



ಭಾರತ ಸರ್ಕಾರ  
GOVERNMENT OF INDIA



ಜಯಮ್ಮ  
Jayamma  
ಪುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1969  
ಸ್ತ್ರೀ / Female



6435 4273 6937

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Address of Diagnostic/Hospital: Rama Layout, Opp. RBI Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli Hobli, JP nagar - 560078

City : Bangalore

State :

Pincode : 560078

Appointment Date : 27-01-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-6:00pm

Booking Status : Booking Confirmed

**Member Information**

Booked Member Name	Age	Gender
Jayamma	55 year	Female

Note - Please note to not pay any amount

Instructions to undergo Health Check:



Patient Name	: Mrs.JAYAMMA	Collected	: 27/Jan/2024 10:02AM
Age/Gender	: 55 Y 0 M 17 D/F	Received	: 27/Jan/2024 12:54PM
UHID/MR No	: CJPN.0000091381	Reported	: 27/Jan/2024 03:46PM
Visit ID	: CJPNOPV186734	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8861267140		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>					
HAEMOGLOBIN	11.8	Low	g/dL	12-15	Spectrophotometer
PCV	35.00	Low	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.17	Normal	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	Normal	fL	83-101	Calculated
MCH	28.4	Normal	pg	27-32	Calculated
MCHC	33.8	Normal	g/dL	31.5-34.5	Calculated
R.D.W	18.2	High	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,930	Normal	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>					
NEUTROPHILS	49	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	38.1	Normal	%	20-40	Electrical Impedance
EOSINOPHILS	6.1	High	%	1-6	Electrical Impedance
MONOCYTES	6.7	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.1	Normal	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>					
NEUTROPHILS	3395.7	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2640.33	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	422.73	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.31	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.93	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	246000	Normal	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	39	High	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		Normal			

RBCs: are normocytic normochromic

Dr. Shobha Emmanuel  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

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





MC-6146

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.**

**Kindly correlate clinically.**

Dr.Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>					
BLOOD GROUP TYPE	O				Microplate Hemagglutination
Rh TYPE	Positive				Microplate Hemagglutination

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	185	High	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>					
HBA1C, GLYCATED HEMOGLOBIN	6.5	High	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140		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

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

SIN No:EDT240008514





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POOR CONTROL >10

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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	Status	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>					
TOTAL CHOLESTEROL	175	Normal	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>296</b>	High	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>31</b>	Low	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>144</b>	High	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.9	Normal	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>59.2</b>	High	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.65</b>	High		0-4.97	Calculated

**Comment:**

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

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

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

**DR.SHIVARAJA SHETTY**  
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SIN No:SE04610983







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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>					
BILIRUBIN, TOTAL	0.34	Normal	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.02	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	Normal	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>182.00</b>	High	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.66</b>	High	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1	Normal		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:**

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

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MC-6146

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## DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>					
CREATININE	0.76	Normal	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.40	Normal	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	Normal	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.39</b>	High	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	Normal	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	Normal	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	Normal	mmol/L	101-109	ISE (Indirect)

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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	21.00	Normal	U/L	<38	IFCC

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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>					
TRI-IODOTHYRONINE (T3, TOTAL)	1	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.50	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.142	Normal	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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

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

SIN No:SPL24013122





MC-6146

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>					
<b>PHYSICAL EXAMINATION</b>					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	CLEAR			CLEAR	Visual
pH	5.5	Normal		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010	Normal		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
BLOOD	NEGATIVE			NEGATIVE	Peroxidase
NITRITE	NEGATIVE			NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE			NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>					
PUS CELLS	2-3	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4		/hpf	<10	MICROSCOPY
RBC	NIL		/hpf	0-2	MICROSCOPY
CASTS	NIL	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY

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Emp/Auth/TPA ID : 8861267140	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Dr.Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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

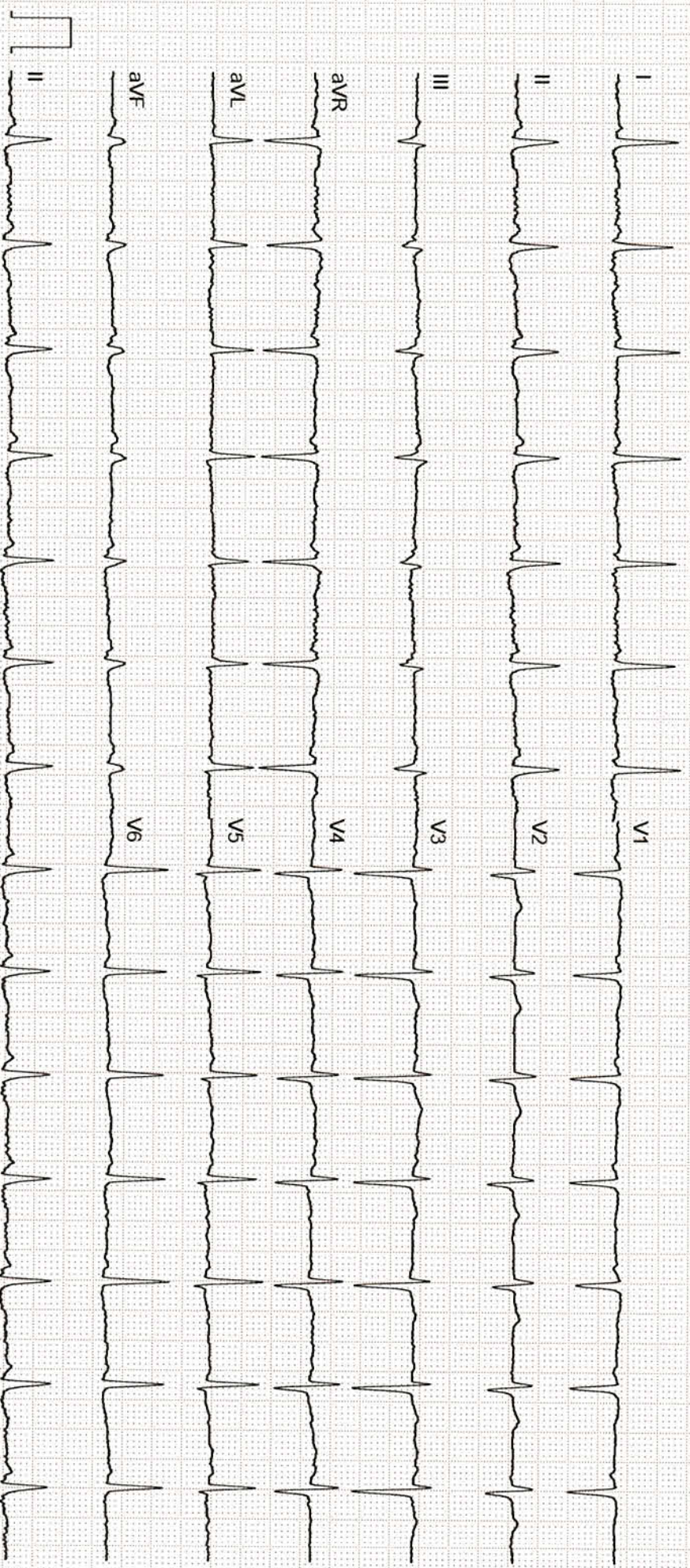




55 Years 157 cm Female  
67.0 kg

QRS : 72 ms  
QT / QTcBaz : 344 / 411 ms  
PR : 122 ms  
P : 76 ms  
RR / PP : 694 / 697 ms  
P / QRS / T : 54 / 22 / 78 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG



Name : Mrs. Jayamma

Age: 55 Y

UHID:CJPN.0000091381

Address: blr

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number:CJPNOPV186734

Bill No :CJPN-OCR-68839

Date : 27.01.2024 09:49

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

Bp - 160/100 mmHg  
 Wb - 67 kg  
 Hb - 157 cc  
 Wt - 93 cc  
 Hip - 100 cc

Jayamma,

55/F ..

27/01/2024

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

General Examination / Allergies  
History

~~No~~ DM / HTN +  
on Rx

Clinical Diagnosis & Management Plan

- ENT check .
- No complaints

O/E

B/L TM ✓ Non / ITH NAD

Neck & NAD

Review Annually / SOS

Follow up date:

Doctor Signature

Dr. [Signature]

Ms. Jayamma 55yrs

28/11/24

P224

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

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

O/W: P224  
BOM and  
Rudon.

- Postmenopausal since 2 years.
- Past cycles normal.

PH: Med - KKK10 Ins on Rx.  
Sx → fracture →.

PH: NO cancers

O/W:

General

PH: OK

PH: OK

PH: Cx (Healthy)

PH: WTR, NS

BLK Joints OK

Follow up date:

Adm:

1) T. GEBAL - RT

0-07 - (3)

• PH 2 marks <sup>PH dinner</sup>

Dr. S. B. Kalappa  
MRS MS (GGB) DNB  
Fellowship in Gynecological Endoscopy (FGE)  
Consultant Obstetrics & Gynaecology  
Laparoscopic Surgery, etc.  
Doctor Signature

Patient Name	: Mrs. Jayamma	Age	: 55 Y F
UHID	: CJP.N.0000091381	OP Visit No	: CJPNOPV186734
Reported on	: 27-01-2024 11:22	Printed on	: 27-01-2024 11:24
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:27-01-2024 11:22

---End of the Report---

  
**Dr. KUSUMA JAYARAM**  
MBBS,DMRD  
Radiology

**NAME:** Mrs JAYAMMA      **AGE:** 55 YRS/ F      **DATE:** 27/01/2024      **CJPN :** 91381

**2D ECHO WITH COLOR DOPPLER**

Ao Diam : 3.04cm , LA Diam : 3.31 cm,  
IVSd : 1.23cm , IVSs:1.19 cm, LVIDd : 4.58cm , LVIDs : 2.95 cm LVPWd :1.19cm ,  
LVPWS : 1.06 cm , EF – 65% , FS – 35% , RVIDd – 1.37cm

**2DVALVES**

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

**CHAMBERS**

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

**DOPPLER**

MV E Vel---- : 0.4 m/s , MV A Vel : 0.8 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

**IMPRESSION**

NORMAL VALVES AND CHAMBERS  
GRADE I DIASTOLIC DYSFUNCTION  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM**  
**CONSULTANT CARDIOLOGIST**

<b>Patient Name</b>	: Mrs. Jayamma	<b>Age/Gender</b>	: 55 Y/F
<b>UHID/MR No.</b>	: CJPN.0000091381	<b>OP Visit No</b>	: CJPNOPV186734
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-01-2024 18:13
<b>LRN#</b>	: RAD2218282	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8861267140		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion seen in both breast.

Nipples and subaerolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

**IMPRESSION: NORMAL STUDY.**

**BI-RADS CLASSIFICATIONS:** Category I:Negative.

Bi-rads classifications:

Category 0 :Need additional imaging evaluation.

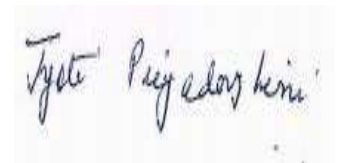
Category I : Negative.

Category II : Benign finding.

Category III : probably benign finding-short interval follow up is suggested.

Category IV : Suspicious abnormality-biopsy should be considered.

Category V : Highly suggestive of malignancy.



**Dr. JYOTI PRIYADARSHINI**  
MBBS, MD

<b>Patient Name</b>	: Mrs. Jayamma	<b>Age/Gender</b>	: 55 Y/F
<b>UHID/MR No.</b>	: CJPN.0000091381	<b>OP Visit No</b>	: CJPNOPV186734
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-01-2024 18:11
<b>LRN#</b>	: RAD2218282	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8861267140		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER : Enlarged in size(15.0cm) and increased echogenicity and homogeneous echotexture. No focal lesion seen.**

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

**GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.**

**SPLEEN : Normal in size(9.0cm) and echotexture. No focal lesion was seen.**

**PANCREAS : Normal to the visualized extent.**

**KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.**

Right kidney measures:8.5 x 3.5 cm.

Left kidney measures : 9.0 x 4.0cm.

**URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.**

**UTERUS : Normal in size and echotexture. It measures : 7.3 x 2.5 x 3.5cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-4 mm.**

No focal lesion was noted.

**OVARIES : Both ovaries are normal in size, shape and echotexture.**

Right ovary measures : 1.4 x 2.5 cm.

Left ovary measures : 1.5 x 2.3 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.



**Patient Name** : Mrs. Jayamma


**Age/Gender** : 55 Y/F

---

**IMPRESSION :GRADE I FATTY LIVER WITH MILD HEPATOMEGALY.**

Please Note :No preparation done before scanning.

(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. JYOTI PRIYADARSHINI**  
MBBS, MD

<b>Patient Name</b>	: Mrs. Jayamma	<b>Age/Gender</b>	: 55 Y/F
<b>UHID/MR No.</b>	: CJPN.0000091381	<b>OP Visit No</b>	: CJPNOPV186734
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 27-01-2024 11:23
<b>LRN#</b>	: RAD2218282	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8861267140		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

**Dr. KUSUMA JAYARAM**  
**MBBS,DMRD**  
Radiology

Patient Name : Mrs.JAYAMMA	Collected : 27/Jan/2024 10:02AM
Age/Gender : 55 Y 0 M 17 D/F	Received : 27/Jan/2024 12:54PM
UHID/MR No : CJPN.0000091381	Reported : 27/Jan/2024 03:46PM
Visit ID : CJPNOPV186734	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8861267140	

DEPARTMENT OF HAEMATOLOGY

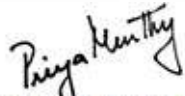
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>					
HAEMOGLOBIN	11.8	L	g/dL	12-15	Spectrophotometer
PCV	35.00	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.17	L	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	L	fL	83-101	Calculated
MCH	28.4	L	pg	27-32	Calculated
MCHC	33.8	L	g/dL	31.5-34.5	Calculated
R.D.W	18.2	H	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,930	L	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>					
NEUTROPHILS	49	L	%	40-80	Electrical Impedance
LYMPHOCYTES	38.1	L	%	20-40	Electrical Impedance
EOSINOPHILS	6.1	H	%	1-6	Electrical Impedance
MONOCYTES	6.7	L	%	2-10	Electrical Impedance
BASOPHILS	0.1	L	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>					
NEUTROPHILS	3395.7	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2640.33	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	422.73	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.31	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.93	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	246000	L	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	39	H	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		L			

RBCs: are normocytic normochromic



Dr. Shobha Emmanuel  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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



SIN No: BED240019906

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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.JAYAMMA	Collected : 27/Jan/2024 10:02AM
Age/Gender : 55 Y 0 M 17 D/F	Received : 27/Jan/2024 12:54PM
UHID/MR No : CJPN.0000091381	Reported : 27/Jan/2024 03:46PM
Visit ID : CJPNOPV186734	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8861267140	

### DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

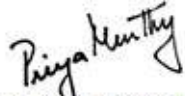
HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.**

Kindly correlate clinically.



Dr. Shobha Emmanuel  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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



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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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

Patient Name : Mrs.JAYAMMA	Collected : 27/Jan/2024 10:02AM
Age/Gender : 55 Y 0 M 17 D/F	Received : 27/Jan/2024 12:54PM
UHID/MR No : CJPN.0000091381	Reported : 27/Jan/2024 04:47PM
Visit ID : CJPNOPV186734	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8861267140	

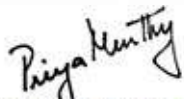
**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>					
BLOOD GROUP TYPE	O	N			Microplate Hemagglutination
Rh TYPE	Positive	N			Microplate Hemagglutination



Dr. Shobha Emmanuel  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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



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Patient Name : Mrs.JAYAMMA	Collected : 27/Jan/2024 10:02AM
Age/Gender : 55 Y 0 M 17 D/F	Received : 27/Jan/2024 01:21PM
UHID/MR No : CJPN.0000091381	Reported : 27/Jan/2024 04:03PM
Visit ID : CJPNOPV186734	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	185	H	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	6.5	H	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	N	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




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

SIN No:EDT240008514

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Patient Name : Mrs.JAYAMMA	Collected : 27/Jan/2024 10:02AM
Age/Gender : 55 Y 0 M 17 D/F	Received : 27/Jan/2024 01:21PM
UHID/MR No : CJPN.0000091381	Reported : 27/Jan/2024 04:03PM
Visit ID : CJPNOPV186734	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8861267140	

DEPARTMENT OF BIOCHEMISTRY

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

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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Patient Name : Mrs.JAYAMMA	Collected : 27/Jan/2024 10:02AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>					
TOTAL CHOLESTEROL	175	L	mg/dL	<200	CHO-POD
TRIGLYCERIDES	296	H	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	144	H	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.9	L	mg/dL	<100	Calculated
VLDL CHOLESTEROL	59.2	H	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.65	H		0-4.97	Calculated


**Comment:**

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

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

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



  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>					
BILIRUBIN, TOTAL	0.34	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.02	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	L	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>182.00</b>	H	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	L	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.66</b>	H	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1	L		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:**



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



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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>					
CREATININE	0.76	L	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.40	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.39</b>	H	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	L	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	L	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>					
TRI-IODOTHYRONINE (T3, TOTAL)	1	L	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.50	L	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.142	L	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




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 **1860 500 7788**  
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Patient Name : Mrs.JAYAMMA	Collected : 27/Jan/2024 10:02AM
Age/Gender : 55 Y 0 M 17 D/F	Received : 27/Jan/2024 12:48PM
UHID/MR No : CJPN.0000091381	Reported : 27/Jan/2024 03:22PM
Visit ID : CJPNOPV186734	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8861267140	

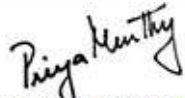
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>					
<b>PHYSICAL EXAMINATION</b>					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLEAR	N		CLEAR	Visual
pH	5.5	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010	L		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>					
PUS CELLS	2-3	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY



Dr. Shobha Emmanuel  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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



SIN No: UR2269483

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Age/Gender : 55 Y 0 M 17 D/F	Received : 27/Jan/2024 12:48PM
UHID/MR No : CJPN.0000091381	Reported : 27/Jan/2024 03:32PM
Visit ID : CJPNOPV186734	Status : Final Report
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Emp/Auth/TPA ID : 8861267140	

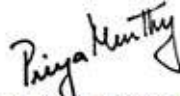
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr.Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UF010371

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Patient Name : Mrs.JAYAMMA	Collected : 27/Jan/2024 02:14PM
Age/Gender : 55 Y 0 M 17 D/F	Received : 28/Jan/2024 04:50PM
UHID/MR No : CJPN.0000091381	Reported : 30/Jan/2024 01:20PM
Visit ID : CJPNOPV186734	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8861267140	

DEPARTMENT OF CYTOLOGY

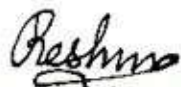
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	<b>CYTOLOGY NO.</b>	1671/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
<b>IV</b>	<b>INTERPRETATION</b>	CANDIDIASIS

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 \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

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SIN No:CS073557

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

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APOLLO CLINICS NETWORK

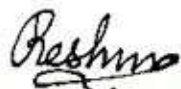
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## DEPARTMENT OF CYTOLOGY



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No:CS073557

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