

Physical Medical Examination Format

NAME:- <u>S. Gayatri</u>	DATE:- <u>10/2/24</u>
DESIGNATION:- <u>—</u>	AGE:- <u>41 F</u>
EMP CODE:- <u>—</u>	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>—</u>	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>• Thyroid +</u>
Personal /family history	<u>Mother thyroid +</u>
Past Medical /Surgical	<u>No family planning operation</u>
Sensitivity/Allergy (if any)	<u>NO</u>
Habits	<u>• NO</u>
Occupational History	<u>—</u>

Height:- <u>158</u>	Weight:- <u>62</u>	BMI <u>24.8</u>	Pulse <u>72</u>
Temp:- <u>98.6</u>	SPO2 <u>99</u>	Resp:- <u>18</u>	B.P <u>110/70</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. S. Gayatri for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

S. Gayatri
Signature Of Employee

Dr. G. INDIRA PRIYADARSHINI
MBBS
Signature & Seal Of Medical Examiner With
Regd. No. 65148
Registration No. 65148 Family Physician
Apollo Clinic, Seethammapur, Vizag

Apollo Health and Lifestyle Limited

(CIN : UB5110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

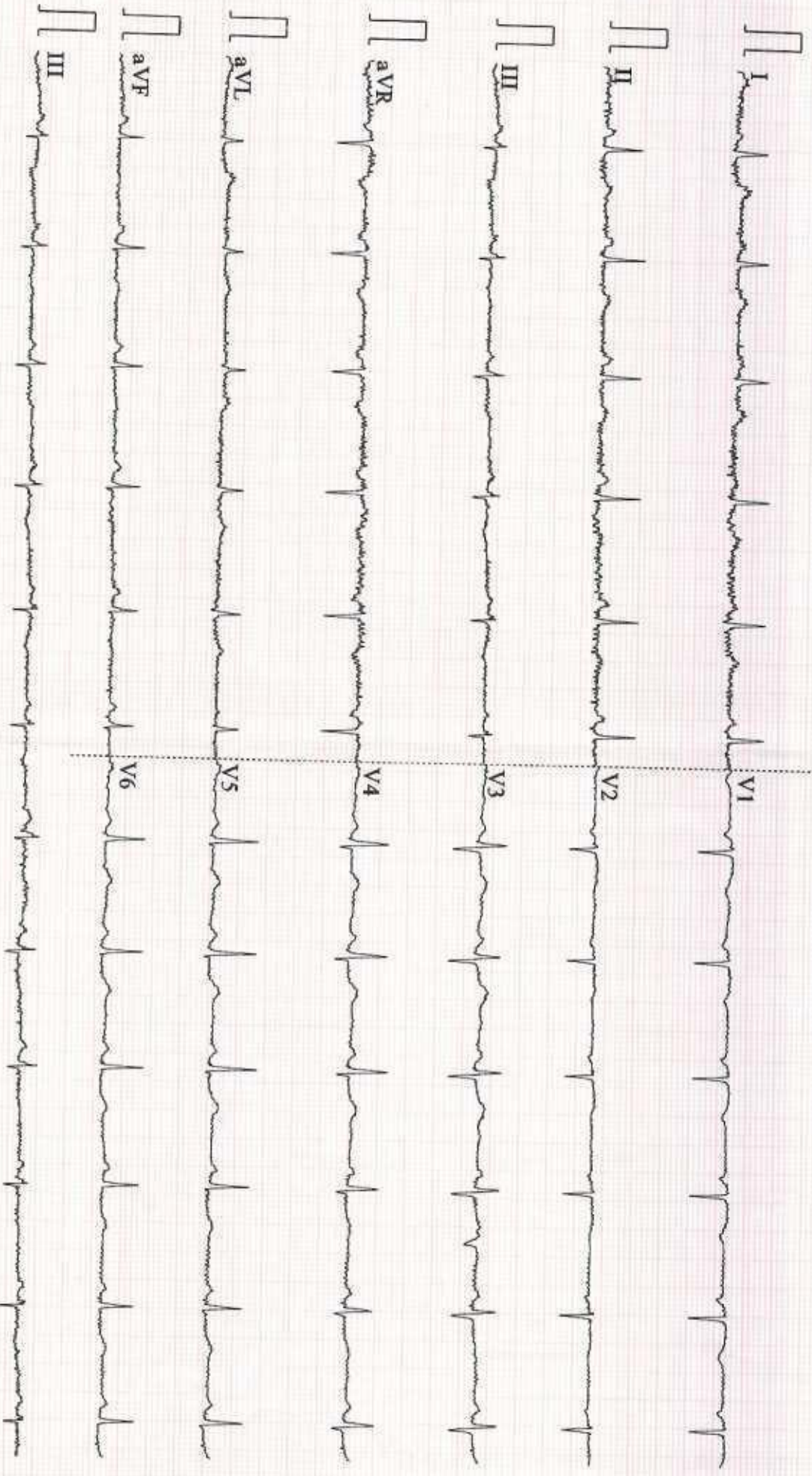
 **1860 500 7788**

ID: 143002
S Gayatri
Female 41Years
Req. No. :

10-02-2024 10:37:48
HR : 72 bpm
P : 94 ms
PR : 134 ms
QRS : 76 ms
QT/QTcBz : 394/432 ms
P/QRS/T : 63/35/23 °
RV5/SV1 : 0.743/0.613 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name	: Mrs. S GAYATRI	Age	: 41 Y/F
UHID	: CVIS.0000123662	OP Visit No:	: CVISOPV121289
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date:	: 10-02-2024 11:54
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

Name: Mrs. S GAYATRI
 Age/Gender: 41 Y/F
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000123662
 Visit ID: CVISOPV121289
 Visit Date: 10-02-2024 08:16
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 11:54	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	158 cms	62 Kgs	%	%	Years	24.84	cms	cms	cms		AHLL07730

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 **1860 500 7788**

Patient Name	: Mrs. S GAYATRI	Age	: 41 Y F
UHID	: CVIS.0000123662	OP Visit No	: CVISOPV121289
Reported on	: 10-02-2024 10:48	Printed on	: 10-02-2024 10:49
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.7cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 8.9 x 4.8 cm

Left kidney : 9.1 x 3.8 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape and echo pattern.It measures 7.8 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.2 x 1.8 cm.

Left ovary: 3 x 2.1 cm.

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Page 1 of 2
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UHID : CVIS.0000123662
Reported on : 10-02-2024 10:48
Adm/Consult Doctor :

Age : 41 Y F
OP Visit No : CVISOPV121289
Printed on : 10-02-2024 10:49
Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***No significant abnormality detected.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:10-02-2024 10:48

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

UNION BANK

NAME : MRS. S. GAJARAJ GENDER : F
 AGE : 41 DATE : 10/12/24

OPHTHALMOLOGY SCREENING REPORT

P4P⁺ Am 21.0
PHOTOGRAPH

VISION : (OD) 6/6 (OS) 6/6
 DISTANCE : 26 26
 NEAR VISION :
 COLOUR VISION : - CNV -
ANT.SEGMENT : - quiet
 CONJUNCTIVA : - clear
 CORNEA :
 PUPIL : - RHM
 FUNDUS :
 IMPRESSION : WNL

A. Kar

SIGNATURE

Patient Name	: Mrs.S GAYATRI	Collected	: 10/Feb/2024 08:18AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 10/Feb/2024 12:42PM
UHID/MR No	: CVIS.0000123662	Reported	: 10/Feb/2024 02:27PM
Visit ID	: CVISOPV121289	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8885535335		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: BED240032768

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	4.31	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.6	%	40-80	Electrical Impedance
LYMPHOCYTES	30.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3398.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1769	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	440.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	185000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				


DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:BED240032768

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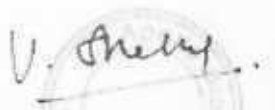
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Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:18AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 04:29PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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 **1860 500 7788**

MC-2373

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 03:47PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

Comment:

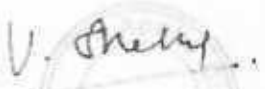
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

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DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:HD1240014304

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Vizag (Seethamma Peta)

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 **1860 500 7788**

Patient Name	: Mrs.S GAYATRI	Collected	: 10/Feb/2024 08:19AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 10/Feb/2024 12:42PM
UHID/MR No	: CVIS.0000123662	Reported	: 10/Feb/2024 03:47PM
Visit ID	: CVISOPV121289	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No:EDT240014304

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MC-2373

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 01:39PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	171	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	113	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.49	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.51	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.28		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: SB04624348

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9.18	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	96.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.20	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

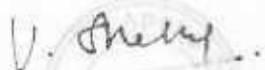
1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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SIN No: SE04624348

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

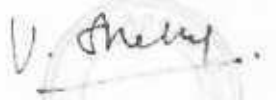
 **1860 500 7788**

Patient Name	: Mrs.S GAYATRI	Collected	: 10/Feb/2024 08:19AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 10/Feb/2024 12:01PM
UHID/MR No	: CVIS.0000123662	Reported	: 10/Feb/2024 01:39PM
Visit ID	: CVISOPV121289	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8885535335		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.5-0.9	Jaffe
UREA	10.33	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	4.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.37	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.91	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.03	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



*SIN No: SE04624348

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Emp/Auth/TPA ID	: 8885535335		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	18.00	U/L	12-43	Glycylglycine Nitoranalide

V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04624348

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab: Vizag-530017

(CIN - U85110TG2000PLC040089; Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID:enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 02:33PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.45	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	101.00	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.748	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: SPL24021476

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 04:52PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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

Page 11 of 11



V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

SIN No:UR2278793

Apollo Health and Lifestyle Limited | Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

JN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

POLLO CLINICS NETWORK TELANGANA & AP
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mrs.S.GAYATRI	Collected	: 10/Feb/2024 08:19AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 10/Feb/2024 12:01PM
UHID/MR No	: CVIS.0000123662	Reported	: 10/Feb/2024 02:33PM
Visit ID	: CVISOPV121289	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8885535335		

DEPARTMENT OF IMMUNOLOGY

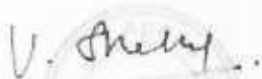
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), LBC PAP TEST (PAPSURE)

Page 11 of 11



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



*SIN No: SPE24021476

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr NAMRATHA ARISETTY
M.B.B.S, D,G,O
Consultant Obstetrician & Gynecologist
Reg No: -55899

Patient Name: - Mrs Gayatri Age/Sex: - 40yrs Date: 10/2/24

R/L

O/E - G.C.L.

US/AS - NAD

P/A - Soft

Pop Ulcer - None

UMP - 25/1/24

PMH - 2yrs/20yrs

No Significant Past History

Neck - No Lump

Breast - No Lumps
P.P.

[Signature]

" - Tab Atoz - 100mg

- 6 -

[Signature]

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - VISHAKHAPATNAM
D. No. 47-7-30/2, Mohan Mansion, 2nd
Floor, 4th Lane, Dwarkanagar,
Visakhapatnam, A.P., Pin - 530 01

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male

Shri/Smt./Kum. SUNKARI,SRIDHAR

P.F. No: 662582 Designation : HEAD CASHIER II CUM CLERK

Checkup for Financial Year 2023-2024 **Approved Charges Rs.** 3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS : Status of the application- Sanctioned



భారత ప్రభుత్వం
Government of India



Download Date: 17/06/2021



సుకారి గాయత్రి
Sunkari Gayatri
జన్మ తేదీ/DOB: 15/04/1983
సెక్స్/SEX: FEMALE

Issue Date: 09/10/2016

5119 9346 0159

VID : 9103 4448 0989 8166

ना आधार, ना सुद्धा

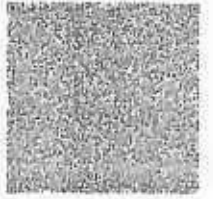


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



పేరు/పేరూ:

W/O సుందర్ సేన్, 8-101/19, ఫ్లాట్ నెం-205,
రాఘవేంద్ర రిసిడెన్సీ, గొల్లవీలినాపాలెం, సుజాత నగర్,
పెంచుర్తి, విశాఖపట్నం,
ఆంధ్ర ప్రదేశ్ - 530051



Address:

W/O Sunkari Snidhar, 8-101/19, Flat No-205,
Raghavendra Residency, Gollavilivanipalem,
Sujatha Nagar, Pendurthi, Visakhapatnam,
Andhra Pradesh - 530051

5119 9346 0159

VID : 9103 4448 0989 8166



1847



help@uidai.gov.in



www.uidai.gov.in

Physical Medical Examination Format

NAME:- <u>S. Gayatri</u>	DATE:- <u>10/2/24</u>
DESIGNATION:- <u>—</u>	AGE:- <u>41 / F</u>
EMP CODE:- <u>—</u>	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>—</u>	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	• Thyroid +
Personal /family history	• Mother thyroid +
Past Medical /Surgical	NO family planning operation
Sensitivity/Allergy (if any)	NO
Habits	• NO
Occupational History	—

Height:- <u>158</u>	Weight:- <u>62</u>	BMI <u>24.8</u>	Pulse <u>72</u>
Temp:- <u>98.6</u>	SPO2 <u>99</u>	Resp:- <u>18</u>	B.P <u>110/70</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. S. Gayatri for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....

Fit

Unfit


Signature Of Employee

Signature & Seal Of Medical Examiner With

Registration No:.....

ID: 123662

S Gayatri
Female 41Years
Req. No. :

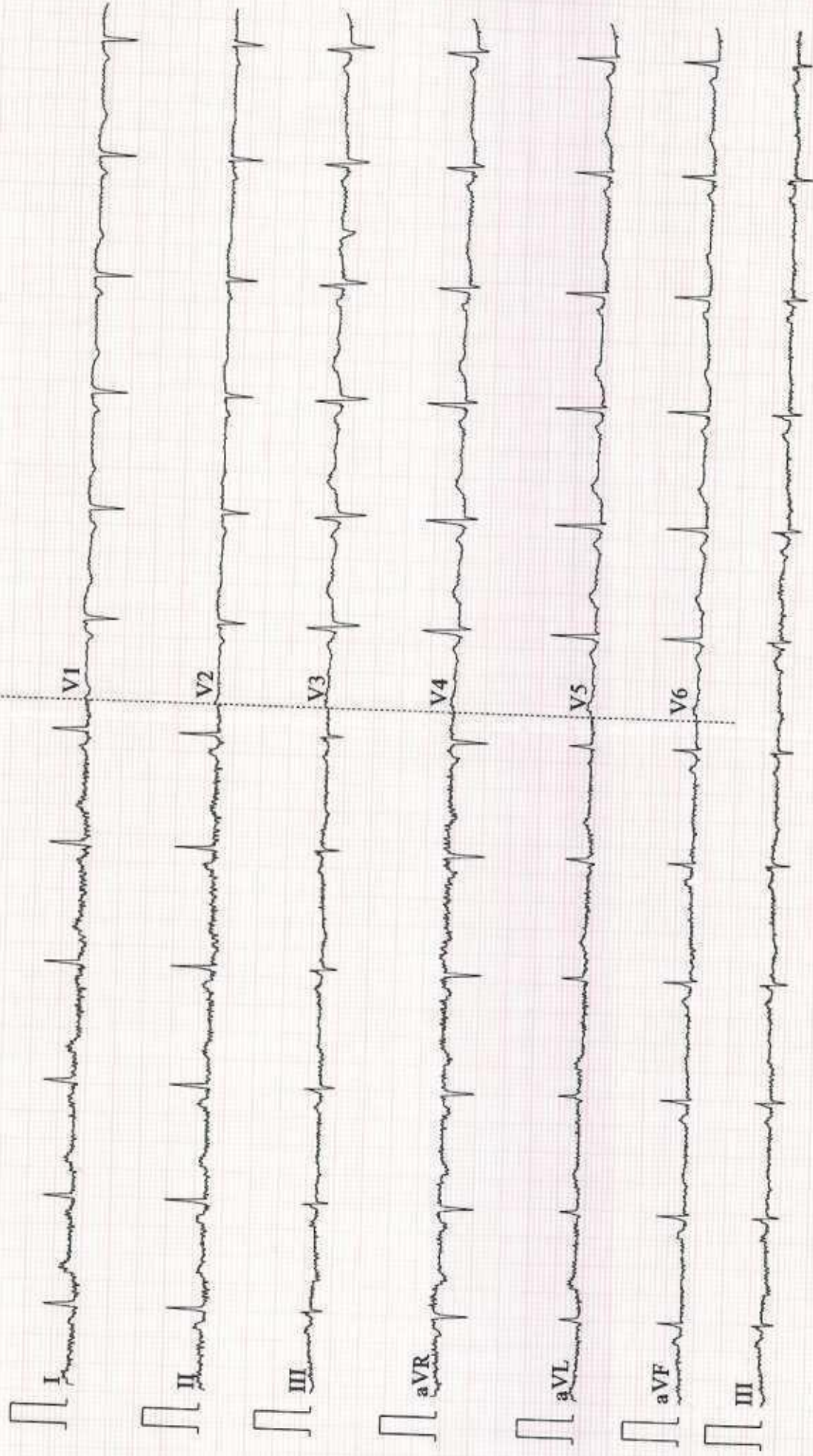
10-02-2024 10:37:48

HR : 72 bpm
P : 94 ms
PR : 134 ms
QRS : 76 ms
QT/QTcBz : 394/432 ms
P/QRS/T : 63/35/23 °
RV5/SV1 : 0.743/0.613 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name	: Mrs. S GAYATRI	Age	: 41 Y/F
UHID	: CVIS.0000123662	OP Visit No	: CVISOPV121289
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 10-02-2024 11:54
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

Name: Mrs. S GAYATRI
 Age/Gender: 41 Y/F
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000123662
 Visit ID: CVISOPV121289
 Visit Date: 10-02-2024 08:16
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 11:54	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	158 cms	62 Kgs	%	%	Years	24.84	cms	cms	cms		AHLL07730

Apollo Health and Lifestyle Limited

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Dr NAMRATHA ARISETTY
M.B.B.S, D,G,O
Consultant Obstetrician & Gynecologist
Reg No: -55899

Patient Name: - Ms Gayatri Age/Sex: - 41y - F Date: - 10/2/24

P/L

O/E - G.C.P.

US/AS - NAD

P/A - Soft

Pap Smear - Done

CVT - 25/1/24

PMH - P/L 20/1/24
No significant Past or Present

Neck - No Lymph

Breast - No Lumps
Pap

[Signature]

Tak At 2-6^o daily

- 6 -

[Signature]

Patient Name	: Mrs. S GAYATRI	Age	: 41 Y F
UHID	: CVIS.0000123662	OP Visit No	: CVISOPV121289
Reported on	: 10-02-2024 10:48	Printed on	: 10-02-2024 10:49
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.7cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 8.9 x 4.8 cm

Left kidney : 9.1 x 3.8 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape and echo pattern.It measures 7.8 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.2 x 1.8 cm.

Left ovary: 3 x 2.1 cm.

Apollo Health and Lifestyle Limited

(GIN - U85110TG2000PLC046089) Regd. Office: 7-1-517/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT Page 1 of 2

 **1860 500 7788**

Patient Name : Mrs. S GAYATRI
UHID : CVIS.0000123662
Reported on : 10-02-2024 10:48
Adm/Consult Doctor :

Age : 41 Y F
OP Visit No : CVISOPV121289
Printed on : 10-02-2024 10:49
Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***No significant abnormality detected.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:10-02-2024 10:48

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

UNION BANK

NAME : MRS. S. GAJAPATI GENDER : F
 AGE : 41 DATE : 10/12/24

OPHTHALMOLOGY SCREENING REPORT

P4P5 Am 21.0
PHOTOGRAPH

VISION : (OD) 6/6 (OS) 6/6

DISTANCE : 26 26

NEAR VISION :
 COLOUR VISION : - WNL -

ANT.SEGMENT : ————

CONJUNCTIVA : ————

CORNEA : ————

PUPIL : ————

FUNDUS : WNL

IMPRESSION :
 A. Rao

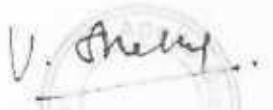
SIGNATURE

Patient Name	: Mrs.S GAYATRI	Collected	: 10/Feb/2024 08:18AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 10/Feb/2024 12:42PM
UHID/MR No	: CVIS.0000123662	Reported	: 10/Feb/2024 02:27PM
Visit ID	: CVISOPV121289	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8885535335		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:18AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 02:27PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	4.31	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.6	%	40-80	Electrical Impedence
LYMPHOCYTES	30.5	%	20-40	Electrical Impedence
EOSINOPHILS	3.3	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3398.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1769	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	440.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	185000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: BED240032768

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.S GAYATRI	Collected	: 10/Feb/2024 08:18AM
Age/Gender	: 41 Y 6 M 0 D/F	Received	: 10/Feb/2024 12:42PM
UHID/MR No	: CVIS.0000123662	Reported	: 10/Feb/2024 04:29PM
Visit ID	: CVISOPV121289	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8885535335		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

Patient Name : Mrs.S GAYATRI
Age/Gender : 41 Y 6 M 0 D/F
UHID/MR No. : CVIS.0000123662
Visit ID : CVISOPV121289
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8885535335

Collected : 10/Feb/2024 08:19AM
Received : 10/Feb/2024 12:42PM
Reported : 10/Feb/2024 03:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	5.2 103	% mg/dL		HPLC Calculated

Comment:

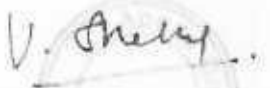
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

Page 4 of 11


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: BDT240014304

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

MC-2373

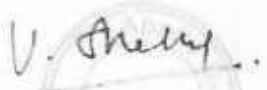
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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)



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MC-2373

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	171	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	113	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.49	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.51	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.28		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

V. Snehal
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SIN No: SE04624348

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9.18	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	96.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.20	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) - In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.5-0.9	Jaffe
UREA	10.33	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	4.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.37	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.91	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.03	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	18.00	U/L	12-43	Glycylglycine Nitoranalide



V. Sneh

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Consultant Pathologist

MC-2373

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 02:33PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.45	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	101.00	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.748	µIU/mL	0.3-4.5	CLIA

Comment:

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

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

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

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SIN No: SPL24021476

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DEPARTMENT OF IMMUNOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), LBC PAP TEST (PAPSURE)

Page 11 of 11



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - VISHAJI HAPATNAM
D. No. 47-7-30/2, Mohan Mansion, 2nd
Floor, 4th Lane, Dwarkanagar,
Visakhapatnam, A.P., Pin - 530 01

To,
The Chief Medical Officer
M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male

Shri/Smt./Kum. SUNKARI,SRIDHAR

P.F. No. 662582 Designation : HEAD CASHIER II CUM CLERK

Checkup for Financial Year 2023-2024 **Approved Charges Rs.** 3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS : Status of the application- Sanctioned



భారత ప్రభుత్వం
Government of India



Download Date: 17/05/2016



శుకారి గాయత్రి
Sunkari Gayatri
జన్మ తేదీ/D.O.B: 15/04/1983
♀ FEMALE

Issue Date: 09/10/2016

5119 9346 0159

VID : 9103 4448 0989 8166

నా ఆధార్, నా గుర్తింపు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



పతనామా:

W/O మంజు శివర్, 8-101/19, ఫ్లాట్ నెం-205,
రాఘవేంద్ర రిజిడెన్సీ, గొల్లవీలవరపాలెం, సుజాతా నగర్,
పెండూర్, పాళాపట్నం,
ఆంధ్ర ప్రదేశ్ - 530051



Address:

W/O Sunkari Sridhar, 8-101/19, Flat No-205,
Raghavendra Residency, Gollavilivarpalem,
Sujatha Nagar, Pendurthi, Visakhapatnam,
Andhra Pradesh - 530051

5119 9346 0159

VID : 9103 4448 0989 8166



1947



helpline@uidai.gov.in



www.uidai.gov.in

Visakhapatnam,
10/02/2024.

Dear Sir / Madam,

This is to inform you that this client came for health check up today to Apollo clinic Vizag. As the consulting doctor not available today, Doctor fitness, signature and stamp pending. We will update it by Monday. (12-02-2024).

—Thanking you Sir / Madam,

Yours faithfully,
Apollo clinic
Vizag.

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
10-02-2024 11:54	72 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	158 cms	62 Kgs	%	%	Years	24.84	cms	cms	cms		AHLL07730

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Name: Mrs. S GAYATRI
Age/Gender: 41 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000123662
Visit ID: CVISOPV121289
Visit Date: 10-02-2024 08:16
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Doctor:
Department: LABORATORY
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Age/Gender: 41 Y/F
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Doctor:
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Rate Plan: VISHAKAPATNAM_06042023
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Consulting Doctor: Dr. ADIREDDY GOPALAKRISHNA

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Visit Date: 10-02-2024 08:16
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Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
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SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name	: Mrs. S GAYATRI	Age/Gender	: 41 Y/F
UHID/MR No.	: CVIS.0000123662	OP Visit No	: CVISOPV121289
Sample Collected on	:	Reported on	: 10-02-2024 10:49
LRN#	: RAD2231341	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8885535335		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.7cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 8.9 x 4.8 cm

Left kidney : 9.1 x 3.8 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape and echo pattern.It measures 7.8 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 6 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.2 x 1.8 cm.

Left ovary: 3 x 2.1 cm.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***No significant abnormality detected.**

Patient Name : Mrs. S GAYATRI

Age/Gender : 41 Y/F

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

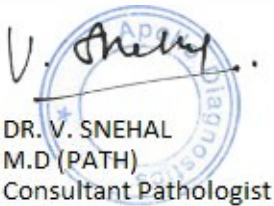
Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:18AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 02:27PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240032768

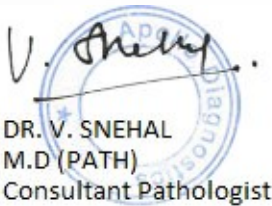
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:18AM
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Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	4.31	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.6	%	40-80	Electrical Impedance
LYMPHOCYTES	30.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3398.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1769	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	440.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	185000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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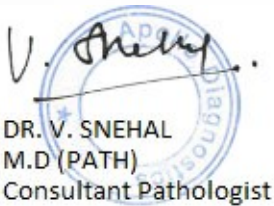
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Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:18AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 04:29PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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SIN No:BED240032768

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Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:42PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 03:47PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

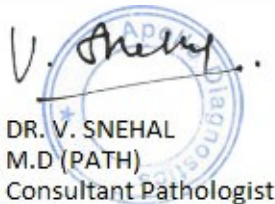
Comment:

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



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SIN No:EDT240014304

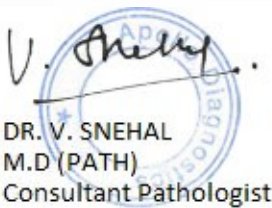
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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)



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Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 01:39PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

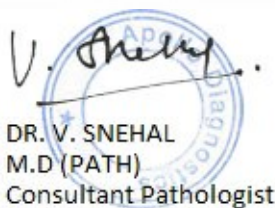
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	171	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	113	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.49	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.51	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.28		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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SIN No:SE04624348

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Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9.18	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	96.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.20	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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:

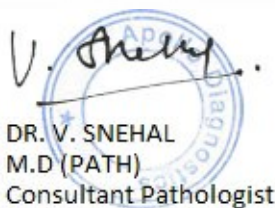
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.



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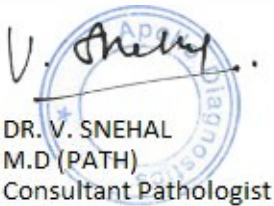
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Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.5-0.9	Jaffe
UREA	10.33	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	4.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.37	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.91	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.03	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SE04624348


This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 01:39PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	12-43	Glycylglycine Nitoranalide



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Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 12:01PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 02:33PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

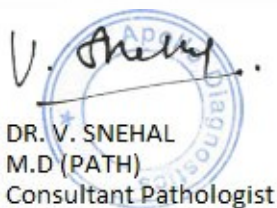
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.45	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	101.00	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	0.748	µIU/mL	0.3-4.5	CLIA

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



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SIN No: SPL24021476

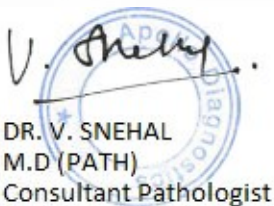
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 08:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 10/Feb/2024 04:35PM
UHID/MR No : CVIS.0000123662	Reported : 10/Feb/2024 04:52PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL
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SIN No:UR2278793

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.S GAYATRI	Collected : 10/Feb/2024 10:19AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 11/Feb/2024 03:23PM
UHID/MR No : CVIS.0000123662	Reported : 13/Feb/2024 05:06PM
Visit ID : CVISOPV121289	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8885535335	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	2834/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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 ***



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SIN No:CS074171

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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