



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SANGEETA KUMARI
DATE OF BIRTH	08-07-1997
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	04-12-2023
BOOKING REFERENCE NO.	23D122318100077306S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR PRADEEP
EMPLOYEE EC NO.	122318
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	DELHI,SHAKTI NAGAR
EMPLOYEE BIRTHDATE	02-03-1993

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 **30-11-2023** 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's spouse 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))



Patient Name : MsSANGEETA KUMARI	Collected : 09/Dec/2023 10:22AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 12:04PM
UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 12:36PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



Patient Name : M/sSANGEETA KUMARI	Collected : 09/Dec/2023 10:22AM
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UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 12:36PM
Visit ID : SKAROPV129781	Status : Final Report
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Emp/Au@VTPA ID : 1215442	

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	12.3	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	97	fL	83-101	Calculated
MCH	31.6	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5166	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2542	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	164	Cells/cu.mm	20-500	Calculated
MONOCYTES	328	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	213000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



Patient Name : M/S SANGEETA KUMARI	Collected : 09/Dec/2023 10:22AM
Age/Gender : 25 Y 5 M 1 D/F	Received : 09/Dec/2023 12:04PM
UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 01:25PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



Patient Name : M/sSANGEETA KUMARI	Collected : 09/Dec/2023 10:21AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 11:43AM
UHQ/MR No : SKAR.0000100497	Reported : 09/Dec/2023 11:50AM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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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GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines, 2023

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

- Note:**
- The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq$  or = 126 mg/dL, and/or a random / 2 hr post glucose value of  $\geq$  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 : M/S SANGEETA KUMARI	Collected : 09/Dec/2023 10:21AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 12:39PM
LHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 12:58PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

**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	172	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	96	mg/dL	<150	
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		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.



Patient Name : M/S SANGEETA KUMARI	Collected : 09/Dec/2023 10:21AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 12:39PM
UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 12:58PM
Visit ID : SKAROPV129751	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	58	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	98.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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	: M/sSANGEETA KUMARI	Collected	: 09/Dec/2023 10:21AM
Age/Gender	: 26 Y 5 M 1 D/F	Received	: 09/Dec/2023 12:39PM
UHID/IR No	: SKAR.0000100497	Reported	: 09/Dec/2023 12:58PM
Visit ID	: SKAROPV129761	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1215442		

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	0.60	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	3.0-5.5	URICASE
CALCIUM	9.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE





Patient Name : MsSANGEETA KUMARI	Collected : 09/Dec/2023 10:21AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 12:39PM
UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 12:58PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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	18.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : M/sSANGEETA KUMARI  
 Age/Gender : 26 Y 5 M 1 D/F  
 UHID/MR No : SKAR.0000100497  
 Visit ID : SKAROPV129781  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 1215442

Collected : 09/Dec/2023 10:21AM  
 Received : 09/Dec/2023 02:10PM  
 Reported : 09/Dec/2023 03:14PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOETHYRONINE (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.630	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

- 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.
- 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.
- 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.
- 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 : M/sSANGEETA KUMARI	Collected : 09/Dec/2023 10:21AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 01:18PM
UHD/MR No : SKAR.0000100497	Reported : 09/Dec/2023 01:26PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : M/sSANGEETA KUMARI	Collected : 09/Dec/2023 10:21AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 01:18PM
UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 01:26PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

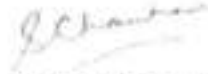
\*\*\* End Of Report \*\*\*

Result/s to Follow:

HBA1C (GLYCATED HEMOGLOBIN), GLUCOSE (POST PRANDIAL) - URINE, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)



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



Dr. Shivangi Chauhan  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Patient Name : MNSANGEETA KUMARI	Collected : 09/Dec/2023 03:02PM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 03:37PM
UHID/MR No : SKAR.0000100487	Reported : 09/Dec/2023 04:10PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

**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)	129	mg/dL	70-140	GOD - POD

**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.



Patient Name : MsSANGEETA KUMARI	Collected : 09/Dec/2023 10:21AM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 02:12PM
UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 05:19PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : M/sSANGEETA KUMARI	Collected : 09/Dec/2023 02:59PM
Age/Gender : 26 Y 5 M 1 D/F	Received : 09/Dec/2023 03:38PM
UHID/MR No : SKAR.0000100497	Reported : 09/Dec/2023 04:10PM
Visit ID : SKAROPV129781	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1215442	

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

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



Dr. Shivangi Chauhan  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



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



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



## APOLLO SPECTRA HOSPITAL

### MEDICAL EXAMINATION REPORT

Name: *Sangeeta Kumari* Age/Sex: *26y/F* DOB: -

ADDRESS: - *New Delhi*

He is not suffering from following disease

- |         |                    |
|---------|--------------------|
| 1. DM   | 5. Eye disorder    |
| 2. HTN  | 6. Paralysis       |
| 3. COPD | 7. Dental Check-up |
| 4. TB   | 8. ENT             |
- READ* *READ*

BP: - *130/80 mmHg* PR: - *96/min* WEIGHT: - *60kg*

RR: - *16/min* HEIGHT: *153 Cm*

Date: *09/12/23*  
Place: - *New Delhi*



Doctor Name:

Doctor Signature:

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009NPTC041096

Apollo Spectra Hospitals  
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BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE | HYDERABAD | GWALIOR | GURUGRAM



Name: Sangeeta  
Date: 9.12.2023

Age: 26 Y/ Sex: F  
Health check up

### ULTRASOUND WHOLE ABDOMEN

LMP-1.12.2023

Liver is normal in size and shows diffuse increase in echotexture suggestive of Grade I fatty infiltration. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.

Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.

Uterus is anteverted, normal in size, shape and echopattern.

Endometrium echo is 7 mm thick, echogenic. It shows secretory phase morphology.

Small endometrial polyp cannot be ruled out.

Both the ovaries appear normal in size, shape, and echopattern.

Bilateral adnexae are clear. No adnexal mass.

No free fluid or pelvic collection seen.

*Please correlate clinically*



DR. GLOSSY B SABHARWAL, MD  
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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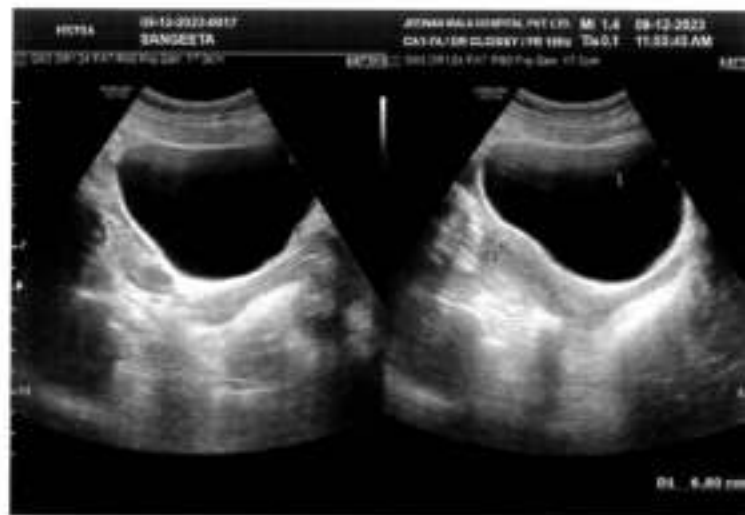
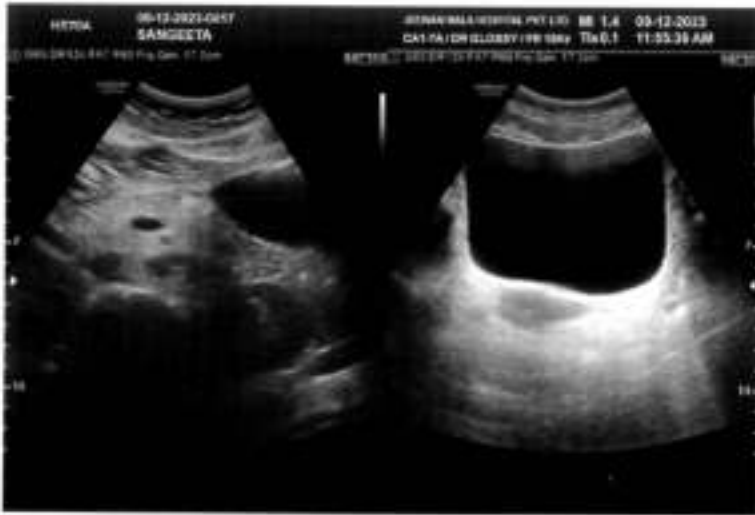
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Patient

Exam

ID 09-12-2023-0017  
Name SANGEETA  
Birth Date  
Gender

Accession #  
Exam Date 09122023  
Description  
Sonographer



Sangeeta, Kumari  
ID: 100497

26 Years Female  
153 cm 60.0 kg

09.12.2023 11:06:26  
APOLLO SPECIALITY HOSPITAL  
ROHTAK ROAD  
DELHI-110005

QRS :  
QT / QTcBaz : 356 / 400 ms  
PR : 144 ms  
P : 98 ms  
RR / PP : 786 / 789 ms  
P / QRS / T : 65 / 69 / 28 degrees

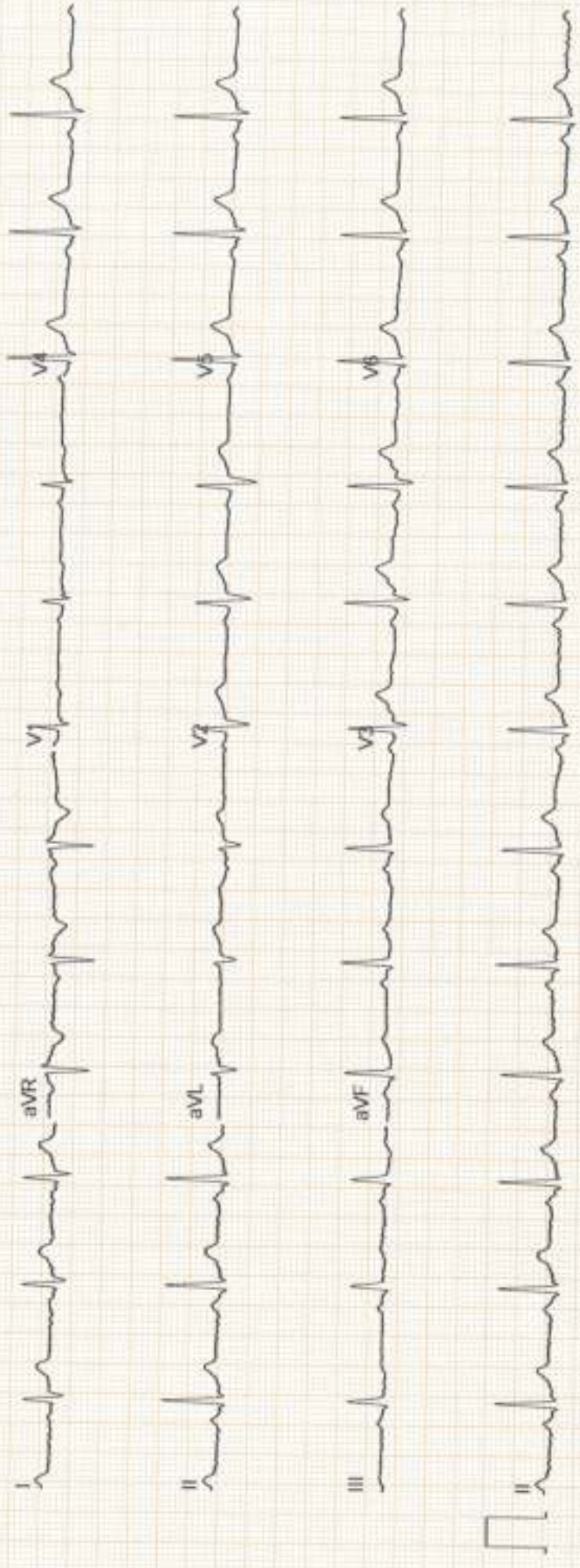
Normal sinus rhythm  
Normal ECG

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

B.P. 120/80  
B.M.I. 25.6

76 bpm  
- / - mmHg



### Echocardiography Report

=====

NAME: Sangeeta Kumari  
DATE: 09.12.2023

=====

AGE 26 Y /SEX/F

#### Summary of 2D echo

Baseline echocardiography revealed: HR 106 BPM

- No chamber enlargement.
- No RWMA.
- Normal LV function LVEF -65%
- Normal Diastolic function.
- Good RV function
- No MR / TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse.

#### Observations

##### Dimensions

LVID d=	37	(35-55mm)
LV IVS=	06	(6-11mm)
Pwd =	08	(6-11mm)
Ao =	26	(20- 37mm)
LA =	29	(21- 37mm)
LVEF =	65%	(55 +6.2%)

---

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Early Morning:-  
7 Am

1 glass luke warm water / 1 glass lemon  
water.

Breakfast . 9 Am -

veg poha / veg uttam / cheela / uttupam /  
specials / veg sandwich / oats /  
veg dalia / Milk dalia.  
+  
1 glass milke.

Mid morning - 11 Am

1 fruit / fruit chat.

Lunch :- 1 Pm.

chapati + Sabji / Dal /  
Salad / curral

Evening 4 Pm -

Tea / coconut water / Soup /  
Roasted Makhana / Roasted chana /  
Roasted mumsure / Home made  
Diet mixture / Any light  
mixture.

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Ameerpet, Hyderabad-500038, Telangana.

Name: Sanjota  
Age/Sex: 26yrs/F

09/10/23

vision → (R) 6/9      (L) 6/6

Colour vision → (R) (L)

↓

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Ameerpet, Hyderabad-500038, Telangana.

=====

NAME: SANGEETA KUMARI  
REF. BY: HEALTH CHECKUP  
DATE: 09.12.2023

=====

AGE 26 Y /SEX/F  
UHID: SKAR00000100497  
S. NO: 14530

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.

No definite pleural or parenchymal pathology seen.

Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.



DR. GLOSSY B SABHARWAL, MD  
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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