


|  |   |   |
|--|---|---|
| <b>Name</b> : Mrs. Nisha <i>M</i><br><br><b>Address</b> : blr<br><br><b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT | <b>Age</b> : 30 Y<br><br><b>Sex</b> : F | <b>UHID</b> :CBAS.0000091736<br><br><small>*CBAS.0000091736*</small><br><b>OP Number</b> :CBASOPV100451<br><b>Bill No</b> :CBAS-OCR-61007<br><b>Date</b> : 24.02.2024 08:52 |
|--|---|---|

| Sno           | Service Type/ServiceName  | Department |
|---------------|---|------------|
| 1             | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 |            |
| <del>1</del>  | <del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>   |            |
| <del>2</del>  | <del>2D ECHO</del>  |            |
| <del>3</del>  | <del>LIVER FUNCTION TEST (LFT)</del>  |            |
| <del>4</del>  | <del>GLUCOSE, FASTING</del>   |            |
| <del>5</del>  | <del>HEMOGRAM + PERIPHERAL SMEAR</del>  |            |
| 6             | GYNAECOLOGY CONSULTATION ✓  |            |
| 7             | DIET CONSULTATION   |            |
| <del>8</del>  | <del>COMPLETE URINE EXAMINATION</del>   |            |
| <del>9</del>  | <del>URINE GLUCOSE(POST PRANDIAL)</del>   |            |
| <del>10</del> | <del>PERIPHERAL SMEAR</del>   |            |
| <del>11</del> | <del>ECG</del>  |            |
| 12            | LBC PAP TEST- PAPSURE ✓ - <i>Refused</i>  |            |
| <del>13</del> | <del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>  |            |
| 14            | DENTAL CONSULTATION   |            |
| <del>15</del> | <del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>                                       |            |
| <del>16</del> | <del>URINE GLUCOSE(FASTING)</del>   |            |
| <del>17</del> | <del>HbA1c, GLYCATED HEMOGLOBIN</del>   |            |
| <del>18</del> | <del>X-RAY CHEST PA</del>   |            |
| <del>19</del> | <del>ENT CONSULTATION</del>   |            |
| 20            | FITNESS BY GENERAL PHYSICIAN  |            |
| <del>21</del> | <del>BLOOD GROUP ABO AND RH FACTOR</del>  |            |
| <del>22</del> | <del>LIPID PROFILE</del>  |            |
| <del>23</del> | <del>BODY MASS INDEX (BMI)</del>  |            |
| 24            | OPHTHAL BY GENERAL PHYSICIAN  |            |
| <del>25</del> | <del>ULTRASOUND - WHOLE ABDOMEN</del>   |            |
| <del>26</del> | <del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>  |            |

→ Physio  
→ Dental

HT - 154  
 WT - 49.6  
 BP - 93/56  
 PR - 80  
 W.D - 70  
 HP - 93

**Personal Details**  
UHID: 01P3FGAT6T10VOY  
PatientID: 91736  
Name: NISHA M  
Age: 30  
Gender: Female  
Mobile: 6565949499494

**Pre-Existing Medical-  
Conditions**

**Vitals**

**Measurements**  
HR: 91 BPM  
PR: 157 ms  
PD: 121 ms  
QRSD: 114 ms  
QRS Axis: 85 deg  
QT/QTc: 339/339 ms

**Interpretation**

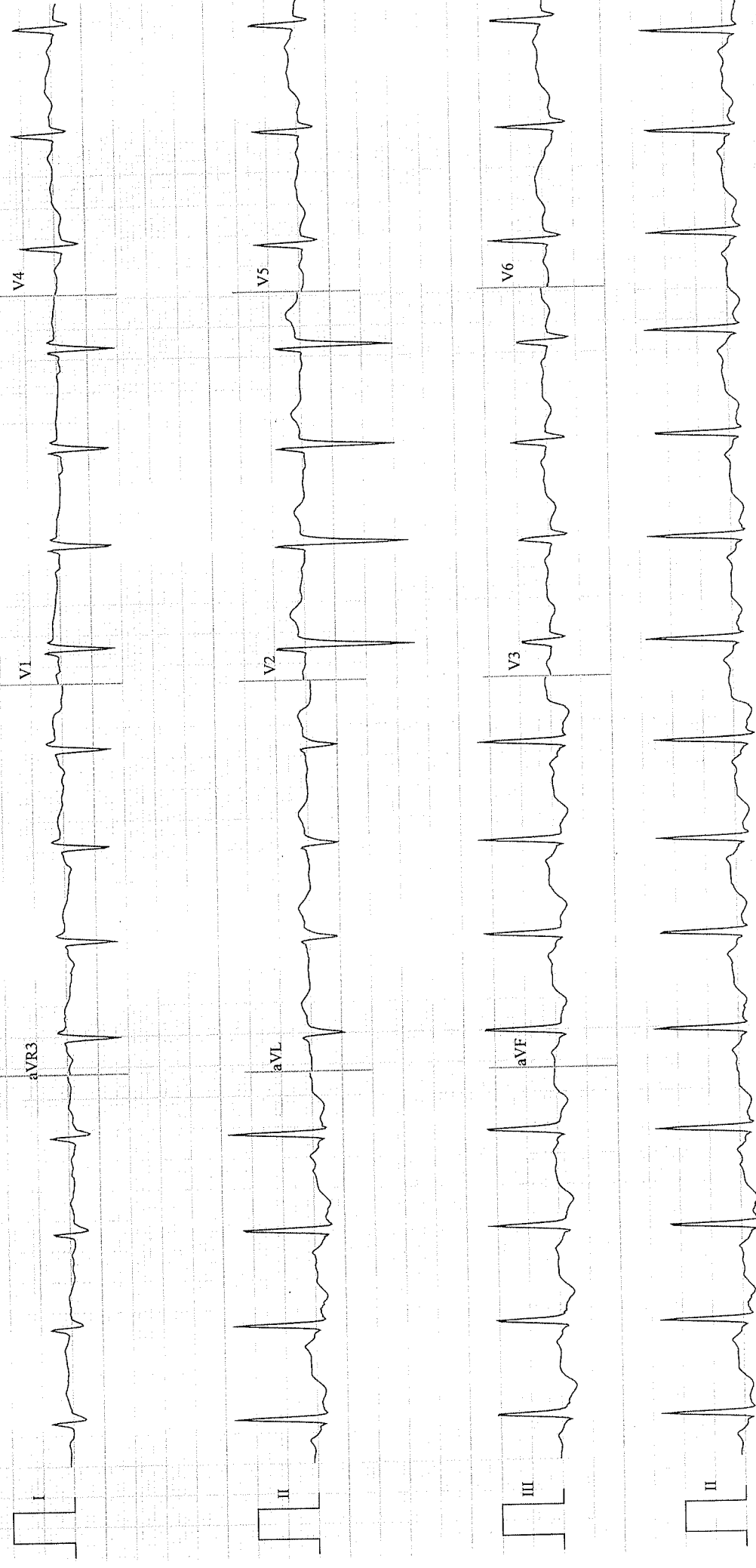
Normal sinus rhythm  
Normal axis

Authori:

*Dr. Yogesh*

Dr. Yogesh  
MD, DNB, I  
Reg No- K

*This trace is generated by KardiaScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV  
Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.  
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.

**ECHOCARDIOGRAPHY REPORT**

**Name: MRS NISHA M**

**Age: 30 YEARS**

**GENDER: FEMALE**

**Consultant: Dr.VISHAL KUMAR.H.**

**Date : 24/02/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

|                     |      |      |       |   |      |       |       |
|---------------------|------|------|-------|---|------|-------|-------|
| Mitral Valve        | E    | 1.02 | m/sec | A | 0.52 | m/sec | NO MR |
| Tricuspid Valve     | E    | 0.66 | m/sec | A | 0.44 | m/sec | No TR |
| Aortic Valve        | Vmax | 1.10 | m/sec |   |      |       | NO AR |
| Pulmonary Valve     | Vmax | 0.76 | m/sec |   |      |       | No PR |
| astolic Dysfunction |      |      |       |   |      |       |       |

Mode Measurements

| P  | Parameter               | Observed Value | Normal Range |    |
|----|-------------------------|----------------|--------------|----|
| A  | Aorta                   | 2.7            | 2.6-3.6      | cm |
| LI | left Atrium             | 2.9            | 2.7-3.8      | cm |
| A  | Aortic Cusp Separation  | 1.5            | 1.4-1.7      | cm |
| II | IVS - Diastole          | 0.9            | 0.9-1.1      | cm |
| L  | left Ventricle-Diastole | 4.4            | 4.2-5.9      | cm |
| P  | Posterior wall-Diastole | 0.9            | 0.9-1.1      | cm |
| I  | IVS-Systole             | 1.2            | 1.3-1.5      | cm |
| LL | left Ventricle-Systole  | 2.9            | 2.1-4.0      | cm |
| P  | Posterior wall-Systole  | 1.2            | 1.3-1.5      | cm |
| E  | Ejection Fraction       | 60             | ≥ 50         | %  |
| F  | Fractional shortening   | 30             | ≥ 20         | %  |
| R  | Right Ventricle         | 2.3            | 2.0-3.3      | cm |

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

## Your appointment is confirmed

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

Wed 2/21/2024 4:13 PM

To:nagesh104@gmail.com <nagesh104@gmail.com>

Cc:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;Irfan Ali S <Irfanali.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear Nisha,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI clinic** on **2024-02-24** at **08:15-08:30**.

|                |  |
|----------------|--|
| Payment Mode   |  |
| 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> |

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

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

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

### Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

mm. Nisha, 30 gm.

24/2/24

Adm-1 → 1800 ml. High zinc low fat diet.

HT → 15 cm

WT → 99.6 g

IBW → 50.5 g

BF ~~egg~~ DM → WHEAT / Raji / millets / Egg / DM.  
(4) / (3)

• Egg → 1-2 / dy.

\* Veg seed → Pre herb / Pre chum.

\* Oil → 400-500 kJ / mouth. Shady.  
Groundoil / Sesame oil

\* Lime juice / Teal count water. Soy lower oil.

Salt / pinak / amsahi ju.  
Milk, Zofen / dy.

Dt. Nisha

Mrs. NISHA

30/F

24/4/24

Dr Aniltho Puarath

MBBS, MR, DNB, F.I.M.S

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

General Examination / Allergies  
History


Clinical Diagnosis & Management Plan

Came for routine health check up

O/E: Ear |  
Nose |  
Oral cavity | W.M.

Adv: regular follow up

Follow up date:

  
Dr Aniltho Puarath  
114400

Doctor Signature

Customer Pending Tests  
gp.lbc.opthal.id  
PENDING



|                                      |                                       |
|--------------------------------------|---------------------------------------|
| <b>Patient Name</b> : Mrs. Nisha N   | <b>Age/Gender</b> : 30 Y/F            |
| <b>UHID/MR No.</b> : CBAS.0000091736 | <b>OP Visit No</b> : CBASOPV100451    |
| <b>Sample Collected on</b> :         | <b>Reported on</b> : 24-02-2024 15:32 |
| <b>LRN#</b> : RAD2246614             | <b>Specimen</b> :                     |
| <b>Ref Doctor</b> : SELF             |                                       |
| <b>Emp/Auth/TPA ID</b> : 365782      |                                       |

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver:** appears normal in size (13.5 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear 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 echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 9.2x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.5x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**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 with anteverted position and measuring 6.5x2.2x4.0 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.8 cm.

**Both ovaries** appear normal in size, shape and echotexture. Right ovary measuring 3.0x1.5 cm and left ovary measuring 3.2x1.9 cm. No evidence of any adnexal pathology noted.

**- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.**

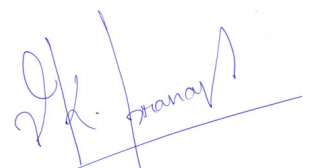
**Other;** Small umbilical hernia measuring 0.7 cm with omentum as content.

**IMPRESSION:-**

**SMALL UMBILICAL HERNIA.**

**Suggested clinical correlation.**

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





**Patient Name** : Mrs. Nisha N

**Age/Gender** : 30 Y/F

---

**Dr. V K PRANAV VENKATESH**

MBBS,MD

Radiology

|                            |                   |                    |                    |
|----------------------------|-------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. Nisha N    | <b>Age/Gender</b>  | : 30 Y/F           |
| <b>UHID/MR No.</b>         | : CBAS.0000091736 | <b>OP Visit No</b> | : CBASOPV100451    |
| <b>Sample Collected on</b> | :                 | <b>Reported on</b> | : 24-02-2024 15:14 |
| <b>LRN#</b>                | : RAD2246614      | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF            |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : 365782          |                    |                    |

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

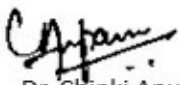
|                              |  |
|------------------------------|--|
| Patient Name : Mrs.NISHA N   | Collected : 24/Feb/2024 09:22AM            |
| Age/Gender : 30 Y 6 M 0 D/F  | Received : 24/Feb/2024 11:57AM             |
| UHID/MR No : CBAS.0000091736 | Reported : 24/Feb/2024 02:00PM             |
| Visit ID : CBASOPV100451     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 365782     |  |

DEPARTMENT OF HAEMATOLOGY

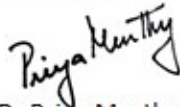
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                                  | Result  | Unit                    | Bio. Ref. Range | Method                         |
|--|---------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |         |                         |                 |                                |
| HAEMOGLOBIN                                | 13.5    | g/dL                    | 12-15           | Spectrophotometer              |
| PCV  | 38.50   | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                  | 4.38    | Million/cu.mm           | 3.8-4.8         | Electrical Impedence           |
| MCV  | 87.7    | fL                      | 83-101          | Calculated                     |
| MCH  | 30.7    | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 35      | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 13.7    | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 7,750   | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |         |                         |                 |                                |
| NEUTROPHILS                                | 50      | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                | 36.1    | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                | 5.9     | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                  | 7.5     | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                  | 0.5     | %                       | <1-2            | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |         |                         |                 |                                |
| NEUTROPHILS                                | 3875    | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2797.75 | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 457.25  | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 581.25  | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 38.75   | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 1.39    |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 286000  | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 9       | mm at the end of 1 hour | 0-20            | Modified Westegren method      |
| <b>PERIPHERAL SMEAR</b>                    |         |                         |                 |                                |

Page 1 of 14



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



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



SIN No:BED240048159

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

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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Karnataka - 560034

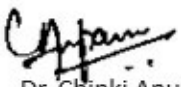
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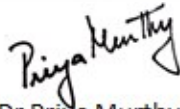
DEPARTMENT OF HAEMATOLOGY

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

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
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APOLLO CLINICS NETWORK

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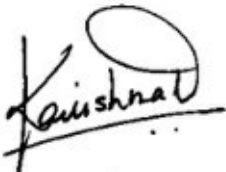
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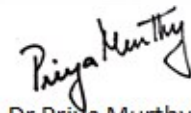
**DEPARTMENT OF HAEMATOLOGY**

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

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



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



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



SIN No:BED240048159

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|                              |  |
|------------------------------|--|
| Patient Name : Mrs.NISHA N   | Collected : 24/Feb/2024 09:22AM            |
| Age/Gender : 30 Y 6 M 0 D/F  | Received : 24/Feb/2024 12:07PM             |
| UHID/MR No : CBAS.0000091736 | Reported : 24/Feb/2024 01:55PM             |
| Visit ID : CBASOPV100451     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 365782     |  |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 85     | 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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name  | Result | Unit  | Bio. Ref. Range | Method     |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 82     | 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.

| Test Name                                      | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |      |                 |        |



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

SIN No:EDT240021590

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|                                 |     |       |            |
|---------------------------------|-----|-------|------------|
| 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 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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| Test Name                    | Result | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 158    | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 51     | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 56     | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 102    | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 92     | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 10.2   | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 2.83   |       | 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      |

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

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DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
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SIN No:SE04640031

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| Test Name                                | Result      | Unit  | Bio. Ref. Range | Method             |
|--|-------------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |             |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.48        | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.11        | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.37        | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | <b>63</b>   | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | <b>45.0</b> | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 71.00       | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.12        | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.13        | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.99        | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.38        |       | 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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| Test Name   | Result | Unit   | Bio. Ref. Range | Method                   |
|---|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                          |
| CREATININE  | 0.61   | mg/dL  | 0.51-0.95       | Jaffe's, Method          |
| UREA  | 20.40  | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 9.5    | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 3.19   | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | 9.70   | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.86   | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 136    | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.2    | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 103    | mmol/L | 101-109         | ISE (Indirect)           |



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| Test Name  | Result       | Unit | Bio. Ref. Range | Method |
|--|--------------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL<br/>TRANSPEPTIDASE (GGT) , SERUM</b> | <b>52.00</b> | U/L  | <38             | IFCC   |



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Karnataka- 560034

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|                              |  |
|------------------------------|--|
| Patient Name : Mrs.NISHA N   | Collected : 24/Feb/2024 09:22AM            |
| Age/Gender : 30 Y 6 M 0 D/F  | Received : 24/Feb/2024 04:25PM             |
| UHID/MR No : CBAS.0000091736 | Reported : 24/Feb/2024 06:50PM             |
| Visit ID : CBASOPV100451     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 365782     |  |

**DEPARTMENT OF IMMUNOLOGY**

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

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 1      | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 9.00   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 1.956  | µIU/mL | 0.34-5.60       | CLIA   |

**Comment:**

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

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

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




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

SIN No:SPL24031713

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

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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|                              |  |
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**DEPARTMENT OF IMMUNOLOGY**

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

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



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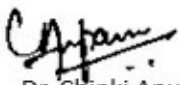
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|------------------------------|--|
| Patient Name : Mrs.NISHA N   | Collected : 24/Feb/2024 09:22AM            |
| Age/Gender : 30 Y 6 M 0 D/F  | Received : 24/Feb/2024 01:04PM             |
| UHID/MR No : CBAS.0000091736 | Reported : 24/Feb/2024 01:50PM             |
| Visit ID : CBASOPV100451     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF CLINICAL PATHOLOGY

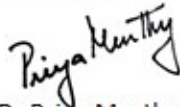
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name  | Result      | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                  |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | 6.5         |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | 1.015       |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | MODIFIED EHRlich REACTION  |
| BLOOD  | NEGATIVE    |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 1-2         | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 2-3         | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

Page 13 of 14



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



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



SIN No:UR2290275

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|                              |  |
|------------------------------|--|
| Patient Name : Mrs.NISHA N   | Collected : 24/Feb/2024 09:22AM            |
| Age/Gender : 30 Y 6 M 0 D/F  | Received : 24/Feb/2024 01:04PM             |
| UHID/MR No : CBAS.0000091736 | Reported : 24/Feb/2024 03:45PM             |
| Visit ID : CBASOPV100451     | Status : Final Report                      |
| Ref Doctor : Dr.SELF         | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF CLINICAL PATHOLOGY

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

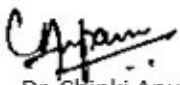
| Test Name                    | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE |      | NEGATIVE        | Dipstick |

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

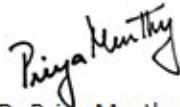
\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

Page 14 of 14



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



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



SIN No:UF010732

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