

Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 04:49PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 06:51PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

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

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

<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	Spectrophotometer
PCV	38.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.7	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,210	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	62.5	%	40-80	Electrical Impedence
LYMPHOCYTES	26.2	%	20-40	Electrical Impedence
EOSINOPHILS	3.2	%	1-6	Electrical Impedence
MONOCYTES	7.7	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3256.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1365.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	166.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.17	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.84	Cells/cu.mm	0-100	Calculated

**PLATELET COUNT**

PLATELET COUNT	399000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westgren method
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**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



SIN No: BED230289624

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	mg/dL	70-140	HEXOKINASE
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**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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

**Comment:**

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>REFERENCE GROUP</b>	<b>HBA1C %</b>			
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)



SIN No:PLF02059628,PLP1390633,EDT230106112

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	160	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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

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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	<b>0.56</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.54	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 09:27AM
Age/Gender : 36 Y 5 M 21 D/F	Received : 25/Nov/2023 06:11PM
UHID/MR No : CJPN.0000089497	Reported : 25/Nov/2023 07:07PM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	<38	IFCC



SIN No:SE04550213

NABL renewal accreditation under process

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Address:  
 323/100/123, Doddathangur Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034



Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 09:27AM
Age/Gender : 36 Y 5 M 21 D/F	Received : 25/Nov/2023 06:34PM
UHID/MR No : CJPN.000089497	Reported : 25/Nov/2023 07:45PM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.705</b>	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



SIN No:SPL23167684

NABL renewal accreditation under process

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APOLLO CLINICS NETWORK

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 323/100/123, Doddathangur Village, Neeladri Main Road,  
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 Karnataka - 560034



Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 09:26AM
Age/Gender : 36 Y 5 M 21 D/F	Received : 25/Nov/2023 05:05PM
UHID/MR No : CJPN.000089497	Reported : 25/Nov/2023 05:56PM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	HAZY		CLEAR	Visual
pH	6.0		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	POSITIVE +++		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	20-25	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	5-6	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2226896

NABL renewal accreditation under process

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 **1860 500 7788**  
 www.apolloclinic.com



Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 09:27AM
Age/Gender : 36 Y 5 M 21 D/F	Received : 25/Nov/2023 05:05PM
UHID/MR No : CJPN.0000089497	Reported : 25/Nov/2023 05:56PM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



SIN No: UPP015860, UF009852  
NABL renewal accreditation under process

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**APOLLO CLINICS NETWORK**

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034



Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 01:31PM
Age/Gender : 36 Y 5 M 21 D/F	Received : 26/Nov/2023 04:19PM
UHID/MR No : C.JPN.000089497	Reported : 28/Nov/2023 11:40AM
Visit ID : C.JPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF CYTOLOGY**

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


**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	19756/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smears show intermediate cells and superficial squamous cells, with few scattered cells with high N/C ratio, dispersed nuclear chromatin and mildly irregular nuclear contours.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE-ASC-US
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE-ASC-US


Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:  
PERIPHERAL SMEAR



**DR. K. RAMA KRISHNA REDDY**  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



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



**Dr. Shobha Emmanuel**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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

Page 14 of 14



SIN No: CS070551

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

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

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Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

Name : Mrs. OROOJ ALMAS

Age: 36 Y

Sex: F

UHID:CJPN.000089497



OP Number:CJPNOPV181540

Bill No :CJPN-OCR-67261

Date : 25.11.2023 09:19

Address : BLR

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

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

Audi 2-21

 B.P - 95/83 mmHg  
 wgt - 63.2 kg

hgt - 160 cm

waist - 88 cm

hip - 104 cm

pulse - 87 bpm



# DENTAL SCRIPT



Date: 25/11/23

Patient ID: CSPN.

MHC

Patient Name: Orooj Almas Age: 36

Sex: Male  Female

Main Complaint: Regular dental check up.

Medical History: —

Drug Allergy: —

Medication currently taken by the Guest: —

Initial Screenign Findings:

Dental Caries: — / — 8

Impacted Teeth: —

Bleeding: —

Calculus / Stains: —

Restored Teeth: —

Malocclusion: —

Missing Teeth: —

Attrition / Abrasion: —

Pockets / Recession: —

Mobility: —

Non - restorable Teeth for extraction /  
Root Stumps: —

Others:

Advice:- Adv. Oral prophylaxis

Doctor

M. S. S.





Mrs. Onooj Almas 36yr.

25/11/23

MS - 10 yr P2L2.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

LP! 8/11/23.

MH! 3-5 days → Regular  
30 days → Mod. pain  
No pain

O!!! P2L2.  
BOM (M/D)

No complaints

P1! Husband Hypo Menstruation - not on Rx.

P2! Material granuloma 2 throat cancer

DIES  
acrain.  
menstr

Admex,

PIA! Bolk

no E Mph.

no consider

DIS! Co Healthy  
ves

CUT 380 A

P1V! Uter - MS

in suction for  
contraception

B/L follicles  
long  
MT

Follow up date:

Doctor Signature

Dr. Smita B. Kalappa

MBBS, MS, FRCOG, FRCR  
Fellowship in Gynecological Endoscopy (ICOG)

Name - O/ROOJ Almas  
Age - 36 yrd / F

Date - 25/11/23

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

do - Routine  
Eye checkup

UNVU 6/6 NG  
6/6 NG

H/O PUP - NO

Emmetropic

H/O eye sx - NO

colour vision is normal in BE

Follow up date:

After 6 months.

Doctor Signature

**NAME: Mrs. OROOJ ALMAS    AGE: 36 YRS/ F    DATE: 25/11/2023    GBAN : 89497**

**2D ECHO WITH COLOR DOPPLER**

Ao Diam : 2.7cm , LA Diam : 3.0 cm,  
IVSd : 1.0cm , IVSs:0.9 cm, LVIDd : 3.2cm , LVIDs : 2.0 cm LVPWd :0.8 cm ,  
LVPWS : 1.1 cm , EF – 69% , FS – 37% , RVIDd – 0.9cm

**2DVALVES**

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

**CHAMBERS**

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

**DOPPLER**

MV E Vel---- : 0.7 m/s , MV A Vel : 0.5 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

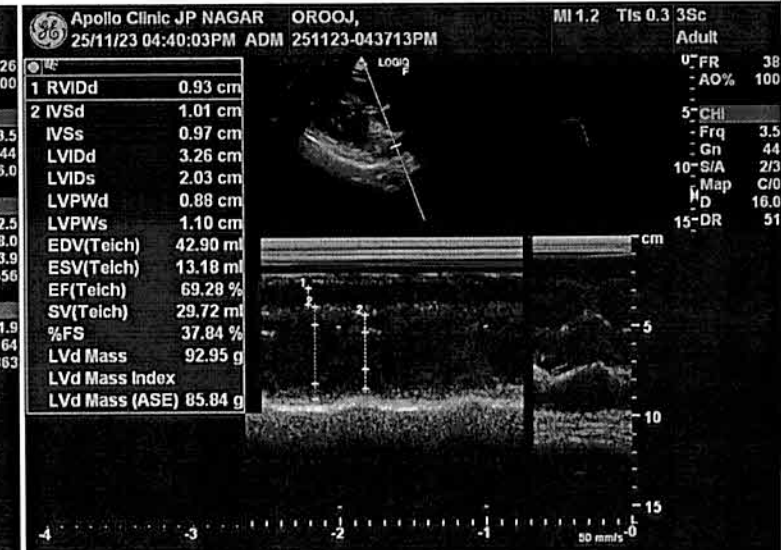
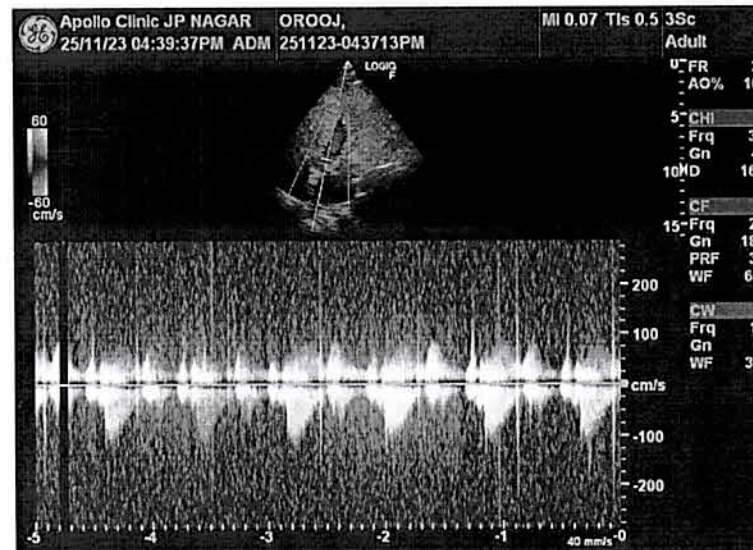
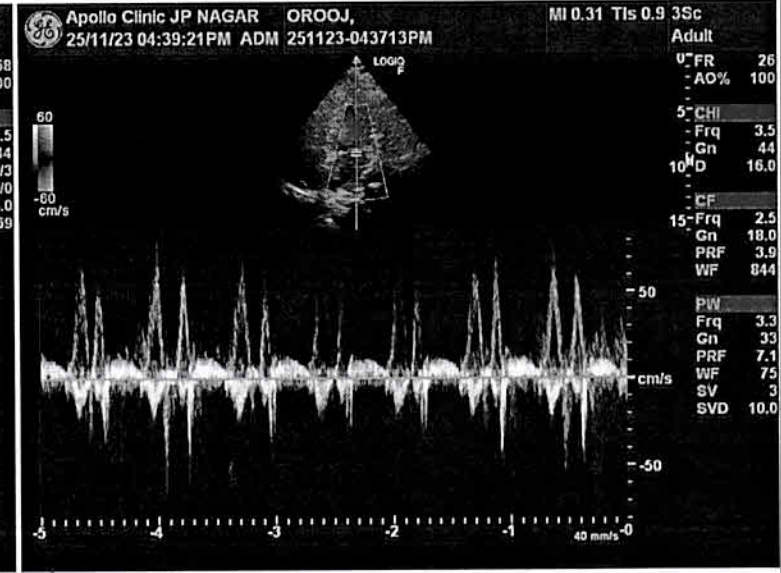
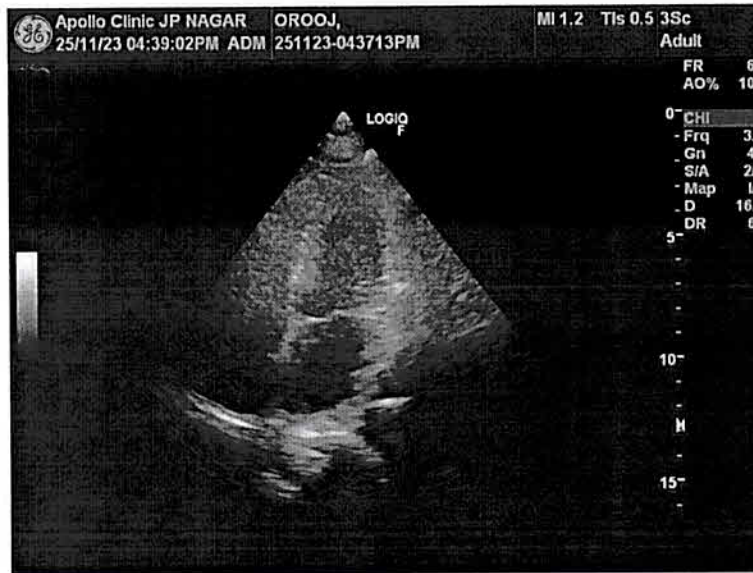
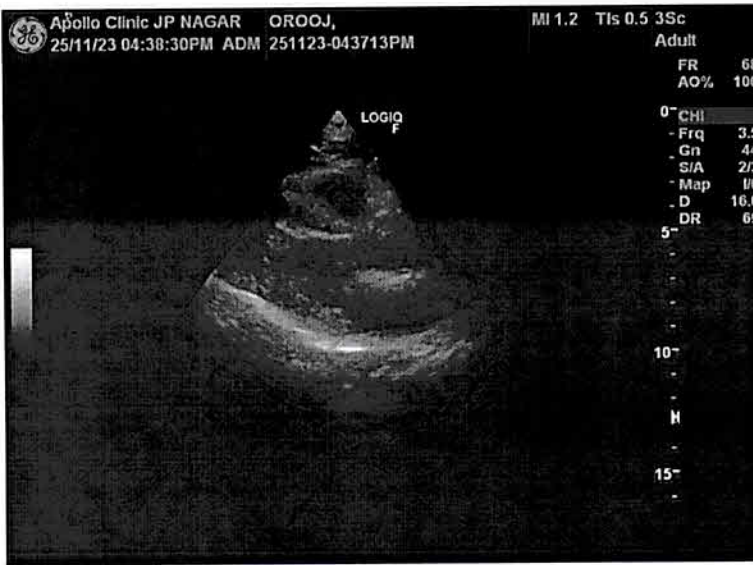
**IMPRESSION**

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES

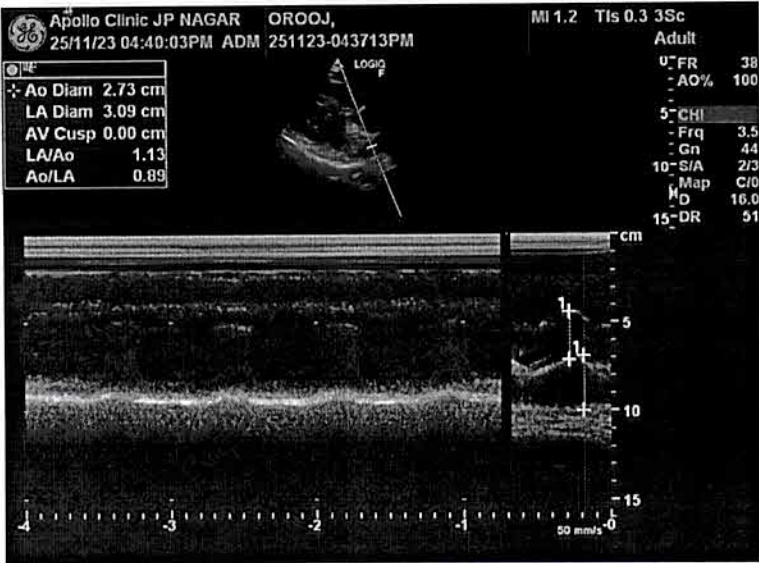


**DR. SHILPA JAYAPRAKASH, MD,DM  
CONSULTANT CARDIOLOGIST**









0900j Almas.  
36/F

25/11/2023

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

- ENT checks.
- Mouth ulcers on & off

o/et

TRT NTD

Healing Aphthous ulcers

Labial mucosa.

Early/Nont NTD

Review SOS

- TAB. A-Z GOLD x 1month

— o — | — o —



Follow up date:

Doctor Signature

Deswani



Mrs. orroji  
ID: c1pn.89497

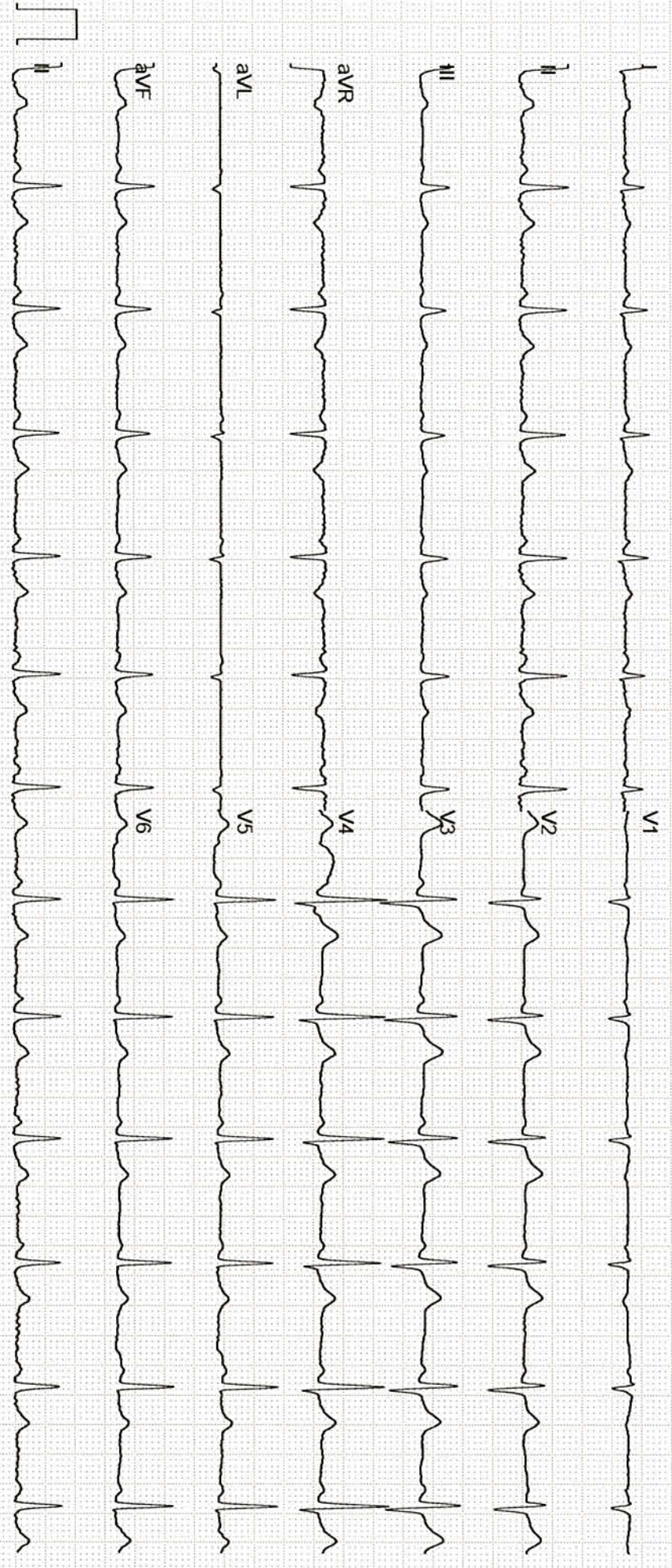
36 Years 63.0 kg 160 cm Female

25.11.2023 9:52:50  
Apollo Clinic  
J.P. Nagar  
Bangalore

Normal sinus rhythm  
Normal ECG

QRS	70 ms
QT / QTcBaz	364 / 406 ms
PR	128 ms
P	104 ms
RR / PP	804 / 800 ms
P / QRS / T	49 / 68 / 54 degrees

75 bpm  
95 / 83 mmHg



GE MACC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1 1/1

Unconfirmed



<b>Patient Name</b>	: Mrs. OROOJ ALMAS	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: CJPN.0000089497	<b>OP Visit No</b>	: CJPNOPV181540
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-11-2023 17:56
<b>LRN#</b>	: RAD2159873	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 163318		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

Both breast parenchymal echotexture appear normal.

**Right breast: Few (3 to 4) tubular structure are noted in subareolar region converging towards nipple measuring approx 2mm with echofree lumen. No e/o of calcification.**

Left breast : No focal lesion or calcification noted.

No focal lesion seen in both breast.

Nipples and subareolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

**IMPRESSION: DUCT ECTASIA OF RIGHT BREAST.**

**BI-RADS CLASSIFICATIONS:** Category II : Benign finding.

Bi-rads classifications:

Category 0 : Need additional imaging evaluation.

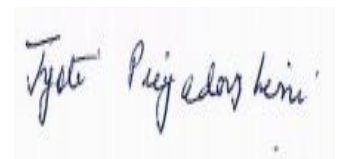
Category I : Negative.

Category II : Benign finding.

Category III : probably benign finding-short interval follow up is suggested.

Category IV : Suspicious abnormality-biopsy should be considered.

Category V : Highly suggestive of malignancy.



**Dr. JYOTI PRIYADARSHINI**  
**MBBS, MD**



<b>Patient Name</b>	: Mrs. OROOJ ALMAS	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: CJPN.0000089497	<b>OP Visit No</b>	: CJPNOPV181540
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-11-2023 17:53
<b>LRN#</b>	: RAD2159873	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 163318		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size(12.0cm) and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.

**GALL BLADDER** : Partially distended. Single calculus measuring approx 1 cm is noted in body.  
.Wall Thickness is normal.No pericholecystic fluid collection is noted.

**SPLEEN** : Normal in size(8.5cm) and echotexture. No focal lesion was seen.

**PANCREAS** : 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: 9.0 x 4.4cm.

Left kidney measures : 9.0 x 4.0cm.

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

**UTERUS** : Normal in size and echotexture. It measures : 8.5 x 3.8 x 4.5cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 7.5mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size, shape and echotexture.

Right ovary measures : 1.6 x 3.0cm.

Left ovary measures : 1.5 x 2..8cm.

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

**Patient Name** : Mrs. OROOJ ALMAS

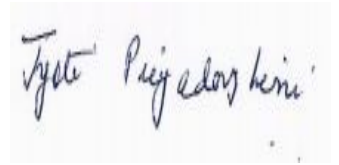
**Age/Gender** : 36 Y/F

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## **IMPRESSION : CHOLELITHIASIS .**

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. JYOTI PRIYADARSHINI**  
MBBS, MD

**Patient Name** : Mrs. OROOJ ALMAS

**Age/Gender** : 36 Y/F

**UHID/MR No.** : CJPN.0000089497

**OP Visit No** : CJPNOPV181540

**Sample Collected on** :

**Reported on** : 25-11-2023 12:38

**LRN#** : RAD2159873

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 163318

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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

Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Tue 11/21/2023 3:50 PM

To:customercare@mediwheel.in <customercare@mediwheel.in>

Cc:JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>;Parijatha hn <Parijatha.hn@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear MS. ALMAS OROOJ,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **JPNAGAR clinic** on **2023-11-25** at **08:30-08:45**.

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

**"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."**

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

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

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.



आयकर विभाग  
INCOME TAX DEPARTMENT

MOHAMMAD ALMAS AHMED

04/06/1987

Permanent Account Number  
ATGPA2493L

*Mohammad Almas*  
Signature

भारत सरकार  
GOVT. OF INDIA



Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 04:49PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 06:51PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

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

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

<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	Spectrophotometer
PCV	38.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,210	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	62.5	%	40-80	Electrical Impedance
LYMPHOCYTES	26.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3256.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1365.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	166.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.17	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.84	Cells/cu.mm	0-100	Calculated

**PLATELET COUNT**

PLATELET COUNT	399000	cells/cu.mm	150000-410000	Electrical impedance
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westgren method
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**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 04:49PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 06:51PM
Visit ID	: CJPNOPV181540	Status	: Final Report
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Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 04:49PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 07:39PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination





Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 09:27AM
Age/Gender : 36 Y 5 M 21 D/F	Received : 25/Nov/2023 05:01PM
UHID/MR No : CJPN.0000089497	Reported : 25/Nov/2023 05:50PM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	92	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	85	mg/dL	70-140	HEXOKINASE
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**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.

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.4	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	108	mg/dL		Calculated

**Comment:**

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

Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 05:01PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 05:50PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>REFERENCE GROUP</b>	<b>HbA1C %</b>			
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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mrs.OROJ ALMAS	Collected : 25/Nov/2023 09:27AM
Age/Gender : 36 Y 5 M 21 D/F	Received : 25/Nov/2023 06:11PM
UHID/MR No : CJPN.000089497	Reported : 25/Nov/2023 07:53PM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	160	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 06:11PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 07:53PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

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

BILIRUBIN, TOTAL	0.60	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 06:11PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 07:53PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 06:11PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 07:53PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	<b>0.56</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.54	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)



Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 06:11PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 07:07PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/L	<38	IFCC



Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 09:27AM
Age/Gender : 36 Y 5 M 21 D/F	Received : 25/Nov/2023 06:34PM
UHID/MR No : CJPN.0000089497	Reported : 25/Nov/2023 07:45PM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	

**DEPARTMENT OF IMMUNOLOGY**

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.705</b>	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:26AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 05:05PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 05:56PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		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	POSITIVE +++		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	20-25	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	5-6	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





Patient Name	: Mrs. OROOJ ALMAS	Collected	: 25/Nov/2023 09:27AM
Age/Gender	: 36 Y 5 M 21 D/F	Received	: 25/Nov/2023 05:05PM
UHID/MR No	: CJPN.0000089497	Reported	: 25/Nov/2023 05:56PM
Visit ID	: CJPNOPV181540	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 163318		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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





MC-2438



Patient Name : Mrs. OROOJ ALMAS	Collected : 25/Nov/2023 01:31PM
Age/Gender : 36 Y 5 M 21 D/F	Received : 26/Nov/2023 04:19PM
UHID/MR No : CJPN.0000089497	Reported : 28/Nov/2023 11:40AM
Visit ID : CJPNOPV181540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163318	


**DEPARTMENT OF CYTOLOGY****ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324****LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	19756/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smears show intermediate cells and superficial squamous cells, with few scattered cells with high N/C ratio, dispersed nuclear chromatin and mildly irregular nuclear contours.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE-ASC-US
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE-ASC-US


Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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


Result/s to Follow:  
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



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



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



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

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SIN No:CS070551

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

