




नाम मुहम्मद आदम मलिक
Name Mohammad Adam Malik

कार्यकारी कूट नं.
E.C. No. 110696


प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

POWER PRESCRIPTION

NAME: Sana Rani

GENDER: M/F

DATE: 23/12/25

AGE: 31

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	1.0	—		6/6
NEAR	—	—	—	N/6

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0.75	0.75	180	6/6
NEAR	—	—	—	N/6

INSTRUCTIONS:

Colour Vision, Normal



SIGNATURE

The Apollo Clinic- Manikonda
PHYSICAL EXAMINATION FORM

DATE 13/01/24 UHID EMAAL 35044
Name Mrs. Sana Rain Age 31Y/F

Height	<input type="text" value="165"/>	Cms		
Weight	<input type="text" value="83.6"/>	Kgs		
Chest Measurement	<input type="text"/>	(In) Cm	<input type="text"/>	(Out) Cm
Waist	<input type="text"/>	Cm	Hip	<input type="text"/>
Pulse	<input type="text" value="99"/>	Per Min	BMI	<input type="text" value="30.7"/>
BP	<input type="text" value="90/60"/>	mmHg	SPO2	<input type="text" value="98.1"/>

Mrs. sana rain
ID: cman.35044

13.01.2024 12:31:05

ARROW CE

31 Years

Female

APOLLO CLINIC
MANIKONDA
HYDERABAD

Location:

Room:

Order Number:

Visit:

Indication:

Medication 1:

Medication 2:

Medication 3:

83 bpm

-- / -- mmHg

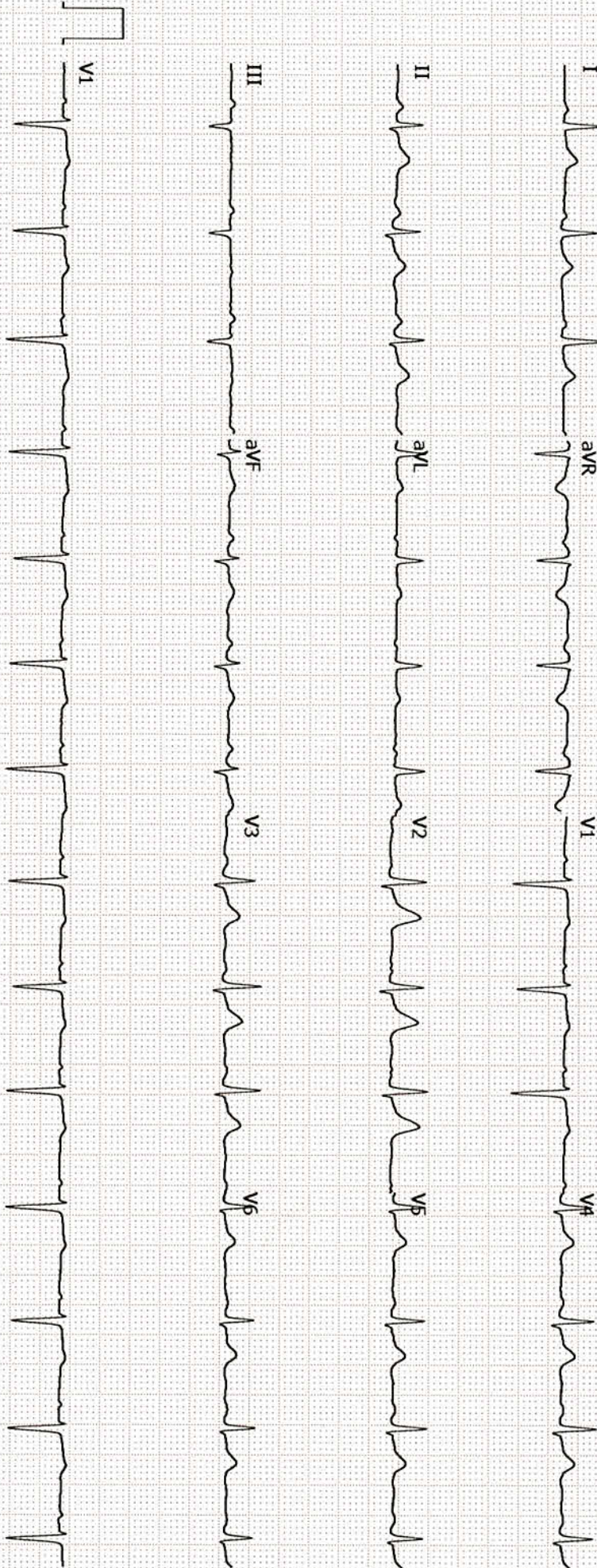
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 354 / 415 ms
PR : 140 ms
P : 102 ms
RR / PP : 722 / 722 ms
P / QRS / T : 65 / 1 / 35 degrees

Normal sinus rhythm
Normal ECG

Normal

Normal



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Unconfirmed

4x2.5x3_25_R1 1/1

Name <u>Mrs. Sana Rain</u>	Date <u>13/01/24</u>
Age <u>31y</u>	UHID No. <u>EMAN. 35044</u>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ref. Physician <u>Dr. Toipti Deb</u>
Ref. Diagnosis <u>N</u>	

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.05</u> cm	(1.5cm / m2)	IVS (Ed) <u>1.13</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.10</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.23</u> cm	(0.6 - 1.1 cm)
RVID (ed) <u>2.09</u> cm	(0.9 cm / m2)	EF <u>67</u>	(0.62 - 0.85)
LVID (ed) <u>4.13</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>36</u>	(2.8% - 42%)
LVID (es) <u>2.61</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML <u>N</u>	Interatrial septum <u>Intact</u>
	PML <u>N</u>	Interventricular septum <u> </u>
Aortic Valve	<u>N</u>	Pulmonary artery <u>N</u>
Tricuspid valve	<u>N</u>	Aorta <u>N</u>
Pulmonary valve	<u>N</u>	Right atrium <u>2.38 N</u>
Right ventricle	<u>N</u>	Left atrium <u>N</u>

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Sana Rain on 16/1/24

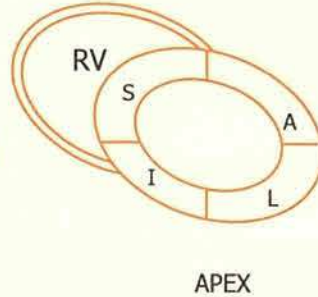
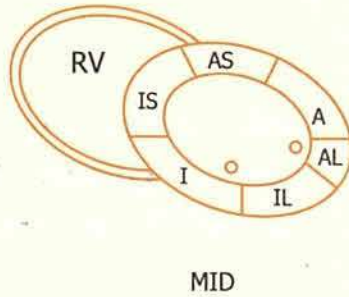
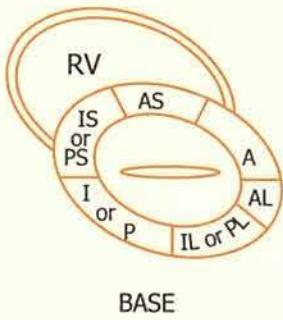
After reviewing the medical history and on clinical examination it has been found that he/she is

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

Dr. 
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Left ventricle : LV WALL MOTION ANALYSIS



1. Normal
2. Hypokinesia
3. Akinesia
4. Dyskinesia
5. Aneurysmal

Pericardium $ASV = 0.71$
 $PTV = 0.65$
 $E = 0.86$
 $A = 0.63$

} Normal colour Doppler
 E > A normal diastolic Compliance

Doppler studies

Impression

Normal echo study

Done by

Checked by

Signature
 Consultant - Cardiology

Patient Name	: Mrs. Sana Rain	Age/Gender	: 31 Y/F
UHID/MR No.	: CMAN.0000035044	OP Visit No	: CMANOPV191674
Sample Collected on	:	Reported on	: 13-01-2024 20:00
LRN#	: RAD2207764	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 110696L		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size increased and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is partially distended. calculus measures 20mm noted in the lumen . Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.7 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

- CHOLELITHIASIS .
- GRADE-I FATTY LIVER .

Patient Name : Mrs. Sana Rain

Age/Gender : 31 Y/F

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. MOHD ABDUL RAWOOF
MBBS,DNB(RADIO DIAGNOSIS)
Radiology



Patient Name	: Mrs. Sana Rain	Age/Gender	: 31 Y/F
UHID/MR No.	: CMAN.0000035044	OP Visit No	: CMANOPV191674
Sample Collected on	:	Reported on	: 19-01-2024 11:03
LRN#	: RAD2207764	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 110696L		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA


Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:01PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 02:09PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

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	12.2	g/dL	12-15	Spectrophotometer
PCV	36.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78.9	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.5	%	40-80	Electrical Impedance
LYMPHOCYTES	22.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6480	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2179.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	124.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	796.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	271000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

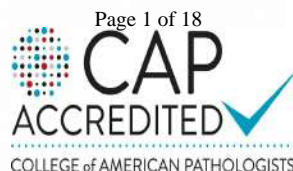
RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



Dr. R. SHALINI
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: BED240009608

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

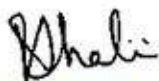


Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:01PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 02:09PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240009608

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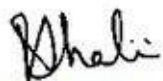


Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:01PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 04:51PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

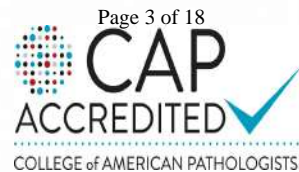
Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr.R.SHALINI
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Consultant Pathologist

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Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:07PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 02:51PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

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	88	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	80	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:EDT240004110

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DEPARTMENT OF BIOCHEMISTRY

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

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)



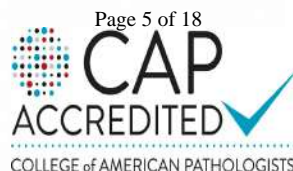
Dr.E.Maruthi Prasad
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Consultant biochemist

SIN No:EDT240004110

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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 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 Door No : 8-1-284/OU/439 & 8-1-284/OU/440, O. U. Colony, Manikonda
 Road, Shaikpet., Manikonda, Hyderabad, Telangana, India - 500008



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 | Virman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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DEPARTMENT OF BIOCHEMISTRY

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

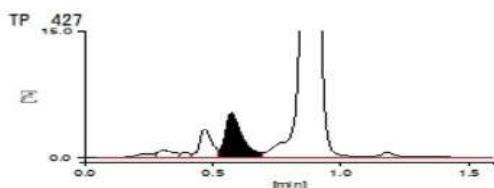
Chromatogram Report

1 V5.28.1 2024-01-13 14:05:26
 ID EDT240004110
 Sample No. 01130108 SL 0003 - 02
 Patient ID
 Name
 Comment

GALIB			
Name	%	Time	Area
ATA	0.5	0.23	8.40
A1B	0.7	0.30	12.24
F	0.3	0.40	5.11
LA1C+	1.9	0.47	35.10
SA1C	5.4	0.57	76.96
A0	92.7	0.87	1686.68
H-V0			
H-V1			
H-V2			

Total Area 1824.49

HbA1c 5.4 % IFCC 35 mmol/mol
 HbA1 6.5 % HbF 0.3 %



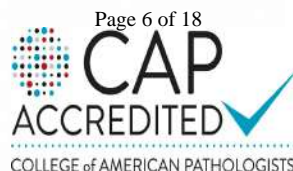

Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

SIN No:EDT240004110

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 Road, Shaikpet, Manikonda, Hyderabad, Telangana, India - 500008



Patient Name : Mrs.SANA RAIN
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DEPARTMENT OF BIOCHEMISTRY

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

Maruthi...

Dr.E.Maruthi Prasad
PhD (Biochemistry)
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 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:17PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 02:05PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

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	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	67	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		0-4.97	Calculated

Comment:

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

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

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SE04600153

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

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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Patient Name : Mrs.SANA RAIN
Age/Gender : 31 Y 5 M 25 D/F
UHID/MR No : CMAN.0000035044
Visit ID : CMANOPV191674
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 110696L

Collected : 13/Jan/2024 09:59AM
Received : 13/Jan/2024 01:17PM
Reported : 13/Jan/2024 02:05PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Maruthi...

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

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Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:17PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 02:05PM
Visit ID : CMANOPV191674	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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	69.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

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- Correlation with PT (Prothrombin Time) helps.



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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	0.53	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	24.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.34	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.73	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.37	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)

Maruthi...

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PhD (Biochemistry)
Consultant biochemist

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Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:17PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 01:54PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

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	17.00	U/L	<38	IFCC

Maruthi...

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PhD (Biochemistry)
Consultant biochemist

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Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:18PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 02:34PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

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)	1.08	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.51	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.368	µIU/mL	0.38-5.33	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. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24006416

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DEPARTMENT OF IMMUNOLOGY

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



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PhD.(Biochemistry)
Consultant Biochemist

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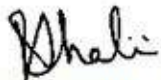


Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:42PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 03:25PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
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



Dr.R.SHALINI
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2262296

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



Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 12:53PM
Age/Gender : 31 Y 5 M 25 D/F	Received : 14/Jan/2024 09:36AM
UHID/MR No : CMAN.0000035044	Reported : 14/Jan/2024 02:03PM
Visit ID : CMANOPV191674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 110696L	

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



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:UPP016193

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



Patient Name : Mrs.SANA RAIN	Collected : 13/Jan/2024 09:59AM
Age/Gender : 31 Y 5 M 25 D/F	Received : 13/Jan/2024 01:42PM
UHID/MR No : CMAN.0000035044	Reported : 13/Jan/2024 03:22PM
Visit ID : CMANOPV191674	Status : Final Report
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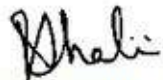
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF010191

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