


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Dwivedi chitra on 31/1/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


 Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Date : 31-01-2024
MR NO : CMAR.0000338987

Department : GENERAL
Doctor :

Name : Mrs. DWIVEDI CHITRA

Registration No :

Age/ Gender : 34 Y / Female

Qualification :

Consultation Timing: 09:05

Height : 160 cm	Weight : 88 kg	BMI : 34.4	Waist Circum : 100 / 70 cm
Temp :	Pulse : 122	Resp :	B.P : 100/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CPIS Emi
B/c FRI 1TH @
PRT @
No. Rheumat : @

(Emi)

Follow up date:

Doctor Signature

Ph: 6361870658

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

O/E:

TOP +ve int $\frac{8}{8}$

Adv extraction.

DC int $\frac{15}{15}$: Adv. extraction.

Dr. Namitha

Follow up date:

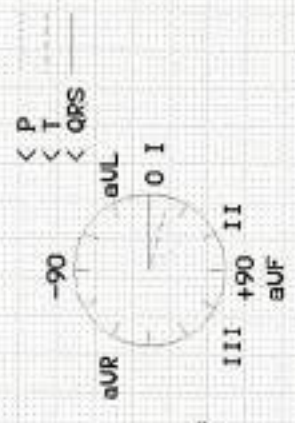
Doctor Signature

C1200 ST DMIVEDI CHITRA, 00338987, APOLLO
 e, 34 Years (30.07.1989)

HR 94 bpm

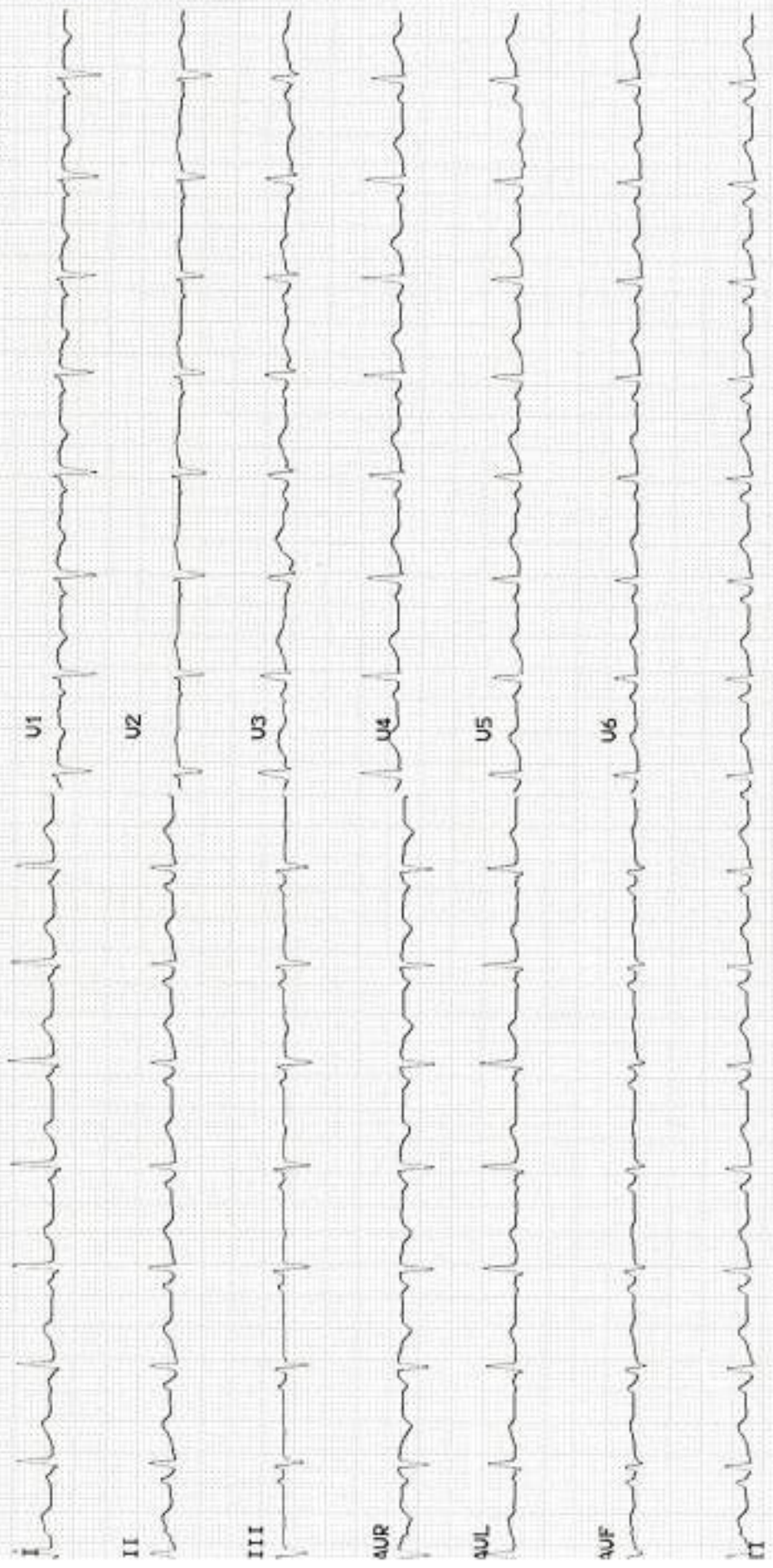
Current Results:

PR : 86 ms
 QR : 360 / 454 ms
 QT : 120 ms
 QTc : 94 ms
 QT/QTc : 630 / 630 ms
 QT/QTc : 45 / 0 / 15 degrees
 Tc80 : 44 / 55 ms
 ST : 1.0 mV
 T : 13



Interpretation:
 low QRS amplitudes
 probably abnormal ECG

Unconfirmed report.



Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:08PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 02:18PM
Visit ID : CMAROPV789670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF HAEMATOLOGY

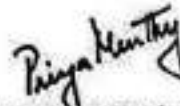
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	12.8	Normal	g/dL	12-15	Spectrophotometer
PCV	37.40	Normal	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Normal	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.6	Normal	fL	83-101	Calculated
MCH	29.9	Normal	pg	27-32	Calculated
MCHC	34.1	Normal	g/dL	31.5-34.5	Calculated
R.D.W	12.7	Normal	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,760	Normal	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	63	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	27	Normal	%	20-40	Electrical Impedance
ÉOSINOPHILS	4	Normal	%	1-6	Electrical Impedance
MONOCYTES	5.5	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.5	Normal	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	5518.8	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2365.2	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	350.4	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	481.8	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.8	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	299000	Normal	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	Normal	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR		Normal			

Page 1 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: BED240023185

Patient Name	: Mrs.DWIVEDI CHITRA	Collected	: 31/Jan/2024 09:10AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

RBCs: are normocytic normochromic

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

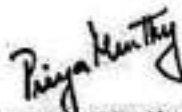
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:08PM
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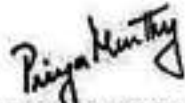
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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



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



Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 DIF	Received : 31/Jan/2024 01:26PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 02:07PM
Visit ID : CMAROPV789670	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	Normal	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	Normal	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	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					




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

SIN No: EDT240009933

Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:25PM
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HBA1C, GLYCATED HEMOGLOBIN	5.5	Normal	%		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.
- 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)



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

SIN No:EDT240009933

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	137	Normal	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	Normal	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	Low	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	103	Normal	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.6	Normal	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.2	Normal	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.02	Normal		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Shetty

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

SIN No:SE04614362

Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.73	Normal	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	Normal	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	88.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	7.55	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.21	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26	Normal		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.




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

SIN No:SE04614362

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.62	Normal	mg/dL	0.51-0.95	Jaffe's, Method
UREA	17.40	Normal	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	Normal	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.19	Normal	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.39	Low	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	Normal	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	Normal	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	Normal	mmol/L	101-109	ISE (Indirect)



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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	Normal	U/L	<38	IFCC

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SIN No:SE04614362



Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
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UHID/MR No : CMAR.0000338967	Reported : 31/Jan/2024 02:14PM
Visit ID : CMAROPV789670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.10	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.958	Normal	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/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



Shetty

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

SIN No:SPL24015244



Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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M.B.B.S., M.D (Biochemistry)
CONSULTANT BIOCHEMIST

SIN No: SPL24015244



Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	CLEAR			CLEAR	Visual
pH	5.5	Normal		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025	Normal		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION					
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-2	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	NIL	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY

Page 13 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: UR2271866

Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 12:44PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 03:21PM
Visit ID : CMAROPV789670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

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

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





Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:07PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 02:11PM
Visit ID : CMAROPV768670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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

SIN No:SE04614362



Patient Name : Mrs. DWIVEDI CHITRA
UHID : CMAR.0000338987
Reported on : 31-01-2024 13:10
Adm/Consult Doctor :

Age : 34 Y F
OP Visit No : CMAROPV769670
Printed on : 31-01-2024 18:51
Ref Doctor : SELF

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 .

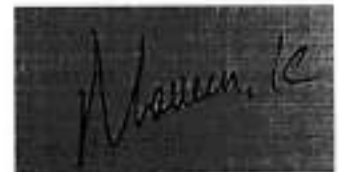
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:31-01-2024 13:10

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. DWIVEDI CHITRA	Age	: 34 Y F
UHID	: CMAR.0000338987	OP Visit No	: CMAROPV769670
Reported on	: 31-01-2024 15:31	Printed on	: 31-01-2024 15:32
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.6cm and parenchymal thickness measures 1.4cm.

Left kidney measures 10.2cm and parenchymal thickness measures 1.6cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.1x5.0x3.8cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8.2mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.1x2.1cm.

Left ovary measures 3.0x2.3cm.

No free fluid is seen.

Visualized bowel loops appears normal.

Patient Name	: Mrs. DWIVEDI CHITRA	Age	: 34 Y F
UHID	: CMAR.0000338987	OP Visit No	: CMAROPY769670
Reported on	: 31-01-2024 15:31	Printed on	: 31-01-2024 15:32
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:
NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 31-01-2024 15:31

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Customer Pending Tests
ophthal

34years
female
160cm
88kg

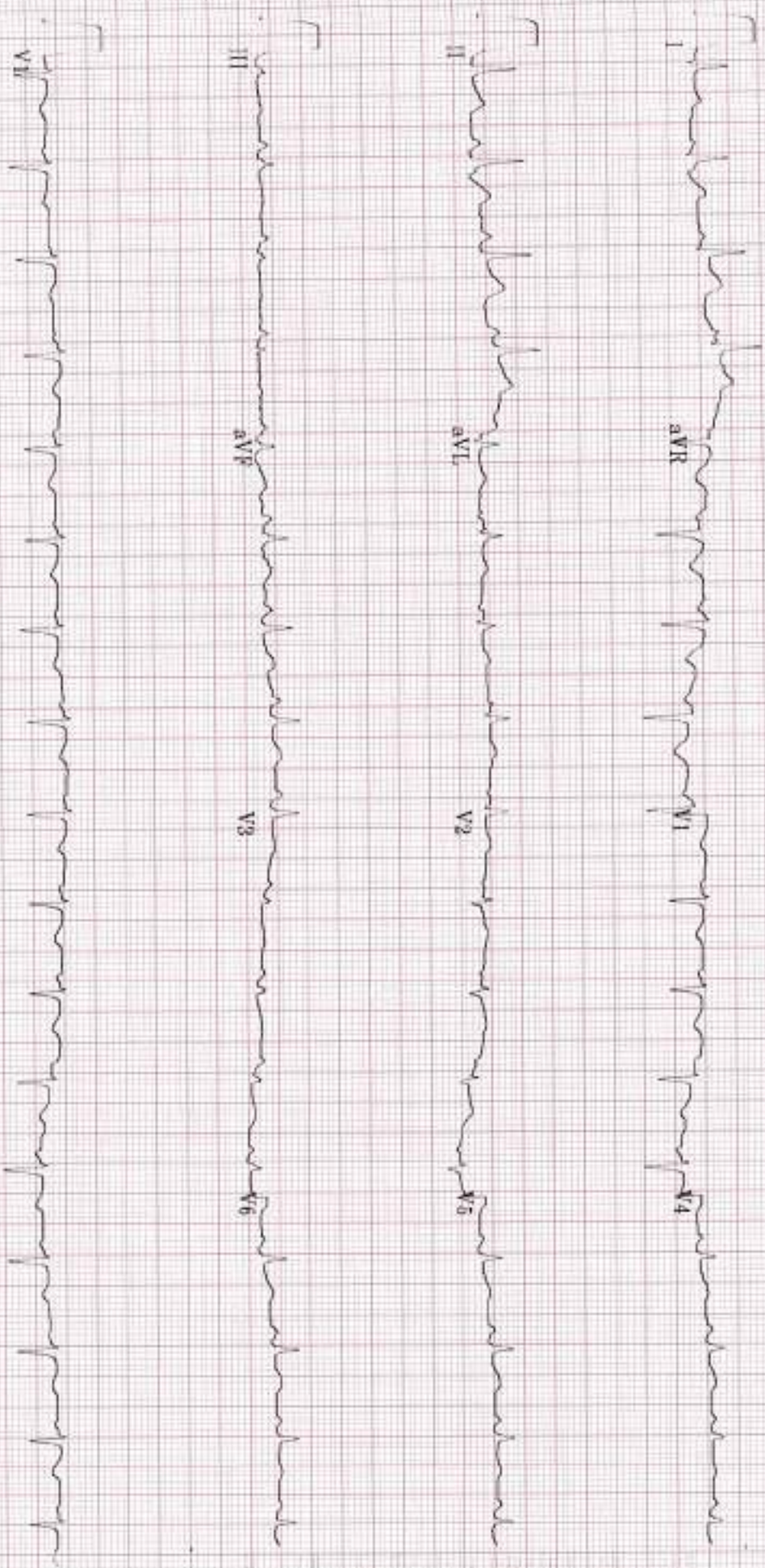
Technician:

Vent. rate 101 bpm
PR interval 118 ms
QRS duration 64 ms
QT/QTc 340/440 ms
P-R-T axes 68 43 46

*** Poor data quality, interpretation may be adversely affected
Sinus tachycardia
Low voltage QRS
Borderline ECG

Referred by: ARCOPIMB

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

II 12SL™ V239

ARROW CC

DWIVEDI CHITRA
 ID: 000338987
 31-Jan-2024
 11:32:25

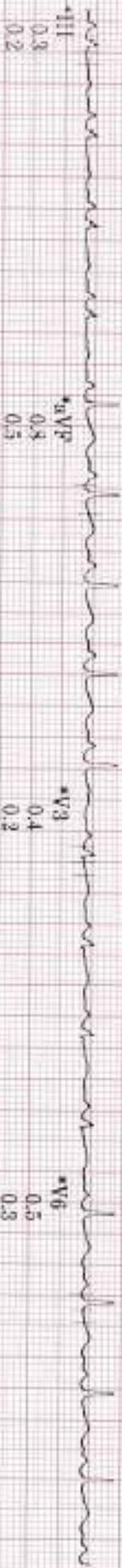
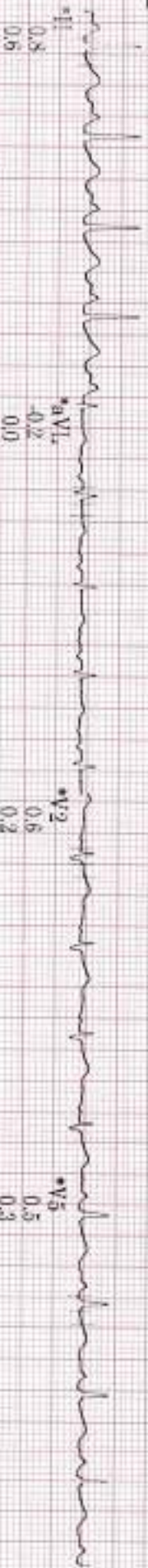
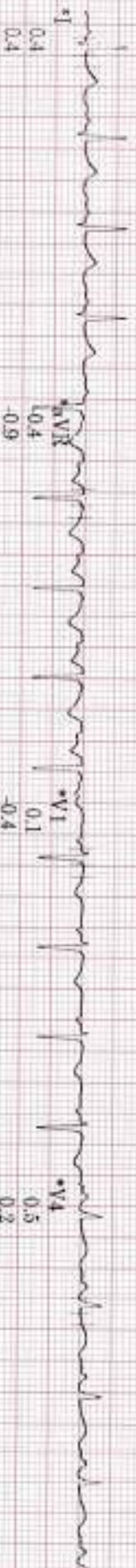
104bpm
 BP: 100/70

PRETEST
 SUPINE
 0:46

BRUCE
 **mph
 ***%

ST @ 10mm/mV
 80ms postd

Lead
 ST(mm)
 Slope(mV/s)



DWIVEDI CHITRA
 ID: 000338987
 31-Jan-2024
 11:32:39

102bpm
 BP: 100/70

PRETEST
 HYPERTENT
 1:00

BRUCE
 ** *mph
 ** *%

ST @ 10mm/mV
 80ms postd

Lead
 ST (mm)
 Slope (mV/s)



30 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

DWIVEDI CHITRA
ID: 00038987

31-Jan-2024
11:35:34

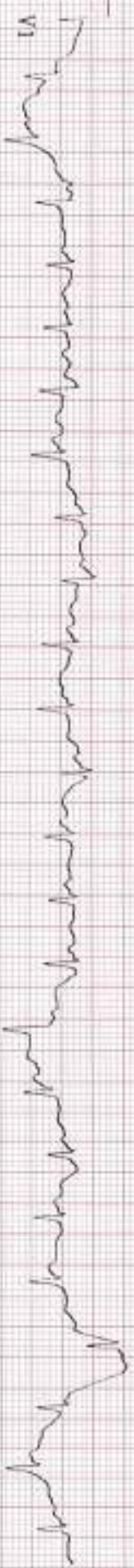
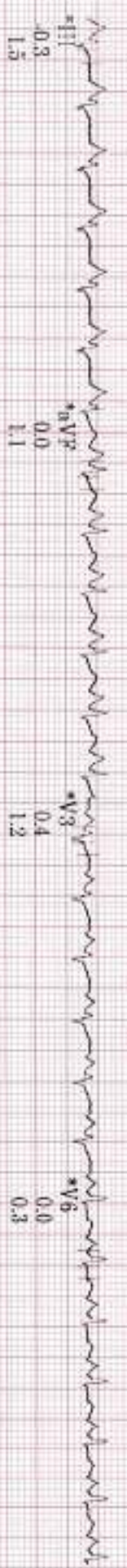
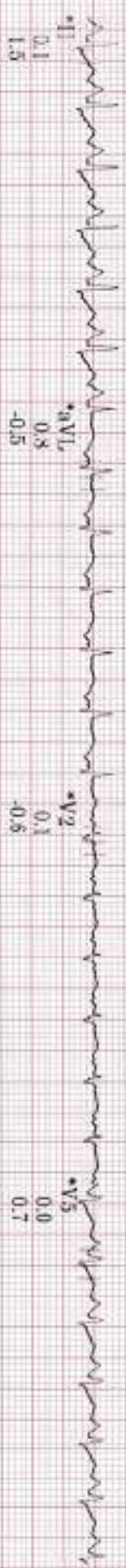
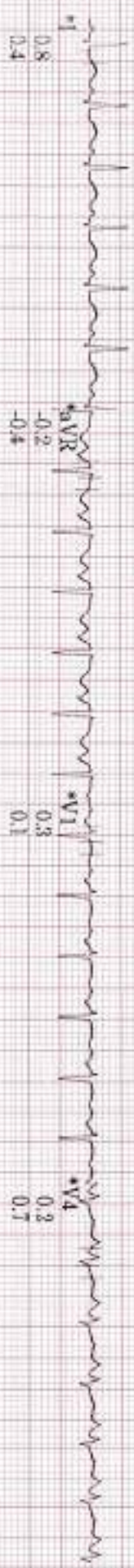
153bpm

EXERCISE
STAGE 1
2.51

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Zaw Rhythm

* Computer Synthesized Rhythm

30 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

MAC55 009C

II

DWIVEDI CHITRA

ID: 000338987

31-Jan-2024

11:38:54

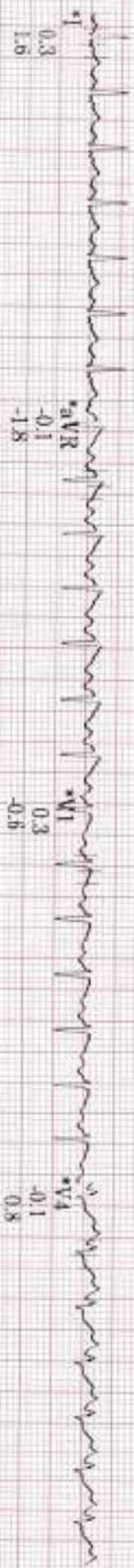
169bpm

EXERCISE
STAGE 2
5-50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

II

DWIVEDI CHITRA
ID: 000338987

31-Jan-2024
11:39:45

189bpm

BP: 120/80

EXERCISE
STAGE 3

6:40

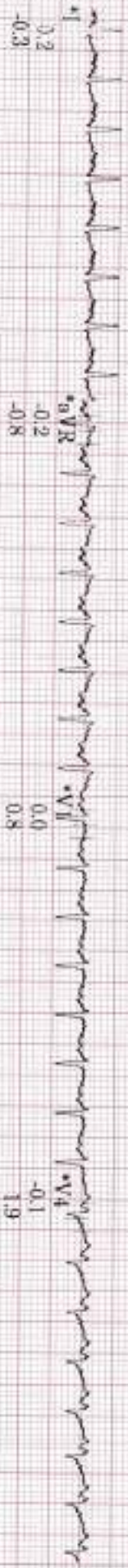
BRUCE

3.4mph

14.0%

ST @ 10mm/mV
80ms postd

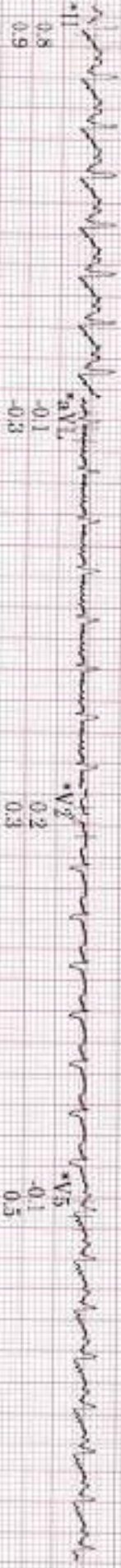
Lead
ST(mm)
Slope(mV/s)



*aVR

*V1

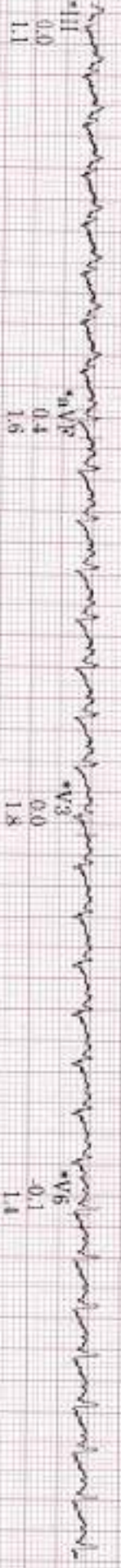
*V4



*aVL

*V2

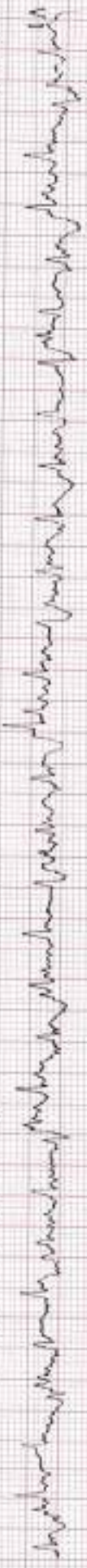
*V5



*aVF

*V3

*V6



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C



DWIVEDI CHITRA
ID: 000338987

31-Jan-2024
11:40:44

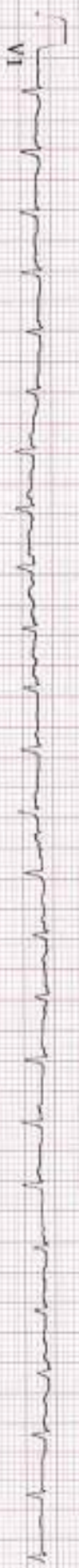
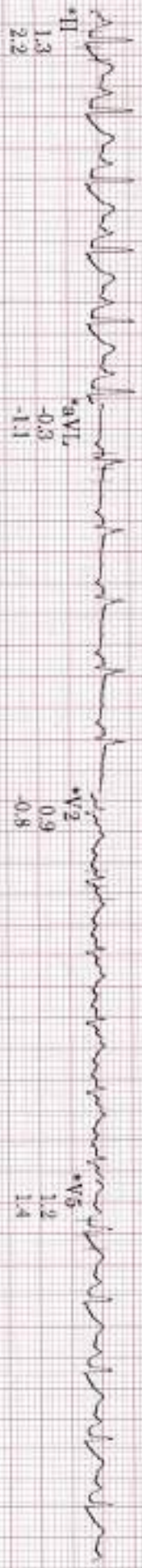
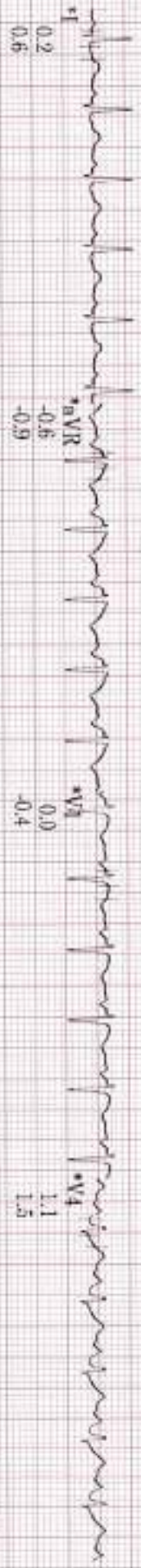
133bpm

RECOVERY
Post
1:31

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 5.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC35 009C

DWIVEDI CHITRA
ID: 000333987

31-Jan-2024
11:42:44

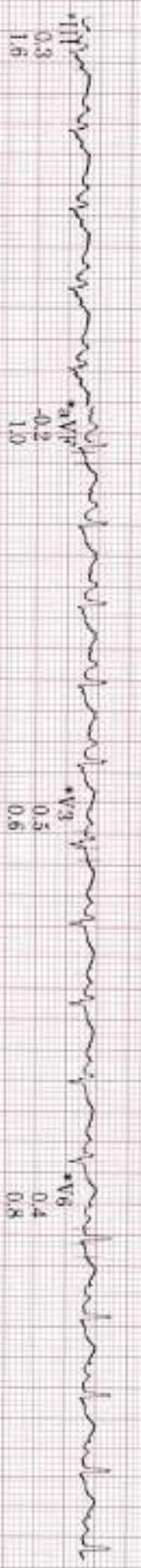
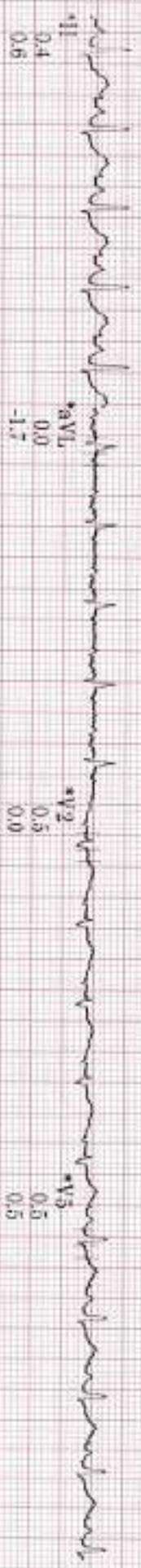
117bpm

RECOVERY
Post
3:00

BRUCE
*** 3mph
*** 4kg

ST @ 10mm/mV
80ms postd

Lead
ST(mn)
Slope(mV/s)



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

SELECTED MEDIANS REPORT

DWIVEDI CHITRA

ID: 000338987

31-Jan-2024
11:31:39

34 years
160 cm

88 kg

Female

BRUCE

Max HR: 186bpm (101% of max predicted 186bpm)

Max EP: 120/80

Total Exercise time: 6:40

Maximum workload: 8.0 METS

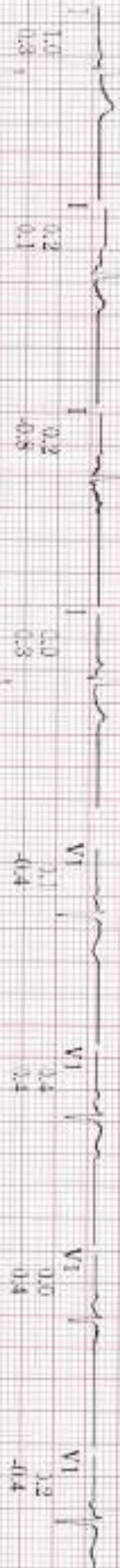
250 mm/s
100 mm/mV
100Hz

Reason for Termination:

Comments: GOOD EFFORT TOLERANCE

Referred by: ARCOFIME

PHASE	HR (bpm)	SBP (mmHg)	DBP (mmHg)
BASLINE EXERCISE	60	121	70
MAX ST EXERCISE	186	166	75
PEAK EXERCISE	186	130	80
TEST END RECOVERY	107	120	80
BASLINE EXERCISE	60	125	70
MAX ST EXERCISE	186	166	75
PEAK EXERCISE	181	120	80
TEST END RECOVERY	107	120	80



Technician: _____

Unconfirmed

APOLLO MEDICAL CENTRE MARATHA HALL

MAC55 009C

Lead ST (mm) Slope (mV/s)

GRADED EXERCISE SUMMARY

DWIVEDI CHITRA
ID: 000333987

34years
160cm
88kg

Female

Partice Total Exercise time: 6-10
Max HR: 189bpm(101% of max predicted 186bpm)
Max BP: 120/80
Maximum workload: 8.0METs
250 mm/s
100 mm/mV
100hz

Referred by: ARCOPIME

Reason for Termination: Max HR attained
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

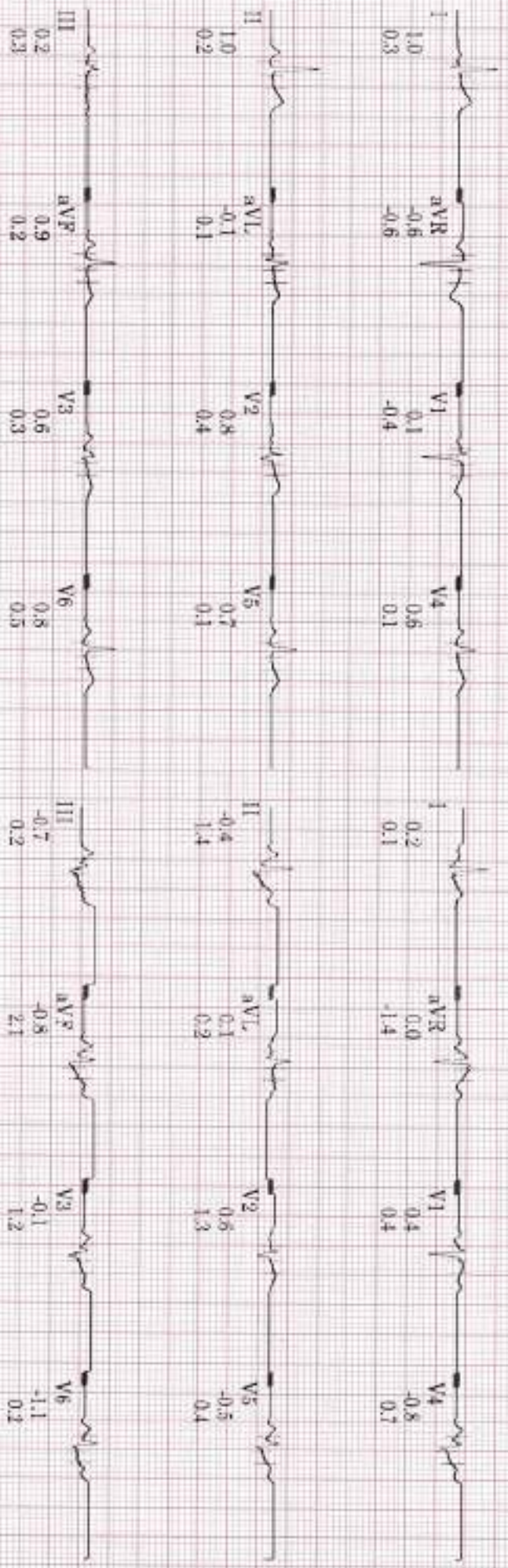
BASELINE
EXERCISE STAGE 1
0:00 1.2METS
135bpm
BP: 100/70
ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 2
4:46 6.7METS

MAX ST
166bpm
BP: 110/75
ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



Technician:

Unconfirmed

APOLLO MEDICAL CENTRE MARATHAHALLI

MAC55 009C

TABULAR SUMMARY REPORT

DWIVEDI-CHITRA
ID: 000338987

34years
160cm
88kg

Referred by: ARCOFIME

BRUCE
Max HR: 189bpm(101% of max predicted: 186bpm)
Max Bp: 120/80
Maximum workload: 8.0METs
Total Exercise time: 6:40
25.0 mm/s
10.0 mm/mV
100hz

Reason for Termination: Max HR attained
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:47	0.0	0.0	1.0	104	100/70	104
	STANDING	0:08	0.0	0.0	1.0	99	100/70	99
	HYPERVENT	0:30	1.5	0.0	1.2	136	100/70	135
EXERCISE	STAGE 1	3:00	1.7	0.0	4.5	148	110/75	168
	STAGE 2	3:00	2.5	12.0	7.0	168	120/90	202
	STAGE 3	0:40	3.4	14.0	6.0	161	120/90	217
RECOVERY	Post	3:27	0.0	0.0	1.0	107	120/80	128

Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI
Econofirmed

MAG35 009C

Patient Name	: Mrs. DWIVEDI CHITRA	Age/Gender	: 34 Y/F
UHID/MR No.	: CMAR.0000338987	OP Visit No	: CMAROPV769670
Sample Collected on	:	Reported on	: 31-01-2024 15:32
LRN#	: RAD2221576	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8073782310		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.6cm and parenchymal thickness measures 1.4cm.

Left kidney measures 10.2cm and parenchymal thickness measures 1.6cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.1x5.0x3.8cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8.2mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.1x2.1cm.

Left ovary measures 3.0x2.3cm.

No free fluid is seen.

Visualized bowel loops appears normal.


IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose.
3. Printing mistakes should immediately be brought to notice for correction.



Dr. NAVEEN KUMAR K



Patient Name : Mrs. DWIVEDI CHITRA

Age/Gender : 34 Y/F

MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs. DWIVEDI CHITRA

Age/Gender : 34 Y/F

UHID/MR No. : CMAR.0000338987

OP Visit No : CMAROPV769670

Sample Collected on :

Reported on : 31-01-2024 13:12

LRN# : RAD2221576

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8073782310

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. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:08PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 02:18PM
Visit ID : CMAROPV769670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

RBCs: are normocytic normochromic

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

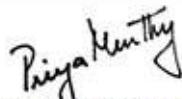
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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: BED240023185

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

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC115816 |
Regd. Office: 1-10-82/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 843-8884 7777, Fax No: 8884 7744

APOLLO CLINICS NETWORK

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Address:
32/196/123, Doodh Bazaar Village, Woodhill Main Road,
New Look Nagar, Electronics City, Bangalore,
Karnataka - 560038

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

Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:08PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 03:32PM
Visit ID : CMAROPV769670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

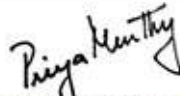
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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



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: BED240023185

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Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:25PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 02:07PM
Visit ID : CMAROPV769670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	Normal	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	Normal	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	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					



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

SIN No:EDT240009933



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Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	137	Normal	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	Normal	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	Low	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	103	Normal	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.6	Normal	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.2	Normal	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.02	Normal		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

SIN No:SE04614362



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Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560018

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

SIN No:SE04614362



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.73	Normal	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	Normal	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	88.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	7.55	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.21	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26	Normal		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.




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

SIN No:SE04614362

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Regd. Office: 1-10-82/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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33/196/122, Doodhlaganga Village, Woodside Main Road,
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.62	Normal	mg/dL	0.51-0.95	Jaffe's, Method
UREA	17.40	Normal	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	Normal	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.19	Normal	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.39	Low	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	Normal	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	Normal	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	Normal	mmol/L	101-109	ISE (Indirect)



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

SIN No:SE04614362



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Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	Normal	U/L	<38	IFCC



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

SIN No:SE04614362



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Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 01:22PM
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Visit ID : CMAROPV769670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	1.1	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.10	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.958	Normal	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




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

SIN No:SPL24015244

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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




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APOLLO CLINICS NETWORK

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Address:
 32/196/123, Doddaballapur Village, Woodliff Main Road,
 Newlands Nagar, Electronic City, Bangalore,
 Karnataka - 560038

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

Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 12:44PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 03:18PM
Visit ID : CMAROPV769670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

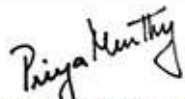
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	CLEAR			CLEAR	Visual
pH	5.5	Normal		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025	Normal		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION					
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-2	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	NIL	Normal		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



SIN No: UR2271866

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

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC1158111
 Regd. Office: 1-10-62/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 843-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | RS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag (Swarnamma Petal) | Karnataka: Bangalore (Basavanagudi) | Bellary | Electronics City | Heer Town | HSR Layout | Indira Nagar | JP Nagar | Kandrahal | Koramangala | Sarajpur Road | Mysore | West Bengal: Tamil Nadu: Chennai | Anna Nagar | Kotturupalli | Moolappalli | T Nagar | West Bengal: Kolkata | Maharashtra: Pune (Aundh) | Nigdi | Pashchim | Viman Nagar | Maharashtra: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Panipat (Railway Station Road)

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Patient Name : Mrs.DWIVEDI CHITRA	Collected : 31/Jan/2024 09:10AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 31/Jan/2024 12:44PM
UHID/MR No : CMAR.0000338987	Reported : 31/Jan/2024 03:21PM
Visit ID : CMAROPV769670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8073782310	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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

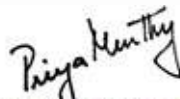
Test Name	Result	Status	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE			NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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:UF010407

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

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC1158116
 Regd. Office: 1-10-82/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 843-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

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