

1200 ST VANDANA KUMARI, 00341458, APOLLO
40 Years (25.06.1983)

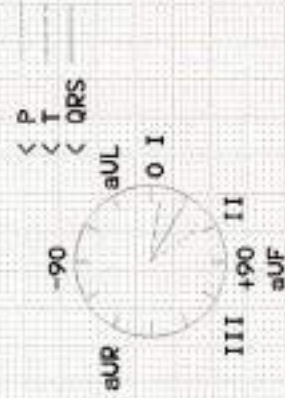
HR 63bpm

Measurement Results:

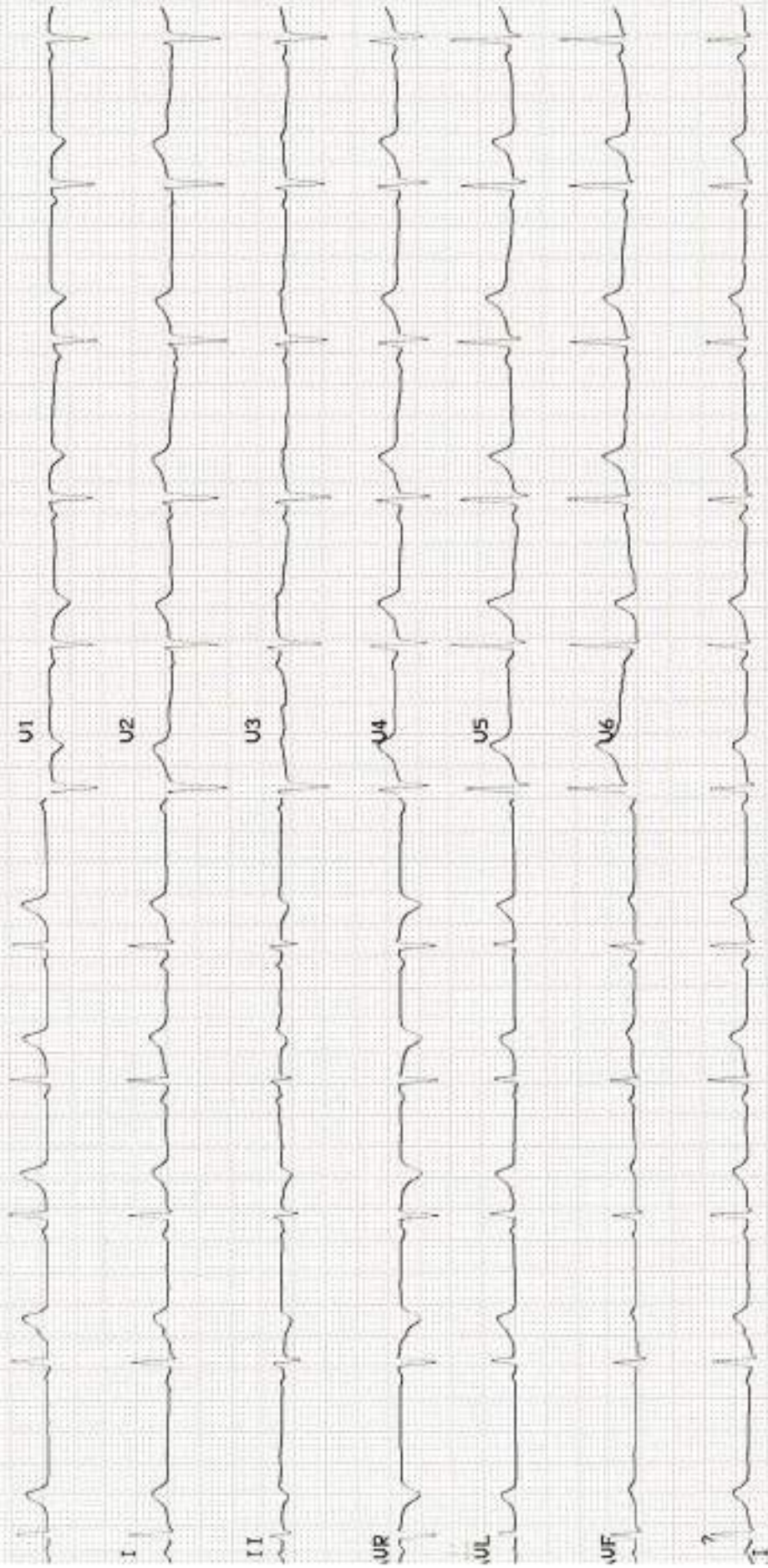
PR : 128 ms
QR : 400 / 407 ms
QT : 104 ms
QTc : 96 / 965 ms
QTd : 55 / 30 / 10 degrees
ST-T : 36 / 37 ms
AV : 1.6 mV
PRP : 8

Interpretation:

normal ECG



Unconfirmed report.





Dear Vandana Kumari,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **MARATHAHALLI clinic** on **2024-02-24** at **08:45-09:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

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

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

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

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

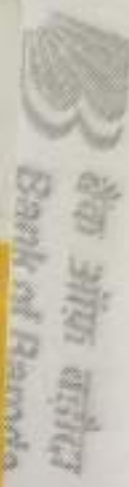
Clinic Address: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALLI SIGNAL,OPP.SHRIRAM SAMRUDDHI

APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic



INDIAN UNION DRIVING LICENCE
JHARKHAND STATE

D02062678R

Name
S/D/W of
ID Mark-1
ID Mark-2
VANDANA KUMARI
RAM NARAYAN PRASAD



DL No. **JH09 201 90005290**
Issue Dt. **01-Jul-2019**

Validity (T) **25-Jun-1983** Validity (NT) **24-Jun-2003**
DOB **25-Jun-1983** Blood group
Address **SRI VISHNU BHANDAR CHAS SAHU**
MARKET Chas, Bokaro, JH827013



Class
LMV
MCVWG
Issued On
01-July-2019
01-July-2019

Haz. Valid Till
Hill. Valid Till
Inv. Crg. No

Badge No
Purpose
Issuing Authority
Sign Of
Holder
01-July-2019
DTO-BOKARO

Endorse No **JH09 /DLN0000319/2019** Endorse Auth **JH09**
Sign Of Issuing Authority



Terms of our

PARTICULARS OF HEALTH CHECK UP BEN	
NAME	VANDANA KUMARI

Apollo Clinic

CONSENT FORM

Patient Name: Vandana Age: 40/F
UHID Number: 341458 Company Name: Arcofeni

I Mr/Mrs/Ms Vandana Employee of Arcofeni
(Company) Want to inform you that I am not interested in getting D BE

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: _____ Date: 24/2/24

341458



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Vandana Kumari on 24/2/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Unfit 	<input type="checkbox"/>

Dr. 
 Medical Officer

This certificate is not meant for medico-legal purposes

Customer Pending Tests
ophthal

40years
Female
157cm
59kg

Heart rate 79 bpm
PR interval 130 ms
QRS duration 70 ms
QT/QTc 368/421 ms
P-R-T axes 78 70 47

Technician:

Normal sinus rhythm
Normal ECG

Referred by: ARJOFEMI

Unconfirmed



20 Hz
25.0 mm/s
10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

II 11SL™ V233

VANDANA KUMARI
ID: 000341458

24 Feb 2024
12:14:07

78bpm
BP: 110/70

PRETTEST
SUPINE
1:00

BRUCE
** *mph
** *%
** *%₂

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



VANDANA KUMARI
 ID: 000341458
 24-Feb-2024
 12:14:20

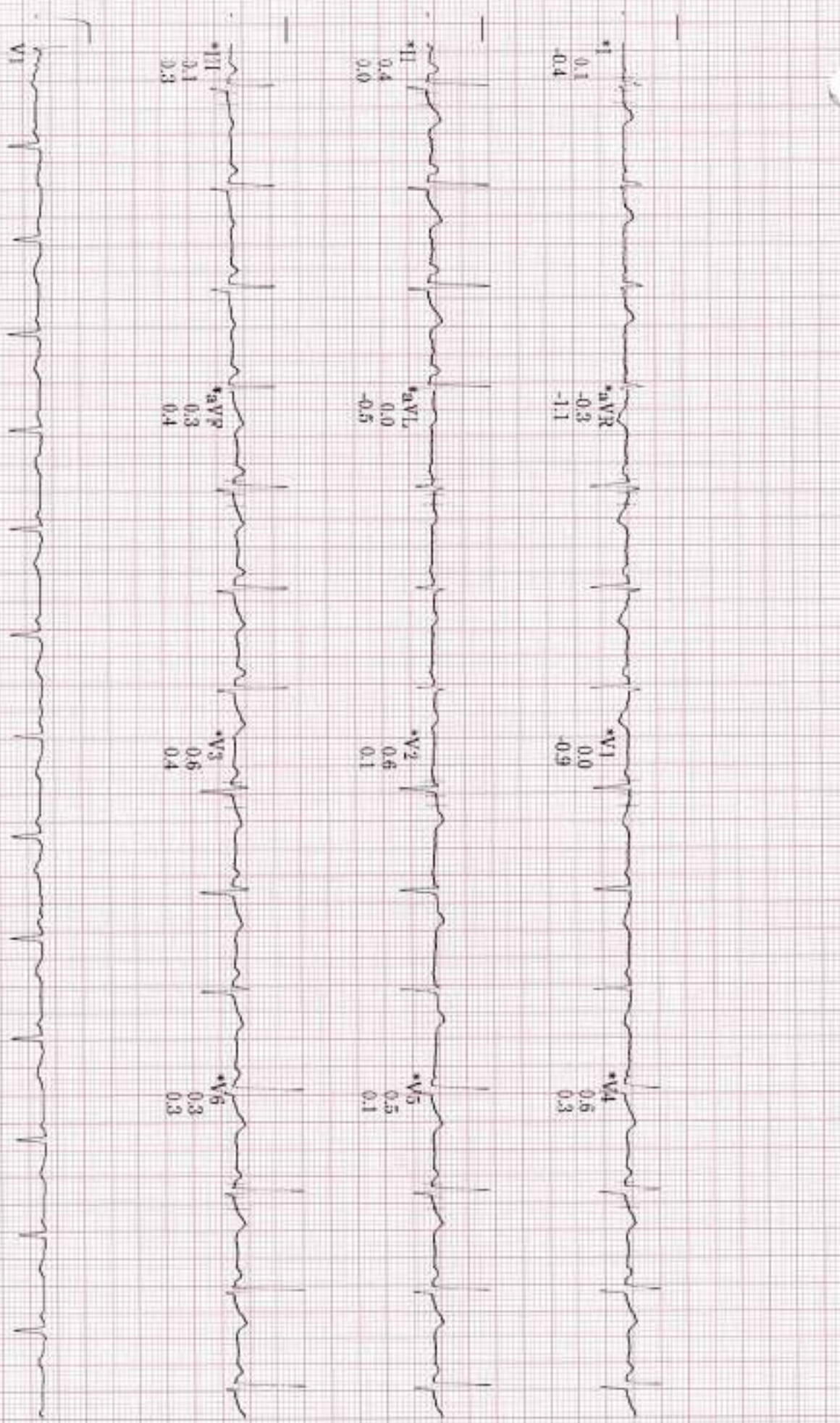
82bpm
 BP: 110/70

PRETEST
 HYPERVENT
 I-15

BRUCE
 **mph
 **%

ST @ 10mm/mV
 50ms postJ

Lead
 ST (mm)
 Slope(mV/s)



Raw Rhythm
 20 Hz
 25.0 mm/s
 10.0 mm/mV
 A. H. S. HR 46

Computer Synthesized Rhythm
 MAC55 009C

ARRIVAL

VANDANA KUMARI
ID: 000341458

24 Feb 2024
12:17:14

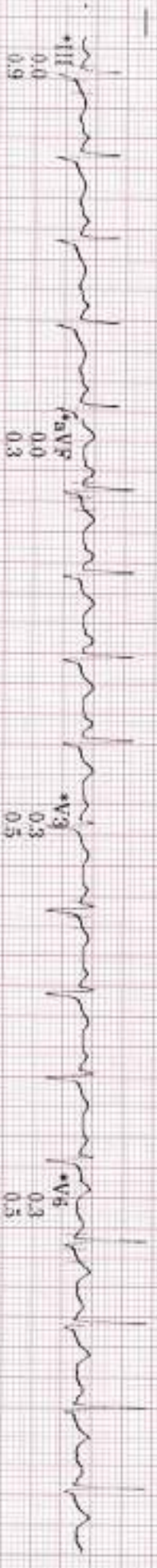
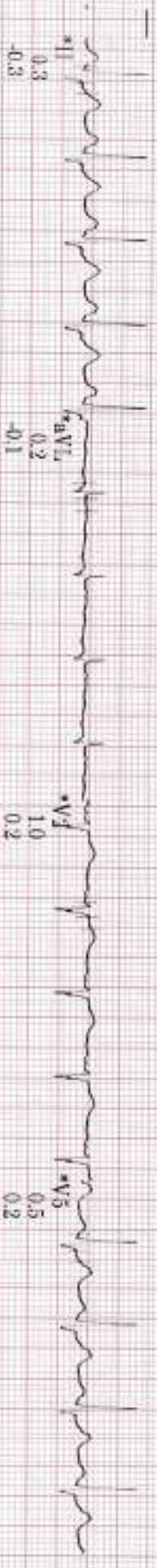
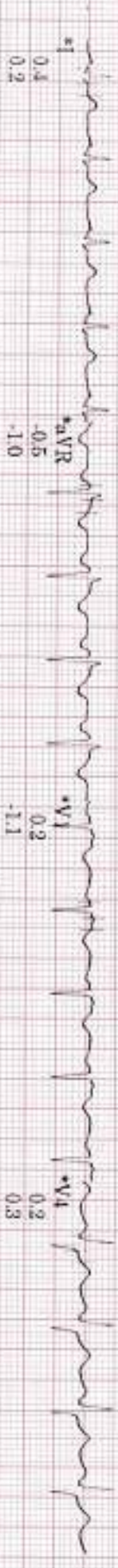
109bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV
A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

VANDANA KUMARI
ID: 000341458

24-Feb-2024
12:20:14

132bpm

BP: 120/80

EXERCISE
STAGE 2
5:50

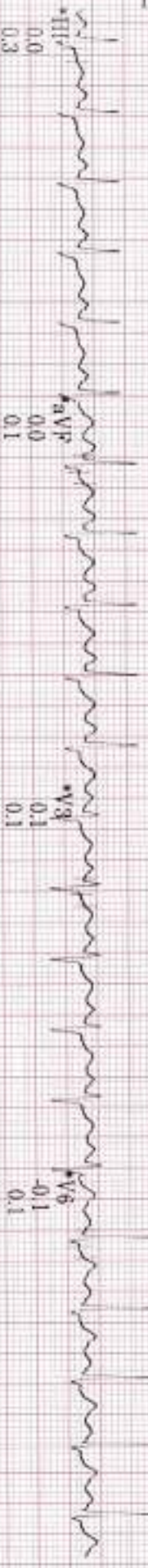
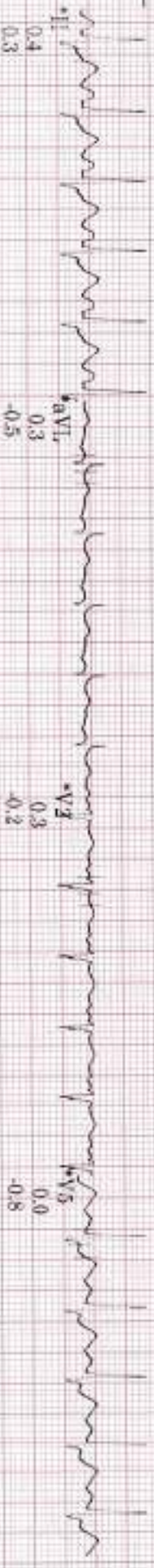
BRUCE

2.5mph

12.0%

ST @ 10mm/mV
80ms postd

Lead
ST(mV)
Slope(mV/s)



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

VANDANA KUMARI
ID: 000341458

24-Feb-2024
12:22:05

147bpm

BP: 120/80

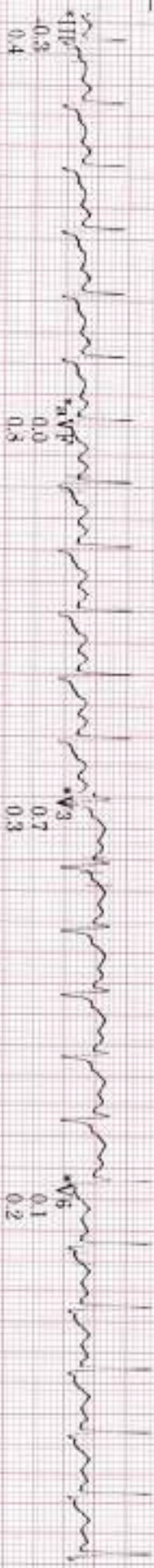
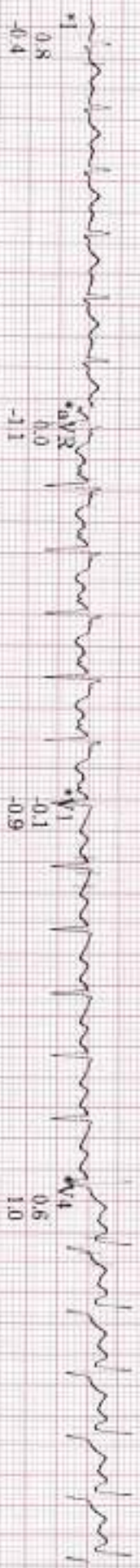
EXERCISE
STAGE 3
7:40

BRUCE

3.4mph
14.0%

ST @ 10mm/mV
80ms post

Lead
ST(mn)
Slope(mV/s)



Lead aVR ST(mn) 0.0
Slope(mV/s) -1.1

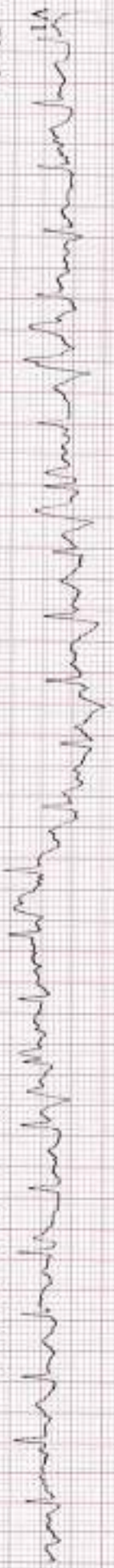
Lead aVL ST(mn) 0.9
Slope(mV/s) -0.4

Lead aVF ST(mn) 0.0
Slope(mV/s) 0.8

Lead V4 ST(mn) 0.6
Slope(mV/s) 1.0

Lead V5 ST(mn) 0.5
Slope(mV/s) 1.6

Lead V6 ST(mn) 0.1
Slope(mV/s) 0.2



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A H S HR 46

MAC55 009C

5

VANDANA KUMARI
ID: 060341438

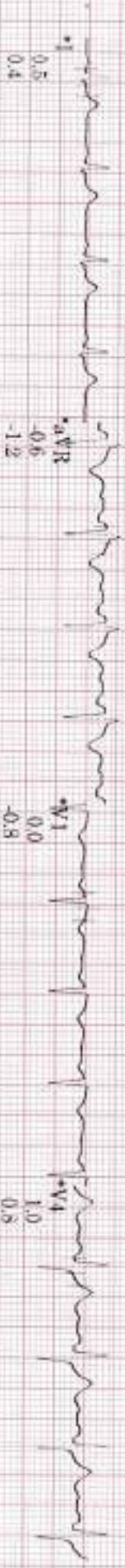
24-Feb-2024
12:23:04

100bpm
RECOVERY
Post
1:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC35 009C

II

VANDANA KUMARI
ID: 000541458

24-Feb-2024
12:25:04

91bpm

RECOVERY
Post

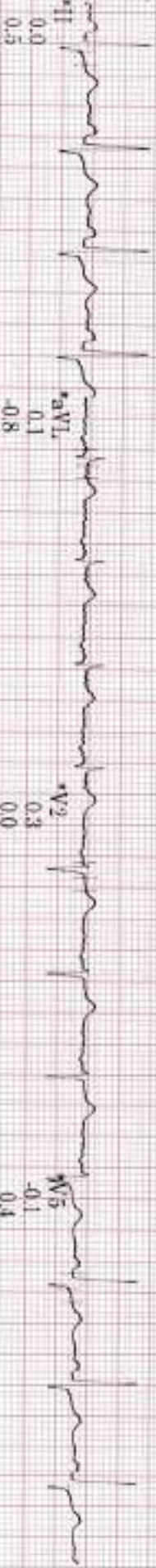
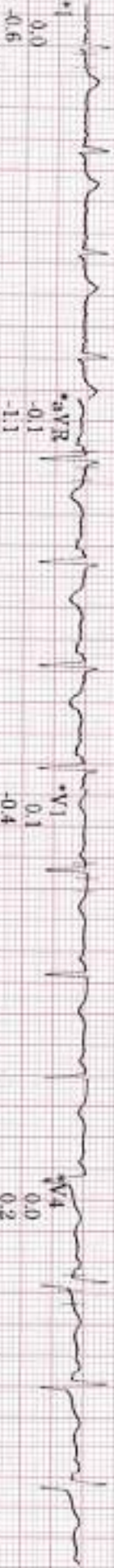
BRUCE
** *mph
** *g

BP: 120/80

3:00

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

30 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

II

SELECTED MEDIANS REPORT

VANDANA KUMARI
ID: 000341458

24 Feb 2024
17:13:06

Referred by: ARCOFEM1

40 years
157 cm
59 kg
Female

BRCT
Max HR: 147bpm 81% of max predicted 180bpm
Max BP: 120/80
Maximum workload: 9.5 METS
Reason for Termination:
Comments: GOOD EXERCISE TOLERANCE
NORMAL HR AND BP RESPONSE
NO A NGINA NO ARRHYTHMIAS
NOS IN SIGNIFICANT ST-T CHANGES DURING THE STUDY
STRESS TESTS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:30 85bpm BP: 110/70	6:54 150bpm BP: 120/80	7:40 147bpm BP: 120/80	8:36 78bpm BP: 120/80	0:40 85bpm BP: 110/70	6:54 150bpm BP: 120/80	7:40 147bpm BP: 120/80	8:36 78bpm BP: 120/80



GRADED EXERCISE SUMMARY

VANDANA KUMARI
ID: 000941458

24-Feb-2024
12:13:06

40years
157cm
59kg

Female

Referred by: ARCOPEMI

BRUCE Total Exercise time: 7:40
Max HR: 147bpm 81% of max predicted 180bpm
Max BP: 120/80 Maximum workload: 9.5METS
Reason for Termination: Patient fatigue
Comments: GOOD EXERCISE TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES DURING THE STUDY
STRESS TESTS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

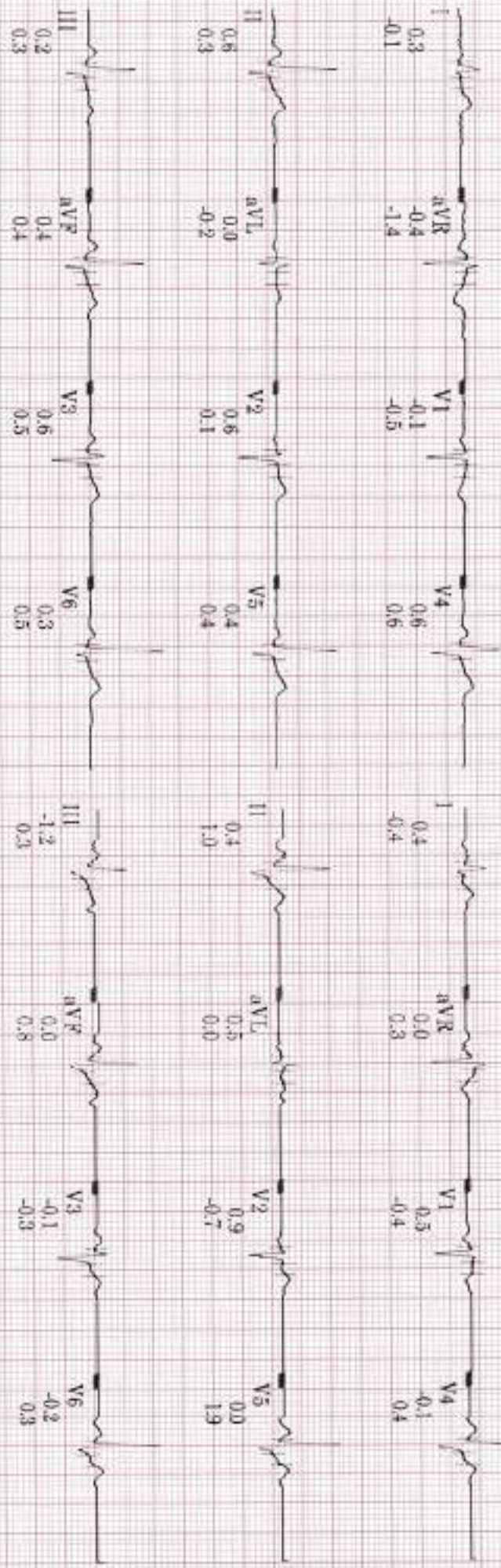
EXERCISE STAGE 1 1.0METS
0:00 85bpm
BP: 110/70
ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 3 8.3METS
6:54 150bpm
BP: 120/80
ST @ 10mm/mV
80ms postd

MAX ST

Lead
ST(mm)
Slope(mV/s)



Technician:

Unconfirmed

APOLLO MEDICAL CENTRE MARATHAHALLI

MAG55 009C

TABULAR SUMMARY REPORT

VANDANA KUMARI
ID: 000941458

40years
157cm
59kg

Female

BRUCE
Max HR: 147bpm 81% of max predicted 180bpm
Max BP: 120/80 Maximum workload: 9.5METS
Reason for Termination: Patient fatigue
Comments: GOOD EXERCISE TOLERANCE
NORMAL HR AND BP RESPONSE
NO A-NGINA NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES DURING THE STUDY
STRESS TESTS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 7:40

25.0 mm/s
10.0 mm/mV
100hz

Referred by: ARCOFEMI

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:02	***	***	2.0	78	110/70	86
	STANDING	0:01	***	***	2.0	80	110/70	88
	HYPERVENT	0:16	0.4	0.0	2.0	85	110/70	94
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	119		
	STAGE 2	3:00	2.5	12.0	7.0	131	200/80	157
	STAGE 3	1:40	3.4	14.0	9.5	147	200/80	176
RECOVERY	Post	3:36	***	***	1.0	78	200/80	94

Technician:

Unconfirmed

APOLLO MEDICAL CENTRE MARATHAHALLI

MAG55 009C

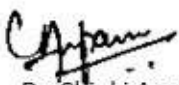
Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:15PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:16PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF HAEMATOLOGY

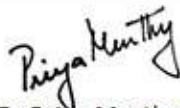
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	36.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,820	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3276.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2013.72	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	378.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	175000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 16



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



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



SIN No:BED240048548

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC1158111
Regd. Office: 1-10-62/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 843-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | U.S. Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag (Savitribamma Petal) | Karnataka: Bangalore (Bosewastage) | Bellandur | Electronics City | Heera Town | HSR Layout | Indira Nagar | JP Nagar | Kandrajohli | Kocconoguda | Sarojpur Road | Mysore (W. Venkatesh) | Tamil Nadu: Chennai | Anna Nagar | Kotturupatti | Moolappai | T. Nagar | Vellore/Kaliam | Welichery | Maharashtra: Pune (Aundh) | Rigdi Posthikoon | Wananagar | Maharashtra | Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Panipat (Railway Station Road)

Address:
33/39B/123, Dodda Lakshmi Village, Woodside Main Road,
Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560038

1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:15PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:16PM
Visit ID : CMAROPV779023	Status : Final Report
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Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

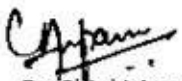
RBCs: are normocytic normochromic

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

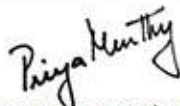
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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



SIN No:BED240048548

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC1158116
Regd. Office: 1-10-62/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 843-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | RS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vijay | Seshamanna Petal | Karnataka: Bangalore | Shivajinagar | Bellandur | Electronics City | Heera Town | HSR Layout | Indira Nagar | JP Nagar | Kandraholli | Koramangala | Sarajpur Road | Mysore | TN Velupillai | Tamil Nadu: Chennai | Anna Nagar | Kotturupuzhi | Moolappai | T Nagar | Vileparakkam | Welichery | Maharashtra: Pune | Aurang | Nigdi | Pashchim | Vinay Nagar | Maharashtra | Ahmedabad | Gandhinagar | Gujarat: Ahmedabad | Gandhinagar | Punjab: Amritsar | Court Road | Haryana: Panipat | Railway Station Road

Address:
32/3/196/122, Doodh Bazaar Village, Woodlark Hills Road,
Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560038

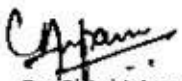
 **1860 500 7788**
www.apolloclinic.com

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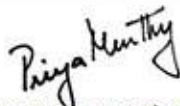
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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



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



SIN No:BED240048548

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 02:00PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:07PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	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.



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

SIN No:PLF02112439

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Patient Name : Mrs.VANDANA KUMARI	Collected : 28/Feb/2024 11:29AM
Age/Gender : 40 Y 8 M 3 D/F	Received : 28/Feb/2024 03:26PM
UHID/MR No : CMAR.0000341458	Reported : 28/Feb/2024 04:02PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	72	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:PLP1424920

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:24PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:07PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic 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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240021847

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:25PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 01:42PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	110.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.54		0-4.97	Calculated

Comment:

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

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

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




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

SIN No:SE04640430

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Patient Name : Mrs.VANDANA KUMARI
Age/Gender : 40 Y 7 M 29 D/F
UHID/MR No : CMAR.0000341458
Visit ID : CMAROPV779023
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8095686380D

Collected : 24/Feb/2024 10:01AM
Received : 24/Feb/2024 12:25PM
Reported : 24/Feb/2024 01:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324



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

SIN No:SE04640430

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Regd. Office: 1-10-82/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560038



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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




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

SIN No:SE04640430

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UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 01:42PM
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Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.51-0.95	Jaffe's, Method
UREA	35.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	16.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.07	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.38	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:25PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	41.00	U/L	<38	IFCC



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

SIN No:SE04640430

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Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC1158116
 Regd. Office: 1-10-6263, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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 32/316/122, Dodda Lakshmi Village, Woodside Main Road,
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 Karnataka - 560093

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:20PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 01:52PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.30	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.330	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

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

SIN No:SPL24032026

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC1158111
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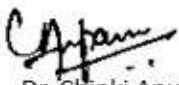
Telangana: Hyderabad | RS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag | Swarnamma Petal | Karnataka: Bangalore | Basavanagudi | Bellandur | Electronic City | Heer Town | HSR Layout | Indira Nagar | JP Nagar | Kandrahalli | Koramangala | Sarjapur Road | Mysore | TN Nadu: Chennai | Anna Nagar | Kotturupalli | Moolappair | T Nagar | Vileparakkam | Velachery | Maharashtra: Pune | Aurang | Nigdi | Pashchim | Viman Nagar | Maharashtra | Uttar Pradesh: Ghaziabad | Indraprastha | Gujarat: Ahmedabad | Satellite | Punjab: Amritsar | Court Road | Haryana: Panipat | Railway Station Road

Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:00AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 04:25PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 05:48PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

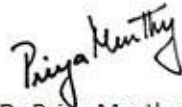
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	7.5		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	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2290634

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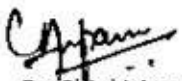
1860 500 7788
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Patient Name : Mrs.VANDANA KUMARI	Collected : 28/Feb/2024 11:29AM
Age/Gender : 40 Y 8 M 3 D/F	Received : 28/Feb/2024 04:17PM
UHID/MR No : CMAR.0000341458	Reported : 28/Feb/2024 06:46PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

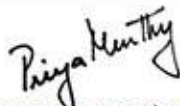
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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



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



SIN No:UPP016816

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Karnataka - 560038

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:00AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 01:04PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:43PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

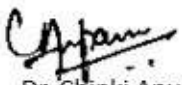
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

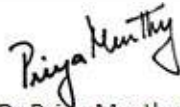
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF010763

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Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560038

 **1860 500 7788**
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Patient Name : Mrs. VANDANA KUMARI

Age/Gender : 40 Y/F

UHID/MR No. : CMAR.0000341458

OP Visit No : CMAROPV779023

Sample Collected on :

Reported on : 24-02-2024 19:46

LRN# : RAD2247078

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8095686380D

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

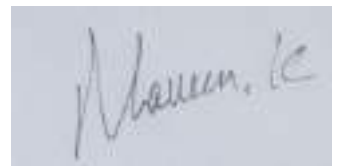
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs. VANDANA KUMARI

Age/Gender : 40 Y/F

UHID/MR No. : CMAR.0000341458

OP Visit No : CMAROPV779023

Sample Collected on :

Reported on : 24-02-2024 15:13

LRN# : RAD2247078

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8095686380D

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Right Breast:

Skin and subcutaneous echoes are normal.

Sub areolar echoes are normal.

Normal glandular echopattern is noted.

Two tiny cysts noted, largest in central quadrant measuring 11.4x4.6mm

No ductal dilatation is seen.

Retro mammary fascia and pectoralis muscle echoes are normal.

There are no enlarged axillary lymph nodes.

Left Breast:

Skin and subcutaneous echoes are normal.

Sub areolar echoes are normal.

Normal glandular echopattern is noted.

Large well defined oval hypoechoic lesions noted in central quadrant measuring 41x23.5mm

No ductal dilatation is seen.

Retro mammary fascia and pectoralis muscle echoes are normal.

There are no enlarged axillary lymph nodes.

Impression:

LARGE FIBROADENOMA IN LEFT BREAST - BENIGN - BIRADS II

TINY CYSTS IN RIGHT BREAST - BENIGN - BIRADS II.

Suggested clinical correlation and follow up.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. VANDANA KUMARI	Age/Gender	: 40 Y/F
UHID/MR No.	: CMAR.0000341458	OP Visit No	: CMAROPV779023
Sample Collected on	:	Reported on	: 24-02-2024 13:46
LRN#	: RAD2247078	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8095686380D		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Gall bladder distended and shows few calculi, largest measuring 15.2mm. No obvious wall thickening. No obvious peri GB collection/fat stranding appreciated.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.4cm and parenchymal thickness measures 1.4cm.

Left kidney measures 9.9cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 9.0x5.9x4.6cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 11.1mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.9x2.0cm.

Left ovary measures 3.9x3.0cm.

No free fluid is seen.

Visualized bowel loops appears normal.

IMPRESSION:

CHOLELITHIASIS WITH NO EVIDENCE OF CHOLECYSTITIS.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
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Patient Name : Mrs. VANDANA KUMARI

Age/Gender : 40 Y/F



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
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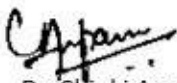
Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:15PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:16PM
Visit ID : CMAROPV779023	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

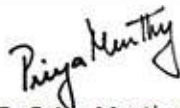
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	36.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,820	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3276.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2013.72	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	378.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	175000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 16



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



Dr Priya Murthy
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Consultant Pathologist



SIN No:BED240048548

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
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Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

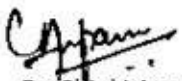
RBCs: are normocytic normochromic

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

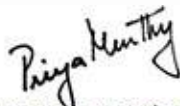
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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



SIN No:BED240048548

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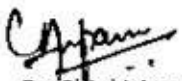
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Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:15PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:49PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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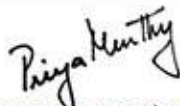
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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



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 Regd. Office: 1-10-82/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 843-4884 7777, Fax No: 4884 7744

Address:
 32/196/122, Doddaballapur Village, Woodlark Main Road,
 Newlands Nagar, Electronic City, Bangalore,
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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 02:00PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:07PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	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.



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

SIN No:PLF02112439

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Patient Name : Mrs.VANDANA KUMARI	Collected : 28/Feb/2024 11:29AM
Age/Gender : 40 Y 8 M 3 D/F	Received : 28/Feb/2024 03:26PM
UHID/MR No : CMAR.0000341458	Reported : 28/Feb/2024 04:02PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	72	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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:PLP1424920

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
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Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic 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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240021847

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:25PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 01:42PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	110.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.54		0-4.97	Calculated

Comment:

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

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

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


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

SIN No:SE04640430

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Patient Name : Mrs.VANDANA KUMARI
Age/Gender : 40 Y 7 M 29 D/F
UHID/MR No : CMAR.0000341458
Visit ID : CMAROPV779023
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8095686380D

Collected : 24/Feb/2024 10:01AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324



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

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Regd. Office: 1-10-82/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Address:
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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




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

SIN No:SE04640430

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.51-0.95	Jaffe's, Method
UREA	35.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	16.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.07	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.38	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



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CONSULTANT BIOCHEMIST

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	41.00	U/L	<38	IFCC



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CONSULTANT BIOCHEMIST

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 12:20PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.30	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.330	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




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

SIN No:SPL24032026

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Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:01AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--




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M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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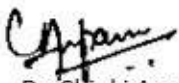
Telangana: Hyderabad | U.S. Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vijay | Swarnamma Petal | Karnataka: Bangalore | Basavanagudi | Bellandur | Electronic City | Heera Town | HSR Layout | Indira Nagar | JP Nagar | Kandrahalli | Koramangala | Sarjapur Road | Mysore | TN: Chennai | Anna Nagar | Kotturupalli | Moolappai | T. Nagar | Vileparakkam | Velachery | Maharashtra: Pune | Aurang | Nigdi | Pashchim | Viman Nagar | Maharashtra | Ahmedabad | Gandhinagar | Gujarat: Ahmedabad | Gandhinagar | Punjab: Amritsar | Court Road | Haryana: Panipat | Railway Station Road

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UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 05:48PM
Visit ID : CMAROPV779023	Status : Final Report
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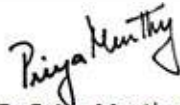
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	7.5		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	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2290634

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC115811
Regd. Office: 1-10-62/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 843-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | U.S. Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vijay | Seshamanna Petal | Karnataka: Bangalore | Basavanagudi | Bellandur | Electronics City | Hebbal | HSR Layout | Indira Nagar | JP Nagar | Kandrajohalli | Koramangala | Sarjapur Road | Mysore: W. Venkatasai | Tamil Nadu: Chennai | Anna Nagar | Kotturupalli | Moolappalli | T. Nagar | Vellore | Kerala: Kollam | Maharashtra: Pune | Aurangabad | Hoshiarpur | Himachal Pradesh: Shimla | Jammu & Kashmir: Srinagar | Gujarat: Ahmedabad | Odisha: Bhubaneswar | Karnataka: Bangalore | Kerala: Kollam | Himachal Pradesh: Shimla | Jammu & Kashmir: Srinagar | Gujarat: Ahmedabad | Odisha: Bhubaneswar

Address:
33/196/122, Dodda Lakshmi Village, Woodside Main Road,
Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560038

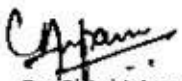
1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.VANDANA KUMARI	Collected : 28/Feb/2024 11:29AM
Age/Gender : 40 Y 8 M 3 D/F	Received : 28/Feb/2024 04:17PM
UHID/MR No : CMAR.0000341458	Reported : 28/Feb/2024 06:46PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

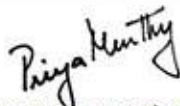
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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



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



SIN No:UPP016816

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC115816
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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 843-4884 7777, Fax No: 4884 7744

Address:
 32/196/122, Doddaballapur Village, Woodlark Main Road,
 Newlands Nagar, Electronic City, Bangalore,
 Karnataka - 560038

 **1860 500 7788**
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APOLLO CLINICS NETWORK
 Telangana: Hyderabad | RS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | **Andhra Pradesh: Vijay** | Swarnamma Petal | **Karnataka: Bangalore** | Basavanagudi | Bellandur | Electronics City | Hebbal Town | HSR Layout | Indira Nagar | JP Nagar | Kandraholli | Koramangala | Sarjapur Road | **Mysore** | W. Wettable | **Tamil Nadu: Chennai** | Anna Nagar | Kotturupuzhi | Moolappai | T Nagar | **West Bengal: Kolkata** | **Maharashtra: Pune** | Aundh | Nigdi | Pashchim | **Wipro Nagar** | **Madhya Pradesh: Bhopal** | **Gujarat: Ahmedabad** | Satellite | **Rajasthan: Jaipur** | **Haryana: Faridkot** | Railway Station Road

Patient Name : Mrs.VANDANA KUMARI	Collected : 24/Feb/2024 10:00AM
Age/Gender : 40 Y 7 M 29 D/F	Received : 24/Feb/2024 01:04PM
UHID/MR No : CMAR.0000341458	Reported : 24/Feb/2024 03:43PM
Visit ID : CMAROPV779023	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8095686380D	

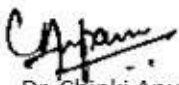
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

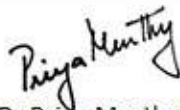
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF010763

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Address:
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Newlands Nagar, Electronic City, Bangalore,
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