

<b>Patient Name</b>	: Mrs. M Yogitha	<b>Age/Gender</b>	: 39 Y/F
<b>UHID/MR No.</b>	: CINR.0000163717	<b>OP Visit No</b>	: CINROPV220876
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 03-03-2024 12:00
<b>LRN#</b>	: RAD2255388	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9591662969		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears **enlarged** in size(18.2cm), shape and echopattern **mildly increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

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

Right kidney measuring 10.5x4.4 cm.

Left kidney measuring 9.1x5.4 cm.

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

**UTERUS:** Surgically removed.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

#### IMPRESSION:

**1. HEPATOMEGALY WITH GRADE I FATTY LIVER.**

**2. UTERUS SURGICALLY REMOVED.**

**Dr. RAMESH G**  
**MBBS DMRD**  
RADIOLOGY


Patient Name : Mrs.M YOGITHA	Collected : 03/Mar/2024 08:40AM
Age/Gender : 39 Y 2 M 12 D/F	Received : 03/Mar/2024 01:35PM
UHID/MR No : CINR.0000163717	Reported : 03/Mar/2024 03:31PM
Visit ID : CINROPV220876	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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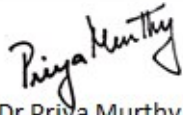
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.82</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82</b>	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	36.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3378	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2178	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	90	Cells/cu.mm	20-500	Calculated
MONOCYTES	348	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.55		0.78- 3.53	Calculated
PLATELET COUNT	280000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>27</b>	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

  
**DR. Aditi Parkhe**  
 MBBS, MD (PATHOLOGY)  
 Consultant Pathologist

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



SIN No: BED240056613

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

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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DEPARTMENT OF HAEMATOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

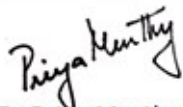
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

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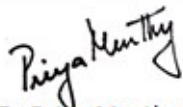
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
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Patient Name : Mrs.M YOGITHA	Collected : 03/Mar/2024 08:40AM
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UHID/MR No : CINR.0000163717	Reported : 03/Mar/2024 06:00PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



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

SIN No:EDT240025542

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	252	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	165	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	50.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.74		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.




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SIN No:SE04648974

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.45	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	11.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.98	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.59	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>14.60</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.92	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.98	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated



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

SIN No:SE04648974

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

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034



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

Patient Name : Mrs.M YOGITHA	Collected : 03/Mar/2024 08:40AM
Age/Gender : 39 Y 2 M 12 D/F	Received : 03/Mar/2024 01:56PM
UHID/MR No : CINR.0000163717	Reported : 03/Mar/2024 03:44PM
Visit ID : CINROPV220876	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9591662969	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<38	IFCC



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Patient Name : Mrs.M YOGITHA	Collected : 03/Mar/2024 08:40AM
Age/Gender : 39 Y 2 M 12 D/F	Received : 03/Mar/2024 01:57PM
UHID/MR No : CINR.0000163717	Reported : 03/Mar/2024 05:49PM
Visit ID : CINROPV220876	Status : Final Report
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Emp/Auth/TPA ID : 9591662969	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.5	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.60	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.730	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




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

SIN No:SPL24037438

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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Patient Name : Mrs.M YOGITHA	Collected : 03/Mar/2024 08:40AM
Age/Gender : 39 Y 2 M 12 D/F	Received : 03/Mar/2024 02:00PM
UHID/MR No : CINR.0000163717	Reported : 03/Mar/2024 03:22PM
Visit ID : CINROPV220876	Status : Final Report
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Emp/Auth/TPA ID : 9591662969	

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

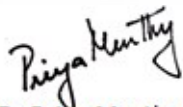
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

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

Result/s to Follow:

Page 12 of 13

  
**DR. Aditi Parkhe**  
 MBBS, MD (PATHOLOGY)  
 Consultant Pathologist

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



SIN No: UR2296525

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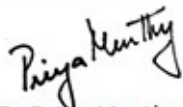
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR, GLUCOSE, FASTING

  
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Consultant Pathologist

  
Dr Priya Murthy  
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