



Age/Gender : 34 Y 2 M 27 D/F UHID/MR No : CJPN.0000089495 Visit ID : CJPNOPV181538

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265005

Collected : 25/Nov/2023 09:22AM Received : 25/Nov/2023 12:51PM : 25/Nov/2023 03:26PM Reported

: Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

14.6	g/dL	12-15	Spectrophotometer
42.50	%	36-46	Electronic pulse & Calculation
5.05	Million/cu.mm	3.8-4.8	Electrical Impedence
84.3	fL	83-101	Calculated
28.9	pg	27-32	Calculated
34.3	g/dL	31.5-34.5	Calculated
11.9	%	11.6-14	Calculated
7,320	cells/cu.mm	4000-10000	Electrical Impedance
DLC)			
69.8	%	40-80	Electrical Impedance
19.9	%	20-40	Electrical Impedance
2.3	%	1-6	Electrical Impedance
7.9	%	2-10	Electrical Impedance
0.1	%	<1-2	Electrical Impedance
			·
5109.36	Cells/cu.mm	2000-7000	Calculated
1456.68	Cells/cu.mm	1000-3000	Calculated
168.36	Cells/cu.mm	20-500	Calculated
578.28	Cells/cu.mm	200-1000	Calculated
7.32	Cells/cu.mm	0-100	Calculated
368000	cells/cu.mm	150000-410000	Electrical impedence
29	mm at the end of 1 hour	0-20	Modified Westegren method
	5.05 84.3 28.9 34.3 11.9 7,320 DLC) 69.8 19.9 2.3 7.9 0.1 5109.36 1456.68 168.36 578.28 7.32 368000	5.05         Million/cu.mm           84.3         fL           28.9         pg           34.3         g/dL           11.9         %           7,320         cells/cu.mm           DLC)           69.8         %           19.9         %           2.3         %           7.9         %           0.1         %           5109.36         Cells/cu.mm           1456.68         Cells/cu.mm           168.36         Cells/cu.mm           578.28         Cells/cu.mm           7.32         Cells/cu.mm           368000         cells/cu.mm           29         mm at the end	5.05         Million/cu.mm         3.8-4.8           84.3         fL         83-101           28.9         pg         27-32           34.3         g/dL         31.5-34.5           11.9         %         11.6-14           7,320         cells/cu.mm         4000-10000           DLC)           69.8         %         40-80           19.9         %         20-40           2.3         %         1-6           7.9         %         2-10           0.1         %         <1-2

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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: Mrs.REGO RENISHA GLORIA

Age/Gender UHID/MR No : 34 Y 2 M 27 D/F : CJPN.0000089495

Visit ID

: CJPNOPV181538

Ref Doctor Emp/Auth/TPA ID : CJPNOPV18153 : Dr.SELF

: 265005

Collected

: 25/Nov/2023 09:22AM

Bio. Ref. Range

Received Reported : 25/Nov/2023 12:51PM : 25/Nov/2023 03:26PM

Status

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Sponsor Name

Unit

: ARCOFEMI HEALTHCARE LIMITED

Method

#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name Result

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 14



SIN No:BED230289588

NABL renewal accreditation under process

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







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Visit ID

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: Dr.SELF

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Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	
BLOOD GROUP TYPE	A	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination

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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE
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#### **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:

- $1. The \ diagnosis \ of \ Diabetes \ requires \ a \ fasting \ plasma \ glucose \ of \ > or = 126 \ mg/dL \ and/or \ a \ random \ / \ 2 \ hr \ post \ glucose \ value \ of \ > or = 200 \ mg/dL \ on \ a \ post \ p$ at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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SIN No:PLF02059593 NABL renewal accreditation under process





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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

## ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio Ref. Range Method

Result	Unit	Bio. Ref. Range	Method
70	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG),	114	mg/dL	Calculated
WHOLE BLOOD EDTA			

### **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.

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

**Test Name** 

Result

Unit

Bio. Ref. Range

Method

 $5.\ In\ cases\ of\ Interference\ of\ Hemoglobin\ variants\ in\ HbA1C, alternative\ methods\ (Fructosamine)\ estimation\ is\ recommended\ for\ Glycemic\ Control$ 

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:PLP1390372,EDT230106092 NABL renewal accreditation under process







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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

## ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.79		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
I.D.   .	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60	*		
INON-HOLCHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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SIN No:SE04550174

NABL renewal accreditation under process

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







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#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.78	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dĹ	2.0-3.5	Calculated
A/G RATIO	1.49		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 > 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:

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

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

**Test Name** 

Result

Unit

Bio. Ref. Range

Method

Page 9 of 14

SIN No:SE04550174 NABL renewal accreditation under process

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telang www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 na - 500 016 | APOLLO CLINICS NETWORK







: Mrs.REGO RENISHA GLORIA

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#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	/ HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM						
CREATININE	0.59	mg/dL	0.72 – 1.18	JAFFE METHOD		
UREA	29.00	mg/dL	17-43	GLDH, Kinetic Assay		
BLOOD UREA NITROGEN	13.6	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	5.02	mg/dL	2.6-6.0	Uricase PAP		
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	139	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	5.1	mmol/L	3.5–5.1	ISE (Indirect)		
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)		

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SIN No:SE04550174

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	<38	IFCC	
(GGT) , SERUM					

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#### **DEPARTMENT OF IMMUNOLOGY**

## ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.99	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.902	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	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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SIN No:SPL23167651

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: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF CLINICAL PATHOLOGY

#### ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

COMPLETE URINE EXAMINATION (C	<b>:UE)</b> , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
рН	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	6-8	/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

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SIN No:UR2226863

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

	_			
Test Name	Result	Unit	Bio. Ref. Range	Method

URINE GLUCOSE(POST PRANDIAL) NEG	ATIVE NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE	NEGATIVE	Dipstick

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

Result/s to Follow: PERIPHERAL SMEAR

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

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

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

Page 14 of 14



SIN No:UPP015836,UF009848 NABL renewal accreditation under process

# renishagloria 16 @ gnail. com.



Plan

Name : Mrs. REGO RENISHA GLORIA

Age: 34 Y

Sex: F

Address: blr

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CJPN.0000089495

OP Number: CJPNOPV181538 Bill No: CJPN-OCR-67259

Date : 25.11.2023 09:13

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMA	LE - 2D ECHO - PAN INDIA - FY2324
	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
_3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO DY TMTI	
-	LIVER FUNCTION TEST (LFT)	
(	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
U	ENT CONSULTATION 😸	
10	FITNESS BY GENERAL PHYSICIAN	
1	GYNAECOLOGY CONSULTATION	
~12	DIET CONSULTATION	
1	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
_1:	PERIPHERAL SMEAR	
10	6 ECG	
H	BLOOD GROUP ABO AND RH FACTOR	
T	8 LIPID PROFILE	
1	BODY MASS INDEX (BMI)	
2	LBC PAP TEST- PAPSURE	
2	1 OPTHAL BY GENERAL PHYSICIAN	
2	2 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
2	3 ULTRASOUND - WHOLE ABDOMEN	
-2	4 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
2	5 DENTAL CONSULTATION 7	
2	6 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

HEP-98cm BP=105/91mm/99 AP=785/M







Rego Rendiha aloria. 34/ FF

25/11/2023,

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

General Examination / Allergies History

CILL' IDNI ---

Clinical Diagnosis & Management Plan

ENT Check.

No Dul H7N. - Ringing notse: 5 years.

NKDA. - 1 & cold, sunny none.

- Itearing okay

DNS to (C)

Allergic Rhuil

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1. TAB. MONTAIR - FX

2. FLUTIPLO-FT rasal Speay x 1 month.

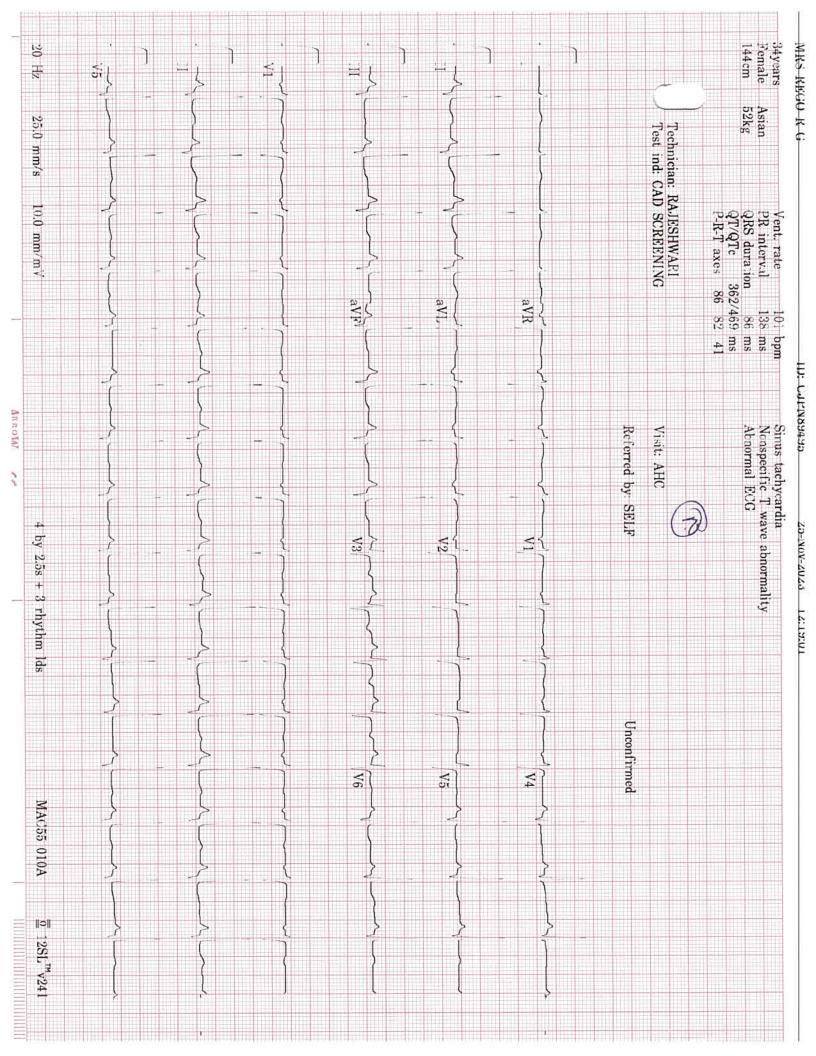
Follow up date:

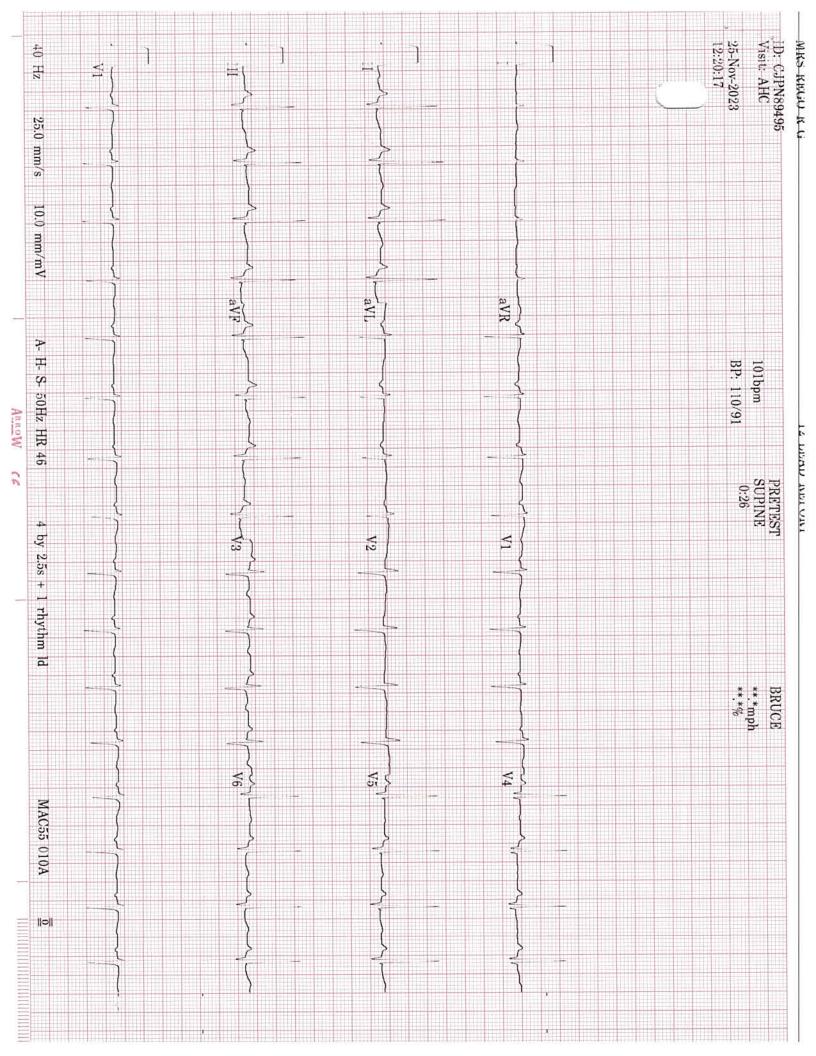
**Doctor Signature** 

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	252	130/91	194	7.0	12.0	2.5	2:20	H. 2	STAGE 2	
		120/45	55	4.5	10.0	1.7	3:00	H 1	STAGE 1	EXERCISE
	128	110/91	5.1	1.2	0.0	0.8	0:58	NE	SUPINE	PRETEST
	RPP (x100)	BP (mmHg)	(bpm)	WorkLoad (METS)	Grade (%)	Speed (mph)	Time in Stage		Stage Name	Phase Name
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100hz	ETS	orkload: 7.0METS	Maximum workload:		Max BP: 130/91	Ма	Female	Asian	34 years	
10.0 mm/mV		S6bpm	predicted 186bpm	194bpm104% of max predicted 186bpm		Va				AHC

ARROW





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TEST BND	PEAK	MAX ST	BASELINE	TEST END	PEAK	MAX ST	3.ASELINE
	ISCHEMIA	FOR INDUCIBLE	TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA				
		ST-T CHANGES SEEN		¥1, 3	REENING	Referred by: SELF Test and: CAD SCREENING	
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ZUOV	NIOAC. 1.9MIDIO	naxilliulli wol Nioau.	×.		52kg	144cm	25-Nov-2023
0.0 mm/mV			Max FR: 194bp n104% of max Vax FP: 130/9	Remale .	Asjan	34vears	V-31: AHC
S/mm o.c.	0.50	TACIOLO					



Age/Gender **Patient Name** : Mrs. REGO RENISHA GLORIA : 34 Y/F UHID/MR No. : CJPN.0000089495 **OP Visit No** : CJPNOPV181538 Sample Collected on : : 25-11-2023 13:14 Reported on LRN# : RAD2159821 Specimen **Ref Doctor** : SELF Emp/Auth/TPA ID : 265005

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Normal in size (12.6cm) and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

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

SPLEEN: Normal in size and echotexture. No focal lesion was seen.

PANCREAS: Appeared normal to the visualized extent.

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

Right kidney measures:8.9 x 1.1 cm.

Left kidney measures: 8.5 x 1.4 cm.

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

UTERUS : Normal in size and echotexture. It measures :7.2 x 2.6 x 3.9 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 6 mm.

No focal lesion was noted.

OVARIES: Both ovaries are normal in size.

Right ovary measures :2.8 x 2.0 cm. Left ovary measures :3.0 x 1.8 cm.

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



Patient Name : Mrs. REGO RENISHA GLORIA Age/Gender : 34 Y/F

## **IMPRESSION: NORMAL STUDY.**

Please Note: No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. V K PRANAV VENKATESH MBBS,MD

Radiology



**Patient Name** : Mrs. REGO RENISHA GLORIA Age/Gender : 34 Y/F UHID/MR No. : CJPN.0000089495 **OP Visit No** : CJPNOPV181538 Sample Collected on : 25-11-2023 12:35 Reported on LRN# : RAD2159821 Specimen **Ref Doctor** : SELF Emp/Auth/TPA ID : 265005

#### 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. V K PRANAV VENKATESH

MBBS,MD Radiology



प्रति,

समन्वयक.

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. REGO RENISHA GLORIA
क.कू.संख्या	199572
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	BANGALORE,BANNERGHATTA
जन्म की तारीख	29-08-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	25-11-2023
बुकिंग संदर्भ सं.	23D199572100074546E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रित के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 07-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवाइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



## SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE	
CBC	CBC	
ESR	ESR	
Blood Group & RH Factor	Blood Group & RH Factor	
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting	
Blood and Urine Sugar PP	Blood and Urine Sugar PP	
Stool Routine	Stool Routine	
Lipid Profile	Lipid Profile	
Total Cholesterol	Total Cholesterol	
HDL	HDL	
LDL	LDL	
VLDL	VLDL	
Triglycerides	Triglycerides	
HDL / LDL ratio	HDL / LDL ratio	
Liver Profile	Liver Profile	
AST	AST	
ALT	AST	
GGT	GGT	
Bilirubin (total, direct, indirect)		
ALP	Bilirubin (total, direct, indirect)  ALP	
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)	
Kidney Profile	Proteins (1, Albumin, Globulin)	
Serum creatinine	Kidney Profile	
Blood Urea Nitrogen	Serum creatinine	
Uric Acid	Blood Urea Nitrogen	
HBA1C	Uric Acid	
Routine urine analysis	HBA1C	
USG Whole Abdomen	Routine urine analysis	
General Tests	USG Whole Abdomen	
	General Tests	
X Ray Chest	X Ray Chest	
ECG	ECG	
2D/3D ECHO / TMT	2D/3D ECHO / TMT	
Stress Test	Thyroid Profile (T3, T4, TSH)	
PSA Male (above 40 years)	Mammography (above 40 years)	
Thursda D. Cl. (TC Tr. To:::	and Pap Smear (above 30 years)	
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation	
Dental Check-up consultation	Physician Consultation	
Physician Consultation	Eye Check-up consultation	
Eye Check-up consultation	Skin/ENT consultation	
Skin/ENT consultation	Gynaec Consultation	





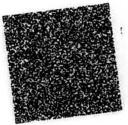
## ಭಾರತ ಸರ್ಕಾರ Government of India

## ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ Unique Identification Authority of India

ನೋಂದಣೆ ಸಂಖ್ಯೆ Enrolment No.: 0013/30001/02707

ರನಿಶ ಗ್ಲೋರಿಯಾ ಹಿರ್ದೋಜಾ Renisha Gioria Dsouza C/O: Jerome Jeevan Dsouza No 110, A Block ,1st Floor, Sai Samraksha Sy No 54/4 Yelenahalli Bengaluru Karnataka - 560068 9964448396





ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5327 8271 6908 VID: 9160 0519 3343 5500

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





ರನಿಶ ಗ್ರೋರಿಯಾ ಡಿಸೋಜಾ Renisha Gloria Dsouza ಸ್ಥನ ದಿನಾಂಕ/DOB: 29/08/1989 ಕ್ರಿ/FEMALE

5327 8271 6908 VID: 9160 0519 3343 5500 ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Age/Gender : 34 Y 2 M 27 D/F
UHID/MR No : CJPN.0000089495
Visit ID : CJPNOPV181538

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 265005

Collected : 25/Nov/2023 09:22AM
Received : 25/Nov/2023 12:51PM
Reported : 25/Nov/2023 03:26PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	14.6	g/dL	12-15	Spectrophotometer
PCV	42.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.3	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,320	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	69.8	%	40-80	Electrical Impedanc
LYMPHOCYTES	19.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5109.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1456.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	578.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.32	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	368000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	29	mm at the end of 1 hour	0-20	Modified Westegrer method

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

Age/Gender : 34 Y 2 M 27 D/F
UHID/MR No : CJPN.0000089495
Visit ID : CJPNOPV181538

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265005 | Collected : 25/Nov/2023 09:22AM | Received : 25/Nov/2023 12:51PM | Reported : 25/Nov/2023 03:26PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY** 

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

Test Name Result Unit Bio. Ref. Range Method

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



 Age/Gender
 : 34 Y 2 M 27 D/F

 UHID/MR No
 : CJPN.0000089495

 Visit ID
 : CJPNOPV181538

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 265005

Collected : 25/Nov/2023 09:22AM
Received : 25/Nov/2023 12:51PM
Reported : 25/Nov/2023 04:29PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	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



Age/Gender : 34 Y 2 M 27 D/F
UHID/MR No : CJPN.0000089495

Visit ID : CJPNOPV181538

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265005 Collected : 25/Nov/2023 09:22AM

Received : 25/Nov/2023 02:32PM

Reported : 25/Nov/2023 03:28PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

GLUCOSE, FASTING, NAF PLASMA 94	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:

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



Age/Gender : 34 Y 2 M 27 D/F
UHID/MR No : CJPN.0000089495

Visit ID : CJPNOPV181538

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 265005 | Collected : 25/Nov/2023 09:22AM | Received : 25/Nov/2023 01:12PM | Reported : 25/Nov/2023 02:06PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

GLUCOSE, POST PRANDIAL (PP), 2	70	mg/dL	70-140	HEXOKINASE
HOURS, SODIUM FLUORIDE PLASMA (2				
HR)				

#### **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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD EDTA	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.

- 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.

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Age/Gender : 34 Y 2 M 27 D/F UHID/MR No : CJPN.0000089495

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Collected : 25/Nov/2023 09:22AM Received : 25/Nov/2023 01:12PM Reported : 25/Nov/2023 02:06PM

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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

L <b>IPID PROFILE</b> , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.79		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
III .IDI .	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
INON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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



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#### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.78	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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 > 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.
- $\bullet$  ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

#### 3. Synthetic function impairment:

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

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## **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO -	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method



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## **DEPARTMENT OF BIOCHEMISTRY**

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		I		
Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.59	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	29.00	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	13.6	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	5.02	mg/dL	2.6-6.0	Uricase PAP	
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	139	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	5.1	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)	



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(GGT), SERUM

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## **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	1.1/1	-20	IECC
GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	<30	IFCC
	10.00	0, =	100	



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#### **DEPARTMENT OF IMMUNOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 Test Name Result Unit Bio. Ref. Range Method

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	8.99	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	1.902	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	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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## **DEPARTMENT OF CLINICAL PATHOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

COMPLETE URINE EXAMINATION (CUE), URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW		PALE YELLOW	Visual	
TRANSPARENCY	HAZY		CLEAR	Visual	
pH	6.0		5-7.5	DOUBLE INDICATOR	
SP. GRAVITY	1.025		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	MODIFED EHRLICH REACTION	
BLOOD	NEGATIVE		NEGATIVE	Peroxidase	
NITRITE	NEGATIVE		NEGATIVE	Diazotization	
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE	
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	6-8	/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	



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#### DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

		1	J	1	
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick	

URINE GLUCOSE(FASTING) NEGATIVE NEGATIVE Dipstick

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

Result/s to Follow: PERIPHERAL SMEAR

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