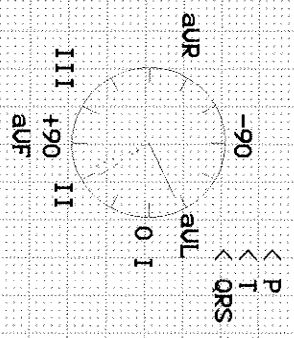


Measurement Results:

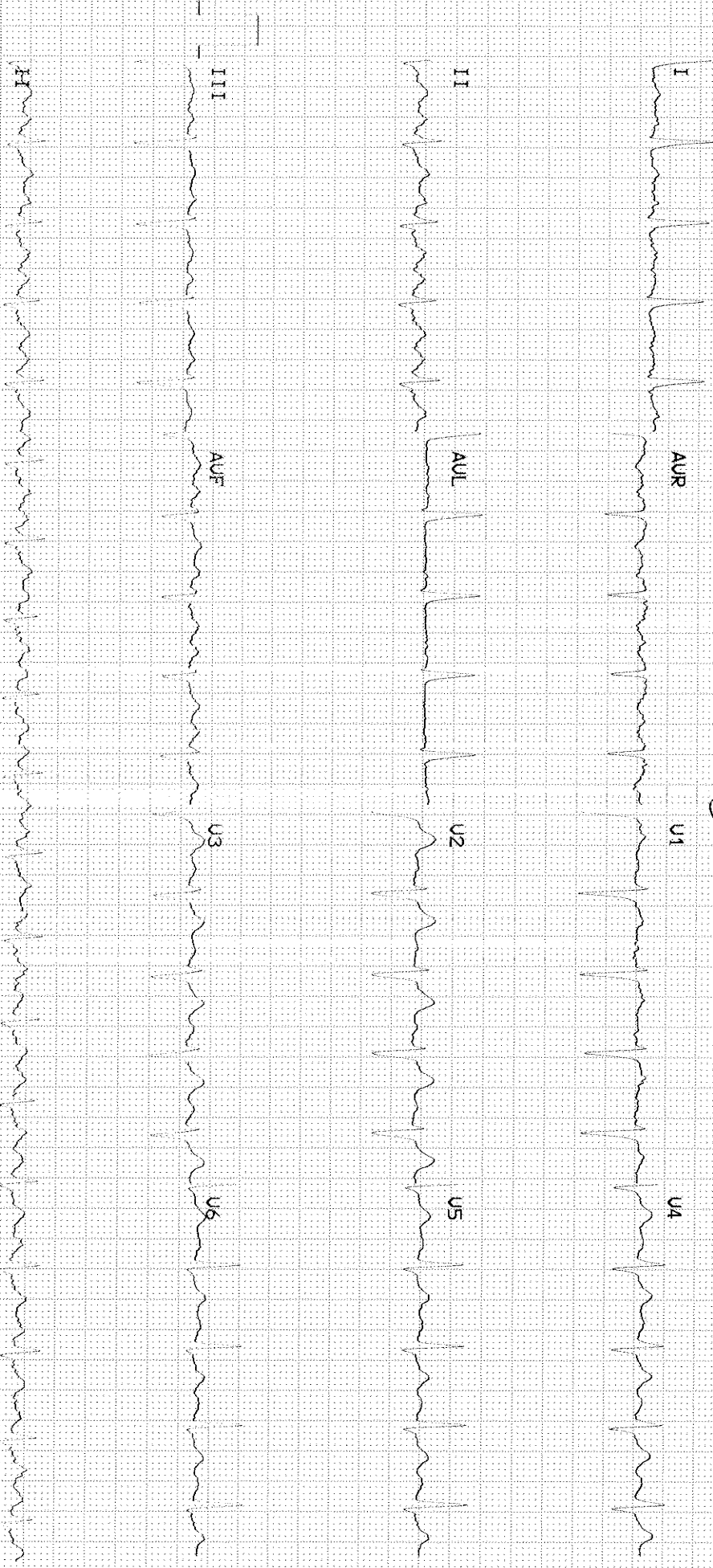
QRS	110 ms
QT/QTcB	330 / 450 ms
PR	164 ms
P	138 ms
PR/PP	538 / 535 ms
P/QRS/T	65 / -25 / 55 degrees
QTd/QTcBD	50 / 68 ms
Sokolow	1.7 mV
NK	16



Interpretation:

ECG → Sinus bradycardia, Reg. No significant

APOLLO CLINIC - RUNDH  
 Dr. Akshay Sheelar  
 M.B.B.S. M.D. (Medicine)  
 Reg No. 201905/4045



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:12	100 Beats/min	140/80 mmHg	20 Rate/min	97 F	159 cms	83 Kgs	%	%	Years	32.83	111 cms	117 cms	cms		AHLL09262

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

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24-02-2024 15:12	100 Beats/min	140/80 mmHg	20 Rate/min	97 F	159 cms	83 Kgs	%	%	Years	32.83	111 cms	117 cms	cms		AHLL09262

Name: Mrs. NAGA VENKATA SAILAKSHMI  
Age/Gender: 55 Y/F  
Address: pune  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA NIKAM

MR No: CAUN.0000140650  
Visit ID: CAUNOPV167057  
Visit Date: 24-02-2024 09:24  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. NAGA VENKATA SAILAKSHMI  
Age/Gender: 55 Y/F  
Address: pune  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ARPITA KRISHNA

MR No: CAUN.0000140650  
Visit ID: CAUNOPV167057  
Visit Date: 24-02-2024 09:24  
Discharge Date:  
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**Doctor's Signature**

Name: Mrs. NAGA VENKATA SAILAKSHMI  
Age/Gender: 55 Y/F  
Address: pune  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CAUN.0000140650  
Visit ID: CAUNOPV167057  
Visit Date: 24-02-2024 09:24  
Discharge Date:  
Referred By: SELF

## **HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

### **SYSTEMIC REVIEW**

### **HT-HISTORY**

### **PHYSICAL EXAMINATION**

### **SYSTEMIC EXAMINATION**

### **IMPRESSION**

### **RECOMMENDATION**

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 15:12	100 Beats/min	140/80 mmHg	20 Rate/min	97 F	159 cms	83 Kgs	%	%	Years	32.83	111 cms	117 cms	cms		AHLL09262

Name: Mrs. NAGA VENKATA SAILAKSHMI  
Age/Gender: 55 Y/F  
Address: pune  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. VIDYA DESHPANDE

MR No: CAUN.0000140650  
Visit ID: CAUNOPV167057  
Visit Date: 24-02-2024 09:24  
Discharge Date:  
Referred By: SELF

## **HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

### **SYSTEMIC REVIEW**

### **HT-HISTORY**

### **PHYSICAL EXAMINATION**

### **SYSTEMIC EXAMINATION**

### **IMPRESSION**

### **RECOMMENDATION**

**Doctor's Signature**

Name: Mrs. NAGA VENKATA SAILAKSHMI  
Age/Gender: 55 Y/F  
Address: pune  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. NANDINI SUDHIR BHAGAT

MR No: CAUN.0000140650  
Visit ID: CAUNOPV167057  
Visit Date: 24-02-2024 09:24  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

<b>Patient Name</b>	: Mrs. NAGA VENKATA SAILAKSHMI	<b>Age/Gender</b>	: 55 Y/F
<b>UHID/MR No.</b>	: CAUN.0000140650	<b>OP Visit No</b>	: CAUNOPV167057
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 16:46
<b>LRN#</b>	: RAD2246967	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 367478		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size, shape and **shows enhanced in echotexture.**

No focal lesion is seen. PV and CBD are 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.

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

Right kidney - 9.7 x 4.6 cm.

Left kidney – 9.5 x 5.4 cm.

**Urinary Bladder** :- is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** Hysterectomy status.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

### **IMPRESSION :-**

- **Grade I fatty liver.**

**Patient Name** : Mrs. NAGA VENKATA SAILAKSHMI

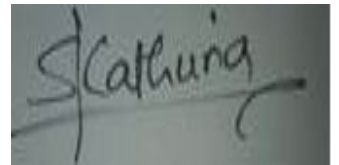
**Age/Gender** : 55 Y/F

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- **No other significant abnormality detected.**

Suggest – clinical correlation.

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



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS, DMRE, RADIOLOGY**  
Radiology

Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:35PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 03:39PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No Abnormal cells/hemoparasite seen.**



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240048264

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
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UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 03:39PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.6	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.61	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>80.5</b>	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>15</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,210	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	71.8	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>18.2</b>	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6612.78	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1676.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	294.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	571.02	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.26	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	<b>3.95</b>		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	343000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology**

Page 2 of 14



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240048264

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:35PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 03:39PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**DEPARTMENT OF HAEMATOLOGY**

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

**Platelets are Adequate**

**No Abnormal cells/hemoparasite seen.**



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240048264

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



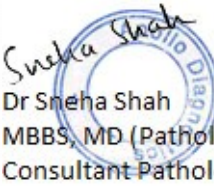


Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:35PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 05:32PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**DEPARTMENT OF HAEMATOLOGY**

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

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

*Sheha Shah*  
  
**Dr Sheha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240048264

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:41PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 02:10PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**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	113	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.



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:PLF02112191

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:34PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 08:31PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	157	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. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist



SIN No:EDT240021661

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:51PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 07:52PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>238</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>194</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>193</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>154.17</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>38.88</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.29</b>		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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. MANISH T. AKARE  
M.B.B.S, MD(Path.)  
Consultant Pathologist



SIN No:SE04640139

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:51PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 07:52PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.55	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.9	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>121.24</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	8.12	g/dL	6.6-8.3	Biuret
ALBUMIN	5.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist



SIN No:SE04640139


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UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 07:52PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	20.69	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.21</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.09	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.39	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>100.5</b>	mmol/L	101-109	ISE (Indirect)



**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist



SIN No:SE04640139


This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:51PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 07:52PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.80	U/L	<38	IFCC



**DR. MANISH T. AKARE**  
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Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:51PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 03:02PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.49	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.585	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 Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No: SPL24031795

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name	: Mrs.NAGA VENKATA SAILAKSHMI	Collected	: 24/Feb/2024 09:33AM
Age/Gender	: 55 Y 6 M 23 D/F	Received	: 24/Feb/2024 01:51PM
UHID/MR No	: CAUN.0000140650	Reported	: 24/Feb/2024 03:02PM
Visit ID	: CAUNOPV167057	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 367478		

DEPARTMENT OF IMMUNOLOGY

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SPL24031795

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.NAGA VENKATA SAILAKSHMI	Collected : 24/Feb/2024 09:33AM
Age/Gender : 55 Y 6 M 23 D/F	Received : 24/Feb/2024 01:42PM
UHID/MR No : CAUN.0000140650	Reported : 24/Feb/2024 02:16PM
Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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

Page 13 of 14



DR. Sanjay Ingle  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No: UR2290376

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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Visit ID : CAUNOPV167057	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367478	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2290376

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

