


Name : Mrs. Shamshta Khatoon Address : Bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 50 Y Sex : F	UID :CINR.0000162236  OP Number :CINROPV217915 Bill No :CINR-OCR-93528 Date : 03.02.2024 08:23
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING - 15	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO - 9 Time: 9:30 AM	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA - 15	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION - 15 ✓ after 10 am	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI) - 6	
21	CBC,PAP TEST- PAPSURE - 3 ✓ after 10 am X	
22	OPTICAL BY GENERAL PHYSICIAN - 5	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN - 3	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Date : 03-02-2024
 MR NO : CINR.0000162236
 Name : Mrs. Shamsha Khatoon
 Age/ Gender : 50 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Constitution Timing: 08:22

Height: 155 cm	Weight: 59.8 kg	BMI: 25.1 kg/m ²	Waist Circum: 97 cm
Temp: 98.6	Pulse: 97 bpm	Resp: 18 bpm	B.P: 130/70 mmHg

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

~~Febrile~~

P₂ L₂ tenderness, hysty loop
 back, nil complications
 P.O.E.

Throm + mitral
 R₂ + aortic

Pap smear not done

Adv

U/s abd & pelvis

Adv:

Tab Calcimax forte — ^{AD} ①

x food = 1 month

Adv

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs. Sharmista DATE : 3/2/24
UHID NO : 162239 AGE : 50
OPTOMETRIST NAME: Ms. Swathi GENDER: F

This is to certify that I have examined
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	+0.25	+0.00	0		+0.25	+0.00	0	
Add	+0.25				+0.25			

PD - RE: 32 - LE: 32

Colour Vision: normal (30)

Remarks:

Apollo clinic Indiranagar

NAME: MRS SHAMSHA K

AGE/SEX: 50Y/F

OP NUMBER: 162236

Ref By : SLEF

DATE: 03-02-2024

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.4	IVS(D): 1.1	MV: E Vel: 0.9	A Vel : 0.8
LA: 3.0	LVIDD(D): 4.0	AV Peak: 1.3	
	LVPW(D): 1.0	PV peak: 0.7	
	IVS(S): 1.3		
	LVID(S): 2.4		
	LVPW(S): 1.2		
	LVEF: 60%		
	TAPSE: 2.7		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal



भारत सरकार
Government of India



समसा खातून
Samasa Khatun
जन्म तिथि/ DOB: 01/01/1974
महिला / FEMALE



7404 7827 2108

मेरा आधार, मेरी पहचान



Patient Name	: Mrs. Shamsha Khatoon	Age/Gender	: 50 Y/F
UHID/MR No.	: CINR.0000162236	OP Visit No	: CINROPV217915
Sample Collected on	:	Reported on	: 03-02-2024 14:09
LRN#	: RAD2224426	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 7561951295		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, 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 9.4x4.1 cm.

Left kidney measuring 9.9x4.9 cm.

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

UTERUS & OVARIES: Surgically removed.

No free fluid is seen.

IMPRESSION:

- **GRADE I FATTY LIVER.**
- **UTERUS OVARIES SURGICALLY REMOVED.**

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mrs. Shamsha Khatoon

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000162236

OP Visit No : CINROPV217915

Sample Collected on :

Reported on : 03-02-2024 15:18

LRN# : RAD2224426

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7561951295

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Shamsha Khatoon

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000162236

OP Visit No : CINROPV217915

Sample Collected on :

Reported on : 03-02-2024 16:13

LRN# : RAD2224426

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7561951295

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

THERMAL SONO MAMMOGRAPHY DONE.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs.SHAMSHA KHATOON	Collected : 03/Feb/2024 08:37AM
Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 10:56AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 02:36PM
Visit ID : CINROPV217915	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7561951295	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.8	g/dL	12-15	Spectrophotometer
PCV	30.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.24	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	57.8	fL	83-101	Calculated
MCH	18.8	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	18.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,880	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	64.5	%	40-80	Electrical Impedance
LYMPHOCYTES	29.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	4.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5082.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2300.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	165.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	323.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.88	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	202000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs : Predominantly microcytic hypochromic. Few normocytic normochromic RBCs are seen. Few target cells are



Dr. Karishma Dayanand
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Consultant Pathologist



Dr Priya Murthy
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Consultant Pathologist



SIN No:BED240026071

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/52, 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 | Nallakurta | Nizampet | Manikonda) | Uppal | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai | Kotturpuram | Mogappair | T.Nagar | Velasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indraprastha) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
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Neelabiri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

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www.apolloclinic.com

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Visit ID : CINROPV217915	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7561951295	

DEPARTMENT OF HAEMATOLOGY

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

noted

WBCs : Normal in number, distribution and morphology.

Platelets : Normal in number.

Hemoparasites : Are not seen.

IMPRESSION : MICROCYTIC HYPOCHROMIC ANEMIA.

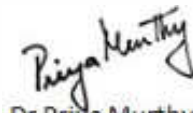
Suggested iron studies and hemoglobin electrophoresis in view of decreased RBC indices, increased RBC count.

Kindly correlate clinically.

Result is rechecked. Kindly correlate clinically




Dr. Karishma Dayanand
M.B.B.S.,M.D(Pathology)
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Dr Priya Murthy
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Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 10:56AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 12:58PM
Visit ID : CINROPV217915	Status : Final Report
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Emp/Auth/TPA ID : 7561951295	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.SHAMSHA KHATOON	Collected : 03/Feb/2024 08:37AM
Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 11:06AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 01:11PM
Visit ID : CINROPV217915	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7561951295	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	108	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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


Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	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	6.2	%		HPLC



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

SIN No:EDT240011257



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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL	Calculated
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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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240011257



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Patient Name : Mrs.SHAMSHA KHATOON	Collected : 03/Feb/2024 08:37AM
Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 10:59AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 01:24PM
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DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	156	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.04		0-4.97	Calculated

Comment:

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

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

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



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

SIN No:SE04617374



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	111.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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:

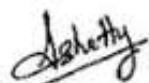
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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SIN No:SE04617374



Patient Name : Mrs.SHAMSHA KHATOON	Collected : 03/Feb/2024 08:37AM
Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 10:59AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 01:52PM
Visit ID : CINROPV217915	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7561951295	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.43	mg/dL	0.51-0.95	Jaffe's, Method
UREA	20.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.75	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 10:59AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 01:21PM
Visit ID : CINROPV217915	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<38	IFCC



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Patient Name : Mrs.SHAMSHA KHATOON	Collected : 03/Feb/2024 08:37AM
Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 11:01AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 12:57PM
Visit ID : CINROPV217915	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7561951295	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.00	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.708	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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




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Patient Name	: Mrs.SHAMSHA KHATOON	Collected	: 03/Feb/2024 08:37AM
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Emp/Auth/TPA ID	: 7561951295		

DEPARTMENT OF IMMUNOLOGY

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



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Patient Name : Mrs.SHAMSHA KHATOON	Collected : 03/Feb/2024 08:37AM
Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 11:46AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 02:58PM
Visit ID : CINROPV217915	Status : Final Report
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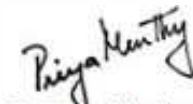
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	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



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Consultant Pathologist



Dr Priya Murthy
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Consultant Pathologist



SIN No:UR2273933

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Patient Name : Mrs.SHAMSHA KHATOON	Collected : 03/Feb/2024 08:37AM
Age/Gender : 50 Y 1 M 2 D/F	Received : 03/Feb/2024 11:46AM
UHID/MR No : CINR.0000162236	Reported : 03/Feb/2024 03:00PM
Visit ID : CINROPV217915	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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:
PERIPHERAL SMEAR



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Consultant Pathologist



Dr Priya Murthy
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SIN No:UF010420

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