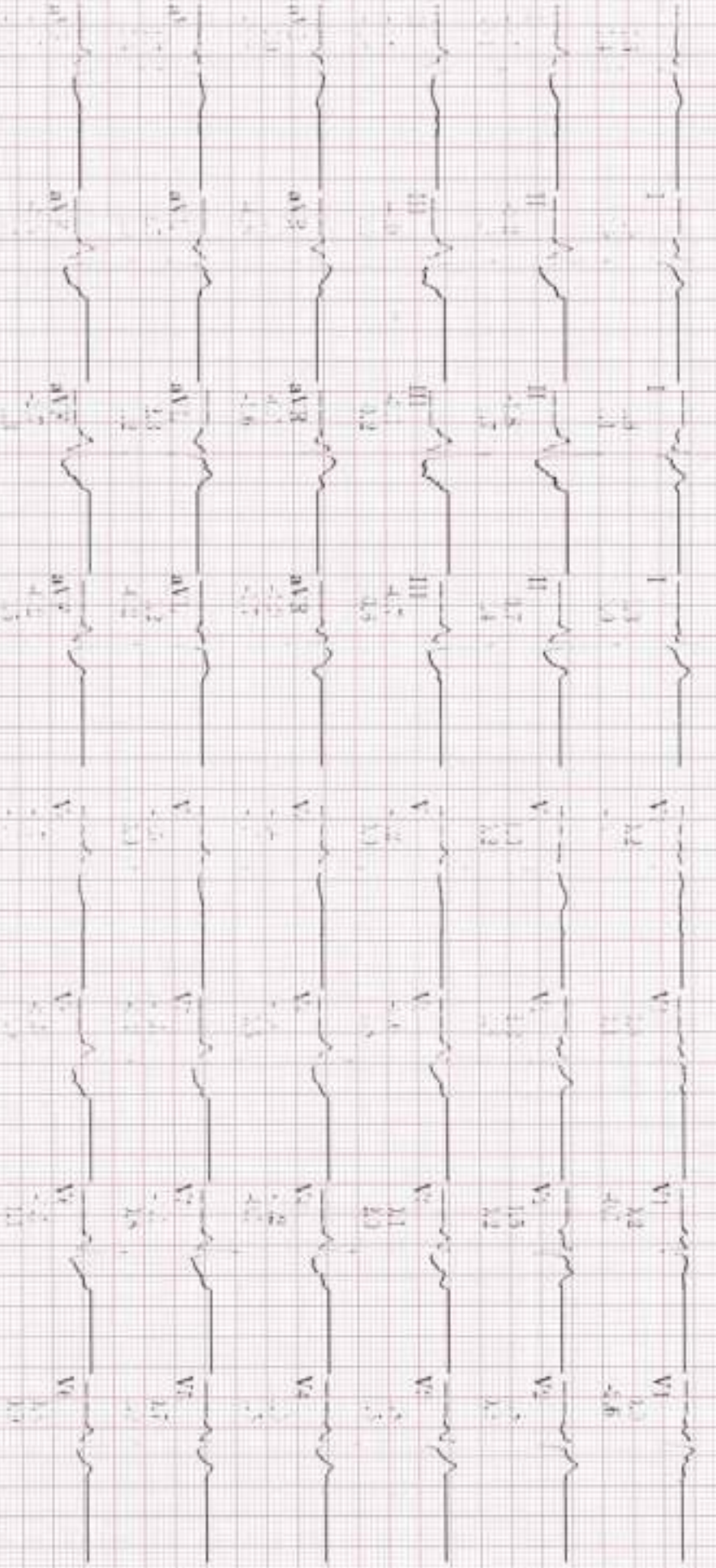
Maximum workload: 10.1 METS

100hz

Referred by: SELF  
Test: CAD SCREENING

Reason for Termination:  
Normal (GOOD EFFORT AND) TOLERANCE  
NORMAL BP/HR RESPONSE  
NO ATIGINA AND ARRYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN  
TMT IS NEGATIVE FOR INDICIBLE ISCHEMIA

Phase	HR (bpm)	BP (mmHg)	Phase	HR (bpm)	BP (mmHg)	Phase	HR (bpm)	BP (mmHg)
BASELINE EXERCISE	80	100/73	BASELINE EXERCISE	80	100/73	BASELINE EXERCISE	80	100/73
MAX ST EXERCISE	173	120/73	MAX ST EXERCISE	173	120/73	MAX ST EXERCISE	173	120/73
25AK EXERCISE	150	130/73	25AK EXERCISE	150	130/73	25AK EXERCISE	150	130/73
TEST END RECOVERY	140	100/73	TEST END RECOVERY	140	100/73	TEST END RECOVERY	140	100/73



Lead ST (mm) Slope (mV/s)



ID: CJPN92145

BRUCE

Total Exercise time: 9:00

25.0 mm/s

Visit: AHC

33years

Asian

Female

Max HR: 175bpm

93% of max predicted 187bpm

10.0 mm/mV

24-Feb-2024

168cm

75kg

Max BP: 130/73

Maximum workload: 10.1METs

100hz

11:27:17

Referred by: SELP  
Test Ind: CAD SCREENING

Reason for Termination:  
Comments: GOOD EFFORT AND TOLERANCE  
NORMAL BP-HR RESPONSE  
NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE

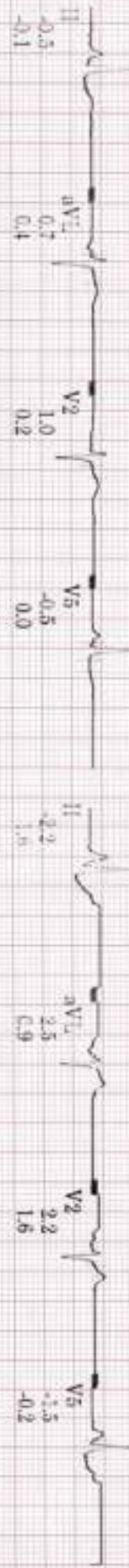
MAX ST

EXERCISE STAGE 1 1.2METs BP: 100/73 ST @ 10mm/mV 80ms postd

Lead ST(mm) Slope(mV/s)

EXERCISE STAGE 3 10.0METs BP: 120/73 ST @ 10mm/mV 80ms postd

Lead ST(mm) Slope(mV/s)



Technician: RAJESHWARI

Unconfirmed

**Patient Name** : Miss. MAHESHWARI STUTI

**Age/Gender** : 33 Y/F

**UHID/MR No.** : CJPN.0000092145

**OP Visit No** : CJPNOPV189048

**Sample Collected on** :

**Reported on** : 24-02-2024 11:00

**LRN#** : RAD2246644

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 369132

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. V K PRNAV VENKATESH**

**MBBS,MD**

Radiology



<b>Patient Name</b>	: Miss. MAHESHWARI STUTI	<b>Age/Gender</b>	: 33 Y/F
<b>UHID/MR No.</b>	: CJPN.0000092145	<b>OP Visit No</b>	: CJPNOPV189048
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 15:32
<b>LRN#</b>	: RAD2246644	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 369132		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Normal in size ( 13.6cm)and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

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

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

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

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

Right kidney measures: 10.7 x 1.5cm.

Left kidney measures : 9.0 x 1.5cm.

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

**UTERUS** : **Bulky in size and normal echotexture.** It measures : 10.3 x 3.5 x 6.0 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 1.2cm.

**Anterior and posterior wall intramural fibroids measuring:5.9 x 4.8 cm and 4.8 x 3.7 cm respectively.**

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

Right ovary measures : 2.6 x 1.9cm.

Left ovary measures : 3.3 x 1.8cm.

**Patient Name** : Miss. MAHESHWARI STUTI

**Age/Gender** : 33 Y/F

---

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

**IMPRESSION : BULKY FIBROID UTERUS.**

Please Note :No preparation done before scanning.

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



**Dr. V K PRANAV VENKATESH**  
MBBS,MD  
Radiology

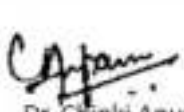
Patient Name : Miss.MAHESHWARI STUTI	Collected : 24/Feb/2024 09:09AM
Age/Gender : 33 Y 9 M 26 D/F	Received : 24/Feb/2024 12:19PM
UHID/MR No : CJPN.0000092145	Reported : 24/Feb/2024 03:11PM
Visit ID : CJPNOPV189048	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369132	

DEPARTMENT OF HAEMATOLOGY

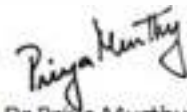
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.8	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,390	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	73.5	%	40-80	Electrical Impedance
LYMPHOCYTES	19	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5431.65	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1404.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.07	Cells/cu.mm	20-500	Calculated
MONOCYTES	450.79	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.39	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.87		0.78- 3.53	Calculated
PLATELET COUNT	212000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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



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



SIN No:BED240048037

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: T-7D-00/02, Ashoka Nigrahapathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK:

Telangana: Hyderabad | U3 Rao Nagar | Charada Nagar | Bandipur | Hallakurta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Coorathamma Petal Ramastala; Bangalore: Basavanagudi | Bellandur | Electronic City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kuvempur | Sarjapur Road; Mysore: VV Mohalla; Tamil Nadu: Chennai | Annapuram | Kotturam | Madhavaram | T Nagar | Velamanchikun | Wilcochery; Maharashtra: Pune | Aundh | Nagli Pradhikaran | Viman Nagar | Wankesari; Uttar Pradesh: Ghaziabad (Indraprasth Gajpur); Ahmedabad: Sanitrol; Punjab: Amritsar (Court Road); Haryana: Faridabad (Railway Station Road)

Address:  
27/506/121, Duddahangur Village, New Jai Mata Road,  
New Jai Nagar, Electronic city, Bangalore,  
Karnataka - 560014

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Patient Name : Miss.MAHESHWARI STUTI	Collected : 24/Feb/2024 09:09AM
Age/Gender : 33 Y 9 M 26 D/F	Received : 24/Feb/2024 12:19PM
UHID/MR No : CJPN.0000092145	Reported : 24/Feb/2024 03:11PM
Visit ID : CJPNOPV189048	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369132	

**DEPARTMENT OF HAEMATOLOGY**

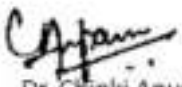
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

WBCs: are normal in total number with normal distribution and morphology.

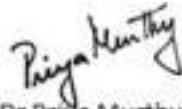
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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



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



SIN No:BED240048037

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL, BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U55170TG2000PLC115819)  
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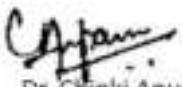


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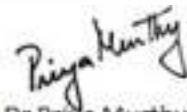
**DEPARTMENT OF HAEMATOLOGY**

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

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



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SIN No:BED240048037

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Patient Name : Miss.MAHESHWARI STUTI	Collected : 24/Feb/2024 09:09AM
Age/Gender : 33 Y 9 M 26 D/F	Received : 24/Feb/2024 12:07PM
UHID/MR No : CJPN.0000092145	Reported : 24/Feb/2024 02:08PM
Visit ID : CJPNOPV189048	Status : Final Report
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Emp/Auth/TPA ID : 369132	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC




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

SIN No:EDT240021511

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**DEPARTMENT OF BIOCHEMISTRY**

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

ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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**CONSULTANT BIOCHEMIST**

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DEPARTMENT OF BIOCHEMISTRY

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



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CONSULTANT BIOCHEMIST

SIN No:SE04639910

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.05	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.21</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.84	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.78	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

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



  
**DR.SHIVARAJA SHETTY**  
**M.B.B.S,M.D(Biochemistry)**  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.55	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.13	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	109	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	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<38	IFCC




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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.80	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.456	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




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**CONSULTANT BIOCHEMIST**

SIN No:SPL24031613

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**DEPARTMENT OF IMMUNOLOGY**

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




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Patient Name : Miss.MAHESHWARI STUTI	Collected : 24/Feb/2024 09:09AM
Age/Gender : 33 Y 9 M 26 D/F	Received : 24/Feb/2024 01:04PM
UHID/MR No : CJPN.0000092145	Reported : 24/Feb/2024 03:42PM
Visit ID : CJPNOPV189048	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369132	

DEPARTMENT OF CLINICAL PATHOLOGY

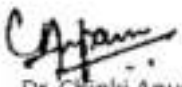
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

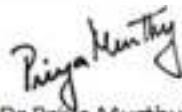
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



Dr Priya Murthy  
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Consultant Pathologist



SIN No:UF010720

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U55110TG2000PLC115819)  
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