



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. CHELLAMANI NIVETHA
EC NO.	199887
DESIGNATION	LEGAL
PLACE OF WORK	CHENNAI,RO CHENNAI RURAL
BIRTHDATE	06-11-1994
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M199887100092286E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **20-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

MRS NIVETHA C
ID: 233455R

24.02.2024 1:27:45 PM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

83 bpm
-- / -- mmHg

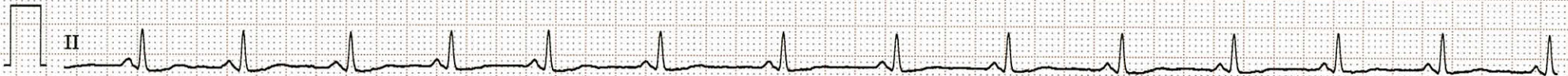
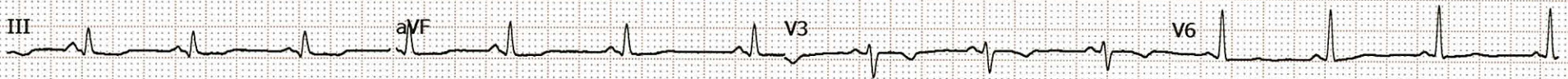
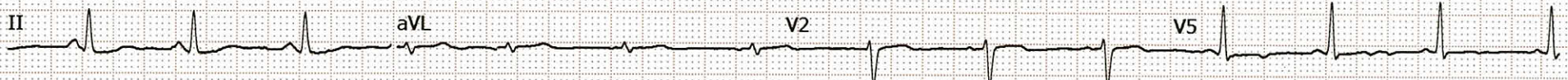
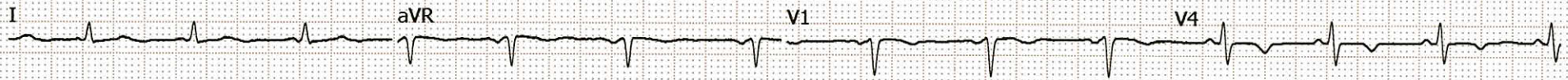
29 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 364 / 427 ms
PR : 108 ms
P : 100 ms
RR / PP : 724 / 722 ms
P / QRS / T : 69 / 66 / 33 degrees

*SR.
Septal + V.
f*



[Handwritten signature]

Unconfirmed

ENT check up

Nivetha Chellamani

29/F

24/2/24

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

General Examination / Allergies
History

No complaints

of

ENT - WNL



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**

MRS. NIVETHA CHELLAMANI 29/F 24/02/2024

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

General Examination / Allergies
History

Rx Plan

Adv Braces / Alignment.

Dr. Sanjiv

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Nivetha
 Occupation: Chellamani
 Age: 29y Sex: Male Female
 Address:
 Ph:

Date: 24/12/24 Reg. No.: 233455
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass wear past 14 years.

Present Complaint: Comfortable with present glass with BC 6/6

ON EXAMINATION:	RE	LE
Ocular Movements :	<u>Free</u>	<u>Free</u>
Anterior Segment :		
Intra-Ocular-Pressure :		<u>N</u>
Visual Acuity: D.V. :	<u>N</u>	
Without Glass :	<u>6/12^P</u>	<u>6/12^P</u>
With Glass :		
N.V. :		
Visual Fields :		
Fundus :	<u>N6</u>	<u>N6</u>
Impression :		
Advice :	<u>Recl.</u>	<u>Recl</u>
Colour Vision :	<u>N</u>	<u>N</u>

Patient Name	: Mrs. NIVETHA CHELLAMANI	Age	: 29 Y/F
UHID	: CANN.0000233455	OP Visit No	: CANNOPV393132
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 24-02-2024 17:07
Referred By	: SELF		

ECG REPORT

Observation :-

1. Heart rate is 83 beats per minutes.

Impression:

SEPTAL T WAVE INVERSION .

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

Dr. ARULNITHI AYYANATHAN

Patient Name : Mrs. NIVETHA CHELLAMANI Age : 29 Y/F
UHID : CANN.0000233455 OP Visit No : CANNOPV393132
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 24-02-2024 15:04
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.6CM
LA (es)	3.2CM
LVID (ed)	3.2CM
LVID (es)	2.0CM
IVS (Ed)	0.5CM
LVPW (Ed)	0.6CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. NIVETHA CHELLAMANI	Age	: 29 Y/F
UHID	: CANN.0000233455	OP Visit No	: CANNOPV393132
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 24-02-2024 15:04
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E :0.6m/sc A: 0.4m/sc

Velocity / Gradient Across Pulmonic Valve :0.8m/sc

Velocity / Gradient Across Aortic Valve 0.7m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name	: Mrs. NIVETHA CHELLAMANI	Age	: 29 Y/F
UHID	: CANN.0000233455	OP Visit No	: CANNOPV393132
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 24-02-2024 15:04
Referred By	: SELF		

Patient Name : Mrs. NIVETHA CHELLAMANI

Age/Gender : 29 Y/F

UHID/MR No. : CANN.0000233455

OP Visit No : CANNOPV393132

Sample Collected on :

Reported on : 24-02-2024 18:12

LRN# : RAD2247322

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE10547

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Spinal rotation noted.

Domes of diaphragm are well delineated.

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs. NIVETHA CHELLAMANI	Age/Gender	: 29 Y/F
UHID/MR No.	: CANN.0000233455	OP Visit No	: CANNOPV393132
Sample Collected on	:	Reported on	: 24-02-2024 20:03
LRN#	: RAD2247322	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE10547		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas and spleen appear normal.
Spleen measures 8.2 cms.

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 8.6 x 3.3 cms.
Left kidney measures 9.0 x 4.8 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 6.6 x 3.6 cms and shows normal endometrial and myometrial echoes.
The endometrial thickness 7 mm.
Right ovary measures 3.0 x 1.8 x 2.8 cms (volume - 8 ml)
Left ovary measures 2.6 x 1.2 x 2.4 cms (volume - 4 ml)

Patient Name : Mrs. NIVETHA CHELLAMANI

Age/Gender : 29 Y/F

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

*NO SIGNIFICANT ABNORMALITY DETECTED.

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs.NIVETHA CHELLAMANI	Collected	: 24/Feb/2024 10:44AM
Age/Gender	: 29 Y 3 M 18 D/F	Received	: 24/Feb/2024 02:39PM
UHID/MR No	: CANN.0000233455	Reported	: 24/Feb/2024 06:26PM
Visit ID	: CANNOPV393132	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE10547		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology: Microscopic

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen

PLATELETS : Adequate in number

PARASITES : No haemoparasites seen

NOTE/ COMMENT : Please correlate clinically.



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

SIN No:BED240048845

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Phone - 044-26224504 / 05



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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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DEPARTMENT OF HAEMATOLOGY

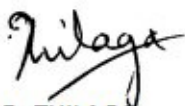
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.3	g/dL	12-15	Spectrophotometer
PCV	32.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.94	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.4	fL	83-101	Calculated
MCH	26	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	17.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.6	%	40-80	Electrical Impedence
LYMPHOCYTES	42.1	%	20-40	Electrical Impedence
EOSINOPHILS	2.0	%	1-6	Electrical Impedence
MONOCYTES	8.0	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2903.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2568.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	122	Cells/cu.mm	20-500	Calculated
MONOCYTES	488	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	292000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology: Microscopic

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

Page 2 of 13



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



SIN No:BED240048845

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APOLLO CLINICS NETWORK

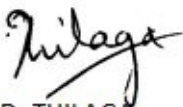
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur 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)

Patient Name : Mrs.NIVETHA CHELLAMANI	Collected : 24/Feb/2024 10:44AM
Age/Gender : 29 Y 3 M 18 D/F	Received : 24/Feb/2024 02:39PM
UHID/MR No : CANN.0000233455	Reported : 24/Feb/2024 06:26PM
Visit ID : CANNOPV393132	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10547	

DEPARTMENT OF HAEMATOLOGY

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

WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen
PLATELETS	: Adequate in number
PARASITES	: No haemoparasites seen
NOTE/ COMMENT	: Please correlate clinically.



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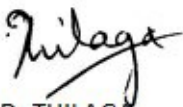
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Age/Gender : 29 Y 3 M 18 D/F	Received : 24/Feb/2024 02:39PM
UHID/MR No : CANN.0000233455	Reported : 24/Feb/2024 07:25PM
Visit ID : CANNOPV393132	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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

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Patient Name : Mrs.NIVETHA CHELLAMANI	Collected : 24/Feb/2024 01:48PM
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UHID/MR No : CANN.0000233455	Reported : 24/Feb/2024 07:20PM
Visit ID : CANNOPV393132	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	78	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1423709

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Patient Name : Mrs.NIVETHA CHELLAMANI	Collected : 24/Feb/2024 10:44AM
Age/Gender : 29 Y 3 M 18 D/F	Received : 24/Feb/2024 02:39PM
UHID/MR No : CANN.0000233455	Reported : 24/Feb/2024 07:16PM
Visit ID : CANNOPV393132	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10547	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. R. SRIVATSAN
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SIN No:EDT240022027

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Patient Name : Mrs.NIVETHA CHELLAMANI	Collected : 24/Feb/2024 10:44AM
Age/Gender : 29 Y 3 M 18 D/F	Received : 24/Feb/2024 04:44PM
UHID/MR No : CANN.0000233455	Reported : 25/Feb/2024 07:53AM
Visit ID : CANNOPV393132	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10547	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	52	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		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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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10547	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	51.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.6-8.3	Biuret
ALBUMIN	3.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		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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Patient Name	: Mrs.NIVETHA CHELLAMANI	Collected	: 24/Feb/2024 10:44AM
Age/Gender	: 29 Y 3 M 18 D/F	Received	: 24/Feb/2024 04:44PM
UHID/MR No	: CANN.0000233455	Reported	: 24/Feb/2024 11:12PM
Visit ID	: CANNOPV393132	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE10547		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	15.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	110	mmol/L	101–109	ISE (Indirect)



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Patient Name	: Mrs.NIVETHA CHELLAMANI	Collected	: 24/Feb/2024 10:44AM
Age/Gender	: 29 Y 3 M 18 D/F	Received	: 24/Feb/2024 04:44PM
UHID/MR No	: CANN.0000233455	Reported	: 24/Feb/2024 11:15PM
Visit ID	: CANNOPV393132	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE10547		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	<38	IFCC



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Patient Name : Mrs.NIVETHA CHELLAMANI	Collected : 24/Feb/2024 10:44AM
Age/Gender : 29 Y 3 M 18 D/F	Received : 24/Feb/2024 03:17PM
UHID/MR No : CANN.0000233455	Reported : 24/Feb/2024 05:36PM
Visit ID : CANNOPV393132	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10547	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.439	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.81	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.000	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24032251

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Patient Name : Mrs.NIVETHA CHELLAMANI	Collected : 24/Feb/2024 10:44AM
Age/Gender : 29 Y 3 M 18 D/F	Received : 24/Feb/2024 04:12PM
UHID/MR No : CANN.0000233455	Reported : 24/Feb/2024 05:58PM
Visit ID : CANNOPV393132	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10547	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:UR2290899

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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)

Patient Name	: Mrs.NIVETHA CHELLAMANI	Collected	: 24/Feb/2024 10:44AM
Age/Gender	: 29 Y 3 M 18 D/F	Received	: 24/Feb/2024 03:45PM
UHID/MR No	: CANN.0000233455	Reported	: 24/Feb/2024 04:37PM
Visit ID	: CANNOPV393132	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE10547		

DEPARTMENT OF CLINICAL PATHOLOGY

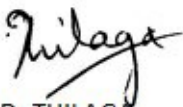
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

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

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



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

SIN No:UF010792

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
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Phone - 044-26224504 / 05



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APOLLO CLINICS NETWORK

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