

|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:43 PM            |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 03:11 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

|                |  |
|----------------|--|
| METHODOLOGY    | : Microscopic.   |
| RBC MORPHOLOGY | : Predominantly normocytic normochromic RBC's noted.                     |
| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS      | : Adequate in number.  |
| PARASITES      | : No haemoparasites seen.  |
| IMPRESSION     | : Normocytic normochromic blood picture.                                 |
| NOTE/ COMMENT  | : Please correlate clinically.   |



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:43 PM            |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 03:11 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**HEMOGRAM , WHOLE BLOOD EDTA**

|                             |       |               |            |                                |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN                 | 12.8  | g/dL          | 12-15      | Spectrophotometer              |
| PCV                         | 38.00 | %             | 36-46      | Electronic pulse & Calculation |
| RBC COUNT                   | 4.46  | Million/cu.mm | 3.8-4.8    | Electrical Impedance           |
| MCV                         | 85.2  | fL            | 83-101     | Calculated                     |
| MCH                         | 28.6  | pg            | 27-32      | Calculated                     |
| MCHC                        | 33.6  | g/dL          | 31.5-34.5  | Calculated                     |
| R.D.W                       | 13.6  | %             | 11.6-14    | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,400 | cells/cu.mm   | 4000-10000 | Electrical Impedance           |

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

|             |      |   |       |                      |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 56.2 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 30.7 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4.9  | % | 1-6   | Electrical Impedance |
| MONOCYTES   | 7.2  | % | 2-10  | Electrical Impedance |
| BASOPHILS   | 1.0  | % | <1-2  | Electrical Impedance |

**ABSOLUTE LEUCOCYTE COUNT**

|             |        |             |           |            |
|-------------|--------|-------------|-----------|------------|
| NEUTROPHILS | 4720.8 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2578.8 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 411.6  | Cells/cu.mm | 20-500    | Calculated |
| MONOCYTES   | 604.8  | Cells/cu.mm | 200-1000  | Calculated |
| BASOPHILS   | 84     | Cells/cu.mm | 0-100     | Calculated |

**PLATELET COUNT**

|                |        |             |               |                      |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 325000 | cells/cu.mm | 150000-410000 | Electrical impedance |
|----------------|--------|-------------|---------------|----------------------|

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

|                                      |    |                         |      |                     |
|--------------------------------------|----|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 38 | mm at the end of 1 hour | 0-20 | Modified Westergren |
|--------------------------------------|----|-------------------------|------|---------------------|

**PERIPHERAL SMEAR**

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:43 PM            |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 03:11 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41AM            |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:43PM             |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 04:15PM             |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

|                  |          |  |  |                             |
|------------------|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE | O        |  |  | Microplate Hemagglutination |
| Rh TYPE          | Positive |  |  | Microplate Hemagglutination |

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



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 11:54AM            |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 04:39PM             |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 05:55PM             |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

|                                      |            |       |        |            |
|--------------------------------------|------------|-------|--------|------------|
| <b>GLUCOSE, FASTING , NAF PLASMA</b> | <b>112</b> | 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  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq 200$  mg/dL on at least 2 occasions.
- Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

|   |           |       |        |            |
|---|-----------|-------|--------|------------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | <b>98</b> | 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.



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:42 PM            |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 02:43 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Unit  | Bio. Ref. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C, GLYCATED HEMOGLOBIN ,</b><br><i>WHOLE BLOOD EDTA</i>      | 5.9    | %     |                 | HPLC       |
| <b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b><br><i>WHOLE BLOOD EDTA</i> | 123    | 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)



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:38 PM            |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 02:03 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**LIPID PROFILE , SERUM**

|                     |              |       |        |                            |
|---------------------|--------------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL   | 192          | mg/dL | <200   | CHO-POD                    |
| TRIGLYCERIDES       | 101          | mg/dL | <150   | GPO-POD                    |
| HDL CHOLESTEROL     | <b>39</b>    | mg/dL | 40-60  | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | <b>153</b>   | mg/dL | <130   | Calculated                 |
| LDL CHOLESTEROL     | <b>132.8</b> | mg/dL | <100   | Calculated                 |
| VLDL CHOLESTEROL    | 20.2         | mg/dL | <30    | Calculated                 |
| CHOL / HDL RATIO    | 4.92         |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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.



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41AM            |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:38PM             |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 02:03PM             |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**LIVER FUNCTION TEST (LFT) , SERUM**

|                                       |       |       |         |                    |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL                      | 0.34  | mg/dL | 0.3-1.2 | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)         | 0.07  | mg/dL | <0.2    | DPD                |
| BILIRUBIN (INDIRECT)                  | 0.27  | mg/dL | 0.0-1.1 | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)   | 8     | U/L   | <35     | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 14.0  | U/L   | <35     | IFCC               |
| ALKALINE PHOSPHATASE                  | 93.00 | U/L   | 30-120  | IFCC               |
| PROTEIN, TOTAL                        | 7.00  | g/dL  | 6.6-8.3 | Biuret             |
| ALBUMIN                               | 3.80  | g/dL  | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN                              | 3.20  | g/dL  | 2.0-3.5 | Calculated         |
| A/G RATIO                             | 1.19  |       | 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.





|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41AM            |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:38PM             |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 02:03PM             |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

|                       |              |        |             |                          |
|-----------------------|--------------|--------|-------------|--------------------------|
| CREATININE            | <b>0.53</b>  | mg/dL  | 0.72 – 1.18 | JAFFE METHOD             |
| UREA                  | <b>15.00</b> | mg/dL  | 17-43       | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | <b>7.0</b>   | mg/dL  | 8.0 - 23.0  | Calculated               |
| URIC ACID             | 3.90         | mg/dL  | 2.6-6.0     | Uricase PAP              |
| CALCIUM               | <b>8.40</b>  | mg/dL  | 8.8-10.6    | Arsenazo III             |
| PHOSPHORUS, INORGANIC | 3.50         | mg/dL  | 2.5-4.5     | Phosphomolybdate Complex |
| SODIUM                | 136          | 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)           |



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:38 PM            |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 02:03 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name  | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 20.00  | U/L  | <38             | IFCC   |



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 12:26 PM            |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 01:28 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)     | 1.26  | ng/mL  | 0.7-2.04   | CLIA |
| THYROXINE (T4, TOTAL)             | 12.71 | µg/dL  | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.560 | µIU/mL | 0.34-5.60  | CLIA |

**Comment:**

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

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

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



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41AM            |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 28/Oct/2023 05:13PM             |
| UHID/MR No : CANN.0000228840  | Reported : 28/Oct/2023 05:44PM             |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 29/Oct/2023 11:21 AM            |
| UHID/MR No : CANN.0000228840  | Reported : 30/Oct/2023 07:25 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF CYTOLOGY**

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

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

|            |                                  |   |
|------------|----------------------------------|---|
|            | <b>CYTOLOGY NO.</b>              | 18246/23  |
| <b>I</b>   | <b>SPECIMEN</b>                  |   |
| <b>a</b>   | SPECIMEN ADEQUACY                | ADEQUATE  |
| <b>b</b>   | <b>SPECIMEN TYPE</b>             | LIQUID-BASED PREPARATION (LBC)  |
|            | SPECIMEN NATURE/SOURCE           | CERVICAL SMEAR  |
| <b>c</b>   | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT  |
| <b>d</b>   | COMMENTS                         | SATISFACTORY FOR EVALUATION   |
| <b>II</b>  | <b>MICROSCOPY</b>                | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils.<br><br>Negative for intraepithelial lesion/ malignancy. |
| <b>III</b> | <b>RESULT</b>                    |   |
| <b>a</b>   | <b>EPITHELIAL CELL</b>           |   |
|            | SQUAMOUS CELL ABNORMALITIES      | NOT SEEN  |
|            | GLANDULAR CELL ABNORMALITIES     | NOT SEEN  |
| <b>b</b>   | <b>ORGANISM</b>                  | FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA   |
| <b>IV</b>  | <b>INTERPRETATION</b>            | CANDIDIASIS WITH NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY  |

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE)

|                               |  |
|-------------------------------|--|
| Patient Name : Mrs.CHARUMATHI | Collected : 28/Oct/2023 08:41 AM           |
| Age/Gender : 40 Y 7 M 22 D/F  | Received : 29/Oct/2023 11:21 AM            |
| UHID/MR No : CANN.0000228840  | Reported : 30/Oct/2023 07:25 PM            |
| Visit ID : CANNOPV376410      | Status : Final Report                      |
| Ref Doctor : Dr.SELF          | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS47956   |  |

**DEPARTMENT OF CYTOLOGY**

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



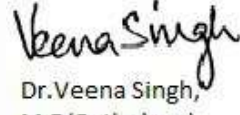
Dr. MARQUESS RAJ  
M.D, DipRCPATH, D.N.B (PATH)  
Consultant Pathologist



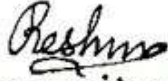
DR. R. SRIVATSAN  
M.D. (Biochemistry)



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



Dr. Veena Singh,  
M.D (Pathology)  
Consultant Pathologist



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



|                            |                   |                    |                    |
|----------------------------|-------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. CHARUMATHI | <b>Age/Gender</b>  | : 40 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000228840 | <b>OP Visit No</b> | : CANNOPV376410    |
| <b>Sample Collected on</b> | :                 | <b>Reported on</b> | : 03-11-2023 11:37 |
| <b>LRN#</b>                | : RAD2135683      | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF            |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobS47956       |                    |                    |

---

**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND - WHOLE ABDOMEN**

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

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.  
Pancreas and spleen appear normal.  
Spleen measures 9.6cms.

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

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.6 x 4.0cms.

Left kidney measures 10.4 x 5.0cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 7.5 x 3.5 x 4.8cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 5 mm.

Right ovary measures 3.1 x 2.2cms.

Left ovary measures 3.3 x 2.8cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

**Patient Name** : Mrs. CHARUMATHI

**Age/Gender** : 40 Y/F

---

Bladder is minimal distended

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED**

DISCLAIMER: THIS US SCNRRENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology



Customer Pending Tests

Dear Team,

Due To Emergency leave of Radiologist Doctor, the **Ultrasound - whole abdomen** report of Mrs.CHARUMATHI is on hold.Hence report will be released on 03.11.2023

|                            |                   |                    |                    |
|----------------------------|-------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. CHARUMATHI | <b>Age/Gender</b>  | : 40 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000228840 | <b>OP Visit No</b> | : CANNOPV376410    |
| <b>Sample Collected on</b> | :                 | <b>Reported on</b> | : 28-10-2023 17:55 |
| <b>LRN#</b>                | : RAD2135683      | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF            |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobS47956       |                    |                    |

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**CH** : No complaints. Routine checkup  
**F/H/O Breast cancer** : No  
**Previous mammogram / USG** : No  
**H/o Breast surgery** : No

**Report**

**Tissue composition of both breasts**

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.

No evidence of duct dilatation / architectural distortion.

The subareolar tissues are normal.

No evidence of retromammary pathology is seen.

The axillary tails are normal.

No axillary lymphadenopathy.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED.

- USG BIRADS - I



**Patient Name** : Mrs. CHARUMATHI

**Age/Gender** : 40 Y/F

---

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology



|                            |                   |                    |                    |
|----------------------------|-------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. CHARUMATHI | <b>Age/Gender</b>  | : 40 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000228840 | <b>OP Visit No</b> | : CANNOPV376410    |
| <b>Sample Collected on</b> | :                 | <b>Reported on</b> | : 28-10-2023 14:25 |
| <b>LRN#</b>                | : RAD2135683      | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF            |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobS47956       |                    |                    |

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

**Borderline cardiomegaly.**

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

- For ECHO correlation.

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology

Name: Charumathi  
 Occupation: .....  
 Age: 40y Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 28/10/23 Reg. No.: 208840  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

NU

Present Complaint:

Reading only +1.00 N6

**ON EXAMINATION:**

|                         | RE          | LE          |
|-------------------------|-------------|-------------|
| Ocular Movements :      |             |             |
| Anterior Segment :      | <u>Full</u> | <u>Full</u> |
| Intra-Ocular-Pressure : |             |             |
| Visual Acuity: D.V. :   |             |             |
| Without Glass :         | <u>N</u>    | <u>N</u>    |
| With Glass :            |             | <u>6/6</u>  |
| N.V. :                  | <u>6/6</u>  |             |
| Visual Fields :         |             |             |
| Fundus :                | <u>N/G</u>  | <u>N/G</u>  |
| Impression :            |             |             |
| Advice :                | <u>Full</u> | <u>Full</u> |
| Colour Vision :         | <u>N</u>    | <u>N</u>    |

ENT check up

Charumathi

h/f

28/10/23

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

General Examination / Allergies  
History

No complaints

O/E

Bil wax

Rp Soliwax ear drop 8-8-8  
x 1wk



Follow up date:

Doctor Signature & Stamp

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



## Apollo Clinic

### CONSENT FORM

Patient Name: Charu Mathi Age: 40 / F  
 UHID Number: 228540 Company Name: Pro Capex

I Mr/Mrs/Ms Charu Mathi Employee of Pro Capex  
 (Company) Want to inform you that I am not interested in getting Dental  
 Tests done which is a part of my routine health check package.  
 And I claim the above statement in my full consciousness.

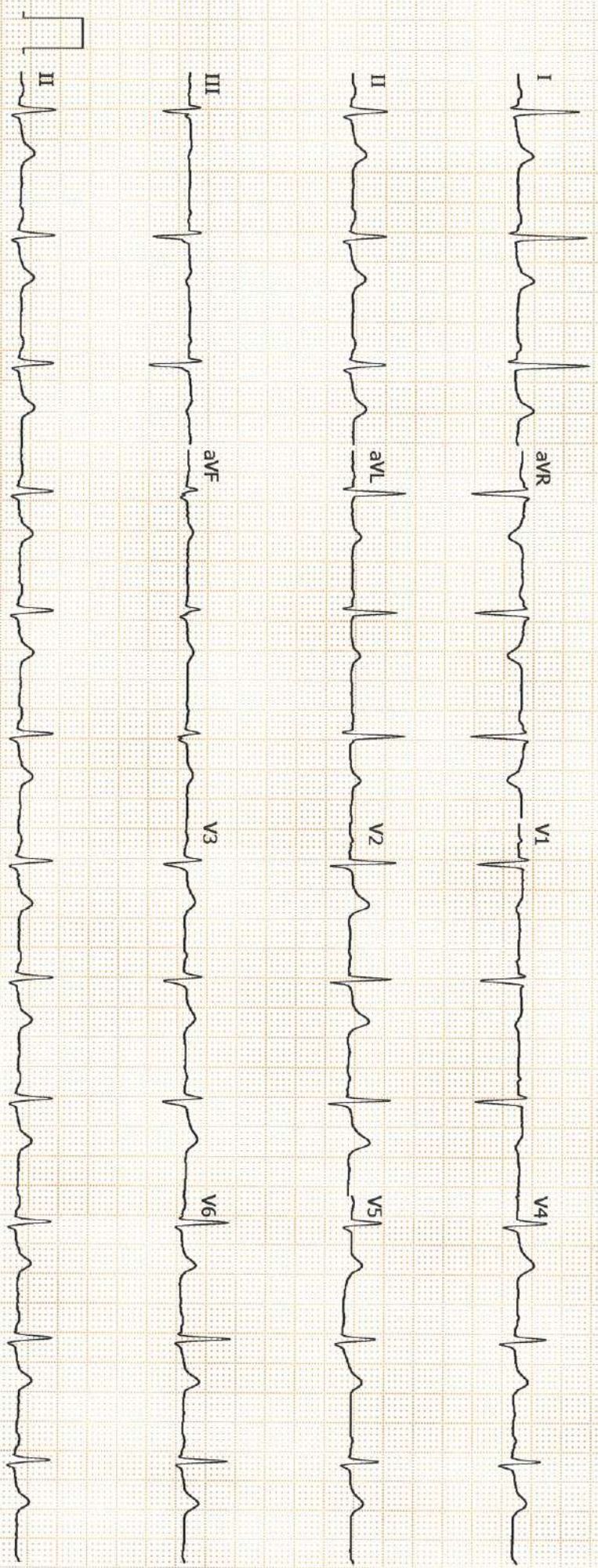
Patient Signature: Sachin Date: 28/10/23

**Apollo Medical Centre**  
 No. 30, F-Block, 2nd Avenue,  
 Anna Nagar East, Chennai-600 102  
 Phone: 26324505, Mobile: 7358392880  
 Tel: 044-26324505

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 418 / 460 ms  
PR : 144 ms  
P : 110 ms  
RR / PP : 822 / 821 ms  
P / QRS / T : 28 / 3 / 35 degrees

*NSP  
Dist*



*S. Senthil*

Unconfirmed



## Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Wed 10/11/2023 3:19 PM

To:customercare@mediwheel.in <customercare@mediwheel.in>

Cc:Annanagar Apolloclinic <annanagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear charumathi .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **ANNA NAGAR clinic** on **2023-10-28** at **09:05-09:10**.

|                |  |
|----------------|--|
| Payment Mode   | <b>Credit</b>  |
| Corporate Name | <b>ARCOFEMI HEALTHCARE LIMITED</b>   |
| Agreement Name | <b>ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</b>   |
| Package Name   | <b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b> |

**"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."**

**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 undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.

5. Kindly inform the health check reception in case 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: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE, ANNANAGAR EAST,CHENNAI - 600102.**

**Contact No: 7358392880/7305702537.**

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 Team

Patient Name : Mrs. CHARUMATHI Age : 40 Y/F  
UHID : CANN.0000228840 OP Visit No : CANNOPV376410  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 28-10-2023 15:18  
Referred By : SELF

---

### **2D-ECHO WITH COLOUR DOPPLER**

#### **Dimensions:**

**Ao (ed) 2.5 CM**

**LA (es) 2.8CM**

**LVID (ed) 3.5CM**

**LVID (es) 2.5CM**

**IVS (Ed) 0.6 CM**

**LVPW (Ed) 0.8CM**

**EF 60.00%**

**%FD 30.00%**

**MITRAL VALVE : NORMAL**

**AML NORMAL**

**PML NORMAL**

**AORTIC VALVE NORMAL**

**TRICUSPID VALVE NORMAL**

**RIGHT VENTRICLE NORMAL**

**INTER ATRIAL SEPTUM NORMAL**

Patient Name : Mrs. CHARUMATHI Age : 40 Y/F  
UHID : CANN.0000228840 OP Visit No : CANNOPV376410  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 28-10-2023 15:18  
Referred By : SELF

---

**INTER VENTRICULAR  
SEPTUM INTACT**

**AORTA NORMAL**

**RIGHT ATRIUM NORMAL**

**LEFT ATRIUM NORMAL**

**Pulmonary Valve NORMAL**

**PERICARDIUM NORMAL**

**LEFT VENTRICLE:**

**NO REGIONAL WALL MOTION ABNORMALITY**

**NORMAL LEFT VENTRICULAR FUNCTION**

**COLOUR AND DOPPLER STUDIES**

**E/A-E: 0.8m/sec A: 0.3m/sec**

**VELOCITY ACROSS THE PULMONIC VALVE 0.9m/sec**

**VELOCITY ACROSS THE AV 1.0m/sec**

**IMPRESSION**

**NO RWMA**

**NORMAL LV FUNCTION (EF-60%)**

**NORMAL CHAMBER DIMENSION**

Patient Name : Mrs. CHARUMATHI Age : 40 Y/F  
UHID : CANN.0000228840 OP Visit No : CANNOPV376410  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 28-10-2023 15:18  
Referred By : SELF

---

**NORMAL VALVES**

**TRIVIAL MITRALREGURGITATION**

**TRIVIAL TRICUSPID REGURGITATION WITH NO PAH.**

**NO CLOT.**

**NO PERICARDIAL EFFUSION.**

*Rakesh Gopal*

**Dr.  
RAKESH P  
GOPAL**

|              |                       |                |                    |
|--------------|-----------------------|----------------|--------------------|
| Patient Name | : Mrs. CHARUMATHI     | Age            | : 40 Y/F           |
| UHID         | : CANN.0000228840     | OP Visit No    | : CANNOPV376410    |
| Reported By: | : Dr. ANUSHA ARUMUGAM | Conducted Date | : 28-10-2023 14:47 |
| Referred By  | : SELF                |                |                    |

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 73beats per minutes.

#### **Impression:**

NORMAL RESTING ECG.

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

Dr. VIGNESH