

Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 02:18PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 06:07PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240032996

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.45	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.4	%	40-80	Electrical Impedance
LYMPHOCYTES	23.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4924.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1699.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	93.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	460.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.6	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 11:37AM
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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
GLUCOSE, FASTING , NAF PLASMA	88	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)	108	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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1417409

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	237	mg/dL	<200	CHO-POD
TRIGLYCERIDES	142	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	186	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.65		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.37	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	91.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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.



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Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 03:51PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:33PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04624571

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 03:51PM
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC



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M.D.(Biochemistry)



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Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 04:24PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:22PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.01	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.998	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24021663

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Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
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UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:22PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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



DR.R.SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 04:53PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:15PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
BLOOD	POSITIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	6-8	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result is rechecked. Kindly correlate clinically



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

SIN No:UR2279004

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Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 03:17PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 04:47PM
Visit ID : CVALOPV105937	Status : Final Report
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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 ***



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

SIN No:UF010492

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shobana. E. on 10.2.24.

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<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 employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Shri Jagavathy
Medical Officer
The Apollo Clinic, (Location) 10/2/24
 APOLLO HEALTH & LIFESTYLE LTD.
 APOLLO CLINIC
 No: 1 & 2, Prakasam Salai,
 Velamchi-salai, Chennai - 7,
 Ph: 044-42688222 / 044-42688899

This certificate is not meant for medico-legal purposes

Patient Name : Mrs. SHOBANA E

Age/Gender : 30 Y/F

UHID/MR No. : CVAL.0000056756

OP Visit No : CVALOPV105937

Sample Collected on :

Reported on : 12-02-2024 15:04

LRN# : RAD2231550

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS8246

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size measures 15.3 cm and **grade I 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 in size measures 11.3 cm.

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.

Both the kidneys appear normal in size, shape and echopattern.

Cortical thickness and CM differentiation are maintained.

No calculus / hydronephrosis seen on either side.

Right kidney measures cm.

Left kidney measures cm.

Urinary Bladder is empty.

Uterus appears normal in size measures 8.0 x 3.4 x 4.7 cm.

It shows normal shape & echo pattern.

Endometrial echo-complex appears normal and thickness measures 6 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary not adequately visualised.

Left ovary measures 2.9 x 1.7 cm.

Patient Name : Mrs. SHOBANA E

Age/Gender : 30 Y/F

No evidence of any adnexal pathology noted.

IMPRESSION:

Grade I fatty liver.

**DR.HARSHINI
RADIOLOGIST**

Name: Mrs. SHOBANA E
Age/Gender: 30 Y/F
Address: VIRUGAMBAKAKM
Location: CHENNAI, TAMIL NADU
Doctor: Dr. THILAGAVATHY K
Department: General Practice
Rate Plan: VALASARAVAKKAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. THILAGAVATHY K

MR No: CVAL.0000056756
Visit ID: CVALOPV105937
Visit Date: 10-02-2024 08:39
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: NIL,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS::: For Annual Health Checkup,

GENERAL SYMPTOMS :: NO SPECIFIC COMPLAINTS ,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

**Weight

--->: Stable,

Number of kgs: 83,

General Symptoms

: NIL,

Present Medications

-): Nil,

HT-HISTORY

Past Medical History

ALLERGIES: Nil,

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NIL,

Past surgical history

Surgical history: NIL,

Family History

Family history	Nil Significant,
----------------	------------------

PHYSICAL EXAMINATION

General Examination

General appearance: **Normal,**

Build: **Obese,**

Height (in cms): **154,**

Weight (in Kgs): **83.7,**

BMI: **35,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: **92,**

Rhythm---: **regular,**

Blood pressure:::: **sitting,**

Systolic: **140,**

Diastolic: **70,**

Eye:

Eye Vision--: **normal,**

Colour Vision-: **normal,**

IMPRESSION

Apollo Health check

Findings: **GRADE I FATTY LIVER
DYSLIPIDEMIA
PRE DIABETIC STAGE ,**

Ultrasound Radiology

: **GRADE I FATTY LIVER,**

ECG

: **WITHIN NORMAL LIMITS,**

Echo Lab

: **NORMAL STUDY,**

RECOMMENDATION

Advice on Diet

Diet instructions : **LOW SUGAR DIET**
LOW FAT DIET,

Advice on Physical Activity

Advice on Physical Activity: **REGULAR WALKING ,**

Other Recommendations

Test/Investigation: **HbA1C AFTER 6 MONTH ,**

Fitness Report

Fitness.: **YES,**

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Mrs. SHOBANA E
ID: CVAL5676

30 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 382 / 426 ms
PR : 142 ms
P : 94 ms
RR / PP : 802 / 800 ms
P / QRS / T : 7 / 41 / 20 degrees

10.02.2024 9:07:11 AM
apollo clinic
valasaravakkam
chennai

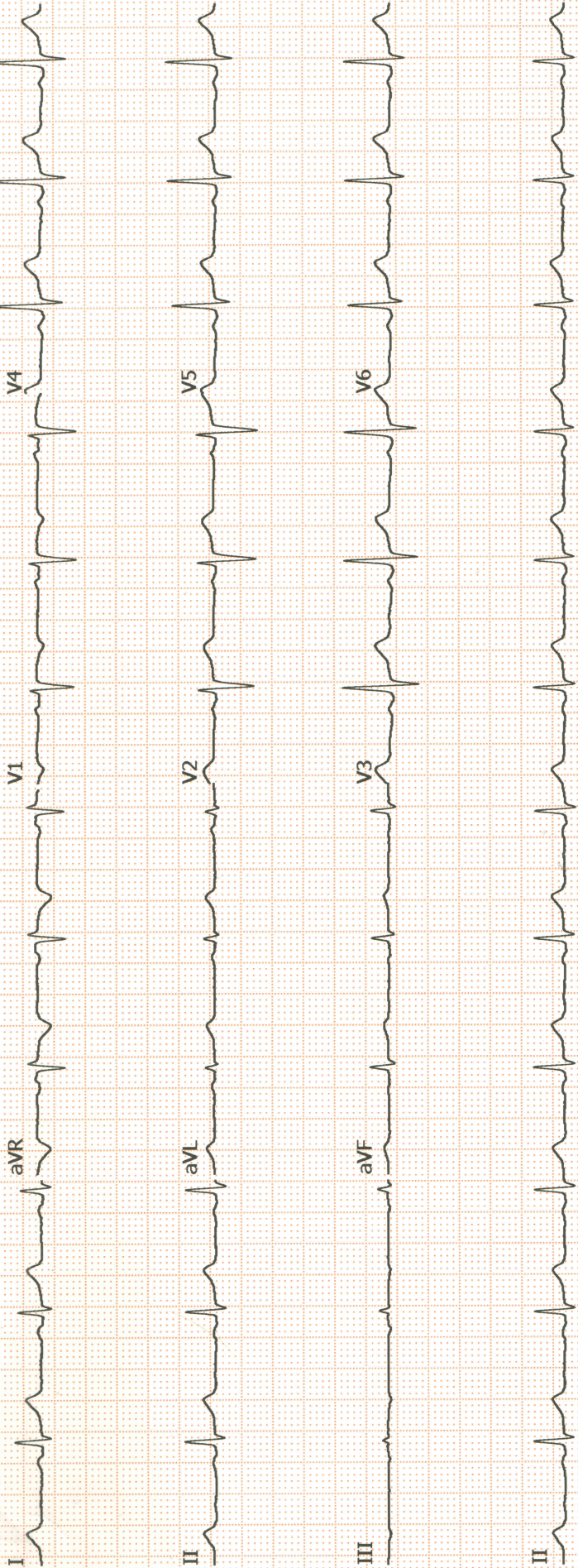
Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

75 bpm
-- / -- mmHg

ⓐ

Ar



Date : 10-02-2024
MR NO : CVAL.0000056756

Department : General Practice
Doctor : Dr. THILAGAVATHY K

Name : Mrs. SHOBANA E

Registration No : 56450

Age/ Gender : 30 Y / Female

Qualification : BSC, MBBS, DNB (Family Medicine), MBA (Hospital Management)

Consultation Timing: 08:39

HT: 154 cm
WT: 83.7 kg
BP: 140/72 mmHg.
P: 92/nt

for Routine check up?

Nil specific.

PH - Married. - Since 8 yrs
P₁ - A₁ - 3 1/2 yrs.

FH - F + HTN⁺ on Med^x.

M +.

B + (1).

PH - Nil reg.

SH - ASCS -

o/k! - Pa d°

et

EUS/RS - NA

PA - soft. ASCS - Scar^T below umbilicus

Name Mrs. SHOBANA.E	Date 10.02.24
Age 30	UHID No. CVAL. 56756
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
<i>H/o using specs</i>		
DV-UCVA :	6/60	6/60
DV-BCVA :	6/60 TPG 6/6	6/60 TPG 6/6
NEAR VISION :	No	No
ANTERIOR SEGMENT :	—	—
IOP :		
FIELDS OF VISION :	—	—
E O M :		
COLOUR VISION :	Normal	Normal
FUNDUS :		
IMPRESSION :		
ADVICE :		

Date: 10/2/2024 CASE RECORD

Name: Mrs. Shobhana Age: 30yrs UHID:

Consultant: Dr. Amudha Prasad

ALLERGIES: - NKDA -

Chief Complaints

- For MHC

Menstrual History:

Periods regular

(N) flow

Marital History:

6 yrs

Functional Status: (ability to do routine activities)

Last Cervical Smear

LMP:

5/2/2024

Contraception History:

Rhythm method

Obstetric History:

P₁L₁ - LCB 3yrs UCB

Past Medical History:

Nil particular

Past Surgical History:

UCB x 1

Psychological Status:

Normal Anxious Depressed

Social History:

Family History:

Nil particular

Nutritional Status:

Build:

Present Medications:

MR. SHOBANA E.
30 Yrs/F

10/02/21

Case of MHC

o/c - H/O Tonsillitis
one episode/yr

O/E
Ear - Rt } TM intact
 Lt } Cone of light -ve

Nose - B/L ITH

Throat - Grade I Tonsillar
Hypertrophy

NO active intervention needed
in ENT

Dr. [Signature]

Apollo Clinic

CONSENT FORM

Patient Name: Shobane Age: 30/F

UHID Number: Company Name: Medi Wheel

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting Chest x-ray

Tests done which is a part of my routine health check package. LBC-Pap test do later

And I claim the above statement in my full consciousness.

Patient Signature: Shobane

Date: 10/02/23

10/2/24

Dental Op

Mrs. Shobana. E

30/F.

Rx Adv.:-

- Adv. Restoration of $\frac{7}{7}$

- Adv. Scaling


10/2/24

Patient Name : Mrs. SHOBANA E Age : 30 Y/F
UHID : CVAL.0000056756 OP Visit No : CVALOPV105937
Conducted By: : Conducted Date : 10-02-2024 14:46
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.2 CM
LA (es) 3.2 CM
LVID (ed) 3.8 CM
LVID (es) 2.2 CM
IVS (Ed) 1.0/1.5 CM
LVPW (Ed) 0.9/1.6 CM
EF 69.00%
%FD 39.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

Patient Name : Mrs. SHOBANA E Age : 30 Y/F
UHID : CVAL.0000056756 OP Visit No : CVALOPV105937
Conducted By: : Conducted Date : 10-02-2024 14:46
Referred By : SELF

NORMAL

COLOUR AND DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.6m/sec

**VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.2/6m/sec**

VELOCITY ACROSS THE AV UPTO 1.3/8m/sec

TR VELOCITY UPTO 2.4m/sec 24mmHg

IMPRESSION:

- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION**
- **MILD TR WITH NORMAL PAP (TRPG=24mmHg)**
- **NORMAL CHAMBER DIMENSIONS**
- **STRUCTURALLY VALVES ARE NORMAL**
- **NO PERICARDIAL EFFUSION CLOT/PAH**

DR.NISHANTH

Patient Name	: Mrs. SHOBANA E	Age	: 30 Y/F
UHID	: CVAL.0000056756	OP Visit No	: CVALOPV105937
Reported By:	: Dr. PADMINI M	Conducted Date	: 10-02-2024 15:33
Referred By	: SELF		

ECG REPORT

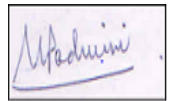
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 74beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. PADMINI M



MC-2439

Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 02:18PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 06:07PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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





MC-2439

Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 02:18PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 06:07PM
Visit ID : CVALOPV105937	Status : Final Report
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.45	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.4	%	40-80	Electrical Impedance
LYMPHOCYTES	23.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4924.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1699.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	93.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	460.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.6	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 14

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



SIN No:BED240032996

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name	: Mrs.SHOBANA E	Collected	: 10/Feb/2024 08:47AM
Age/Gender	: 30 Y 7 M 0 D/F	Received	: 10/Feb/2024 02:18PM
UHID/MR No	: CVAL.0000056756	Reported	: 10/Feb/2024 06:07PM
Visit ID	: CVALOPV105937	Status	: Final Report
Ref Doctor	: Dr.Dr. THILAGAVATHY K	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS8246		

DEPARTMENT OF HAEMATOLOGY

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

WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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

SIN No:BED240032996

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 02:18PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 07:59PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

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



Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 11:37AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 06:15PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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	88	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:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	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.



DR.R.SRIVATSAN
M.D.(Biochemistry)





Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 02:18PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 06:16PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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.R.SRIVATSAN
M.D.(Biochemistry)



Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 03:51PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:33PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	237	mg/dL	<200	CHO-POD
TRIGLYCERIDES	142	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	186	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.65		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04624571

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 03:51PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:33PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.37	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	91.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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, 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.

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



DR.R.SRIVATSAN
M.D.(Biochemistry)



Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



DR.R.SRIVATSAN
M.D.(Biochemistry)



Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 03:51PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:20PM
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04624571

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 04:24PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:22PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.01	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.998	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

DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24021663

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 04:24PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:22PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

DEPARTMENT OF IMMUNOLOGY

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

DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24021663

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



MC-2439

Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 04:53PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 05:15PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
BLOOD	POSITIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	6-8	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result is rechecked. Kindly correlate clinically

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



SIN No:UR2279004

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.SHOBANA E	Collected : 10/Feb/2024 08:47AM
Age/Gender : 30 Y 7 M 0 D/F	Received : 10/Feb/2024 03:17PM
UHID/MR No : CVAL.0000056756	Reported : 10/Feb/2024 04:47PM
Visit ID : CVALOPV105937	Status : Final Report
Ref Doctor : Dr.Dr. THILAGAVATHY K	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS8246	

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 ***



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



SIN No:UF010492

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.