


<b>Name</b> : Mrs. KOMAL MAHAMNA	<b>Age</b> : 30 Y	<b>UHID</b> :SCHI.0000018367
<b>Address</b> : DELHI	<b>Sex</b> : F	
<b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SCHIOPV26623
		<b>Bill No</b> :SCHI-OCR-9574
		<b>Date</b> : 24.02.2024 08:59

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

Height: 57.4 cm  
 Weight: 57.4 kg  
 B.P: 102/70  
 Pulse: 68 /mt  
 SP02: 99%



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP73 20200007635



Issue Date 22-12-2020  
Validity (NT) 26-07-2033

Validity (TR)



Holder's Signature

Name: KOMAL MAHARNA  
Date of Birth: 27-07-1993  
Son/Daughter/Wife of: RAM CHARAN

Blood Group: AB+ V  
Organ Donor: N

Address:  
WARD NO 4 HAUJIPAR NAYI BASTI BLOCK  
OFFICE Sirahbu (UP) Sirahbu, Kaushambi, UP  
212217

Date of First Issue (22-12-2020)

## CERTIFICATE OF MEDICAL FITNESS

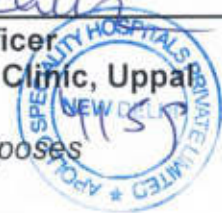
This is to certify that I have conducted the clinical examination

of Komal on 24/2/21

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr. Neaus  
 Medical Officer  
 The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes*



**PREVENTIVE HEALTH CARE SUMMARY**

NAME :- Komel	UHID No : 18367
AGE / GENDER :- 30y F	RECEIPT No :-
PANEL : - Arwofem	EXAMINED ON :- 24/2

**Chief Complaints:**

R/c  
No symptoms

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

**Personal History:**

Alcohol	1y	:	Nil	Activity	:	<del>Active</del>
Smoking		:	Nil	Allergies	:	<del>Nil</del>

**Family History:** DM | HT

**General Physical Examination:**

Height	154	:	cms	Pulse	68	:	bpm
Weight	57.4	:	Kgs	BP	102/70	:	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Komal</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

### Investigations:

- *All the reports of tests and investigations are attached herewith*

*W*

### Recommendation:

- *Cap Absolute women 102 x 1 - 2 matly*  
*My vit - D<sub>3</sub> 60 k once a week*  
*2 matly*

*Navneet*  
Dr. Navneet Kaur  
Consultant Physician



**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151

For Appointment : +91 11 4046 5555  
Mob.: +91 9910995018  
Email: drusha.maheshwari@apollospectra.com



Specialists in Surgery

24/02/2024 .

Mrs. Komal Mahamma ,  
36 Y / Female ,

C/C :- Regular Dental check up -

M/H :- N.R ,

PDH :- N.R ,

O/E :- Calculus + , Stains +sw- .

• Caries not 6/

• Advised :- Sealing of oral leucoplakias -

• X-ray 6/

• Restoration 6/

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | www.apollohl.com



**DR. (Pof.) Ameet Kishore**

SENIOR CONSULTANT SURGEON  
MBBS,(AFMC), FRCS(Glass), FRCS(Edin), FRCS-ORL(UK)  
Ear, Nose, Throat & Neuro-Otology

For Appointment: +91 1140465555  
M: +91 9910995018

Mrs. Komal Mahanna  
30/F



Specialists in Surgery

Health Chem

**DR. Sharad Nair**

MBBS,MS,(ENT),FHNORS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Head, Neck & Cancer Surgery

For Appointment: +91 1140465555  
M: +91 9910995018

None

**DR. Ashwani Kumar**

MBBS,DNB, MNAMS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Surgery  
Allergy Specialist

For Appointment: +91 1140465555  
M: +91 9910995018

of R/L EAR WAX ⊕

— Nose - ITH ⊕

— Thm ⊕

Adhr

Soluwax ear drop 4-4-4-79

24/02/24

Komay

HA/B 6/12 - NG  
 (C) 6/12 - NG  
 6/19

90 - Bleeding  
 of nose (BE)

- NCT 19  
 19. mm-Hg

410 - No.

- Colours haemoglobin (BE) 6.1

- Prof (BE) - 2.50 - 0.75 x 10<sup>9</sup> / L  
 (C) - 2.50 - 0.75 x 10<sup>9</sup> / L  
 - 2.50 - 0.75 x 10<sup>9</sup> / L  
 - 2.50 - 0.75 x 10<sup>9</sup> / L

- SI Broom - (BE) SI Broom. A. Gupta

- Junder - 6.1 (BE)

Adv. - Prescribed sunglasses



ML - 2 mm .

UMP - 17/2/24 .

PH - nil .

FH - nil .

•

o/e - viral stable

R/A soft  
for + .

P/S - (2)

P/S - (2)

*over*

Komal

304/E

24/2/23 .

ABTC

Adv

Lactacyd wash .



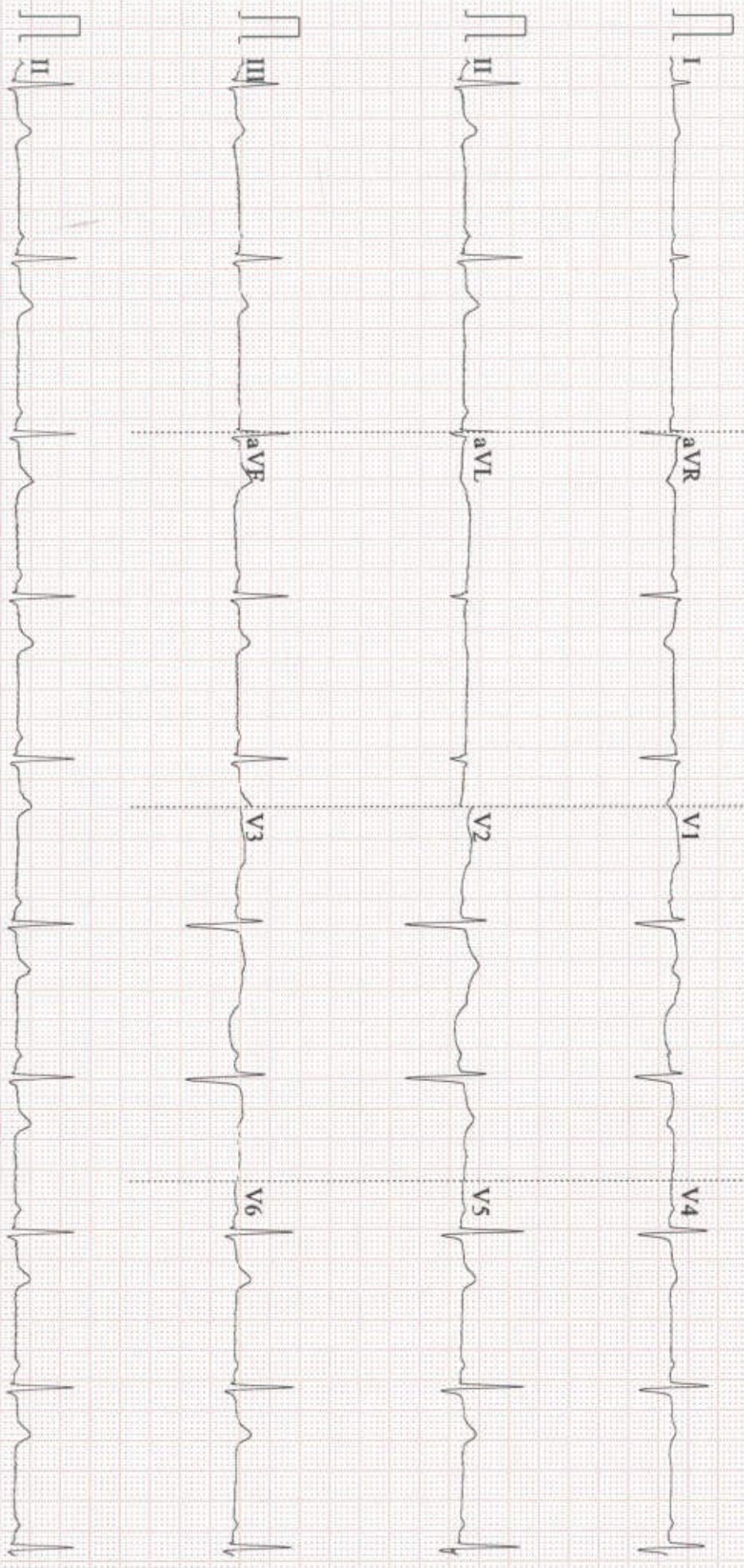
ID: 18367  
Komal Mahamna  
Female 30Years  
Req. No. :

24-02-2024 10:11:39  
HR : 55 bpm  
P : 97 ms  
PR : 158 ms  
QRS : 90 ms  
QT/QTcBz : 438/420 ms  
P/QRS/T : 68/74/81 °  
RV5/SV1 : 1.061/0.612 mV

Diagnosis Information:  
Sinus Bradycardia with Sinus Arrhythmia

*Sinus Bradycardia*

Report Confirmed by:





Patient Name : Mrs. KOMAL MAHAMNA Age : 30 Y/F  
 UHID : SCHI000018367 OP Visit No : SCHIOPV26623  
 Conducted By : Dr. MUKESH K GUPTA Conducted Date : 24-02-2024 17:39  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM Doming  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed  
 Subvalvular deformity Present/**Absent** Score \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval: \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg MVA \_\_\_\_\_cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg  
 Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_msec Pred. RVSP=RAP+ \_\_\_\_\_mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation  
 Doppler **Normal**/Abnormal  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Pulmonary annulus \_\_\_\_\_mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_mmHg End diastolic gradient \_\_\_\_\_mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/3/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Aortic annulus \_\_\_\_\_mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe

Measurements	Normal Values	Measurements	Normal values
Aorta	2.7 (2.0 - 3.7cm)	LA es	2.9 (1.9 - 4.0cm)
LV es	2.5 (2.2 - 4.0cm)	LV ed	4.0 (3.7 - 5.6cm)
IVS ed	0.8 (0.6 - 1.1cm)	PW (LV)	0.7 (0.6 - 1.1cm)
RV ed	(0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	60% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS :**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced

Regional wall motion abnormality **Absent**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

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## PERICARDIUM

### COMMENTS & SUMMARY

- ✓ Normal L.V. systolic function
- ✓ No RWMA, LVEF=60%
- ✓ No AR,PR,MR & TR
- ✓ No I/C clot or mass
- ✓ Good RV function
- ✓ Normal pericardium
- ✓ No pericardial effusion



*Dr. M K Gupta*  
*M.B.B.S, MD,FIACM*  
*Senior Consultant Cardiologist*



NAME :	KOMAL MAHAMNA	AGE/SEX	30	YRS/ F
UHID :	18367			
REF BY :	APOLLO SPECTRA	DATE:-	24.02.2024	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is antiverted and normal in size . It measures 6.9 x 3.9 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 5.5 mm

Both ovaries are normal in size ,shape and echotexture.

**Right ovary:** 2.4 x 1.5 cm

**Left ovary:** 3 x 1.5 cm

No obvious adenexal mass is seen. No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY.**

Please correlate clinically and with lab. Investigations.

  
Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
DR. MONICA CHHABRA  
CONSULTANT RADIOLOGIST

## DIGITAL X-RAY REPORT

NAME: KOMAL	DATE: 24.02.2024
UHID NO :	AGE: 18367YRS/ SEX: F

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations.

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

**Dr. MONICA CHHABRA**  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

Patient Name	: Mrs.KOMAL MAHAMNA	Collected	: 24/Feb/2024 09:00AM
Age/Gender	: 30 Y 6 M 28 D/F	Received	: 24/Feb/2024 09:18AM
UHID/MR No	: SCHI.0000018367	Reported	: 24/Feb/2024 01:28PM
Visit ID	: SCHIOPV26623	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 789456123789		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

----



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240047956



Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 09:18AM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.8	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	40.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.76	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.9	fL	83-101	Calculated
MCH	<b>26.8</b>	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,180	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.5	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>40.5</b>	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	9.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2027.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1692.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	50.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	388.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.2		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	253000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	03	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 14



**Dr. SHWETA GUPTA**  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:BED240047956





Patient Name	: Mrs.KOMAL MAHAMNA	Collected	: 24/Feb/2024 09:00AM
Age/Gender	: 30 Y 6 M 28 D/F	Received	: 24/Feb/2024 09:18AM
UHID/MR No	: SCHI.0000018367	Reported	: 24/Feb/2024 01:28PM
Visit ID	: SCHIOPV26623	Status	: Final Report
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Emp/Auth/TPA ID	: 789456123789		

**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240047956



Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 09:18AM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 02:22PM
Visit ID : SCHIOPV26623	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240047956



Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 09:18AM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 11:34AM
Visit ID : SCHIOPV26623	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	99	mg/dL	70-100	GOD - POD

**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. SHWETA GUPTA**  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:PLF02111907



Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 01:52PM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 02:51PM
Visit ID : SCHIOPV26623	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	91	mg/dL	70-140	GOD - POD

Kindly correlate clinically.

**Comment:**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

Page 6 of 14

  
**Dr Nidhi Sachdev**  
 M.B.B.S,MD(Pathology)  
 Consultant Pathologist

  
**Dr.Tanish Mandal**  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



SIN No:EDT240021456



Patient Name	: Mrs.KOMAL MAHAMNA	Collected	: 24/Feb/2024 09:00AM
Age/Gender	: 30 Y 6 M 28 D/F	Received	: 24/Feb/2024 01:52PM
UHID/MR No	: SCHI.0000018367	Reported	: 24/Feb/2024 02:51PM
Visit ID	: SCHIOPV26623	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 789456123789		

**DEPARTMENT OF BIOCHEMISTRY**

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

3. 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.
4. 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.
5. 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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Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 09:18AM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 11:34AM
Visit ID : SCHIOPV26623	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>45</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	67	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.58		0-4.97	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	64.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	21.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	2.5-6.2	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE



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Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 09:18AM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 09:54AM
Visit ID : SCHIOPV26623	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	12-43	Glycylglycine Nitoranalide



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SIN No:SE04639820



Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 09:17AM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 10:21AM
Visit ID : SCHIOPV26623	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.06	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.010	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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

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SIN No:SPL24031544



Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 05:11PM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 06:21PM
Visit ID : SCHIOPV26623	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789456123789	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2290085



Patient Name : Mrs.KOMAL MAHAMNA	Collected : 24/Feb/2024 09:00AM
Age/Gender : 30 Y 6 M 28 D/F	Received : 24/Feb/2024 05:11PM
UHID/MR No : SCHI.0000018367	Reported : 24/Feb/2024 06:21PM
Visit ID : SCHIOPV26623	Status : Final Report
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Emp/Auth/TPA ID : 789456123789	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

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



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SIN No:UF010712

