

Name: Mr. MANIVANNAN R
Age/Gender: 33 Y/M
Address: A 32 HAZEL BLOCK CITI LIGHTS MEADOWS NO 82 ANDALA
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CAMB.0000011314
Visit ID: CMYSOPV121383
Visit Date: 15-01-2024 08:24
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

Number of kgs: 63.2,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: nil,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Fitness Report

Fitness.: YES,

Fitness: fit,

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Patient Name: Mr .Manivannan R	Date:16.01.2024	Doctor:Dr. Self
Age / Sex :33 yrs /Male	UHID No : 11314	OP:
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No e/o calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It Measures 105x53 mm with parenchymal thickness of 17 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 115x52mm with parenchymal thickness of 12 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It measures 24x24x24 mm with a volume of 7cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.

Pradeep
Dr. Pradeep Kumar CN, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)

Regd. Office: 110-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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

APOLLO CLINICS NETWORK KARNATAKA

Bangalore | Baravarsagudi | 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

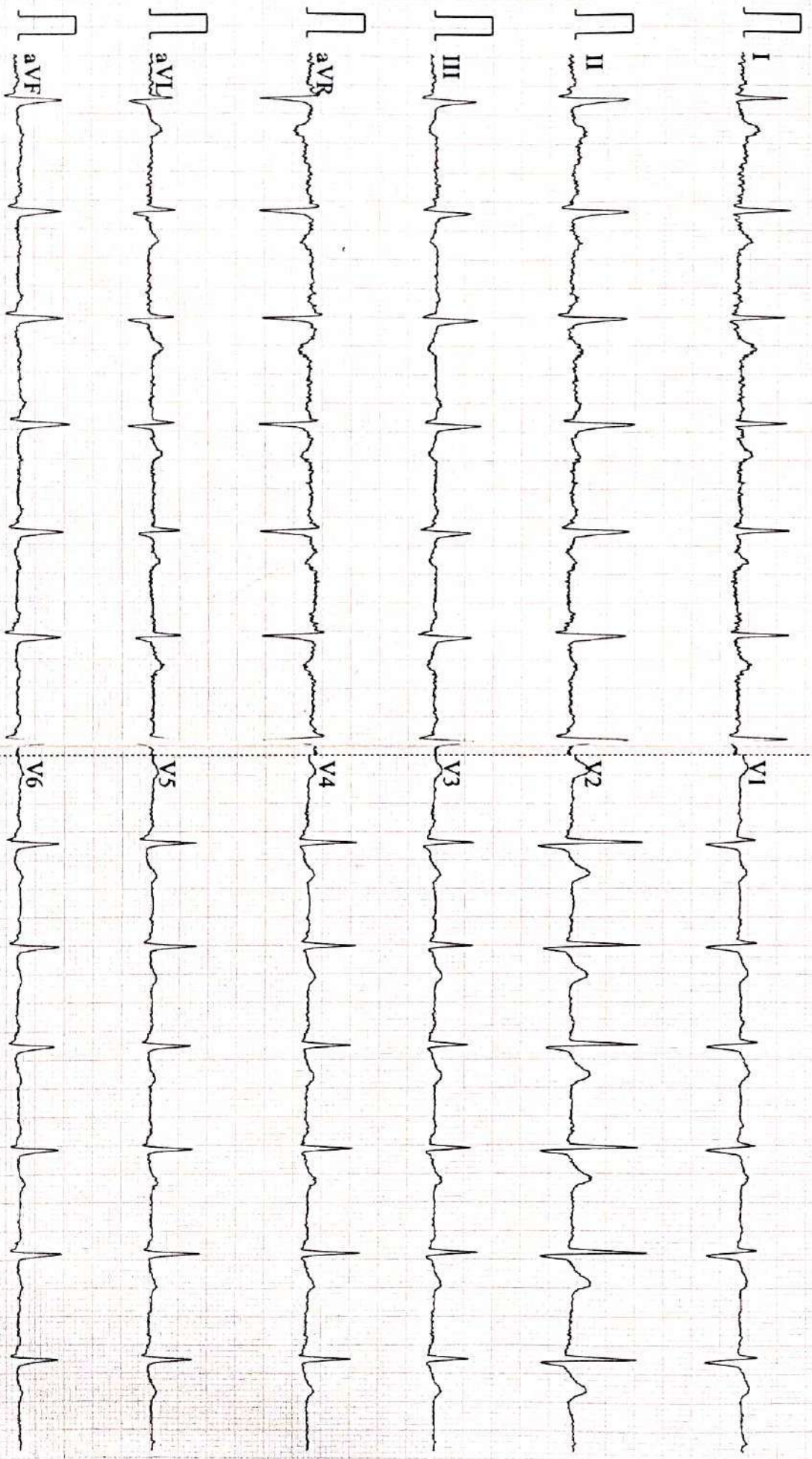
ID: 11314
MR MANIVANNAN R
Male 33Years
167cm 66kg 110/70 mmHg

15-01-2024 10:56:40 AM

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41



0.5~45Hz AC50 25mm/s 10mm/mV 2*5.0s 79 CARDIART

3 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Informed Consent/Declaration For Test Exclusion

Patient Name: Mr. Manivannan R Age: 33 years Male

UHID Number: 11314

Please tick and sign the relevant part

I certify that I will skip Echo + Diet + ENT + Phy + Xray + USg + opthal & dental.
Test from my own.

No refund is provided for the above excluded test and i have been informed about the same. he will come within 1 month.

Patient signature R. Manivannan Date 15/1/2024

Witness signature: Vedaj Date: 15/1/2024

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Apollo Health and Lifestyle Limited

ICIN: URS110TG2000RUC115819

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Bangalore - Basavahally | Bellandur | Electronic City | Fraser Town | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarajpet Road | **Mysore** (KV Mahalla)

Online appointments: www.apolloclinics.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. RENUKA BALKAWADE

Age/Gender : 27 Y/F

UHID/MR No. : CPIM.0000115934

OP Visit No : CPIMOPV155671

Sample Collected on :

Reported on : 13-01-2024 19:20

LRN# : RAD2207405

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS3536

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mrs. RENUKA BALKAWADE

Age/Gender : 27 Y/F

UHID/MR No. : CPIM.0000115934

OP Visit No : CPIMOPV155671

Sample Collected on :

Reported on : 13-01-2024 09:50

LRN# : RAD2207405

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS3536

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is well distended. No evidence of calculus. 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 4.4 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

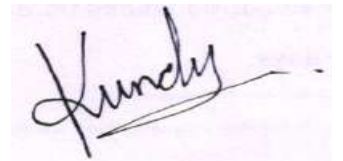
No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

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. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology



Certificate No: MG-EE97

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 04:14PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 05:54PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

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	11.8	g/dL	12-15	Spectrophotometer
PCV	32.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.24	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.1	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	35.9	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,050	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	50.5	%	40-80	Electrical Impedance
LYMPHOCYTES	40.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2550.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2055.35	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	85.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	328.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.3	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	285000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC's Anisocytosis+, Microcytes+, Elliptocytes+				
WBC's are normal in number and morphology				
Platelets are Adequate				
No Abnormal cells/hemoparasite seen.				




DR. Sanjay Ingle
M.B.B.S., M.D (Pathology)
Consultant Pathologist

Apollo Clinics Limited (CIN - U85110TG2000PLC115819)

Shop No. 14 to 20, City Pride building, Sector - 25, Next to BHCL Chowk, Hight (Pampul), Hyderabad, Telangana - 500062

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Debaraj | Electronics City | Truster Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli) | Karnataka: Mysore (VV Mohana) | Tamil Nadu: Chennai (Anna Nagar | Kotturajam | Madhavai) | Maharashtra: Pune (Aundh | Nigdi | Pashchim) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satkhira) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Certificate No: MC-ES97

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Emp/Auth/TPA ID : bobS3536	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



DR. Sanjay Ingle
M.B.B.S.,M.D(Pathology)
Consultant Pathologist





Certificate No: MO-5697

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 04:14PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 06:34PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination




DR. Sanjay Ingie
M.B.B.S.M.D(Pathology)
Consultant Pathologist



Certificate No: MC-5597

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 03:43PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 04:41PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

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	101	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 ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 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.



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLF02089768

Apollo Health and Lifestyle Limited (CIN: U95400TG2000PLC175819)
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Pedhi Clinic, Diagnostics Unit,
 Regd. Office: 1-10-60/62, Ashoka flaghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744
 Shop No: 14 & 20, City Edge building,
 Sector - 19, HUDA Block - II, Kharadi (Pimpri),
 Pune, Maharashtra, India - 411004

APOLLO CLINICS NETWORK

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Certificate No: MC-5597

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 04:13PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 06:14PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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%

DR. Sanjay Ingle
M.B.B.S.M.D(Pathology)
Consultant Pathologist



Certificate No: MC-EE97

Patient Name	: Mrs.RENUKA BALKAWADE	Collected	: 13/Jan/2024 11:20AM
Age/Gender	: 27 Y 8 M 19 D/F	Received	: 13/Jan/2024 04:13PM
UHID/MR No	: CPIM.0000115934	Reported	: 13/Jan/2024 06:14PM
Visit ID	: CPIMOPV155671	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS3536		

DEPARTMENT OF BIOCHEMISTRY

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

B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




DR. Sanjay Ingle
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



Certificate No: MC-ESB7

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 03:41PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 06:34PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

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	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	70	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.19	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14	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. Sanjay Ingole
M.B.B.S., M.D. (Pathology)
Consultant Pathologist



Certificate No: MC-6697

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
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Emp/Auth/TPA ID : bobS3536	

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	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.23	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	34.08	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



DR. Sanjay Ingie
M.B.B.S., M.D (Pathology)
Consultant Pathologist





Certificate No. MC-5597

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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	Blo. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	23.96	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.86	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.62	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.13	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.83	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.57	mmol/L	101-109	ISE (Indirect)




DR. Sanjay Ingole
M.B.B.S.,M.D.(Pathology)
Consultant Pathologist



Certificate No: MG-569T

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 03:41PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 06:34PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

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	13.34	U/L	<38	IFCC




DR. Sanjay Ingle
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

Apollo Health Services Limited (CIN - U85110TG2000PLC115819)

Regd. office: 1-10/462, Ashoka Road, Madhav Nagar, 5th floor, Hyderabad, India. Phone: 9849444444
www.apolloclinic.com | Email: enquiry@apolloclinic.com, Ph: No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar) | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vijay (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Korlaiahalli | Karamangala | Sarjapur Road | Mysore (W Mohalla) | Tamil Nadu: Chennai | Arcotnagar | Kotturpuram | Madhavai | T Nagar | Vilaravakkam | Vilarhery | Alibara Shira | Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Worli | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

1860 500 7788
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Certificate No: MC-5597

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 03:41PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 04:54PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

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)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.200	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

DR. Sanjay Ingie
M.B.B.S., M.D (Pathology)
Consultant Pathologist





Certificate No: MO-5597

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 04:11PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 04:54PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. Sanjay Ingte
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 01:44PM
Age/Gender : 27 Y 8 M 19 D/F	Received : 14/Jan/2024 01:17PM
UHID/MR No : CPIM.0000115934	Reported : 17/Jan/2024 11:18AM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	883/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS073064

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 flaghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag (Sreeharsha) Feta) Karnataka: Bangalore (Goswami nagar) | Bellary | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) Tamil Nadu: Chennai (Annasagar | Kotturpuram | Marjappair | T Nagar | Valasaiyakkam) | Vellochery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Warowlie) | Uttar Pradesh: Ghaziabad (Indraprasth) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Page 16 of 16
CAP
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Sector - 25, Next to BHEL Chowk, Higd(Pune),
Pune, Maharashtra, India . 411004



Certificate No: MG-5597

Patient Name : Mrs.RENUKA BALKAWADE	Collected : 13/Jan/2024 11:20AM
Age/Gender : 27 Y 8 M 19 D/F	Received : 13/Jan/2024 04:39PM
UHID/MR No : CPIM.0000115934	Reported : 13/Jan/2024 05:03PM
Visit ID : CPIMOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS3536	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

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

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



ID: 146
RENUKA BALKAWADE
Female 27years

13-01-2024 09:27.13 AM

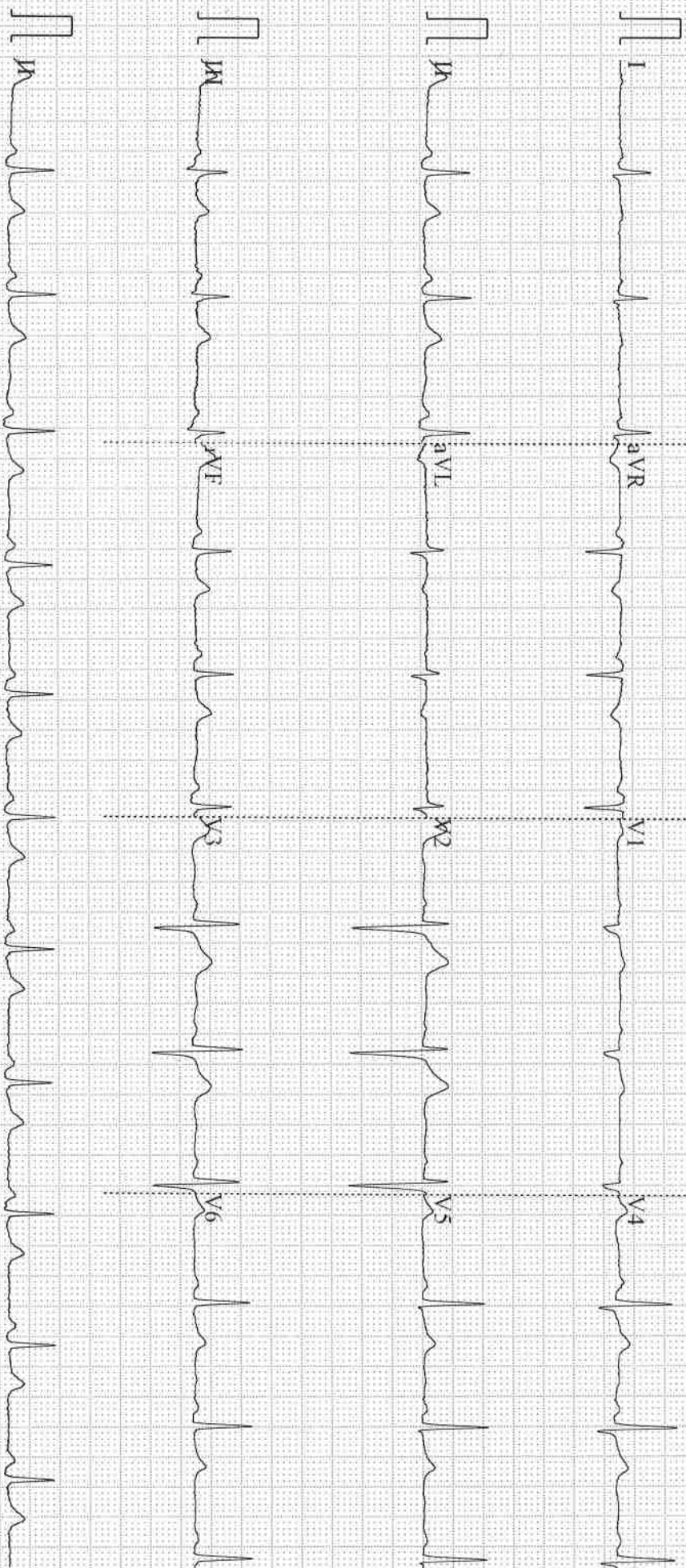
ARUNW CE

HR : 69 bpm
P : 111 ms
PR : 151 ms
QRS : 88 ms
QT/QTc : 373/400 ms
P/ORS/T : 65/63/80 °
RV/SV1 : 1025/0.252 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236

Report Confirmed by:



Patient Name	: Mrs. RENUKA BALKAWADE	Age	: 27 Y F
UHID	: CPIM.0000115934	OP Visit No	: CPIMOPV155671
Reported on	: 13-01-2024 09:10	Printed on	: 13-01-2024 09:50
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is well distended. No evidence of calculus. 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 4.4 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:-

No significant abnormality detected.

Suggest – clinical correlation.

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 MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanjowrie

Online appointments: www.apolloclinic.com

Patient Name : Mrs. RENUKA BALKAWADE

Age : 27 Y F

UHID : CPIM.0000115934

OP Visit No : CPIMOPV155671

Reported on : 13-01-2024 09:10

Printed on : 13-01-2024 09:50

Adm/Consult Doctor :

Ref Doctor : SELF

(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.

Printed on:13-01-2024 09:10

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

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 MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Patient Name	: Mrs. RENUKA BALKAWADE	Age	: 27 Y F
UHID	: CPIM.0000115934	OP Visit No	: CPIMOPV155671
Reported on	: 13-01-2024 16:36	Printed on	: 13-01-2024 19:20
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:13-01-2024 16:36

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. RENUKA BALKAWADE	Age/Sex: 27/ F
Ref: ARCOFEMI	Date: 13.01.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 55 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	27.0 mm	Aortic Root	25.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	39.0 mm	LVID (s)	23.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 55%

NO LV DIASTOLIC DYSFUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION



DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST

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 MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 13.01.24

Patient Name *Renuka Balkawade*

UHID:

Age / Sex: *27yrs IF*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6</i>	<i>N6</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>WNL</i>	<i>WNL</i>
Family History/Medical History	<i>—</i>	<i>—</i>

plano BE

IMPRESSION:-

[Signature]
OPTOMETRIST

Renuka Balkawade

274m

13-1-24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

WUP: 29.12.23,
Pne Reg
Dnat: 15.08
LD: 34m

Candida - C. V3 Nag pessaries
 ← this is the site of infection
 21/11 21/11/19

Abdomen
H/o ulcerative colitis

PCA Salt

Post Co. UG (R)

White skin discharge

Mucous

Air

Sonography
Post-mentally

Follow up date:

TAC NIGDI
Dr. Archana Chandak
MBBS, DGO
Reg. No. 75033
Doctor Signature

Date : 13-01-2024

Department : GENERAL

MR NO : CPIM.0000115934

Doctor :

Name : Mrs. RENUKA BALKAWADE

Registration No : HT - 182

Age/ Gender : 27 Y / Female

Qualification : Wt - 56

BP - 110/70

Consultation Timing: 08:59

S/F

CUS: S₁ S₂ (+)

AS: AEBL

CNS: NAD.

PA: NAD.

Father: DM, HTN
Mother: TB, HTN, 41TN

Diet: Mix

No known allergy.

Appendix, LSCS 2019, 2021

Anam

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236

(17)

Name : Mrs. RENUKA BALKAWADE

Age: 27 Y

UHID:CPIM.0000115934

Sex: F



Address : GK ARYAVAT FLAT NO G504 RAVET

OP Number:CPIMOPV155671

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CPIM-OCR-75456

Date : 13.01.2024 08:59

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:00pm	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Dental

Audio

Complete

Sy.

152

110/70