

Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 12:21PM
UHID/MR No : CJPN.0000089961	Reported : 09/Dec/2023 02:54PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

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
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.7	g/dL	12-15	Spectrophotometer
PCV	33.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.34	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	63	fL	83-101	Calculated
MCH	20	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	17.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,310	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	58.8	%	40-80	Electrical Impedence
LYMPHOCYTES	29.1	%	20-40	Electrical Impedence
EOSINOPHILS	4.1	%	1-6	Electrical Impedence
MONOCYTES	7.3	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4298.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2127.21	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	299.71	Cells/cu.mm	20-500	Calculated
MONOCYTES	533.63	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.17	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	314000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: Show moderate anisopoikilocytosis with Microcytic hypochromic RBCs. Pencil cells, tear drop cells and target cells seen.

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:BED230303876

NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN - U55170TG2000PLC15819)
 Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
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UHID/MR No : CJPN.0000089961	Reported : 09/Dec/2023 03:11PM
Visit ID : CJPNOPV182729	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 01:28PM
UHID/MR No : CJPN.0000089961	Reported : 09/Dec/2023 02:01PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

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	78	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.



SIN No:PLF02068209

NABL renewal accreditation under process

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Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 12:51PM
UHID/MR No : CJPN.000089961	Reported : 09/Dec/2023 02:50PM
Visit ID : CJPNOPV182729	Status : Final Report
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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	72	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	97	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.

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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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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)



SIN No:PLP1395197,EDT230111790
 NABL renewal accreditation under process

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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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		0-4.97	Calculated

Comment:

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

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

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.



SIN No:SE04564338

NABL renewal accreditation under process

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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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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DEPARTMENT OF BIOCHEMISTRY

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

CREATININE	0.37	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	10.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



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Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 12:29PM
UHID/MR No : CJPN.000089961	Reported : 09/Dec/2023 01:17PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.460	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



SIN No:SPL23178173

NABL renewal accreditation under process

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

Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 01:59PM
UHID/MR No : CJPN.0000089961	Reported : 09/Dec/2023 03:05PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



SIN No:UPP015963,UF009968
NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN - U55170TG2000PLC15819)
Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 040-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad (KJ Red Nagar | Chanda Nagar | Bandipur | Hallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag Coorbanma Petal | Karnataka: Bangalore (Banavarsipudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalhari | Kuvempudi | Lalapur Road) | Mysore (V Mohali) | Tamil Nadu: Chennai | Anantapur | Kotturam | Mysore | T Nagar | Walasankaran | Wilochery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wankore) | Uttar Pradesh: Ghaziabad (Indraprasth Gajra) | Ahmedabad (Sanfiro) | Punjab: Amritsar (Court Road) | Kerala: Perinthala (Railway Station Road)

Address:
27/206/121, Duddahanga Village, Neredi Main Road,
Neredi Nagar, Electronic city, Bangalore,
Karnataka - 560014



Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 02:21PM
Age/Gender : 32 Y 2 M 8 D/F	Received : 10/Dec/2023 10:46AM
UHID/MR No : CJPN.0000089961	Reported : 11/Dec/2023 01:56PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	20603/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

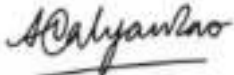
***** End Of Report *****

Result/s to Follow:
PERIPHERAL SMEAR

Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 02:21PM
Age/Gender : 32 Y 2 M 8 D/F	Received : 10/Dec/2023 10:46AM
UHID/MR No : CJPN.0000089961	Reported : 11/Dec/2023 01:56PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

DEPARTMENT OF CYTOLOGY

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



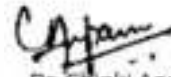
Dr.A.Kalyan Rao
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



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



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



SIN No:CS071182

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

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

Name : Mrs. Nainsy Keswani

Age: 32 Y

UHID:CJPN.0000089961

Address: bir

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

OP Number:CJPNOPV182729

Bill No :CJPN-OCR-67633

Date : 09.12.2023 09:06

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

Audio - 21
Physio - 4

Weight = 54.5 kgs
Height = 152 cm
Waist = 84 cm
Ht P = 94 cm
BP = 99/68 mmHg
PR = 69 bpm

Mr. Nairzy Keswani 32yr.

ms- 340 Puz. mP.

9/12/25.

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

General Examination / Allergies History

LN: 10/11/25.

PA: 3 days → regular
25 → 28 → normal
day → mild pain

01/11/25
P. → 07, LGS
P. → 07, 9 months
LGS.
Thalane

Clinical Diagnosis & Management Plan

- C10 Umbilical Hernia - 2 Distal Aorta
- Has consulted a Physiotherapist

LN: Hypertension - on No.

PH:

PH: No exercise
Father - unemployed carrier

O/E:

GC: fair
muscle

P.A: soft
SOUND

HS: Sp
Vag Healthy

PH: LGS, MS
with history of
di

Follow up date:

PH:

• Physiotherapist
history

• on E reports

• Sonogram
of the sup
85.

Doctor Signature

PATIENT CASE SHEET



Name: Mrs. Namiy Keswani Age: 32 Gender: F

Address: _____

UHID / Emp Id: CAN .000.0039961

Ref. by Doctor

Treating Doctor

Dr. Sgob

Past Dental History:

-

Past Medical History:

-

Chief Complaint(s):

Regular dental checkup

Investigation:

RVG

OPG

CBCT

32y ears
Male
152cm
Asian
54kg

Heart rate 76 bpm
PR interval 120 ms
QRS duration 74 ms
QT/QTc 382/429 ms
P-R-T axes * 96 20

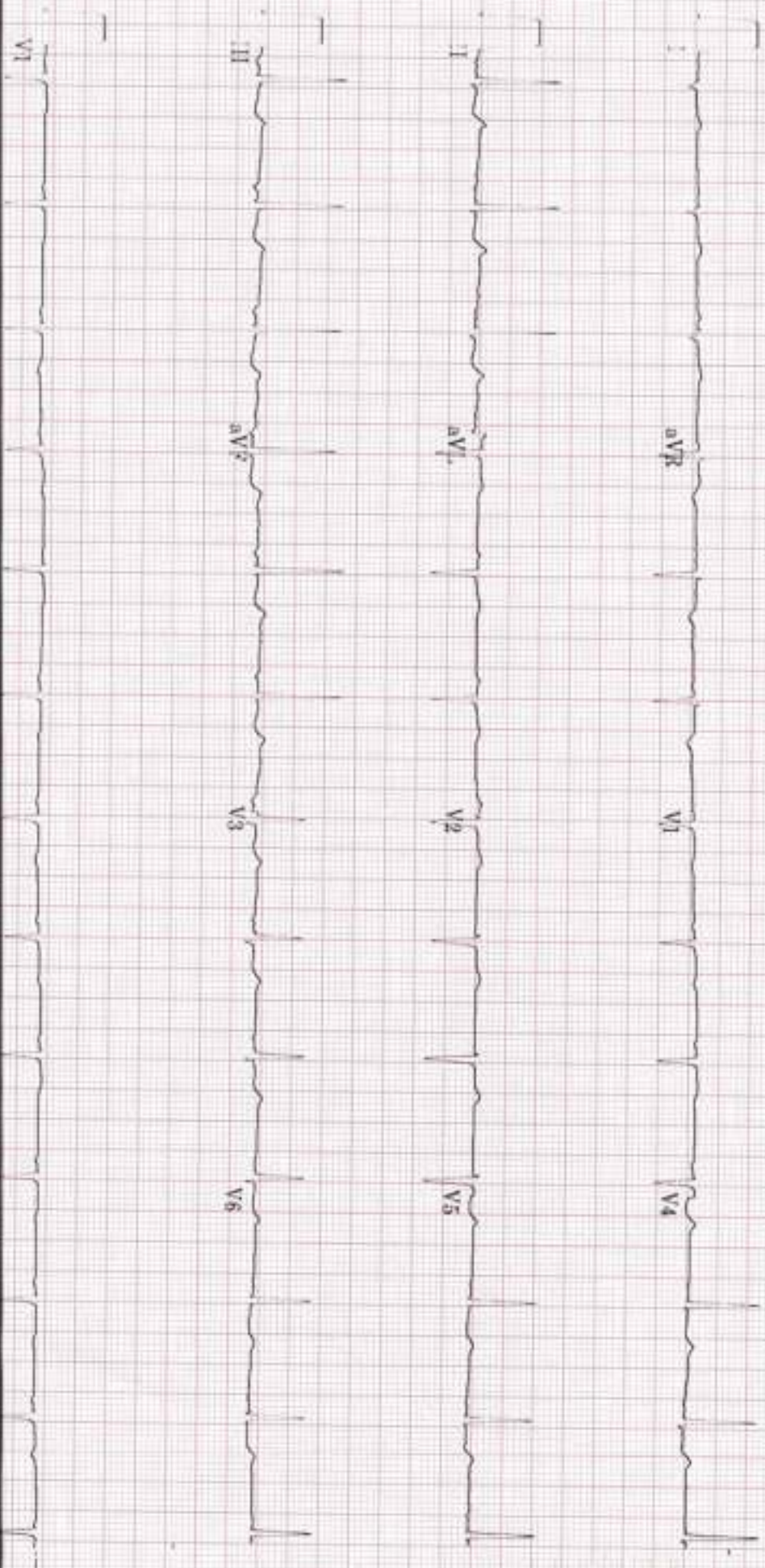
Technician: JYOTHI
Test ind: CAD SCREENING

Normal sinus rhythm
Rightward axis
Nonspecific ST and T wave abnormality
Abnormal ECG

(N)

Visit MEDWHEEL
Referred by: SELF

Unconfirmed



40 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 010A

E 12SL™ V241

AccuW CE

Name - Nainy Keshwani
Age - 32y/F

Date - 09/12/23

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

CL - Routine
Eye checkup

UHVH
6/6 NG
6/18 NG

H/O RUP - No

E glass vision is not improving
refer to hospital for distal
refraction

H/O Eye sy - No

Follow up date:

Doctor Signature

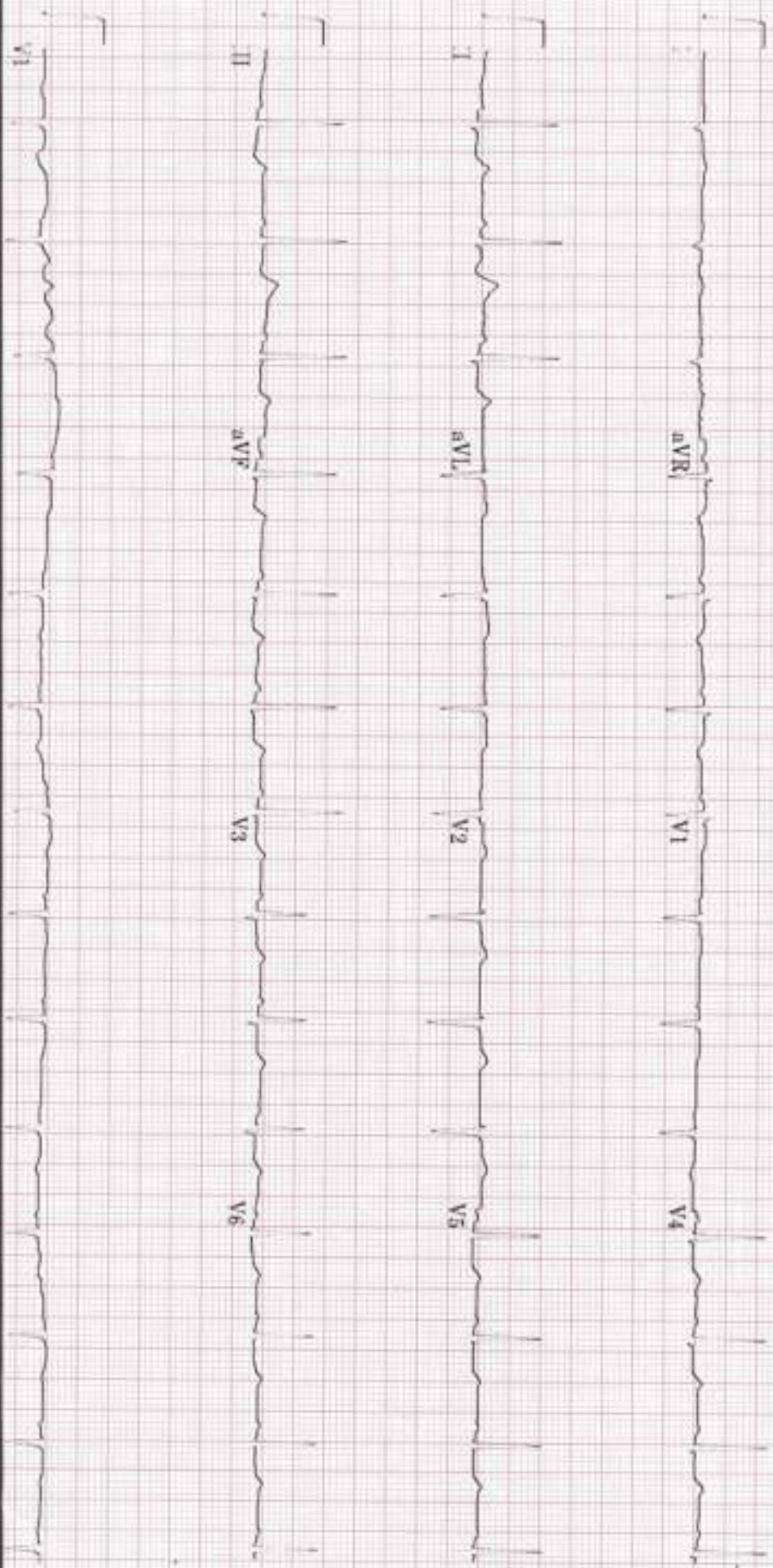
ID: G1PN89961
Vasil MEDIWHEEL

9-Dec-2023
14:04:29

83bpm

PRETEST
SUPINE
0:34

BRUCR
** * mph
** * %



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm Id

MAC55 010A

Arrow CE

ID: GJPN89961
VISC MEDWHEEL

9-Dec-2023
14:07:35

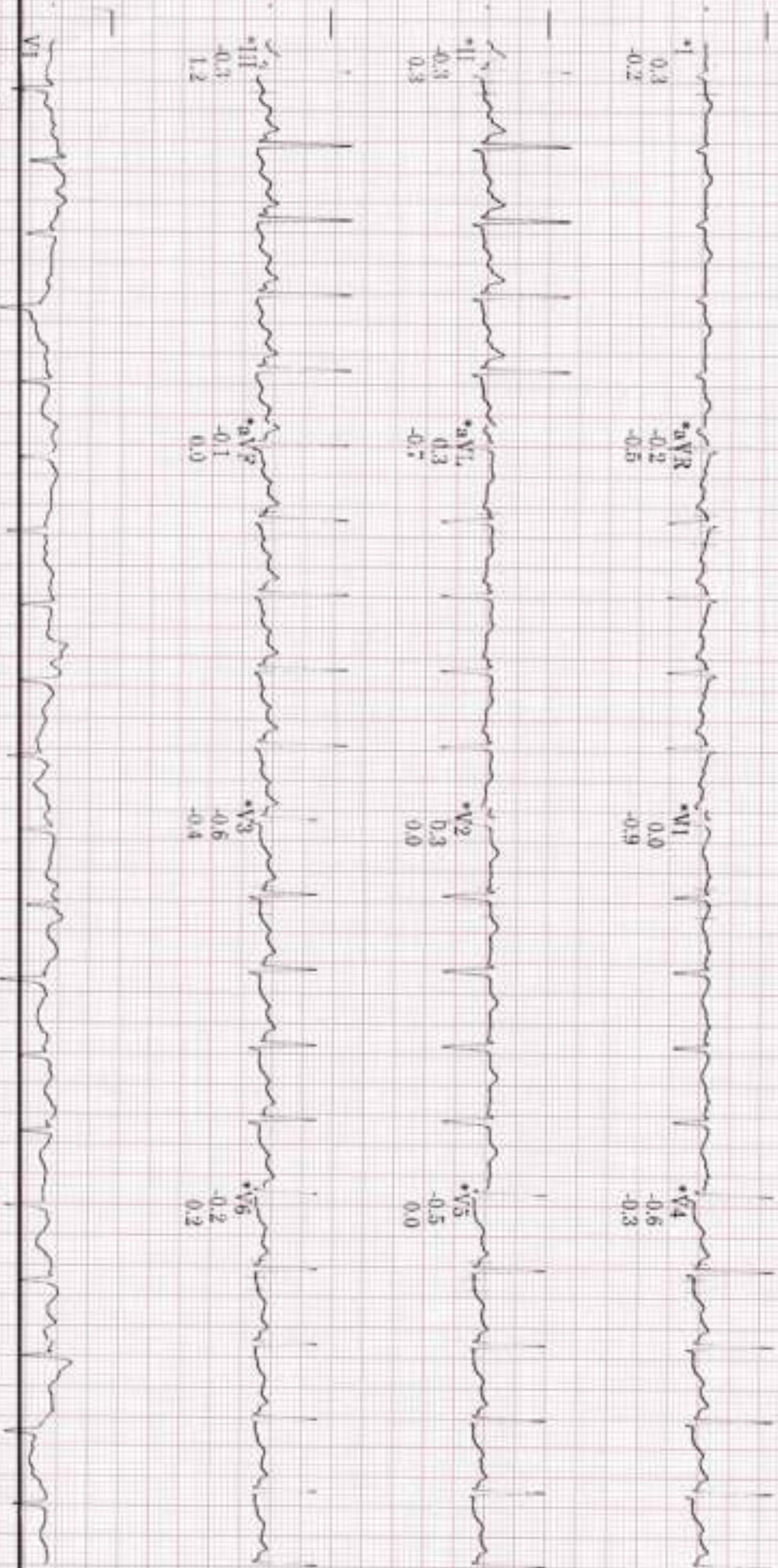
122bpm
BP: 110/70

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Lead Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

Computer Synthesized Rhythm

MAC55 010A

ASCO

ID: CJPNS9961
Visit: MEDIWHEEL

9-Dec-2023
14:10:35

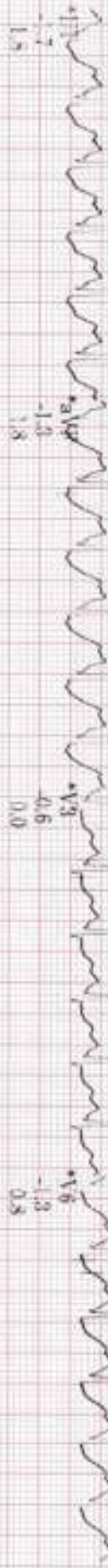
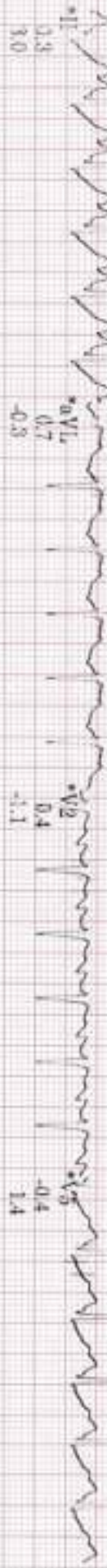
145bpm
BP: 120/70

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

Lead
ST(mm)
Slope(mV/s)



D: C/PN89961
Ys-t: MEDIWHEEL

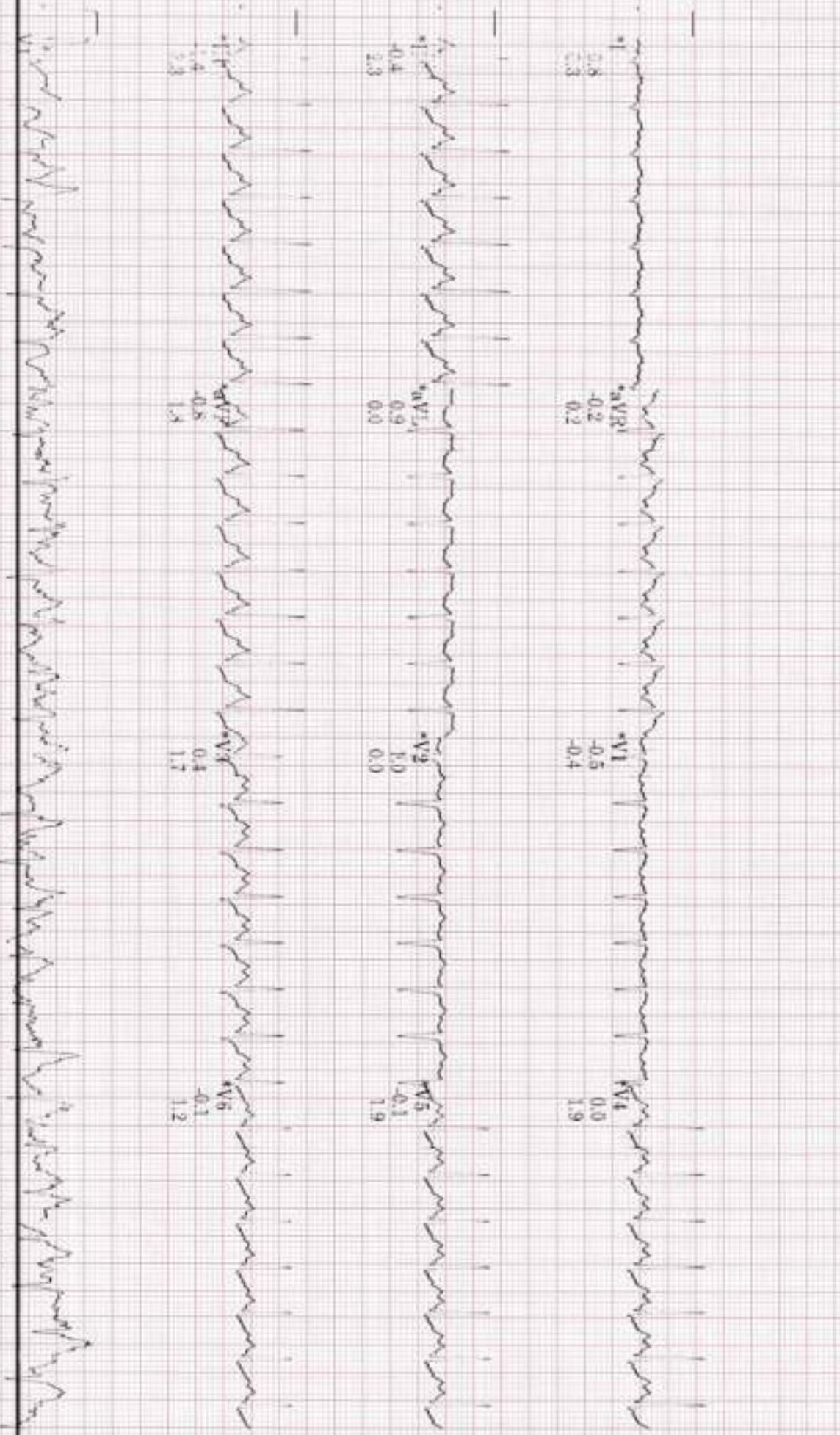
9-Dec-2023
14:13:35

179bpm
3P: 130/70
ST @ 10mm/mV
80ms postd

EXERCISE
STAGE 3
8:50

BRUCE
3.4mph
14.0%

Lead
ST(mm)
Slope(mV)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

Computer Synthesized Rhythm

MAC35 010A

II

Assoc

ID: GJPN89961
VIA: MEDIWHEEL

9-Dec-2023
14:33:47

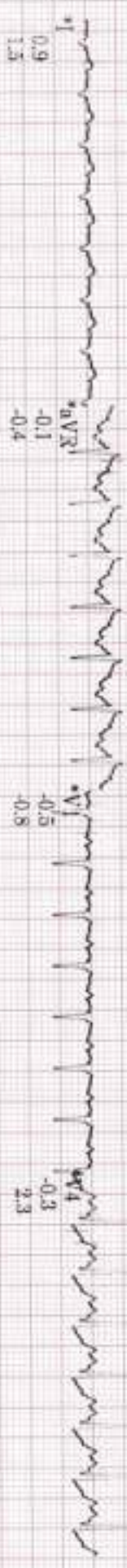
179bpm
BP: 130/70

EXERCISE
STAGE 4
9:00

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postI

Lead
ST(mn)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

Computer Synthesized Rhythm

MAC55 010A

II

ACW

ID: C1PN89961
Yusef, MEDIWHEEL

9-Dec-2023
14:14:47

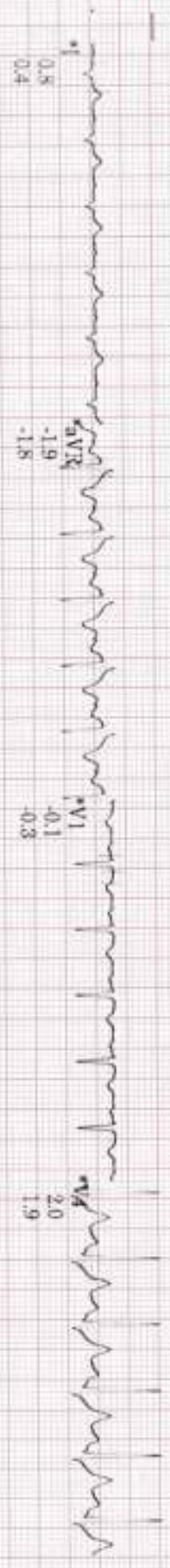
1370pm

RECOVERY
Post
1:00

BRUCE
** *mph
** *g

ST @ 10mm/mV
80ms postI

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm
40 Hz
25.0 mm/s
10.0 mm/mV
A-H-S 50Hz HR 46
A22W CC

• Computer Synthesized Rhythm

MAC55 010A

II

ID: GJPN889961
VISC: MEDWHEEL

9-Dec-2023
14:26:47

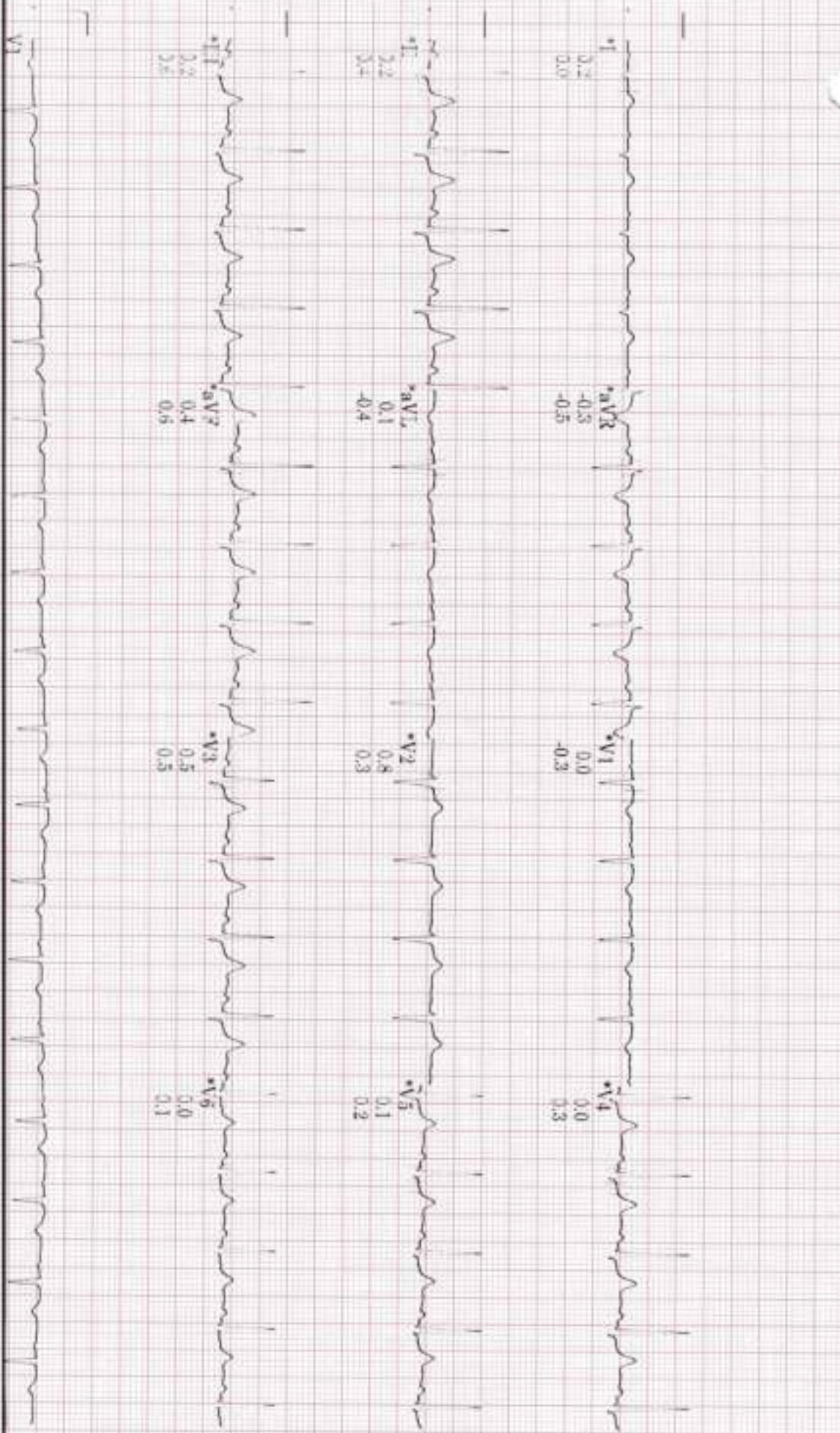
106bpm
BP: 100/70

ST @ 10mm/mV
80ms postJ

RECOVERY
Post
3:00

BRUCE
** *mph
** *g

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

Computer Synthesized Rhythm

MAC55 010A

II

Reactive

BRUC 4

Total Exercise time: 9:02

25.0 mm/s

ID: GHPN89961
Vsite: MEDWHEEL

32 years

Asian

Male

Max HR: 179bpm

95% of max predicted 188bpm

10.1 METS

10.0 mm/mV

5-Dec-2023

152cm

54kg

Max EP: 130/70

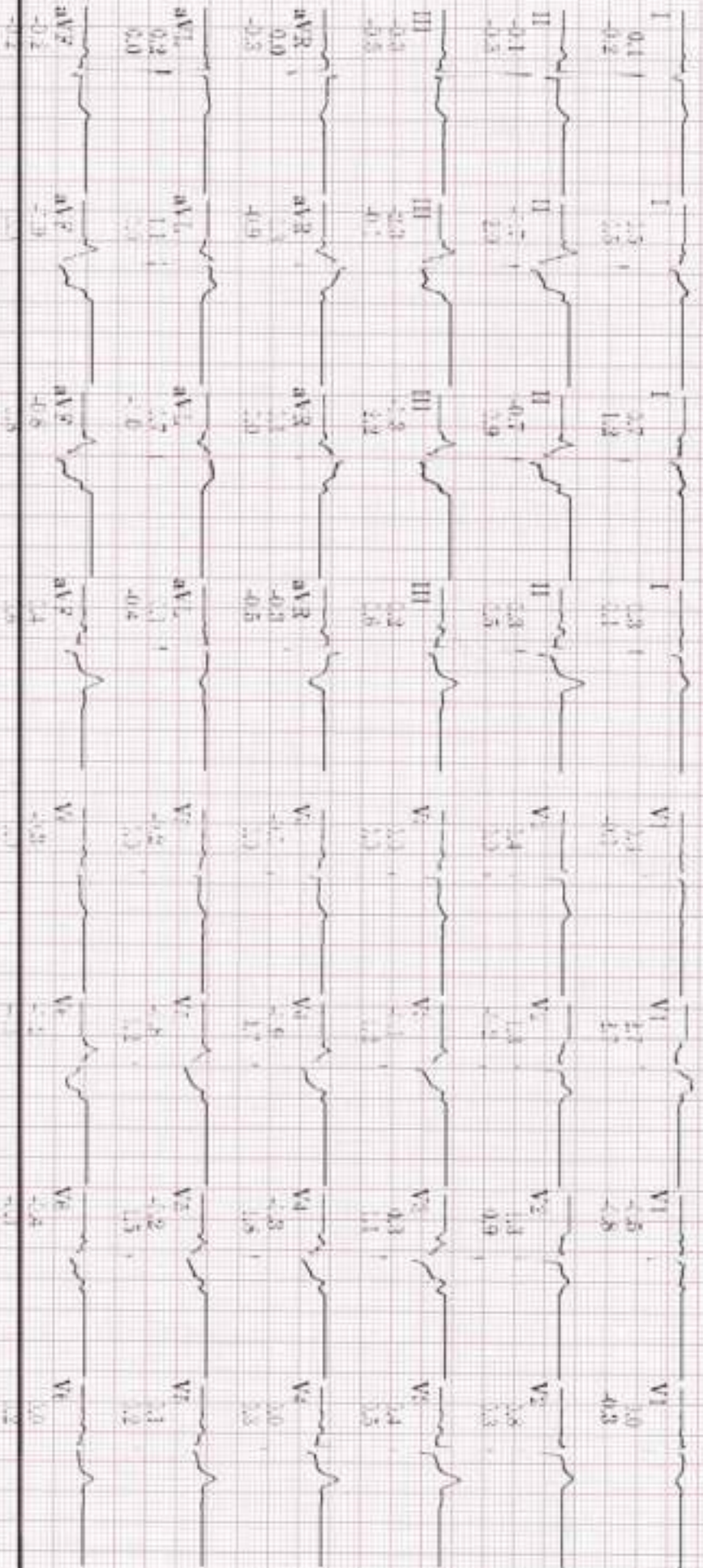
Maximum workload:

100Hz

Referred by: SELP
Test: 1st CAD SCREENING

Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRYTHMIA SEEN
NO SIGNIFICANT ST-T CHANGES NOTED
*
TMT IS NEGATIVE FOR INDIVIDIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
8:00 82bpm	8:00 175bpm	9:00 179bpm	3:00 106bpm	8:00 82bpm	8:00 175bpm	9:00 179bpm	3:00 106bpm
		Bp: 130/70	Bp: 100/70			Bp: 130/70	Bp: 100/70



Technician: JYOTHI

EKG confirmed

MAG55 010A

Lead
ST (mm)
Slope (mV/s)

BRUCE Total Exercise time 9:02

Max HR: 179bpm 95% of max predicted 188bpm

Max BP: 130/70 Maximum workload: 10.1METS

Reason for Termination: GOOD EFFORT AND TOLERANCE

Comments: NORMAL HR/BP RESPONSE

NO ANGINA AND ARRHYTHEMIA SEEN

NO SIGNIFICANT ST-T CHANGES NOTED

* TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

ID: C1PN89961
Vsite: MEDIWHEEL
32years
152cm
Asian
54kg
Male

9-Dec-2023
14:03:56

Referred by: SELF
Test ind: CAD SCREENING

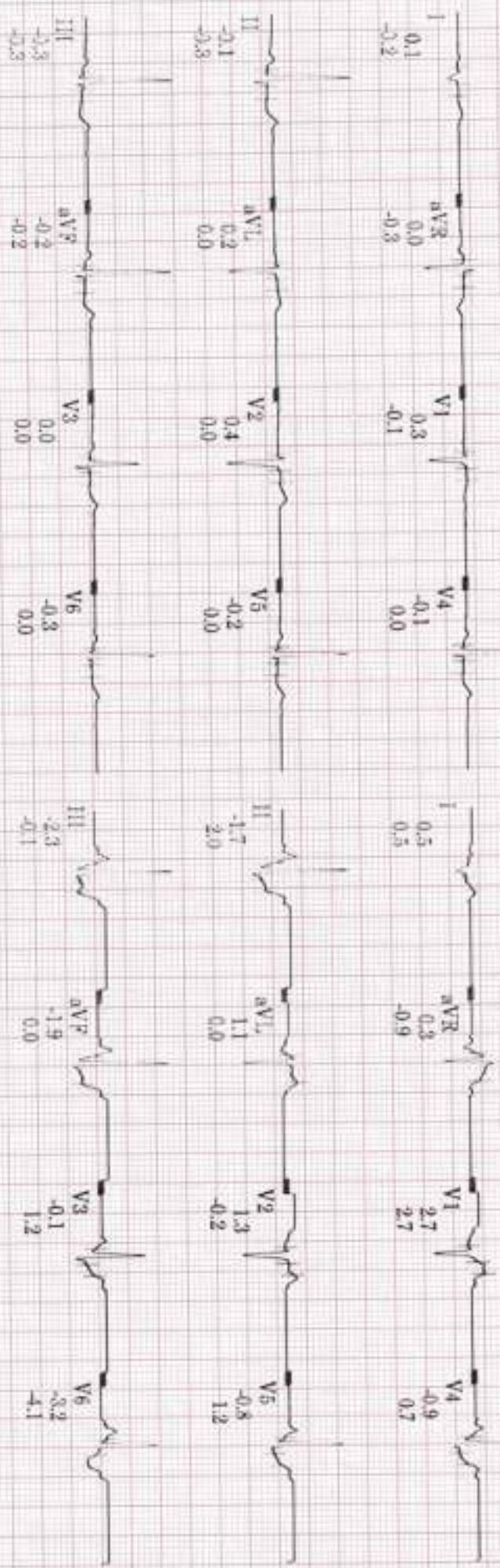
EXERCISE STAGE 1
0:00 1.2METS
BASELINE
82bpm
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 3
8:00 10.1METS
MAX ST

175bpm
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician: JYOTHI

Conformed

MAC55 010A

Patient Name	: Mrs. Nainsy Keswani	Age/Gender	: 32 Y/F
UHID/MR No.	: CJPN.0000089961	OP Visit No	: CJPNOPV182729
Sample Collected on	:	Reported on	: 09-12-2023 11:58
LRN#	: RAD2173352	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 285059		

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- 12mm.

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 maintained. No Hydronephrosis / No calculi.

Right kidney measures: 10.2 x 1.9 cm.

Left kidney measures : 11.7 x 2.2 cm.

UTERUS : Normal in size and echotexture. It measures : 9.9 x 4.0 x 5.8cm. 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 :3.0 x 2.0 cm.

Left ovary measures :3.2 x 2.1 cm.

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

Small umbilical hernia seen measuring~1cm.Diverification of rectus noted.

IMPRESSION : SMALL UMBILICAL HERNIA WITH RECTAL DIVERIFICATION.



Patient Name : Mrs. Nainsy Keswani

Age/Gender : 32 Y/F

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



Patient Name	: Mrs. Nainsy Keswani	Age/Gender	: 32 Y/F
UHID/MR No.	: CJPN.0000089961	OP Visit No	: CJPNOPV182729
Sample Collected on	:	Reported on	: 09-12-2023 10:16
LRN#	: RAD2173352	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 285059		

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

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	<u>MRS. KESWANI NAINSY</u>
EC NO.	74396
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	BANGALORE, J P NAGAR
BIRTHDATE	01-10-1991
PROPOSED DATE OF HEALTH CHECKUP	09-12-2023
BOOKING REFERENCE NO.	23D74396100077208E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **29-11-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम

Name

Nainsy Keswani

कर्मचारी कूट क्र.

E.C. No.

74396



जारीकर्ता अधिकारी

Issuing Authority

(M. G. Zone)

M & G Zone

धारक क हस्ताक्षर

Signature of Holder

Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:21PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 02:54PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.7	g/dL	12-15	Spectrophotometer
PCV	33.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.34	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	63	fL	83-101	Calculated
MCH	20	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	17.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,310	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	58.8	%	40-80	Electrical Impedence
LYMPHOCYTES	29.1	%	20-40	Electrical Impedence
EOSINOPHILS	4.1	%	1-6	Electrical Impedence
MONOCYTES	7.3	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4298.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2127.21	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	299.71	Cells/cu.mm	20-500	Calculated
MONOCYTES	533.63	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.17	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	314000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westgren method

PERIPHERAL SMEAR

RBCs: Show moderate anisopoikilocytosis with Microcytic hypochromic RBCs. Pencil cells, tear drop cells and target cells seen.

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.

Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:21PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 02:54PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:21PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 03:11PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 01:28PM
UHID/MR No : CJPN.0000089961	Reported : 09/Dec/2023 02:01PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

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	78	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.



Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 12:51PM
UHID/MR No : CJPN.0000089961	Reported : 09/Dec/2023 02:50PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	72	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	97	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.

Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:51PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 02:50PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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
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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)



Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 09:19AM
Age/Gender : 32 Y 2 M 8 D/F	Received : 09/Dec/2023 12:26PM
UHID/MR No : CJPN.0000089961	Reported : 09/Dec/2023 01:10PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		0-4.97	Calculated

Comment:

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

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

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



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:26PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 01:10PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.83	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:26PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 01:10PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:26PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 01:10PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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

CREATININE	0.37	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	10.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:26PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 01:10PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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	7.00	U/L	<38	IFCC



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:29PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 01:17PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.460	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:18AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 12:38PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 02:45PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT 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



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 09:19AM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 09/Dec/2023 01:59PM
UHID/MR No	: CJPN.0000089961	Reported	: 09/Dec/2023 03:05PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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





Patient Name : Mrs.NAINSY KESWANI	Collected : 09/Dec/2023 02:21PM
Age/Gender : 32 Y 2 M 8 D/F	Received : 10/Dec/2023 10:46AM
UHID/MR No : CJPN.0000089961	Reported : 11/Dec/2023 01:56PM
Visit ID : CJPNOPV182729	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 285059	

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	20603/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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

Result/s to Follow:
PERIPHERAL SMEAR



Patient Name	: Mrs.NAINSY KESWANI	Collected	: 09/Dec/2023 02:21PM
Age/Gender	: 32 Y 2 M 8 D/F	Received	: 10/Dec/2023 10:46AM
UHID/MR No	: CJPN.0000089961	Reported	: 11/Dec/2023 01:56PM
Visit ID	: CJPNOPV182729	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 285059		

DEPARTMENT OF CYTOLOGY

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

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