

 Patient Name
 : Mrs.M UMAVARSHA

 Age/Gender
 : 31 Y 8 M 6 D/F

 UHID/MR No
 : CJPN.0000091367

 Visit ID
 : CJPNOPV186704

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 336720 

 Collected
 : 27/Jan/2024 08:47AM

 Received
 : 27/Jan/2024 12:56PM

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 : 27/Jan/2024 03:45PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.7	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	52.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	7.2	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2972.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1702.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	404.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	494.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.96	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

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SIN No:BED240019379



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WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy
M.B.B.S,M.D(Pathology)
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Patient Name : Mrs.M UMAVARSHA Age/Gender : 31 Y 8 M 6 D/F

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR,	WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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SIN No:BED240019379

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Age/Gender : 31 Y 8 M 6 D/F
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### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE

### **Comment:**

As per American Diabetes Guidelines, 2023

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

#### Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	75	mg/dL	70-140	HEXOKINASE

# **Comment:**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method		
HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA						
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC		

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DR.SHIVARAJA SHETTY
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SIN No:EDT240008189



Age/Gender : 31 Y 8 M 6 D/F
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# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG) 120 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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic

Control by American Diabetes Association guidelines 2023.

- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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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SIN No:EDT240008189



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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				
LIPID PROFILE , SERUM								
TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD				
TRIGLYCERIDES	113	mg/dL	<150	GPO-POD				
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition				
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated				
LDL CHOLESTEROL	71.3	mg/dL	<100	Calculated				
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated				
CHOL / HDL RATIO	2.77		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
< 200	200 - 239	≥ 240	
<150	150 - 199	200 - 499	≥ 500
Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
≥ 60			
Optimal <130; Above Optimal 130-159	160-189	190-219	>220
	< 200 <150 Optimal < 100 Near Optimal 100-129 ≥ 60 Optimal <130;	< 200 < 200 - 239 < 150 Optimal < 100 Near Optimal 100-129 ≥ 60 Optimal <130; 160-189	< 200

- 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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### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

# **Comment:**

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

Common patterns seen:

# 1. Hepatocellular Injury:

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

# 2. Cholestatic Pattern:

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

# 3. Synthetic function impairment:

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

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DR.SHIVARAJA SHETTY
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Patient Name : Mrs.M UMAVARSHA Age/Gender : 31 Y 8 M 6 D/F

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# **DEPARTMENT OF BIOCHEMISTRY**

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

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DR.SHIVARAJA SHETTY
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# **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method				
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM								
CREATININE	0.62	mg/dL	0.51-0.95	Jaffe's, Method				
UREA	13.70	mg/dL	17-43	GLDH, Kinetic Assay				
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated				
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP				
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III				
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex				
SODIUM	138	mmol/L	136–146	ISE (Indirect)				
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)				
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)				

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DR.SHIVARAJA SHETTY
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# **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	16.00	U/L	<38	IFCC

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### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method		
THYROID PROFILE TOTAL (T3, T4, TSH), SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	0.78	ng/mL	0.64-1.52	CMIA		
THYROXINE (T4, TOTAL)	6.92	μg/dL	4.87-11.72	CMIA		
THYROID STIMULATING HORMONE (TSH)	1.160	μIU/mL	0.35-4.94	CMIA		

# **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	Т3	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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DR.SHIVARAJA SHETTY
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SIN No:SPL24012688



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# **DEPARTMENT OF IMMUNOLOGY**

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

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DR.SHIVARAJA SHETTY
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SIN No:SPL24012688



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# **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY		·	·
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2268982



Age/Gender : 31 Y 8 M 6 D/F

UHID/MR No : CJPN.0000091367

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# **DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow: PERIPHERAL SMEAR

anuel thology)

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy
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SIN No:UF010335



# umavarsha m <umavarshamtech2014@gmail.com>

10 17 7720 M 8 76 AM

To:JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>

----- Forwarded message ------

From: Mediwheel < wellness@mediwheel.in >

Date: Sat, 27 Jan, 2024, 01:15

Subject: Reminder your health checkup booking is tomorrow

To: < umavarshamtech2014@gmail.com >

Cc: < customercare@mediwheel.in >

# Dear MRS. UMAVARSHA MARAPALLI,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.

Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

**Booking Date** 

: 25/01/2024

Health Check up

Name

: Mediwheel Full Body Health Annual Plus Check

**Health Check Code** 

: PKG10000377

Name of

Diagnostic/Hospital

: Apollo Clinic- JP Nagar Bangalore

Address of

Diagnostic/Hospital-

Apollo Clinic, House List No. 22, BNR Complex, Sree Rama Layout,

: Opp: RBI Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli

Appointment Date

: 27/01/2024

**Preferred Time** 

: 8:00am

Package Name

: Mediwheel Full Body Health Annual Plus Check

Tests included in this

Package

Bmi Check

Pap Smear

Ent Consultation

Hobli, JP nagar - 560078

Dietician Consultation

Gynae Consultation

· Thyroid Profile

ESR

Blood Glucose (Fasting)

General Physician Consultation

TMT OR 2D ECHO

Blood Glucose (Post Prandial)



: Mrs. M Umavarsha

Age: 31 Y

Sex: F

UHID:CJPN 0000091367

OP Number: CJPNOPV 186704

Bill No :CJPN-OCR-68817 Date : 27.01.2024 08:25

Address : blr

Pian

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Soo" Serive Type/ServiceName Department ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 RINE GLUCOSE(FASTING) GAMMA GLUTAMYL TRANFERASE (GGT) HEATC, GLYCATED HEMOGLOBIN 12 D ECHO LIVER FUNCTION TEST (LFT) X-RAY CHEST PA GLUCOSE, FASTING MEMOGRAM + PERIPHERAL SMEAR ENT CONSULTATION --10 FUNESS BY GENERAL PHYSICIAN GYNAECOLOGY CONSULTATION 12 DIET CONSULTATION COMPLETE URINE EXAMINATION URINE GLUCOSE(POST PRANDIAL) 15 PERIPHERAL SMEAR 16 ECG 17 BLOOD GROUP ABO AND RH FACTOR 18 LAPID PROFILE BODY MASS INDEX (BMI) WILBC PAP TEST- PAPSURE 21 OPTHAL BY GENERAL PHYSICIAN 22 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) 23 ULTRASOUND - WHOLE ABDOMEN 24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) DENTAL CONSULTATION 26 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11400

0-5

Bp-100 (60 mg Wb-52-8 kg Hb-154cer Waish-80 cm Aip. 90 cer





Mrs. Unavanta

3140

ms- 340

PIL AT

2211/24.

Height:	Wei	ght:	BMI:	Waist Circum:
Temp :	Puls	se:	Resp:	B.P:
General Examination	n / Allergies		& Management Plan	
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Follow up date:



Name; umavarsha

Dute, 27/01/24

A99. 314

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

General Examination / Allergies History

Holeyr MII

Clinical Diagnosis & Management Plan

un 2 6/6 No

colory vision is nonnul

Eugy Follow up date: 6 mans mc

**Doctor Signature** 



Unavousha, M. 31/6

22/01/2024

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

General Examination / Allergies History.

Clinical Diagnosis & Management Plan

No DM/H 7N. No complaints

DNS to (C)

BL DIH

The war Granular Phayna

B/L EAR - WORL FT.

Neck: NAD

Follow up date:





CJPN: 91367 DATE: 27/01/2024 AGE: 31YRS/F NAME: MRS. UMAVARSHA

# 2D ECHO WITH COLOR DOPPLER

Ao Diam: 2.5cm, LA Diam: 2.9cm,

IVSd: 0.9cm, IVSs; 1.0cm, LVIDd: 3.3cm, LVIDs: 1.5 cm LVPWd: 0.9cm,

LVPWS : 0.9 cm, EF -85%, FS -53%, RVIDd -0.8 cm

# 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

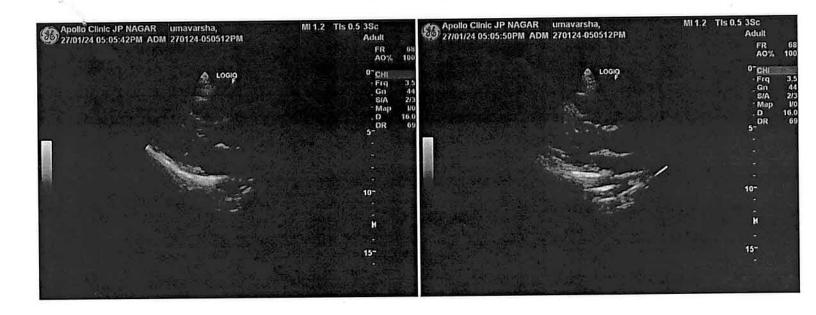
# DOPPLER

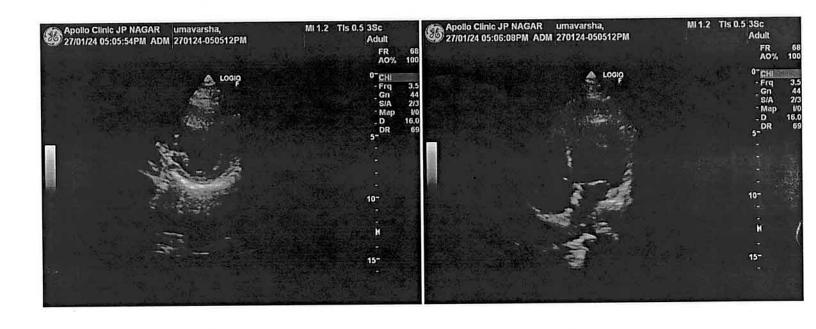
MV E Vel---: 0.8m/s, MV A Vel: 0.6 m/s TRICUSPID VALVE: NORMAL PERICARDIUM----:: NORMAL CLOT/VEGETATION----:: NIL

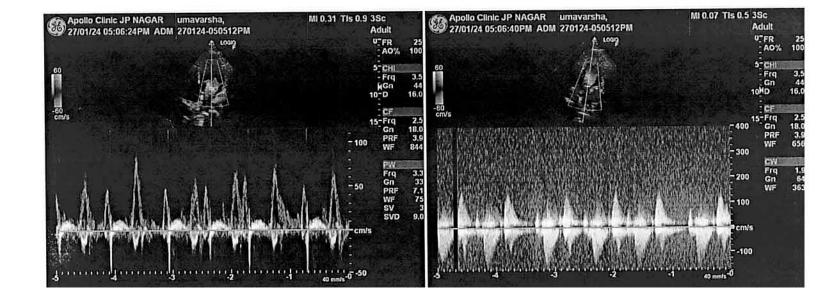
### IMPRESSION

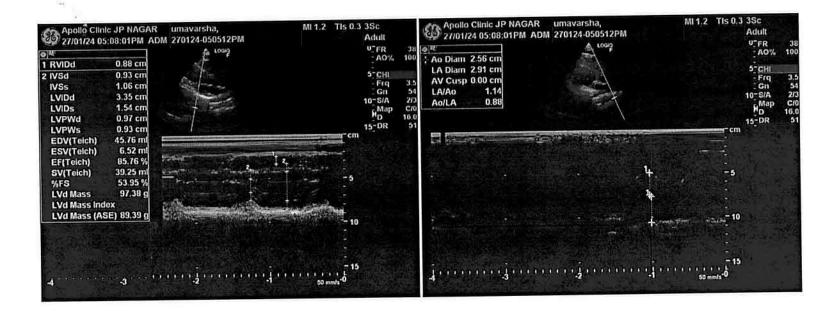
NORMAL VALVES AND CHAMBERS NORMAL LV SYSTOLIC FUNCTION NO CLOT /VEGETATION/EFFUSION/PAH NO REGIONAL WALL MOTION ABNORMALITIES

> DR. SHILPA JAYAPRAKASH, MD,DM CONSULTANT CARDIOLOGIST











Patient Name : Mrs. M Umavarsha Age/Gender : 31 Y/F

UHID/MR No.

: CJPN.0000091367

OP Visit No Reported on : CJPNOPV186704

Sample Collected on

: RAD2217617

Reported on Specimen

: 27-01-2024 10:45

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF : 336720

DEPARTMENT OF RADIOLOGY

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. KUSUMA JAYARAM

MBBS,DMRD

Radiology



Patient Name	: Mrs. M Umavarsha	Age/Gender	: 31 Y/F
UHID/MR No.	: CJPN.0000091367	OP Visit No	: CJPNOPV186704
Sample Collected on	:	Reported on	: 27-01-2024 11:28
LRN#	: RAD2217617	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 336720		

# DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Normal in size and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV-10 mm.

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

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

PANCREAS: Appeared normal to the visualized extent.

KIDNEYS: Both kidneys are normal in size, shape and outlines Cortico medullary delineation is

normal. No Hydronephrosis / No calculi.

Right kidney measures: 10.8 x 1.8cm. Left kidney measures: 10.9 x 1.9 cm.

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

UTERUS: Normal in size and echotexture. It measures: 7.8 x 3.8 x 4.6 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-10 mm.

No focal lesion was noted.

OVARIES: Both ovaries are normal in size.

Right ovary measures :3.4 x 2.4 cm. Left ovary measures :3.0 x 2.0 cm.

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



Patient Name : Mrs. M Umavarsha Age/Gender : 31 Y/F

# **IMPRESSION: NORMAL STUDY.**

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. KUSUMA JAYARAM

MBBS,DMRD

Radiology







Age/Gender : 31 Y 8 M 6 D/F

UHID/MR No : CJPN.0000091367

Visit ID : CJPNOPV186704

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 336720 Collected : 27/Jan/2024 08:47AM

Received : 27/Jan/2024 12:56PM Reported : 27/Jan/2024 03:45PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.7	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	52.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	7.2	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2972.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1702.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	404.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	494.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.96	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 1 of 14



SIN No:BED240019379

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

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









: Mrs.M UMAVARSHA

Age/Gender

: 31 Y 8 M 6 D/F

UHID/MR No

: CJPN.0000091367

Visit ID

: CJPNOPV186704

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 336720

Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 12:56PM

Reported

: 27/Jan/2024 03:45PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF HAEMATOLOGY**

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

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.

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

Page 2 of 14



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Age/Gender

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Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 12:56PM

Reported

Status

: 27/Jan/2024 04:47PM

Sponsor Name

: Final Report

: A

: ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

Page 3 of 14



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: Mrs.M UMAVARSHA

Age/Gender

: 31 Y 8 M 6 D/F

UHID/MR No

Ref Doctor

: CJPN.0000091367

Visit ID

: CJPNOPV186704

Emp/Auth/TPA ID

: Dr.SELF : 336720 Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 01:21PM

Reported

: 27/Jan/2024 04:13PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE

# **Comment:**

As per American Diabetes Guidelines, 2023

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

#### Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	75	mg/dL	70-140	HEXOKINASE

# **Comment:**

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), V	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC

Page 4 of 14



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

SIN No:EDT240008189

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









Age/Gender : 31 Y 8 M 6 D/F

UHID/MR No : CJPN.0000091367

Visit ID : CJPNOPV186704

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 336720 Collected : 27/Jan/2024 08:47AM

Received : 27/Jan/2024 01:21PM

Reported : 27/Jan/2024 04:13PM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF BIOCHEMISTRY**

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

ESTIMATED AVERAGE GLUCOSE	120	mg/dL	Calculated
(eAG)			

#### **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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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)

Page 5 of 14



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

SIN No:EDT240008189

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Age/Gender : 31 Y 8 M 6 D/F

UHID/MR No : CJPN.0000091367

Visit ID : CJPNOPV186704

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 336720 Collected : 27/Jan/2024 08:47AM

Received : 27/Jan/2024 12:15PM Reported : 27/Jan/2024 02:44PM

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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				
LIPID PROFILE , SERUM	LIPID PROFILE , SERUM							
TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD				
TRIGLYCERIDES	113	mg/dL	<150	GPO-POD				
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition				
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated				
LDL CHOLESTEROL	71.3	mg/dL	<100	Calculated				
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated				
CHOL / HDL RATIO	2.77		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.

Page 6 of 14



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

SIN No:SE04610429

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APOLLO CLINICS NETWORK









Age/Gender : 31 Y 8 M 6 D/F

UHID/MR No : CJPN.0000091367

Visit ID : CJPNOPV186704

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 336720 Collected : 27/Jan/2024 08:47AM

Received : 27/Jan/2024 12:15PM Reported : 27/Jan/2024 04:14PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **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
IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.16	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

# **Comment:**

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

Common patterns seen:

# 1. Hepatocellular Injury:

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

# 2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- ${\bf 3. \ Synthetic \ function \ impairment:}$
- Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

Page 7 of 14



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

SIN No:SE04610429

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK









: Mrs.M UMAVARSHA

Age/Gender

: 31 Y 8 M 6 D/F

UHID/MR No

: CJPN.0000091367

Visit ID

: CJPNOPV186704

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 336720

Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 12:15PM

Reported Status

: 27/Jan/2024 04:14PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF BIOCHEMISTRY**

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

Page 8 of 14



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

SIN No:SE04610429

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: Dr.SELF

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Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 12:15PM

Reported

: 27/Jan/2024 02:44PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM							
CREATININE	0.62	mg/dL	0.51-0.95	Jaffe's, Method			
UREA	13.70	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP			
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	138	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)			

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

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: Mrs.M UMAVARSHA

Age/Gender

: 31 Y 8 M 6 D/F

UHID/MR No

: CJPN.0000091367

Visit ID

: CJPNOPV186704

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF

: 336720

Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 12:15PM

Reported

: 27/Jan/2024 02:11PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	16.00	U/L	<38	IFCC

Page 10 of 14



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

SIN No:SE04610429

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Age/Gender : 31 Y 8 M 6 D/F

UHID/MR No : CJPN.0000091367

Visit ID : CJPNOPV186704

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 336720 Collected : 27/Jan/2024 08:47AM

Received : 27/Jan/2024 12:16PM

Reported : 27/Jan/2024 04:37PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.78	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.92	μg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.160	μIU/mL	0.35-4.94	CMIA

# **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	Т3	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

Page 11 of 14

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

SIN No:SPL24012688

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: Mrs.M UMAVARSHA

Age/Gender

: 31 Y 8 M 6 D/F

UHID/MR No

: CJPN.0000091367

Visit ID Ref Doctor : CJPNOPV186704

Emp/Auth/TPA ID

: Dr.SELF : 336720 Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 12:16PM

Reported

: 27/Jan/2024 04:37PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF IMMUNOLOGY**

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

Page 12 of 14



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

SIN No:SPL24012688

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APOLLO CLINICS NETWORK









Age/Gender : 31 Y 8 M 6 D/F

UHID/MR No : CJPN.0000091367

Visit ID : CJPNOPV186704

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 336720 Collected : 27/Jan/2024 08:46AM Received : 27/Jan/2024 06:25PM

Reported : 27/Jan/2024 08:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	•		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Page 13 of 14



SIN No:UR2268982

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









: Mrs.M UMAVARSHA

Age/Gender

: 31 Y 8 M 6 D/F

UHID/MR No

: CJPN.0000091367

Visit ID

: CJPNOPV186704

Ref Doctor Emp/Auth/TPA ID

: 336720

: Dr.SELF

Collected

: 27/Jan/2024 08:47AM

Received

: 27/Jan/2024 12:48PM

Reported

: 27/Jan/2024 03:30PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

rest name	Result	Unit	Bio. Ref. Range	Wethod
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
	<b>D</b> 14		D: D ( D	

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

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

Result/s to Follow: PERIPHERAL SMEAR

Page 14 of 14

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

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

SIN No:UF010335

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

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

