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|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:57AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 03:05PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062662



| | | | |
|-----------------|---------------------|--------------|-------------------------------|
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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 |
|---|--------------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.6 | g/dL | 12-15 | CYANIDE FREE COLOUROMETER |
| PCV | 38.50 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.37 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 88 | fL | 83-101 | Calculated |
| MCH | 28.9 | pg | 27-32 | Calculated |
| MCHC | 32.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,380 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 46.9 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 40.6 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.5 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.9 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 1.1 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2523.22 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2184.28 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 242.1 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 371.22 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 59.18 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.16 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 188000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 16 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

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

Page 2 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062662



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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



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Consultant Pathology
SIN No:BED240062662



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DEPARTMENT OF HAEMATOLOGY

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



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MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062662



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| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 01:53PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 02:44PM |
| Visit ID : SCHIOPV27181 | 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, FASTING , NAF PLASMA | 91 | mg/dL | 70-100 | GOD - POD |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Page 5 of 14



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



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



SIN No:PLF02120862

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|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 11:45AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 05:28PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 08:45PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 95 | 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.



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: PLP1428900



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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 |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 105 | 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)

Page 7 of 14



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



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



SIN No:EDT240028448

| | |
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| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:56AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 03:43PM |
| Visit ID : SCHIOPV27181 | 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 |
|------------------------------|--------------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 182 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 176 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 43 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 139 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 103.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 35.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.23 | | 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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.




Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04655220

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|-------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.60 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.50 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.10 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 42 | U/L | <35 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 28.0 | U/L | 14-36 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 82.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.90 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.60 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.30 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04655220



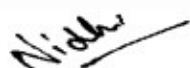
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|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 02:16PM |
| UHID/MR No : SCHI.0000018703 | Reported : 10/Mar/2024 08:23AM |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|---------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.69 | mg/dL | 0.5-1.04 | Creatinine amidohydrolase |
| UREA | 22.50 | mg/dL | 15-36 | Urease |
| BLOOD UREA NITROGEN | 10.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.50 | mg/dL | 2.5-6.2 | Uricase |
| CALCIUM | 9.70 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.21 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 137.9 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.3 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101.7 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.54 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.49 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.05 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.47 | | 0.9-2.0 | Calculated |

Page 10 of 14



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



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



SIN No:BI18701756

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|----------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 42.00 | U/L | 12-43 | Glycylglycine Nitoranalide |



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MBBS,MD (Pathology)
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SIN No:SE04655220



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| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 02:09PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.56 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.73 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 3 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

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

- 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 |



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SPL24041546



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| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 04:55PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 07:14PM |
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| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 5.0 | | 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 | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 13 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2300920



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 04:55PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 07:14PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011025



Name : Mrs. MEENAL JUNEJA

Age: 35 Y

UHID: SCHI.0000018703

Sex: F



OP Number: SCHIOPV27181

Address : DELHI

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9726

Date : 09.03.2024 09:02

| Sno | Service Type/ServiceName | Department |
|-----|---|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | D ECHO <i>ppu</i> | |
| 3 | LIVER FUNCTION TEST (LFT) | |
| 4 | GLUCOSE, FASTING | |
| 5 | HEMOGRAM + PERIPHERAL SMEAR | |
| 6 | GYNAECOLOGY CONSULTATION <i>After</i> | |
| 7 | DIET CONSULTATION <i>after Rno</i> | |
| 8 | COMPLETE URINE EXAMINATION | |
| 9 | URINE GLUCOSE (POST PRANDIAL) | |
| 10 | PERIPHERAL SMEAR | |
| 11 | ECG | |
| 12 | LBC PAP TEST- PAPSURE <i>After</i> | |
| 13 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 14 | DENTAL CONSULTATION <i>Rno. 12</i> | |
| 15 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 16 | URINE GLUCOSE (FASTING) | |
| 17 | HbA1c, GLYCATED HEMOGLOBIN | |
| 18 | X-RAY CHEST PA <i>B</i> | |
| 19 | ENT CONSULTATION <i>o 9:30 Rno. 10 after Report</i> | |
| 20 | FITNESS BY GENERAL PHYSICIAN | |
| 21 | BLOOD GROUP ABO AND RH FACTOR | |
| 22 | LIPID PROFILE | |
| 23 | BODY MASS INDEX (BMI) | |
| 24 | OPHTHAL BY GENERAL PHYSICIAN <i>Rno. 15</i> | |
| 25 | ULTRASOUND - WHOLE ABDOMEN <i>11am</i> | |
| 26 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

Height: 153 cm
 Weight: 63.2
 B.P.: 120/80
 Pulse: 80
 SP02: 98



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम **MEENAL JUNEJA**
Name

कर्मचारी कुट क्र. **79991**
E.C. No.

जारीकर्ता (अधिकारी) **श. लक्ष्मण**
Issuing Authority (अधिकारी) (श. लक्ष्मण) sh



Meenal Juneja
धारक के हस्ताक्षर
Signature of Holder

Client Name

ARCOFEMI HEALTHCARE LIMITED

Patient Name

MRS. JUNEJA MEENAL

consultation pending

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Meenal on 9/13

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 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> | <input type="checkbox"/> |
| <ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p> | <input type="checkbox"/> |
| <ul style="list-style-type: none">• Unfit | <input type="checkbox"/> |

Dr. [Signature]
Medical Officer
The Apollo Clinic, Uppal



This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

| | |
|------------------------------|---------------------------|
| NAME :- <u>Meeraj Jones</u> | UHID No : <u>18703</u> |
| AGE / GENDER :- <u>35yrs</u> | RECEIPT No :- |
| PANEL : <u>Ascelemi</u> | EXAMINED ON :- <u>9/3</u> |

Chief Complaints:

Past History:

| | | | | | |
|--------------|---|-----|--------|---|-----|
| DM | : | Nil | CVA | : | Nil |
| Hypertension | : | Nil | Cancer | : | Nil |
| CAD | : | Nil | Other | : | Nil |

Personal History:

| | | | | | |
|---------|---|-----|-----------|---|--------|
| Alcohol | : | Nil | Activity | : | Active |
| Smoking | : | Nil | Allergies | : | Nil |

Family History:

General Physical Examination:

| | | | | | | | |
|--------|-------------|---|-----|-------|---------------|---|------|
| Height | <u>153</u> | : | cms | Pulse | <u>87/m</u> | : | bpm |
| Weight | <u>63.7</u> | : | Kgs | BP | <u>120/80</u> | : | mmHg |

Rest of examination was within normal limits.

Systemic Examination:

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

PREVENTIVE HEALTH CARE SUMMARY

| | | |
|----------------------|----------------|---------------|
| NAME :- <u>Meena</u> | UHID No : | |
| AGE :- | SEX : | RECEIPT No :- |
| PANEL : | EXAMINED ON :- | |

Investigations:

- All the reports of tests and investigations are attached herewith

USG report

WML

Recommendation:

- MRI abdomen

Cap Absolute women 102 + 1-2
month

My vite D₃ 60 K once a week
2 month

Review reports

Dr. Navneet Kaur
Consultant Physician



Patient Name : Mrs. MEENAL JUNEJA Age : 35 Y/F
 UHID : SCHI.0000018703 OP Visit No : SCHIOPV27181
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-03-2024 17:36
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____
 Doppler Normal/Abnormal E>A **E≥A**
 Mitral Stenosis Present/**Absent** RR Interval _____msec
 EDG _____mmHg MDG _____mmHg MVA _____cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

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

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____mmHg Pulmonary annulus _____mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____mmHg. End diastolic gradient _____mmHg

AORTIC VALVE

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

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

CHAMBERS :

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

Regional wall motion abnormality **Absent**

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

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

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

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

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

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

PERICARDIUM

COMMENTS & SUMMARY

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



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

| | | | | |
|-----------------|-----------------------|----------------|-------------------|---------------|
| Name : | MEENAL JUNEJA | Age/Sex | 35 | Yrs/ F |
| UHID : | 18703 | | | |
| Ref By : | APOLLO SPECTRA | Date:- | 09.03.2024 | |

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

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

Pancreas and Spleen: Appears normal in size and echotexture.

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

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

Uterus is antverted and normal in size. It measures 8.9 x 5.3 cm. Endometrial echoes are normal and measures 4.4 mm. A 4.1 x 4.2 cm fibroid is seen in posterior wall of the uterus indenting the endometrial cavity.

A 38.7 x 20mm illdefined hypoechoic lesion is seen in the subcutaneous tissue in the left lower abdominal in the region of pain , possibility of scar endometriosis needs to be ruled out.

Both ovaries are normal in size ,shape and echotexture.

Right ovary: 2.4 x 1.7 cm

Left ovary: 2.7 x 1.5 cm

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

IMPRESSION: FATTY CHANGES IN LIVER GRADE II

Please correlate clinically and with lab. Investigations. MRI abdomen suggested



DR. MONICA CHHABRA
CONSULTANT RADIOLOGIST

New Delhi-110019
Apollo Spectra Hospitals
DMC No. 18704
Consultant Radiologist

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi-110048

Ph:011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

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Ph No: 040-4904 7777 | www.apollohl.com

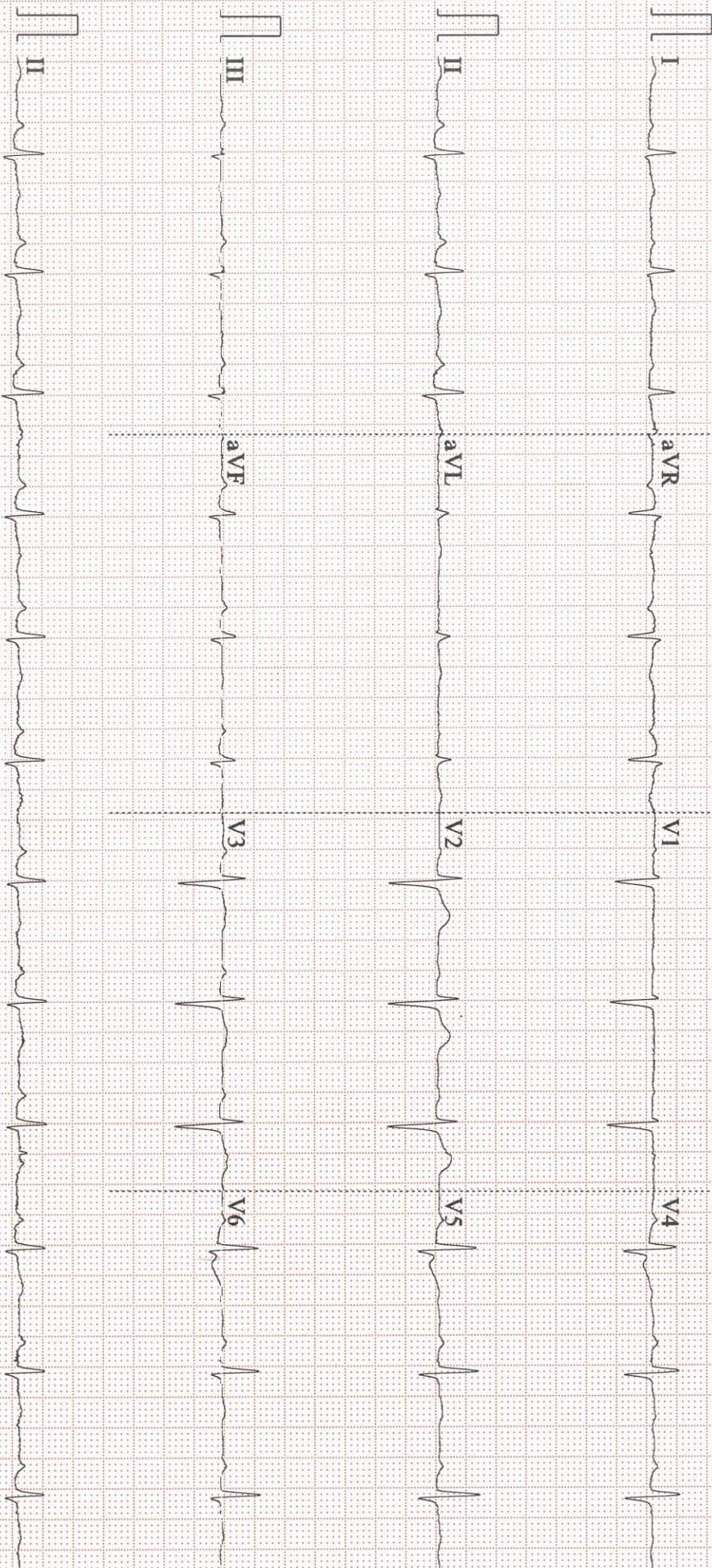
ID: 18703
Meenal Juneja
Female 35Years
Req. No. :

09-03-2024 10:52:57
HR : 74 bpm
P : 109 ms
PR : 207 ms
QRS : 91 ms
QT/QTcBz : 398/443 ms
P/QRS/T : 62/24/41 °
RV5/SV1 : 0.725/0.704 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG



Report Confirmed by:



Dr. Drusha Sharma
BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151

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

09/03/2024

Mrs. Munal Jiniya
354 / F.

C/C:- Regular Dental Check - up -

M/H:- N-R.

PDH:- Restoration in left upper back,
region, 6-8 months back,

O/E:- Calculus +.

Advised :- Sealing foral leucoplakias.

Dr.

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi - 110048
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09/05/24

Mr. Meenal Jeyaraj

35F

happ @ 46-76
① 46-76

90-20

(Eyes)

NC 1/10
11 1/2

10/11

Red @ 10 of cells
① 10 of cells

PO4 of Same as Rx

tonics with

S/G @

color vision @

Adv. Continue Eden

- Lubrex Eye Drop

①

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Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

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Ph No: 040-4904 7777 | www.apollohl.com

L.M.P - 1.3.24

Myo lap. myomectomy
byr back

Meenal
Juneja
35 y / F

9.3.24

P.L. - Syrs / Wm / P / A + H. Adv

no pain abdomen, - AMH, FSH.
periods (N) -
- Reports review

breast (N)

P/A - (L) man
lumbal
region

P/r - (N)

P/r - ? fullness
(L) side

Adv

Patient Name : Mrs. MEENAL JUNEJA
UHID : SCHI.0000018703
Conducted By: :
Referred By : SELF

Age : 35 Y/F
OP Visit No : SCHIOPV27181
Conducted Date :

Patient Name : Mrs. MEENAL JUNEJA
UHID : SCHI.0000018703
Conducted By :
Referred By : SELF

Age : 35 Y/F
OP Visit No : SCHIOPV27181
Conducted Date :

Patient Name : Mrs. MEENAL JUNEJA Age : 35 Y/F
 UHID : SCHI.0000018703 OP Visit No : SCHIOPV27181
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-03-2024 17:40
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____
 Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

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

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg. End diastolic gradient _____ mmHg

AORTIC VALVE

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

| <u>Measurements</u> | <u>Normal Values</u> | <u>Measurements</u> | <u>Normal values</u> |
|---------------------|----------------------|---------------------|----------------------|
| Aorta 2.6 | (2.0 – 3.7cm) | LA es 2.7 | (1.9 – 4.0cm) |

Patient Name : Mrs. MEENAL JUNEJA Age : 35 Y/F
 UHID : SCHI.0000018703 OP Visit No : SCHIOPV27181
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-03-2024 17:40
 Referred By : SELF

| | | | | | |
|-----------|-----|---------------|------------------|-----|---------------------------------|
| LV es | 2.5 | (2.2 – 4.0cm) | LV ed | 4.0 | (3.7 – 5.6cm) |
| IVS ed | 0.7 | (0.6 – 1.1cm) | PW (LV) | 0.7 | (0.6 – 1.1cm) |
| RV ed | | (0.7 – 2.6cm) | RV Anterior wall | | (upto 5 mm) |
| LVVd (ml) | | | LVVd (ml) | | |
| EF | 60% | (54%-76%) | IVS motion | | <u>Normal</u> /Flat/Paradoxical |

CHAMBERS :

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

Regional wall motion abnormality Absent

LA Normal/Enlarged/Clear/Thrombus

RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

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

Patient Name : Mrs. MEENAL JUNEJA Age : 35 Y/F
UHID : SCHI.0000018703 OP Visit No : SCHIOPV27181
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-03-2024 17:40
Referred By : SELF

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

| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:57AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 03:05PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062662



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:57AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 03:05PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.6 | g/dL | 12-15 | CYANIDE FREE COLOUROMETER |
| PCV | 38.50 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.37 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 88 | fL | 83-101 | Calculated |
| MCH | 28.9 | pg | 27-32 | Calculated |
| MCHC | 32.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,380 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 46.9 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 40.6 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.5 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.9 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 1.1 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2523.22 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2184.28 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 242.1 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 371.22 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 59.18 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.16 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 188000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 16 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

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

Page 2 of 15



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062662



Patient Name : Mrs.MEENAL JUNEJA
Age/Gender : 35 Y 1 M 14 D/F
UHID/MR No : SCHI.0000018703
Visit ID : SCHIOPV27181
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : ADHGZDEJUHT

Collected : 09/Mar/2024 09:03AM
Received : 09/Mar/2024 09:57AM
Reported : 09/Mar/2024 03:05PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062662



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:57AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 03:05PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF HAEMATOLOGY

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062662



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 01:53PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 02:44PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

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 | 91 | mg/dL | 70-100 | GOD - POD |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ 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.



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



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



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 11:45AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 05:28PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 08:45PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

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) | 95 | 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.



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: PLP1428900



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 02:05PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 05:20PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

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 | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 105 | mg/dL | | Calculated |

Comment:

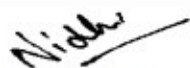
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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)

Page 7 of 15



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



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



SIN No:EDT240028448

| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:56AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 03:43PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 182 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 176 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 43 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 139 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 103.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 35.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.23 | | 0-4.97 | Calculated |

Comment:

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

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04655220



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|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:56AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 03:43PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|-------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.60 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.50 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.10 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 42 | U/L | <35 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 28.0 | U/L | 14-36 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 82.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.90 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.60 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.30 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.39 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04655220



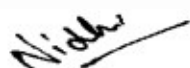
| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 02:16PM |
| UHID/MR No : SCHI.0000018703 | Reported : 10/Mar/2024 08:23AM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|---------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.69 | mg/dL | 0.5-1.04 | Creatinine amidohydrolase |
| UREA | 22.50 | mg/dL | 15-36 | Urease |
| BLOOD UREA NITROGEN | 10.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.50 | mg/dL | 2.5-6.2 | Uricase |
| CALCIUM | 9.70 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.21 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 137.9 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.3 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101.7 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.54 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.49 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.05 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.47 | | 0.9-2.0 | Calculated |

Page 10 of 15



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



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



SIN No:BI18701756

| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:56AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 02:20PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

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 | 42.00 | U/L | 12-43 | Glycylglycine Nitoranalide |



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04655220



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 09:56AM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 02:09PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.56 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.73 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 3 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

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

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SPL24041546



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|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 04:55PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 07:14PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 5.0 | | 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 | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | ABSENT | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 13 of 15



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2300920



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 09:03AM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 04:55PM |
| UHID/MR No : SCHI.0000018703 | Reported : 09/Mar/2024 07:14PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011025



| | |
|----------------------------------|--|
| Patient Name : Mrs.MEENAL JUNEJA | Collected : 09/Mar/2024 12:31PM |
| Age/Gender : 35 Y 1 M 14 D/F | Received : 09/Mar/2024 10:41PM |
| UHID/MR No : SCHI.0000018703 | Reported : 11/Mar/2024 06:51PM |
| Visit ID : SCHIOPV27181 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : ADHGZDEJUHT | |

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | L-331-24 |
| 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 | Smear shows sheets of superficial and intermediate squamous cells. |
| 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 ***

Page 15 of 15



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: CS076009

