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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NEELU DEVI
DATE OF BIRTH	19-04-1978
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-01-2024
BOOKING REFERENCE NO.	23M156804100082368S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KHARGA MANOJ KUMAR
EMPLOYEE EC NO.	156804
EMPLOYEE DESIGNATION	HEAD CASHIER "E"_II
EMPLOYEE PLACE OF WORK	NEW DELHI,RAMPURA
EMPLOYEE BIRTHDATE	22-02-1972

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 **05-01-2024** 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's spouse 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))

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Patient Name	: Mrs.NEELU DEVI	Collected	: 13/Jan/2024 10:22AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 12:52PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 01:49PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation

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

SIN No:BED240009712

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	37.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83	fL	83-101	Calculated
MCH	**26.5**	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	**16**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3904	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1830	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	122	Cells/cu.mm	20-500	Calculated
MONOCYTES	244	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	166000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED240009712

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 12:52PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 04:35PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

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

SIN No:BED240009712

Patient Name	: Mrs.NEELU DEVI	Collected	: 13/Jan/2024 02:02PM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 04:21PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 04:37PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	98	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:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	106	mg/dL	70-140	GOD - POD

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.Manju Kumari
M.B.B.S,M.D(Pathology)
Consultant Pathologist.

SIN No:PLP1408554

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Patient Name	: Mrs.NEELU DEVI	Collected	: 13/Jan/2024 10:21AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 01:32PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 04:30PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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.

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)

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:EDT240004170

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UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 02:10PM
Visit ID	: SKAROPV130959	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	237	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	153	mg/dL	<150	
HDL CHOLESTEROL	55	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	182	mg/dL	<130	Calculated
LDL CHOLESTEROL	151.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		0-4.97	Calculated

Kindly correlate clinically

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.Manju Kumari
M.B.B.S,M.D(Pathology)
Consultant Pathologist.

SIN No:SE04600258

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

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

SIN No:SE0460025B

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Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 12:52PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	102.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	**3.60**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated

Kindly correlate clinically

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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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:**

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

SIN No:SE04600258

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

SIN No:SE04600258

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
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PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	**3.60**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	**12.00**	U/L	16-73	Glycylglycine Kinetic method

Kindly correlate clinically

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)

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- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

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

SIN No:SE0460258

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

• 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 Manju Kumari
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE0400258

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	28.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**7.00**	mg/dL	3.0-5.5	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE

Kindly correlate clinically

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

SIN No:SE0460258

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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Patient Name	: Mrs NEELU DEVI	Collected	: 13/Jan/2024 10:47AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 12:52PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 02:10PM
Visit ID	: SKAROPV130959	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	102.00	U/L	32-111	IFCC

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

SIN No:SE04600258

Patient Name	: Mrs.NEELU DEVI	MC- 6[illegible] Collected	: 13/Jan/2024 10:47AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 01:29PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 02:38PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.32	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.520	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.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist
SIN No:SPL24006494

Apollo

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Patient Name	: Mrs.NEELU DEVI	MC-	Collected : 13/Jan/2024 10:[illegible] AM
Age/Gender	: 49 Y 6 M 0 D/F		Received : 13/Jan/2024 01:29PM
UHID/MR No	: SKAR.0000101091		Reported : 13/Jan/2024 02:41PM
Visit ID	: SKAROPV130959		Status : Final Report
Ref Doctor	: Dr.SELF		Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	29.54	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL, is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	116	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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

SIN No:SPL24006594

Patient Name	: Mrs.NEELU DEVI	Collected	: 13/Jan/2024 10:47 AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 01:29PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 02:41PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
  Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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Consultant Pathologist

SIN No:SPL24006494

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Patient Name	: Mrs.NEELU DEVI	Collected	: 13/Jan/2024 10:21AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 01:05PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 01:14PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No:UR2262396

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Patient Name	: Mrs.NEELU DEVI	Collected	: 13/Jan/2024 10:47AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 13/Jan/2024 01:05PM
UHID/MR No	: SKAR.0000101091	Reported	: 13/Jan/2024 01:14PM
Visit ID	: SKAROPV130959	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 6651541		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

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

SIN No:UF010204

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
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Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnostics.in

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Specialists in Surgery

APOLLO SPECTRA HOSPITAL

MEDICAL EXAMINATION REPORT

Name: - Neelu devi Age/Sex: 49y/F DOB: -

ADDRESS: - New Delhi

He is not suffering from following disease

1. DM		5. Eye disorder	
2. HTN		6. Paralysis	
3. COPD	READ	7. Dental Check-up	READ
4. TB		8. ENT	

BP: - 130/90 mmHg PR: - 110/min WEIGHT: - 80 kg

RR: - 16/min HEIGHT: 160 Cm.

Apollo Specialty Hospitals
66-A/2, New Rohtak Road,
Karol Bagh, New Delhi-110005

Date:- 13/1/24

Place: - New Delhi

Doctor Name:

Doctor Signature:

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Specialists in Surgery

NAME: NEELU DEVI AGE 49 Y /SEX/F
REF. BY: HEALTH CHECK UP UHID: SKAR0000101091 DATE: 13.1.2024

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.
CBD is not dilated.
Portal vein is normal in caliber.

Both kidneys are of normal size , shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.
No free fluid seen in the peritoneal cavity.
Urinary bladder is minimally distended. Advice Pelvis TVS scan.
Uterus is anteverted, normal in size, shape and echopattern .

Endometrium echo is 3.8mm, echogenic.

Both ovaries are normal in size, shape, and echopattern.
Bilateral adnexa are shows clear cystic lesion measuring 51x40mm on right side and 37x30mm on left side.

No free fluid is seen in Cul-de sac.

Please correlate clinically.

DR. GLOSSY B SABHARWAL,MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

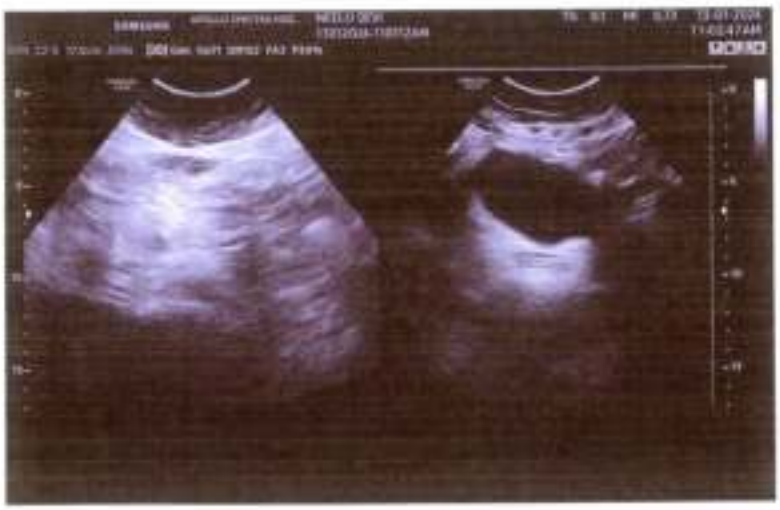
Ultrasound Image Report

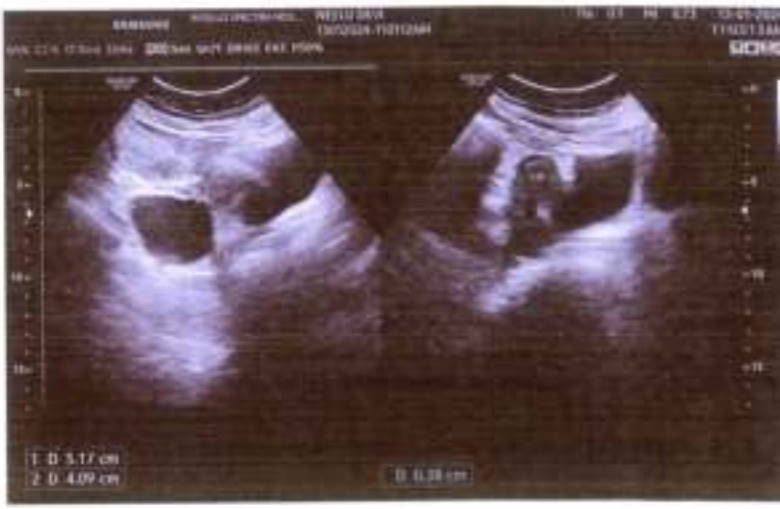
Patient

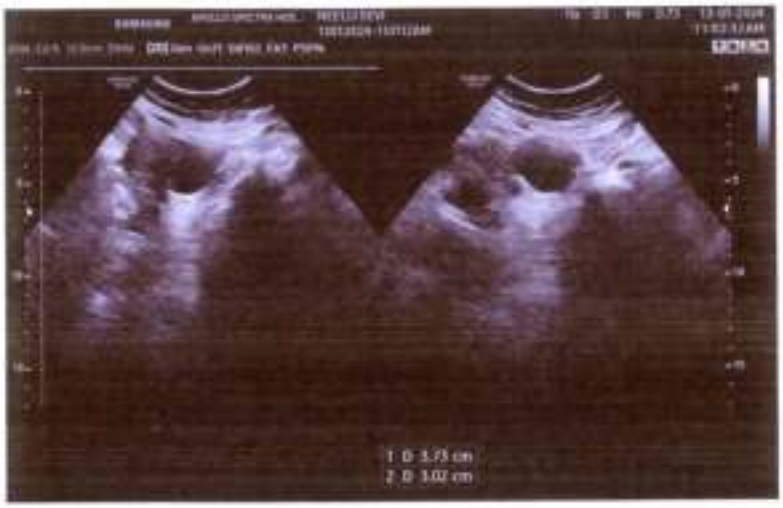
ID	13012024-110112AM
Name	NEELU DEVI
Birth Date	
Gender	

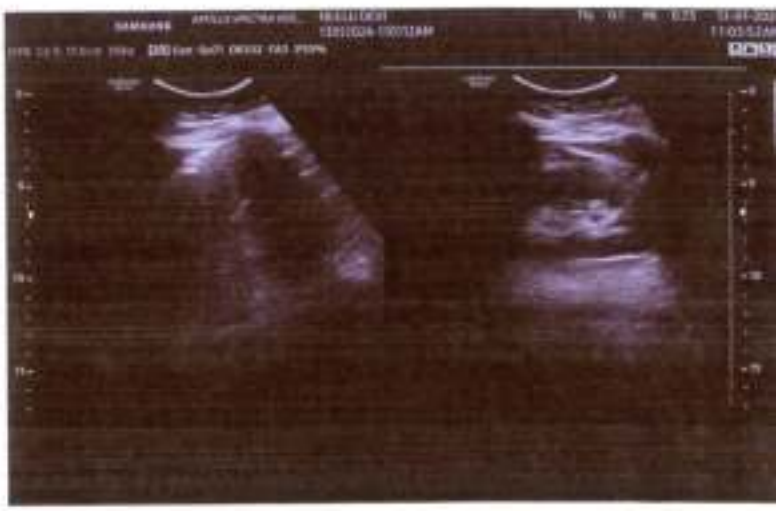
Exam

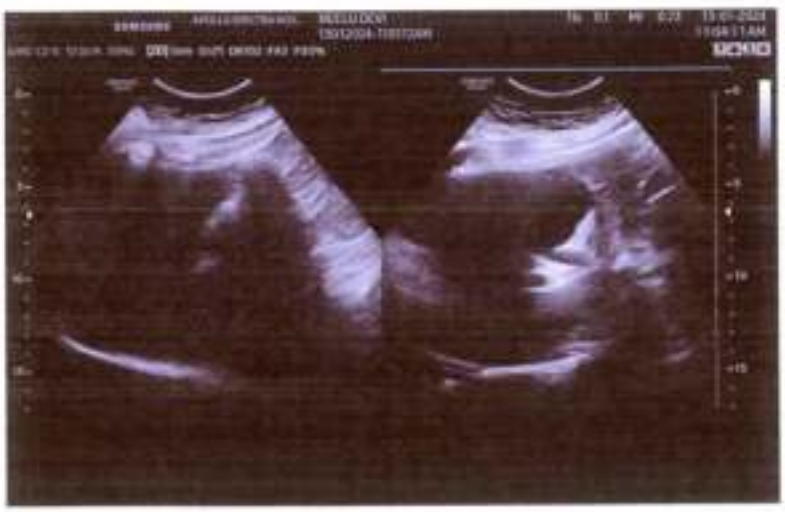
Accession #	
Exam Date	13-01-202
Description	
Operator	

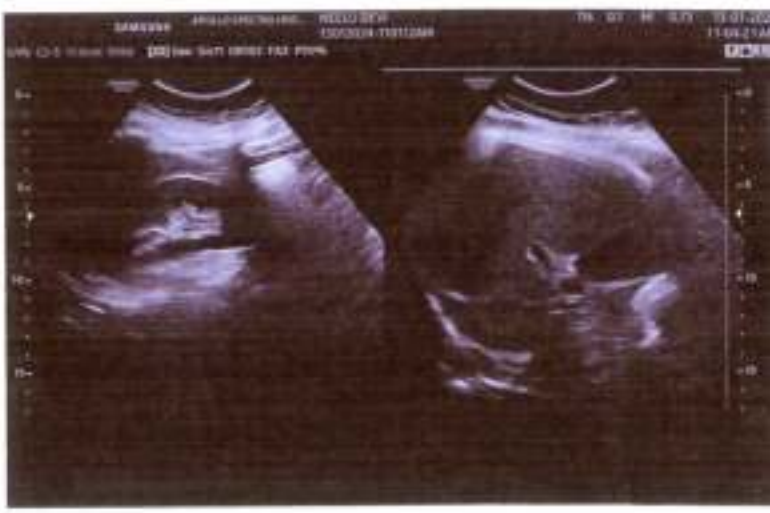












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Specialists in Surgery

NAME: NEELU DEVI | AGE 49 Y /SEX/F
REF. BY: HEALTH CHECK UP | UHID: SKAR0000101091
DATE: 13.1.2024 | S. NO:14829

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.

No definite pleural or parenchymal pathology seen.

Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.

DR. GLOSSY B SABHARWAL,MD

CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

Neelu Devi NEELU DEVI
ID: 101091

13.01.2024 11:03.13
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

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

75 bpm
– / – mmHg

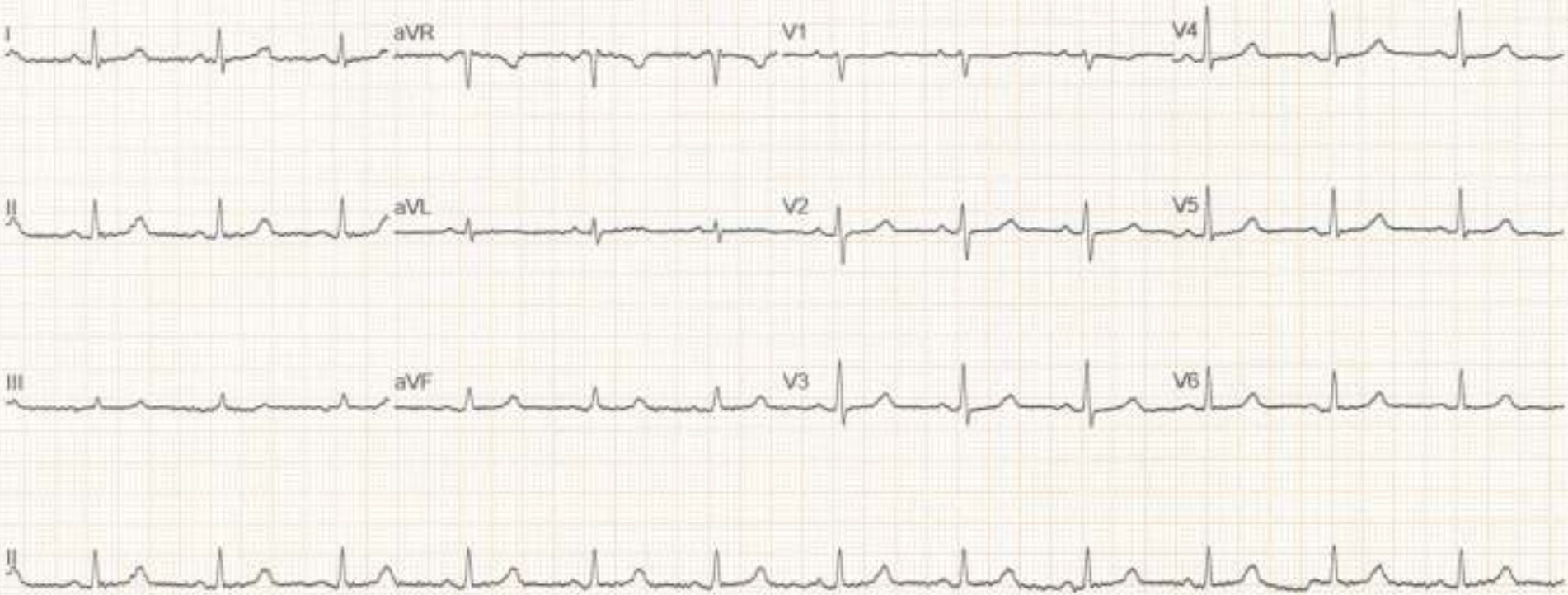
160 cm Female
49 Years 80.0 kg

QRS	66 ms
QT / QTcBaz	406 / 453 ms
PR	140 ms
P	64 ms
RR / PP	796 / 800 ms
P / QRS / T	36 / 55 / 49 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

B.P. 130/90



Unconfirmed

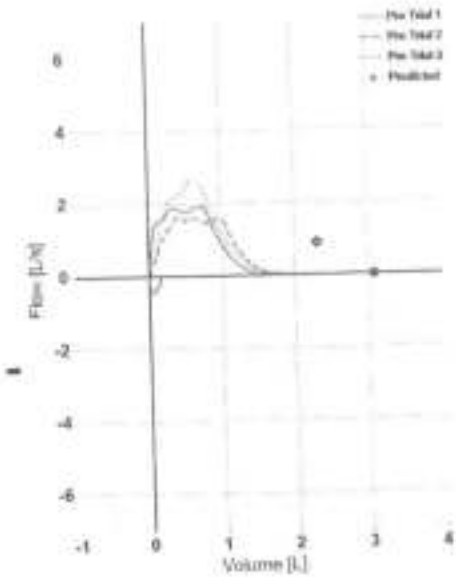
GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

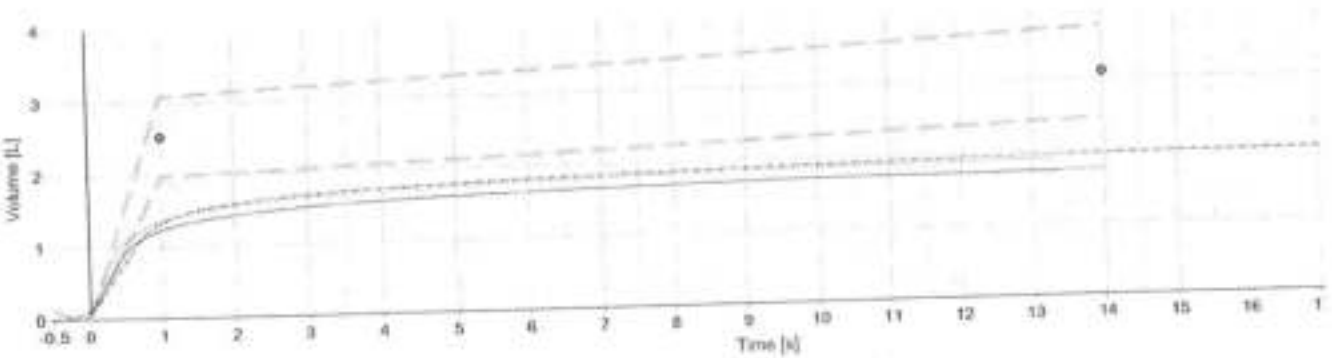
Parameter	Pre Best	LLN	Z-Score	%Pred	Pred	Trial 1	Trial 2	Trial 3
FVC [L]	1.23*	2.45	-3.52	56	3.09	1.73*	2.08*	1.90*
FEV1 [L]	1.22*	1.96	-3.04	49	2.51	1.22*	1.32*	1.35*
FEV1/FVC [%]	70.6*	71.4	-1.78	-	81.6	70.6*	66.1*	71.0*
FEF25-75 [L/s]	0.81*	1.45	-2.59	32	2.57	0.81*	0.81*	0.87*
PEF [L/s]	1.94	-	-	-	-	1.94	1.63	2.65
FET [s]	14.0	-	-	-	-	14.0	19.0	13.3
FIVC [L]	0.01*	2.45	-7.99	0	3.09	0.01*	-	0.07*
PIF [L/s]	0.33	-	-	-	-	0.33	-	0.24

* Indicates value outside normal range or significant post change.

Session Quality: Pre — FEV1 - E, FVC - E

System Interpretation: Pre — Restriction probable: further examination recommended





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Name:- Mrs. Neelu Devi

13/01/24

Age/Sex:- 49yrs/F.

	(K)	(L)
Vision →	6/18	6/18
Colour vision →	(N)	(N)

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

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Apollo Spectra HOSPITALS
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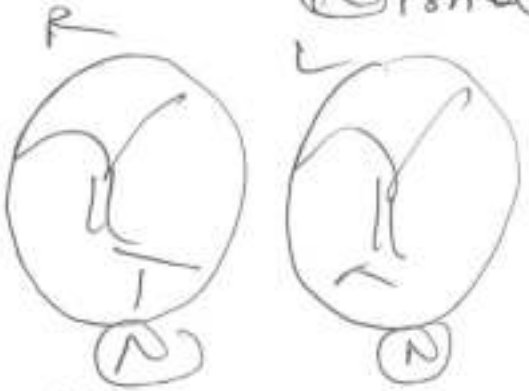
Ms Neelu Devi
F A 9 yrs

Temp

ENT: ND
ND normal



Chest: clear

Adv
No medication

EDuu
13.1.2024.

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CIN: U85100KA2009PTC049961

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