



Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 12:39PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 02:07PM
Visit ID : CELEOPV386314	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E35719	

**DEPARTMENT OF HAEMATOLOGY**

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


RBCs: are normocytic normochromic

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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Consultant Pathologist

  
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Patient Name : Mrs.TITTY THOMAS	Collected : 26/Oct/2024 11:27AM
Age/Gender : 35 Y 3 M 0 D/F	Received : 26/Oct/2024 05:01PM
UHID/MR No : APJ1.0026313264	Reported : 26/Oct/2024 05:38PM
Visit ID : CELEOPV386314	Status : Final Report
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Emp/Auth/TPA ID : 22E35719	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	93	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:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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.

*Priya Murthy*  
 Dr Priya Murthy  
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 Consultant Pathologist



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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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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SIN No: ELE241004934

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

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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. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	158	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	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

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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	17.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.31</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>99</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated

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080-4561 1066, 080-4561 1067, 080-4561 1068, 080-4561 1069, 080-4561 1070, 080-4561 1071, 080-4561 1072, 080-4561 1073, 080-4561 1074, 080-4561 1075, 080-4561 1076, 080-4561 1077, 080-4561 1078, 080-4561 1079, 080-4561 1080, 080-4561 1081, 080-4561 1082, 080-4561 1083, 080-4561 1084, 080-4561 1085, 080-4561 1086, 080-4561 1087, 080-4561 1088, 080-4561 1089, 080-4561 1090, 080-4561 1091, 080-4561 1092, 080-4561 1093, 080-4561 1094, 080-4561 1095, 080-4561 1096, 080-4561 1097, 080-4561 1098, 080-4561 1099, 080-4561 1100, 080-4561 1101, 080-4561 1102, 080-4561 1103, 080-4561 1104, 080-4561 1105, 080-4561 1106, 080-4561 1107, 080-4561 1108, 080-4561 1109, 080-4561 1110, 080-4561 1111, 080-4561 1112, 080-4561 1113, 080-4561 1114, 080-4561 1115, 080-4561 1116, 080-4561 1117, 080-4561 1118, 080-4561 1119, 080-4561 1120, 080-4561 1121, 080-4561 1122, 080-4561 1123, 080-4561 1124, 080-4561 1125, 080-4561 1126, 080-4561 1127, 080-4561 1128, 080-4561 1129, 080-4561 1130, 080-4561 1131, 080-4561 1132, 080-4561 1133, 080-4561 1134, 080-4561 1135, 080-4561 1136, 080-4561 1137, 080-4561 1138, 080-4561 1139, 080-4561 1140, 080-4561 1141, 080-4561 1142, 080-4561 1143, 080-4561 1144, 080-4561 1145, 080-4561 1146, 080-4561 1147, 080-4561 1148, 080-4561 1149, 080-4561 1150, 080-4561 1151, 080-4561 1152, 080-4561 1153, 080-4561 1154, 080-4561 1155, 080-4561 1156, 080-4561 1157, 080-4561 1158, 080-4561 1159, 080-4561 1160, 080-4561 1161, 080-4561 1162, 080-4561 1163, 080-4561 1164, 080-4561 1165, 080-4561 1166, 080-4561 1167, 080-4561 1168, 080-4561 1169, 080-4561 1170, 080-4561 1171, 080-4561 1172, 080-4561 1173, 080-4561 1174, 080-4561 1175, 080-4561 1176, 080-4561 1177, 080-4561 1178, 080-4561 1179, 080-4561 1180, 080-4561 1181, 080-4561 1182, 080-4561 1183, 080-4561 1184, 080-4561 1185, 080-4561 1186, 080-4561 1187, 080-4561 1188, 080-4561 1189, 080-4561 1190, 080-4561 1191, 080-4561 1192, 080-4561 1193, 080-4561 1194, 080-4561 1195, 080-4561 1196, 080-4561 1197, 080-4561 1198, 080-4561 1199, 080-4561 1200, 080-4561 1201, 080-4561 1202, 080-4561 1203, 080-4561 1204, 080-4561 1205, 080-4561 1206, 080-4561 1207, 080-4561 1208, 080-4561 1209, 080-4561 1210, 080-4561 1211, 080-4561 1212, 080-4561 1213, 080-4561 1214, 080-4561 1215, 080-4561 1216, 080-4561 1217, 080-4561 1218, 080-4561 1219, 080-4561 1220, 080-4561 1221, 080-4561 1222, 080-4561 1223, 080-4561 1224, 080-4561 1225, 080-4561 1226, 080-4561 1227, 080-4561 1228, 080-4561 1229, 080-4561 1230, 080-4561 1231, 080-4561 1232, 080-4561 1233, 080-4561 1234, 080-4561 1235, 080-4561 1236, 080-4561 1237, 080-4561 1238, 080-4561 1239, 080-4561 1240, 080-4561 1241, 080-4561 1242, 080-4561 1243, 080-4561 1244, 080-4561 1245, 080-4561 1246, 080-4561 1247, 080-4561 1248, 080-4561 1249, 080-4561 1250, 080-4561 1251, 080-4561 1252, 080-4561 1253, 080-4561 1254, 080-4561 1255, 080-4561 1256, 080-4561 1257, 080-4561 1258, 080-4561 1259, 080-4561 1260, 080-4561 1261, 080-4561 1262, 080-4561 1263, 080-4561 1264, 080-4561 1265, 080-4561 1266, 080-4561 1267, 080-4561 1268, 080-4561 1269, 080-4561 1270, 080-4561 1271, 080-4561 1272, 080-4561 1273, 080-4561 1274, 080-4561 1275, 080-4561 1276, 080-4561 1277, 080-4561 1278, 080-4561 1279, 080-4561 1280, 080-4561 1281, 080-4561 1282, 080-4561 1283, 080-4561 1284, 080-4561 1285, 080-4561 1286, 080-4561 1287, 080-4561 1288, 080-4561 1289, 080-4561 1290, 080-4561 1291, 080-4561 1292, 080-4561 1293, 080-4561 1294, 080-4561 1295, 080-4561 1296, 080-4561 1297, 080-4561 1298, 080-4561 1299, 080-4561 1300, 080-4561 1301, 080-4561 1302, 080-4561 1303, 080-4561 1304, 080-4561 1305, 080-4561 1306, 080-4561 1307, 080-4561 1308, 080-4561 1309, 080-4561 1310, 080-4561 1311, 080-4561 1312, 080-4561 1313, 080-4561 1314, 080-4561 1315, 080-4561 1316, 080-4561 1317, 080-4561 1318, 080-4561 1319, 080-4561 1320, 080-4561 1321, 080-4561 1322, 080-4561 1323, 080-4561 1324, 080-4561 1325, 080-4561 1326, 080-4561 1327, 080-4561 1328, 080-4561 1329, 080-4561 1330, 080-4561 1331, 080-4561 1332, 080-4561 1333, 080-4561 1334, 080-4561 1335, 080-4561 1336, 080-4561 1337, 080-4561 1338, 080-4561 1339, 080-4561 1340, 080-4561 1341, 080-4561 1342, 080-4561 1343, 080-4561 1344, 080-4561 1345, 080-4561 1346, 080-4561 1347, 080-4561 1348, 080-4561 1349, 080-4561 1350, 080-4561 1351, 080-4561 1352, 080-4561 1353, 080-4561 1354, 080-4561 1355, 080-4561 1356, 080-4561 1357, 080-4561 1358, 080-4561 1359, 080-4561 1360, 080-4561 1361, 080-4561 1362, 080-4561 1363, 080-4561 1364, 080-4561 1365, 080-4561 1366, 080-4561 1367, 080-4561 1368, 080-4561 1369, 080-4561 1370, 080-4561 1371, 080-4561 1372, 080-4561 1373, 080-4561 1374, 080-4561 1375, 080-4561 1376, 080-4561 1377, 080-4561 1378, 080-4561 1379, 080-4561 1380, 080-4561 1381, 080-4561 1382, 080-4561 1383, 080-4561 1384, 080-4561 1385, 080-4561 1386, 080-4561 1387, 080-4561 1388, 080-4561 1389, 080-4561 1390, 080-4561 1391, 080-4561 1392, 080-4561 1393, 080-4561 1394, 080-4561 1395, 080-4561 1396, 080-4561 1397, 080-4561 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Patient Name	: Mrs. Titty Thomas	Age	: 35Yrs 3Mths 1Days
UHID	: APJ1.0026313264	OP Visit No.	: CELEOPV386314
Printed On	: 26-10-2024 02:12 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E35719		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

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**

For clinical correlation.

---End Of The Report---

Dr.VIGNESH K  
MBBS, MD Radio-Diagnosis  
TMN 20170001180 KTK  
Radiology

2 Bill  
Addn  
Completed

Name : Mrs. Titty Thomas

Age : 35Y 3M

UHID : APJ1.0026313264

Address : Electronics City Bangalore Karnataka INDIA 560100

sex : Female



APJ1.0026313264

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

OP No: CELEOPV386314

Bill No: CELE-OCR-63093

Date: Oct 26th, 2024, 8:29 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		13
1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
2	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
3	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
4	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
5	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
6	GYNACOLOGY CONSULTATION	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION with physician	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
9	ECG	Cardiology	<input type="checkbox"/>
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
11	2 D ECHO	Cardiology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
14	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
15	LBC PAP TEST- PAPSURE	Histopathology	<input type="checkbox"/>
16	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
18	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
19	ENT CONSULTATION	Consultation	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
22	HEMOGRAM ± PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
23	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
24	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
26	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>

DENTAL CONSULTATION - 15/20  
 PHYSIO CONSULTATION - 14  
 OPTHAL SCREENING - 05  
 AUDIOLOGY SCREENING - 03

**MEDICAL FITNESS CERTIFICATE**

**NAME:** Mrs TITTY Thomas **AGE/SEX:** 38y/f **UHID:** 313264 **DATE:** 28/10/24

**CHIEF COMPLAINTS:**

- c/o cold, cough and sputum  
- c/o Back pain

**PAST/FAMILY HISTORY:-**

HTN, dyslipidemia

**ALLERGIES:-**

Dust allergy

**GENERAL EXAMINATION:-**

PULSE: 97b/L	BP: 121/77mmHg	TEMP:	RR:
HT: 152cm	WT: 72.6kg	WAIST:	BMI: 31.4

**SYSTEMIC EXAMINATION:-**

NAD.

Chest:  
CVS:  
P/A:

NAD

**IMPRESSION:-**

FT

VIBR D&S  
VND D&S

**FINAL RECOMMENDATIONS:-**

- T. Allegra-M 1-0-1 x 5 days.  
(A-F)

FT

**VISION SCREENING**

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>			
<u>NEAR</u>			
<u>COLOUR</u>			

c/s/B De Yae haeoi  
O/E (R) (L)  
EAC impacted cerumen  
TMN  
Nose  
throat  
NAD

DR. SOWAMOHAN  
FPA No. KMC 110385  
KMC ELECTRONIC CITY

**GENERAL PHYSICIAN**

Δ: - B/L impacted cerumen

R SOLIAX wax ear drops  
31-1-1-1-1  
x. 30/11

Ms. Tilly Thomas. 35 F.

26/10/24.

Dr. KRISHNA SHANU

Gynaec.

Hct + LFT

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

P/A - NR

Imp. 21/10/24  
Cytology  
P/A NAD.

P/L - USC Typs

P/LV /  
P/LG / Gm - (N)

P/L - Br. No Imp.

Adh  
R/w Rytis

R

- AMH -  
Husband's semen  
analysis  
after 3 day gap

Follow up date:

Doctor Signature

<b>NAME:</b>	Mrs. Titty Thomas
<b>AGE / SEX:</b>	35 YRS/ FEMALE
<b>DATE:</b>	26.10.2024
<b>REFERRED BY:</b>	ARCOFEMI

**ABDOMINAL ULTRASONOGRAPHY REPORT**

**LIVER:** Appear normal in size with increased echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

**GALL BLADDER:** moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

**Pancreas:** normal to the extend visualized.

**SPLEEN:** Normal in size and echo texture. No focal lesion noted

**KIDNEYS:** Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus/ hydronephrosis on both sides.

**PELVIC ORGANS:**

Urinary bladder well distended and appears normal in size, contour and wall thickness.

Uterus appear normal in size and echo texture . Myometrial echoes appear normal.  
ET measures ~ 7 mm.

Bilateral ovaries are normal in size, shape and echo texture.

No free fluid in the abdomen and pelvis.

**IMPRESSION:**

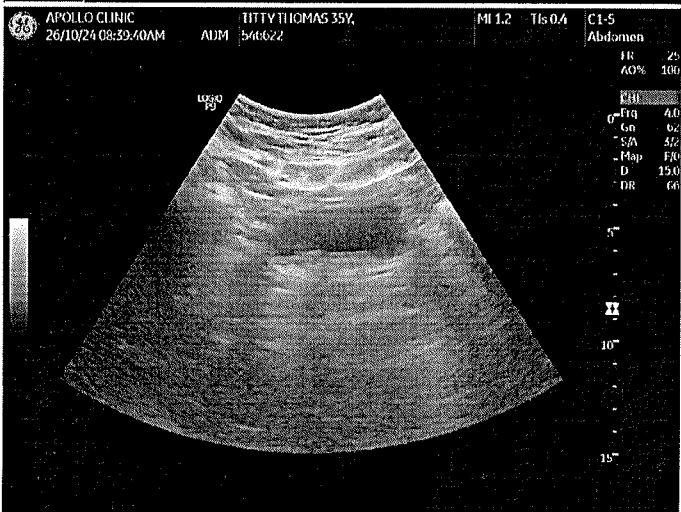
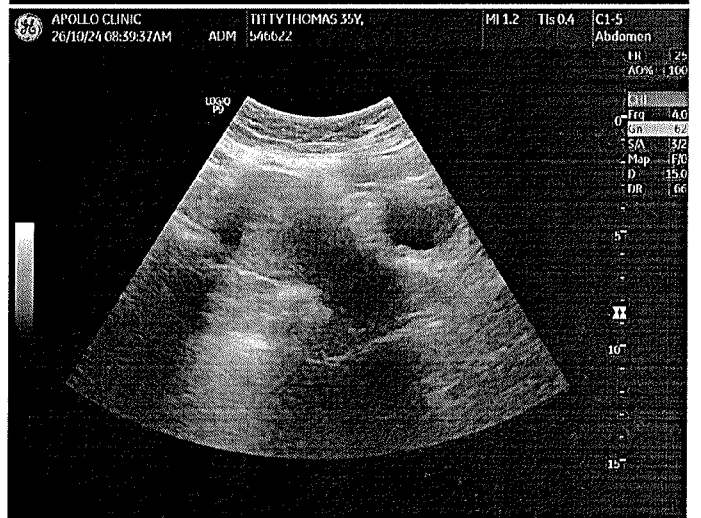
- **Grade I fatty liver .**

*To correlate clinically & with other investigations.  
Not for medico-legal purpose*



**DR. VIGNESH K**

**CONSULTANT RADIOLOGIST**



NAME	MRS. TITTY THOMAS	AGE: 35Y/F	DATE: 26-10-2024
REF BY :	ARCOFEMI		

MEASUREMENTS									
M - Mode						Conventional and Tissue Doppler			
AO	2.91	cm	LVPW - d	0.99	cm	Mitral Valve Vmax	E: 0.84	A : 0.53	m/sec
LA	2.86	cm	LVPW - s	1.12	cm	Aortic Valve	V max	1.38	m/sec
IVS - d	1.10	cm	EF	64	%	Pulmonary Valve	V max	0.96	m/sec
IVS - s	1.14	cm	FS	34	%	Tricuspid valve	E: 0.6	A : 0.8	m/sec
LVID - d	4.21	cm	RA	2.6	cm	TR V max	V MAX	1.69	m/sec
LVID - s	2.95	cm	RV	2.8	cm	RVSP + RAP = PASP 25mmHg			
RIGHT ATRIUM					Normal in Size				
LEFT ATRIUM					Normal in Size				
RIGHT VENTRICLE					Normal in Size				
LEFT VENTRICLE					Normal in Size				
WALL MOTION ANALYSIS					No RWMA				
TRICUSPID VALVE					Normal				
MITRAL VALVE					Normal				
PULMONIC VALVE					Normal				
AORTIC VALVE					Normal				
IAS					INTACT				
IVS					INTACT				
AORTA					Normal in Size				
SYSTEMIC & PULMONARY					Normally Draining				
IVC					Collapsing ( IVC SIZE - 1.4cm).				
PERICARDIUM					Normal				
OTHERS					No CLOT, VEGETATION, MASS.				

**IMPRESSION**

NO RWMA  
 NORMAL LV SYSTOLIC FUNCTION EF-64%  
 NORMAL LV DIASTOLIC FUNCTION  
 NORMAL RV FUNCTION , TAPSE -17MM.  
 TRIVIAL TR, NO PAH. PASP -25MMHG  
 IVC-1.4cm, COLLAPSING

  
**DR. PRANEETH S**  
 CONSULTANT CARDIOLOGIST  
 APOLLO HOSPITAL, 9986974438

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK KARNATAKA

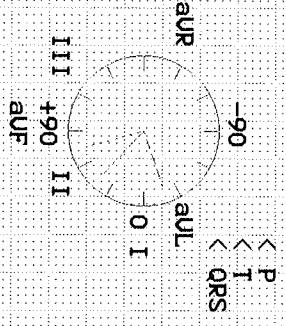
**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

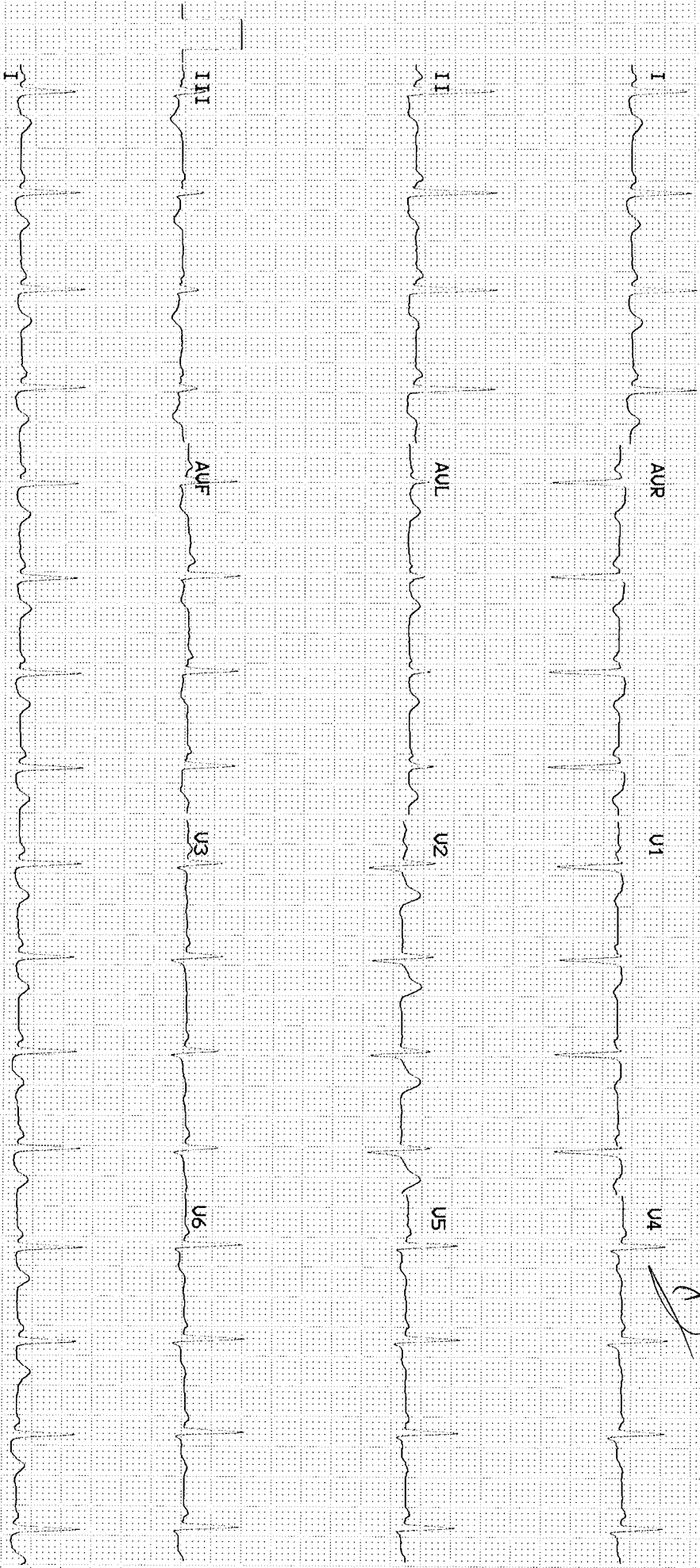
 **1860 500 7788**

AGE: 35  
 Measurement Results:  
 QRS : 86 ms  
 QT/QTcB : 336 / 420 ms  
 PR : 108 ms  
 P : 102 ms  
 RR/PP : 634 / 635 ms  
 P/QRS/T : 73 / 43 / -20 degrees



Interpretation:

*Sinus Rhythm*  
*S-T segment depression*  
*Slight ST segment depression same lead.*  
*Unconfirmed report.*






Patient Name : Mrs.TITTY THOMAS  
 Age/Gender : 35 Y 3 M 0 D/F  
 UHID/MR No : APJ1.0026313264  
 Visit ID : CELEOPV386314  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E35719


Collected : 26/Oct/2024 09:14AM  
 Received : 26/Oct/2024 12:39PM  
 Reported : 26/Oct/2024 02:07PM  
 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**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.2	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,220	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.6	%	40-80	Electrical Impedance
LYMPHOCYTES	35.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4014.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2577.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	115.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	483.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.88	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.56		0.78- 3.53	Calculated
PLATELET COUNT	214000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

  
 Dr. Rajalakshmi D  
 M.B.B.S,M.D  
 Consultant Pathologist

  
 Dr. Vidya Aniket Gore  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

**Apollo Health and Lifestyle Limited** (CIN - 06511072000000110019)  
 Registered Office: Apollo Health Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 040-4904 7777, Fax No: 4904 7744  
 This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Address:  
 323/100/123, Doddathangur Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560033

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

Patient Name : Mrs.TITTY THOMAS  
Age/Gender : 35 Y 3 M 0 D/F  
UHID/MR No : APJ1.0026313264  
Visit ID : CELEOPV386314  
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**


RBCs: are normocytic normochromic


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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

  
Dr. Rajalakshmi D  
M.B.B.S, M.D  
Consultant Pathologist

  
Dr. Vidya Aniket Gore  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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APOLLO CLINICS NETWORK

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Karnataka - 560034

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www.apolloclinic.com

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 | Valasarovakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)


Patient Name : Mrs.TITTY THOMAS  
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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. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
 Dr. Rajalakshmi D  
 M.B.B.S,M.D  
 Consultant Pathologist

  
 Dr. Vidya Aniket Gore  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



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**Apollo Health and Lifestyle Limited** (CIN - 005110102000PLC1120129)  
 Reg. No. APJ1.0026313264 | Pathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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 1860 500 7788  
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Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 11:27AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 05:01PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 05:38PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	93	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:**

1. 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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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.

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



Patient Name : Mrs.TITTY THOMAS  
 Age/Gender : 35 Y 3 M 0 D/F  
 UHID/MR No : APJ1.0026313264  
 Visit ID : CELEOPV386314  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E35719

Collected : 26/Oct/2024 09:14AM  
 Received : 26/Oct/2024 02:07PM  
 Reported : 26/Oct/2024 03:03PM  
 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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated


#### Comment:

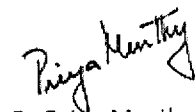
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

  
 Dr. Govinda Raju N L  
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 Consultant Biochemistry

  
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Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:24PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 01:57PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

**DEPARTMENT OF BIOCHEMISTRY**


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

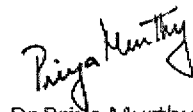
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	158	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	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

  
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 Consultant Biochemistry

  
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 Consultant Pathologist



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### DEPARTMENT OF BIOCHEMISTRY

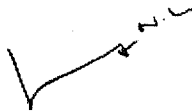
### ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

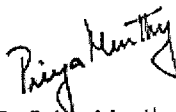
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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:

- 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. 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.
- Cholestatic Pattern:**\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.
- Synthetic function impairment:**\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.**

  
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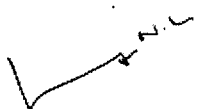
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Karnataka- 560034

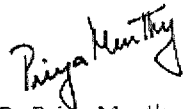
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Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	17.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.31</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>99</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated

  
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 Consultant Biochemistry

  
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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. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	<38	IFCC



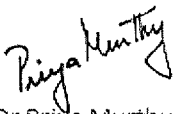
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Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:36PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 01:18PM
Visit ID	: CELEOPV386315	Status	: Final Report
Ref Doctor	: Self	Centre Name	: ONEHUB ELECTRONIC CITY

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1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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Consultant Pathologist



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### DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	22.5	ng/mL	30 -100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

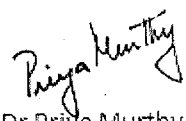
**Decreased Levels:-** Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

**Increased levels:-** Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	187	pg/mL	190-900	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.



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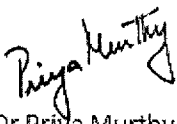


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### DEPARTMENT OF IMMUNOLOGY

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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



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Consultant Pathologist



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.035	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

Dr.Govinda Raju N L  
 MSc,PhD(Biochemistry)  
 Consultant Biochemistry

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



Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:23PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 01:38PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr.Govinda Raju N L  
MSc,PhD(Biochemistry)  
Consultant Biochemistry



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



Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:31 PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 12:58 PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		


**DEPARTMENT OF CLINICAL PATHOLOGY**


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	8.0		5-7.5	Double Indicator
SP. GRAVITY	1.013		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
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

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

  
Dr. Rajalakshmi D  
M.B.B.S, M.D  
Consultant Pathologist

  
Dr. Vidya Aniket Gore  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

**Apollo Health and Lifestyle Limited** (CIN - U05110TG2000PL113019)  
Reg. Office: 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohlt.com | Email ID: enquiry@apollohlt.com, Ph No: 040-4904 7777, Fax No: 4904 7744  
APOLLO CLINICS NETWORK

Address: 323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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

Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 03:49PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 04:50PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD



**Dr. Vidya Aniket Gore**  
M.B.B.S,M.D(Pathology)

**The Consultant Pathologist**

AND LIFESTYLE LIMITED- RRL BANGALORE



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





Patient Name	: Mrs.TITTY THOMAS	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 3 M 0 D/F	Received	: 26/Oct/2024 12:31PM
UHID/MR No	: APJ1.0026313264	Reported	: 26/Oct/2024 02:48PM
Visit ID	: CELEOPV386314	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E35719		

**DEPARTMENT OF CLINICAL PATHOLOGY**


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


Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

Result/s to Follow:  
PERIPHERAL SMEAR, LBC PAP SMEAR



  
Dr. Rajalakshmi D  
M.B.B.S.,M.D  
Consultant Pathologist

  
Dr. Vidya Aniket Gore  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

**Apollo Health and Lifestyle Limited** (CIN - 0051101620001LL113019)  
601, N. E. B. D. Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

  
www.apolloclinic.com

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 (Annamagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam) Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Kerala: Kochi (Palarivayalil) Odisha: Bhubaneswar (Bhubaneswar Station Road)



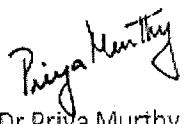
Patient Name : Mrs.TITTY THOMAS  
Age/Gender : 35 Y 3 M 0 D/F  
UHID/MR No : APJ1.0026313264  
Visit ID : CELEOPV386315  
Ref Doctor : Self

Collected : 26/Oct/2024 09:14AM  
Received : 26/Oct/2024 12:36PM  
Reported : 26/Oct/2024 01:18PM  
Status : Final Report  
Centre Name : ONEHUB ELECTRONIC CITY

### DEPARTMENT OF IMMUNOLOGY

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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



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

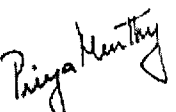


Patient Name : Mrs.TITTY THOMAS  
Age/Gender : 35 Y 3 M 0 D/F  
UHID/MR No : APJ1.0026313264  
Visit ID : CELEOPV386315  
Ref Doctor : Self

Collected : 26/Oct/2024 09:14AM  
Received : 26/Oct/2024 12:36PM  
Reported : 26/Oct/2024 01:18PM  
Status : Final Report  
Centre Name : ONEHUB ELECTRONIC CITY

## TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
SIN No: LLE241004956

APOLLO Health & Lifestyle Ltd, RRL BANGALORE Laboratory  
327/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034  
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 | Charada 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) | Tamil Nadu: 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)

  
1860 500 7738  
www.apolloclinic.com

Patient Name	: Mrs. Titty Thomas	Age	: 35Yrs 3Mths
UHID	: APJ1.0026313264	OP Visit No.	: CELEOPV386314
Printed On	: 26-10-2024 07:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E35719		

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA VIEW

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**

For clinical correlation.

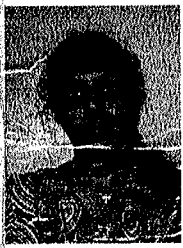

---End Of The Report---

Dr.VIGNESH K  
MBBS, MD Radio-Diagnosis  
TMN 20170001180 KTK  
Radiology

നടിനടി തോമസ്  
**Titty Thomas**

ജനന വർഷം/Year of Birth: 1989  
സ്ത്രീ / Female

6396 2369 1576



ആധാർ - സാധാരണക്കാരന്റെ അവകാശം



बैंक ऑफ बड़ोदा Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. THOMAS TITTY
EC NO.	170692
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	BANGALORE,VT,NATIONAL SHARED S
BIRTHDATE	26-07-1989
PROPOSED DATE OF HEALTH CHECKUP	26-10-2024
BOOKING REFERENCE NO.	24D170692100116888E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **14-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, छठा तल, "बड़ोदा भवन", अलकापुरी, बड़ोदा-390007(भारत)  
Human Resources Management Department, Head Office, 6<sup>th</sup> Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)

26/10/24.

Tithy Thomas, 35/F (26313264)



ole → stains ++, Calculus ++.

Adv → scaling

Dr. Geeshma.  
(8075738702)

Alliance Dental Care Limited

GSTIN: 36AEECA118N1ZR

Corporate & Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana.

Our Network: Bengaluru | Chennai | Delhi | Hyderabad | Kolkata | Madurai | Mumbai | Mysore | Nasik | Nellore | Pune | Trichy | Chandigarh | Coimbatore | Dehradun | Guwahati | Kurnool | Surat | Tirupati | Vijayawada | Gurugram

To book an appointment

