

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 14:26	115 Beats/min	130/90 mmHg	18 Rate/min	98.6 F	151 cms	63 Kgs	%	%	Years	27.63	cms	cms	cms		AHLL09094

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 14:26	115 Beats/min	130/90 mmHg	18 Rate/min	98.6 F	151 cms	63 Kgs	%	%	Years	27.63	cms	cms	cms		AHLL09094

Physical Medical Examination Format

NAME:- <u>M. Sridevi</u>	DATE:- <u>24/2/24</u>
DESIGNATION:- <u>-</u>	AGE:- <u>41/F</u>
EMP CODE:- <u>-</u>	UNIT/DEPARTMENT:- <u>-</u>
BLOOD GROUP:- <u>-</u>	MARTIAL STATUS:- <u>MARRIED/UNMARRIED</u>

MEDICAL EXAMINATION

Complaints (if any)	<u>Nil</u>
Personal /family history	<u>Nil</u>
Past Medical /Surgical	<u>M/Dent F/HIN+</u>
Sensitivity/Allergy (if any)	<u>ROSE cholecystectomy</u>
Habits	<u>Nil</u>
Occupational History	<u>Nil</u>

Height: <u>151</u>	Weight: <u>63</u>	BMI:	Pulse:
Temp: <u>98.6</u>	Spo2: <u>99.1</u>	Resp: <u>18</u>	B.P:

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. M. Sridevifor pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit
Sridevi
 Signature Of Employee

Unfit

Dr. G. INDIRA PRIYADARSHINI
MBBS
 Signature & Seal of Medical Examiner With
 Apollo Family Physician
 Registration No. 63198
 Apollo Clinic, Seethamma Peta, Vizag

Dr. N. MUKUNDA RAO

MBBS.,MS

ENT CONSULTANT

Reg. No. AMC17481

Patient Name:

M. M. Sridhar

Age/Sex:

41/83

Date:

24/2/24

For routine checkup
H/O Discharge from

D/E

Both Ears - current

Not
Tender) NAD

D Impacted cerumen BE

?

D Wax on R Ears

5 drops 5 times daily
X3 BE

NAD

Dr ABHISHEK RAVURI (B.D.S)

Partner Consultant.

Apollo Dental

Reg No: -A24146

Patient Name: - M. Sreedevi Age/Sex: - 41/F

Date: - 24/2/24

c/cr Pt. came for general check up

o/f r @ DC 84/

② Abrasions 654/

2 plan+ ① Advised GIC fillings 8/

② Advised x ray 4/

③ Advised GIC fillings 654/

Rdowr ① Filling done 8659/

Dr. Abhishek Ravuri
Apollo Dental
8886507071
8886507071

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Name: Mrs. SRIDEVIM
 Age/Gender: 41 Y/F
 Address: VSKP
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124066
 Visit ID: CVISOPV121829
 Visit Date: 24-02-2024 09:01
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 14:26	115 Beats/min	130/90 mmHg	18 Rate/min	98.6 F	151 cms	63 Kgs	%	%	Years	27.63	cms	cms	cms		AHLL09094



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 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. SRIDEVI M	Age	: 41 Y/F
UHID	: CVIS.0000124066	OP Visit No	: CVISOPV121829
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date:	: 24-02-2024 14:29
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 115beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. SHASHANKA CHUNDURI



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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

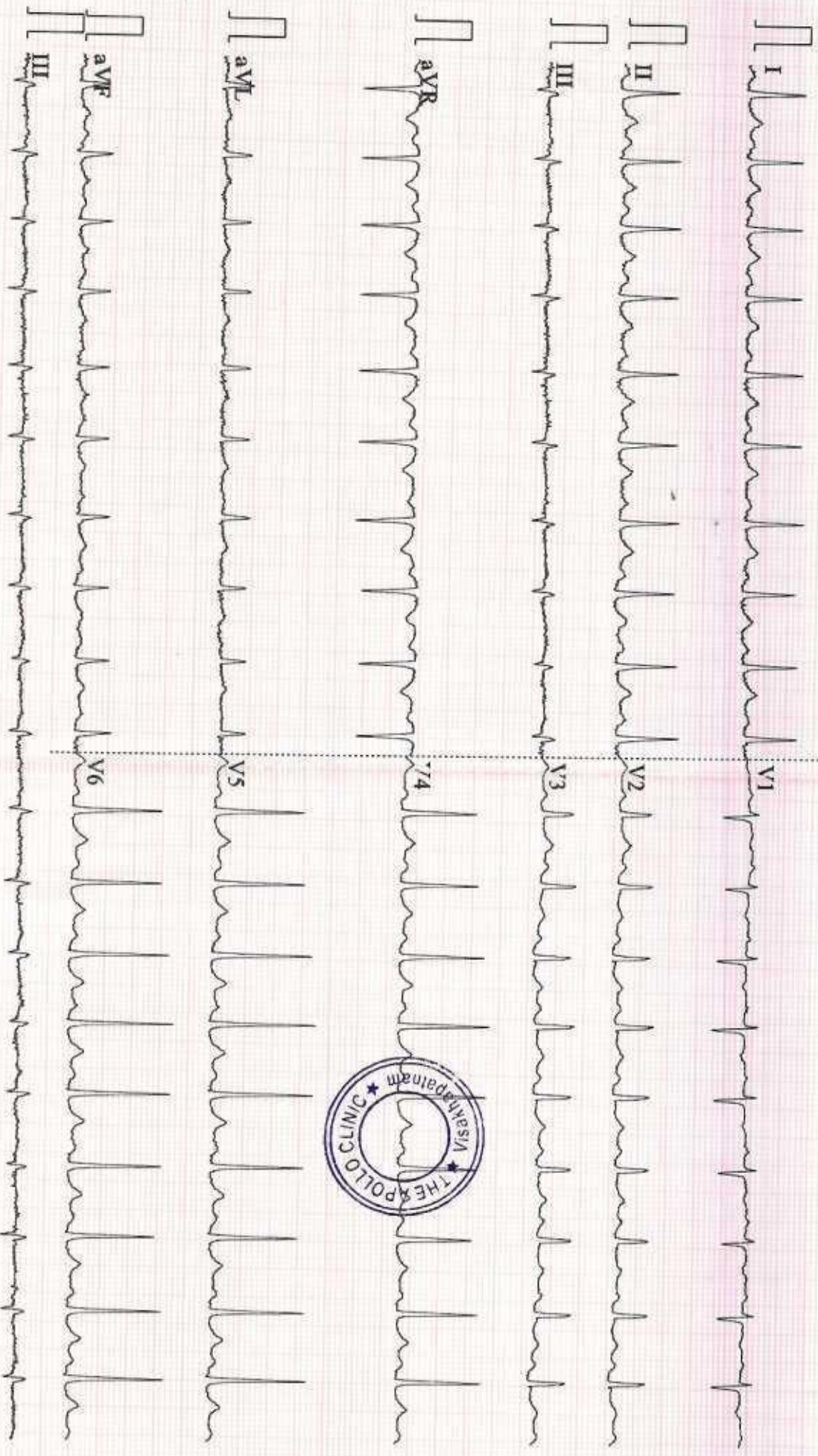
ID: 124066
m sridevi
Female 41Years
Req. No. :

24-02-2024 12:48:16

HR : 115 bpm
P : 102 ms
PR : 150 ms
QRS : 72 ms
QT/QTcBz : 306/424 ms
PQRS/T : 51/31/38 °
RV5/SV1 : 1.629/0.468 mV

Diagnosis Information:
Sinus tachycardia
Normal ECG except for rate

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 D VI.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG

UNIABANK

NAME : MYS. M. SRI DEVI GENDER : F
AGE : 41 DATE : 24/2/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6 104pt
DISTANCE : N6 N6 Am 1.0
NEAR VISION :
COLOUR VISION : - WNL
ANT.SEGMENT : -
CONJUNCTIVA : -
CORNEA : -
PUPIL : -
FUNDUS : -
IMPRESSION : -



[Signature]
SIGNATURE

Patient Name	: Mrs. SRIDEVI M	Age	: 41 Y F
UHID	: CVIS.0000124066	OP Visit No	: CVISOPV121829
Reported on	: 24-02-2024 17:00	Printed on	: 24-02-2024 17:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.4cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder Post cholecystectomy.

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.

Right kidney : 9.8 x 4.7 cm

Left kidney : 9.7 x 4.4 cm

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 and echo pattern.It measures 8.2 x 4.6 x 4.4cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

Ovaries :

Right ovary: **Well defined cystic lesion of size approximately 25 x 22mm in right ovary.**

Left ovary: Normal in size with immature follicles.



There is no evidence of ascites/ pleural effusion seen.

Patient Name	: Mrs. SRIDEVI M	Age	: 41 Y F
UHID	: CVIS.0000124066	OP Visit No	: CVISOPV121829
Reported on	: 24-02-2024 17:00	Printed on	: 24-02-2024 17:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:-

***DOMINANT FOLLICLE / FOLLICULAR CYST IN RIGHT OVARY.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:24-02-2024 17:00

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Patient Name : Mrs.SRIDEVI M
Age/Gender : 41 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124066
Visit ID : CVISOPV121829
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 771694..

Collected : 24/Feb/2024 09:32AM
Received : 24/Feb/2024 12:28PM
Reported : 24/Feb/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

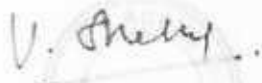
Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.

Page 1 of 11



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240048280

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017
Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:32AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 12:28PM
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Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.6	g/dL	12-15	Spectrophotometer
PCV	30.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.92	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	24.5	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.7	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4081.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2546	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	456	Cells/cu.mm	20-500	Calculated
MONOCYTES	516.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.6		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

V. Snehal
DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:BED240048280

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT


1860 500 7788

Patient Name	: Mrs.SRIDEVI M	Collected	: 24/Feb/2024 09:32AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 24/Feb/2024 12:28PM
UHID/MR No	: CVIS.0000124066	Reported	: 24/Feb/2024 02:53PM
Visit ID	: CVISOPV121829	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auti/TPA ID	: 771694..		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240048280

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:35AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124066	Reported : 24/Feb/2024 01:21PM
Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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	\geq 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

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: EDT240021674

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017.

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Vizag (Seethanama Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mrs.SRIDEVI M	Collected	: 24/Feb/2024 09:35AM
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Emp/Auth/TPA ID	: 771694..		

DEPARTMENT OF BIOCHEMISTRY

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

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:EDT240021674

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.SRIDEVI M	Collected	: 24/Feb/2024 09:35AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 24/Feb/2024 11:41AM
UHID/MR No	: CVIS.0000124066	Reported	: 24/Feb/2024 01:42PM
Visit ID	: CVISOPV121829	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 771694..		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	93	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.13	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.67	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL, LDL cholesterol is a direct measurement.



V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:SE04640155

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mrs.SRIDEVI M	Collected	: 24/Feb/2024 09:35AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 24/Feb/2024 11:41AM
UHID/MR No	: CVIS.0000124066	Reported	: 24/Feb/2024 01:42PM
Visit ID	: CVISOPV121829	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 771694..		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.42	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.4	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	93.80	U/L	42-98	IFCC
PROTEIN, TOTAL	7.79	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.30	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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:

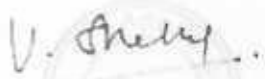
1. Hepatocellular Injury:

- 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. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04640155

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab - Vizag-530017

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com


APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. SRIDEVI M
Age/Gender : 41 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124066
Visit ID : CVISOPV121829
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 771694..

Collected : 24/Feb/2024 09:35AM
Received : 24/Feb/2024 11:41AM
Reported : 24/Feb/2024 01:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.5-0.9	Jaffe
UREA	16.41	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.15	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.39	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.70	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE

V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04640155

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

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Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:35AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 11:41AM
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Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.70	U/L	0-38	IFCC

V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04640155

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:35AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 11:41AM
UHID/MR No. : CVIS.0000124066	Reported : 24/Feb/2024 01:43PM
Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	82.60	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.770	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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

V. Sneh

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: SPL24031811

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:35AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 12:44PM
UHID/MR No : CVIS.0000124066	Reported : 24/Feb/2024 02:18PM
Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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

Page 11 of 11

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UR2290391

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-S30017

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

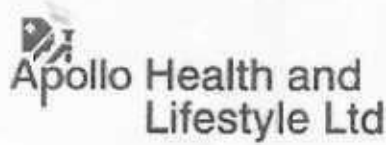
Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Wed 2/21/2024 2:58 PM

To:anilkishore75@gmail.com <anilkishore75@gmail.com>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar Vegi <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear SRIDEVI M,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-02-24** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 14:26	115 Beats/min	130/90 mmHg	18 Rate/min	98.6 F	151 cms	63 Kgs	%	%	Years	27.63	cms	cms	cms		AHLL09094

Name: Mrs. SRIDEVI M
Age/Gender: 41 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NAMRATHA ARISETTY

MR No: CVIS.0000124066
Visit ID: CVISOPV121829
Visit Date: 24-02-2024 09:01
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 14:26	115 Beats/min	130/90 mmHg	18 Rate/min	98.6 F	151 cms	63 Kgs	%	%	Years	27.63	cms	cms	cms		AHLL09094

Name: Mrs. SRIDEVI M
Age/Gender: 41 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124066
Visit ID: CVISOPV121829
Visit Date: 24-02-2024 09:01
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 14:26	115 Beats/min	130/90 mmHg	18 Rate/min	98.6 F	151 cms	63 Kgs	%	%	Years	27.63	cms	cms	cms		AHLL09094

Name: Mrs. SRIDEVI M
Age/Gender: 41 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124066
Visit ID: CVISOPV121829
Visit Date: 24-02-2024 09:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SRIDEVI M
Age/Gender: 41 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124066
Visit ID: CVISOPV121829
Visit Date: 24-02-2024 09:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SRIDEVI M
Age/Gender: 41 Y/F
Address: VSKP
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RANJANEE SRINIVASAN

MR No: CVIS.0000124066
Visit ID: CVISOPV121829
Visit Date: 24-02-2024 09:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name	: Mrs. SRIDEVI M	Age/Gender	: 41 Y/F
UHID/MR No.	: CVIS.0000124066	OP Visit No	: CVISOPV121829
Sample Collected on	:	Reported on	: 24-02-2024 17:10
LRN#	: RAD2246710	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 771694..		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.4cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder Post cholecystectomy.

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.

Right kidney : 9.8 x 4.7 cm

Left kidney : 9.7 x 4.4 cm

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 and echo pattern.It measures 8.2 x 4.6 x 4.4cm.
Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

Ovaries :

Right ovary: **Well defined cystic lesion of size approximately 25 x 22mm in right ovary.**

Left ovary: Normal in size with immature follicles.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***DOMINANT FOLLICLE / FOLLICULAR CYST IN RIGHT OVARY.**

Patient Name : Mrs. SRIDEVI M

Age/Gender : 41 Y/F

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:32AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124066	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF HAEMATOLOGY

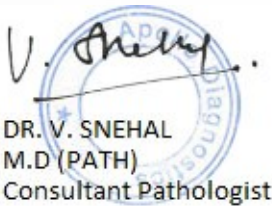
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240048280

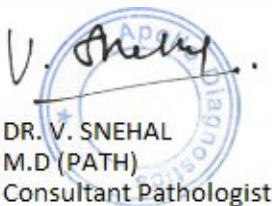
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:32AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124066	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.6	g/dL	12-15	Spectrophotometer
PCV	30.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.92	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	24.5	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.7	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4081.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2546	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	456	Cells/cu.mm	20-500	Calculated
MONOCYTES	516.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.6		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240048280

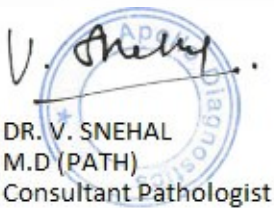
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.SRIDEVI M	Collected : 24/Feb/2024 09:32AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 24/Feb/2024 12:28PM
UHID/MR No : CVIS.0000124066	Reported : 24/Feb/2024 02:53PM
Visit ID : CVISOPV121829	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 771694..	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

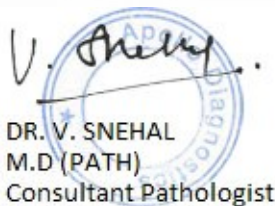
Comment:

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



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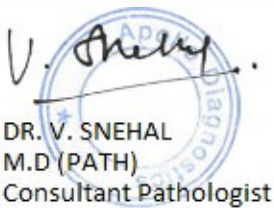
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- Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
 - Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, 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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DEPARTMENT OF BIOCHEMISTRY

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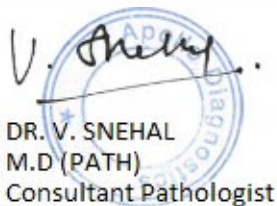
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	93	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.13	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.67	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04640155

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	0.0-0.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.42	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.4	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	93.80	U/L	42-98	IFCC
PROTEIN, TOTAL	7.79	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.30	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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:

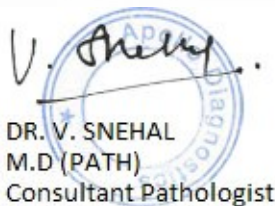
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.



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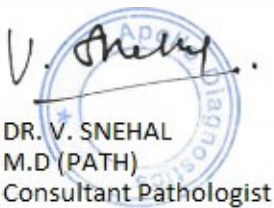
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.5-0.9	Jaffe
UREA	16.41	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.15	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.39	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.70	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.70	U/L	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

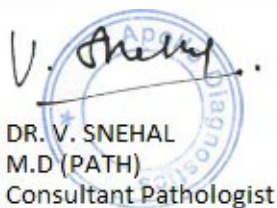
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.25	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	82.60	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	1.770	µIU/mL	0.3-4.5	CLIA

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



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SIN No:SPL24031811

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DEPARTMENT OF CLINICAL PATHOLOGY

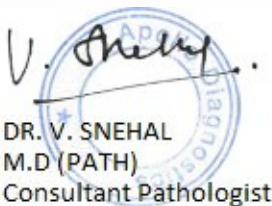
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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

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