

| | |
|-------------------------------|--|
| Patient Name : Mrs.KUSUM LATA | Collected : 24/Jul/2024 09:10AM |
| Age/Gender : 37 Y 8 M 12 D/F | Received : 24/Jul/2024 10:50AM |
| UHID/MR No : SCHE.0000087064 | Reported : 24/Jul/2024 01:05PM |
| Visit ID : SCHEOPV103998 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E29535 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.2 | g/dL | 12-15 | Spectrophotometer |
| PCV | 35.60 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 3.88 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 92 | fL | 83-101 | Calculated |
| MCH | 31.4 | pg | 27-32 | Calculated |
| MCHC | 34.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,900 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 75 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 20 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 03 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4425 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1180 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 118 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 177 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 3.75 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 144000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 06 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |
| RBC NORMOCYTIC NORMOCHROMIC | | | | |
| WBC WITHIN NORMAL LIMITS | | | | |
| PLATELETS -FEW GIANT PLATELET SEEN | | | | |
| NO HEMOPARASITES SEEN | | | | |

Page 1 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240193848



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai, Maharashtra
Ph: 022-4334 4600

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DEPARTMENT OF HAEMATOLOGY

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


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DEPARTMENT OF HAEMATOLOGY

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



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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 91 | 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:

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



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| | |
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| Patient Name : Mrs.KUSUM LATA | Collected : 24/Jul/2024 12:45PM |
| Age/Gender : 37 Y 8 M 12 D/F | Received : 24/Jul/2024 01:02PM |
| UHID/MR No : SCHE.0000087064 | Reported : 24/Jul/2024 01:44PM |
| Visit ID : SCHEOPV103998 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 95 | mg/dL | 70-140 | GOD - POD |

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.



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| Age/Gender : 37 Y 8 M 12 D/F | Received : 24/Jul/2024 03:57PM |
| UHID/MR No : SCHE.0000087064 | Reported : 24/Jul/2024 05:03PM |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.4 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | 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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SIN No:EDT240080188

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 193 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 129 | mg/dL | <150 | |
| HDL CHOLESTEROL | 45 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 148 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 122.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 25.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.29 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.10 | | <0.11 | 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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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CONSULTANT PATHOLOGIST

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.50 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.40 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 20 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | 8-38 | JSCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 71.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.50 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.5 | | 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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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



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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.63 | mg/dL | 0.4-1.1 | ENZYMATIC METHOD |
| UREA | 16.05 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 7.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.10 | mg/dL | 3.0-5.5 | URICASE |
| CALCIUM | 8.80 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 2.80 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 138 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 107 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.50 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.5 | | 0.9-2.0 | Calculated |



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|------|-----------------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 11.00 | U/L | 16-73 | Glycylglycine Kinetic method |



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DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.19 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 10.29 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.482 | µIU/mL | 0.38-5.33 | 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 |

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CIN- U85100TG2009PTC099414

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

| | | | | |
|-------|------|------|------|--|
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |



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SIN No:SPL24122470

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DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical measurement |
| pH | 6.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.020 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| NITRITE | NEGATIVE | | NEGATIVE | Griess reaction |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-4 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.
Microscopy findings are reported as an average of 10 high power fields.



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2392716



Patient Name : Mrs.KUSUM LATA
Age/Gender : 37 Y 8 M 12 D/F
UHID/MR No : SCHE.0000087064
Visit ID : SCHEOPV103998
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 09:10AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Result/s to Follow:
LBC PAP SMEAR


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2392716



Customer Pending Tests
Mrs. KUSUM LATA DENTAL PENDING , LBC REPORT PENDING



Patient Name : Mrs. KUSUM LATA Age : 37 Y F

UHID : SCHE.0000087064 OP Visit No : SCHEOPV103998

Reported on : 24-07-2024 12:34 Printed on : 25-07-2024 13:31

Adm/Consult Doctor : Ref Doctor : SELF

SONOLOGIC STUDY OF BOTH BREAST

Well defined oval shape hypoechoic lesion of an approximate size 1.9 x 1.3 cm seen in intramammary plane of at 1 o clock position of left breast .

- Multiple tiny eccentric calcification seen.
- No e/o any raised internal vascularity.
- The lesion is wide than taller .
- No e/o any architextural distortion of surrounding breast parenchyma .
- Rest of both the breast shows normal parenchymal and stromal echotexture.
- . Retroareolar area is normal of both sides.
- The subcutaneous area appears normal.
- The mammary lobules, surrounding connective tissue and ducts are normal.
- No evidence of axillary lymphadenopathy on either side.

IMPRESSION: Above features as described above possibly left breast fibroadenoma s/o benign etiology (BIRADS II). However further evaluation with FANC is recommended


DR. JAVED S TADVI

RADIOLOGIST

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Breakfast

2

Name : Mrs. KUSUM LATA

Age: 37 Y

UHID:SCHE.0000087064

Address : CHEMBUR

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:SCHEOPV103998

Bill No :SCHE-OCR-24450

Date : 24.07.2024 09:05

| Sno | Service Type/ServiceName | Department |
|-------------------------------------|---|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324 | |
| <input checked="" type="checkbox"/> | 1 GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| <input checked="" type="checkbox"/> | 2 D ECHO | |
| <input checked="" type="checkbox"/> | 3 LIVER FUNCTION TEST (LFT) | |
| <input checked="" type="checkbox"/> | 4 GLUCOSE, FASTING | |
| <input checked="" type="checkbox"/> | 5 HEMOGRAM + PERIPHERAL SMEAR | |
| <input checked="" type="checkbox"/> | 6 GYNAECOLOGY CONSULTATION | |
| <input checked="" type="checkbox"/> | 7 DIET CONSULTATION | |
| <input checked="" type="checkbox"/> | 8 COMPLETE URINE EXAMINATION | |
| <input checked="" type="checkbox"/> | 9 URINE GLUCOSE(POST PRANDIAL) | |
| <input checked="" type="checkbox"/> | 10 PERIPHERAL SMEAR | |
| <input checked="" type="checkbox"/> | 11 ECG | |
| <input checked="" type="checkbox"/> | 12 CBC PAP TEST- PAPSURE | |
| <input checked="" type="checkbox"/> | 13 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| | 14 DENTAL CONSULTATION <i>(pending)</i> | |
| <input checked="" type="checkbox"/> | 15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>10.45 - 12.45</i> | |
| <input checked="" type="checkbox"/> | 16 URINE GLUCOSE(FASTING) | |
| <input checked="" type="checkbox"/> | 17 SONO MAMOGRAPHY - SCREENING | |
| <input checked="" type="checkbox"/> | 18 HbA1c, GLYCATED HEMOGLOBIN | |
| <input checked="" type="checkbox"/> | 19 X-RAY CHEST PA | |
| <input checked="" type="checkbox"/> | 20 ENT CONSULTATION -> | |
| <input checked="" type="checkbox"/> | 21 FITNESS BY GENERAL PHYSICIAN | |
| <input checked="" type="checkbox"/> | 22 BLOOD GROUP ABO AND RH FACTOR | |
| <input checked="" type="checkbox"/> | 23 LIPID PROFILE | |
| <input checked="" type="checkbox"/> | 24 BODY MASS INDEX (BMI) | |
| <input checked="" type="checkbox"/> | 25 OPHTH BY GENERAL PHYSICIAN <i>Dr N Sharane</i> | |
| <input checked="" type="checkbox"/> | 26 ULTRASOUND - WHOLE ABDOMEN <i>(lead) Breast Lump</i> | |
| <input checked="" type="checkbox"/> | 27 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

Patient Name : Mrs.KUSUM LATA
 Age/Gender : 37 Y 8 M 12 D/F
 UHID/MR No : SCHE.0000087064
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Collected : 24/Jul/2024 09:10AM
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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.2 | g/dL | 12-15 | Spectrophotometer |
| PCV | 35.60 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 3.88 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 92 | fL | 83-101 | Calculated |
| MCH | 31.4 | pg | 27-32 | Calculated |
| MCHC | 34.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,900 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYtic COUNT (DLC) | | | | |
| NEUTROPHILS | 75 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 20 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 03 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4425 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1180 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 118 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 177 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 3.75 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 144000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 06 | mm at the end of 1 hour | 0-20 | Modified Westergren |

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS -FEW GIANT PLATELET SEEN
 NO HEMOPARASITES SEEN

Page 1 of 15



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:BED240193848



Patient Name : Mrs.KUSUM LATA
Age/Gender : 37 Y 8 M 12 D/F
UHID/MR No : SCHE.0000087064
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DEPARTMENT OF HAEMATOLOGY

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

Page 2 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240193848



Patient Name : Mrs.KUSUM LATA
 Age/Gender : 37 Y 8 M 12 D/F
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DEPARTMENT OF HAEMATOLOGY

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

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



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:BED240193848



Patient Name : Mrs.KUSUM LATA
 Age/Gender : 37 Y 8 M 12 D/F
 UHID/MR No : SCHE.0000087064
 Visit ID : SCHEOPV103998
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 09:10AM
 Received : 24/Jul/2024 10:50AM
 Reported : 24/Jul/2024 01:06PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 91 | mg/dL | 70-100 | GOD - POD |

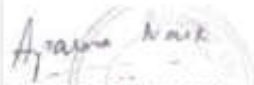
Comment:

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.



DR. APARNA NAIK
 MBBS DPM
 CONSULTANT PATHOLOGIST
 SIN No:PLF02193071



Patient Name : Mrs.KUSUM LATA
 Age/Gender : 37 Y 8 M 12 D/F
 UHID/MR No : SCHE.0000087064
 Visit ID : SCHEOPV103998
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 12:45PM
 Received : 24/Jul/2024 01:02PM
 Reported : 24/Jul/2024 01:44PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 95 | mg/dL | 70-140 | GOD - POD |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:PLP1476669



Patient Name : Mrs.KUSUM LATA
 Age/Gender : 37 Y 8 M 12 D/F
 UHID/MR No : SCHE.0000087064
 Visit ID : SCHEOPV103998
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 09:10AM
 Received : 24/Jul/2024 03:57PM
 Reported : 24/Jul/2024 05:03PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.4 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




 Dr.Sandip Kumar Banerjee
 M.B.B.S,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist

SIN No:EDT240080188

| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.KUSUM LATA | Collected | : 24/Jul/2024 09:10AM |
| Age/Gender | : 37 Y 8 M 12 D/F | Received | : 24/Jul/2024 10:50AM |
| UHID/MR No | : SCHE.0000087064 | Reported | : 24/Jul/2024 01:06PM |
| Visit ID | : SCHEOPV103998 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E29535 | | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 193 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 129 | mg/dL | <150 | |
| HDL CHOLESTEROL | 45 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 148 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 122.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 25.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.29 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.10 | | <0.11 | 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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:SE04790435



Patient Name : Mrs.KUSUM LATA
 Age/Gender : 37 Y 8 M 12 D/F
 UHID/MR No : SCHE.0000087064
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.50 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.40 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 20 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | 8-38 | JSCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 71.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.50 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.5 | | 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:

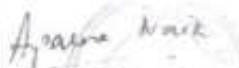
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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


 DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04790435



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DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



DR. APARNA NAIK
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.63 | mg/dL | 0.4-1.1 | ENZYMATIC METHOD |
| UREA | 16.05 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 7.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.10 | mg/dL | 3.0-5.5 | URICASE |
| CALCIUM | 8.80 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 2.80 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 138 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 107 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.50 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.5 | | 0.9-2.0 | Calculated |



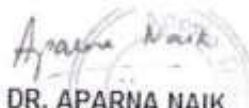
Patient Name : Mrs.KUSUM LATA
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|---------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 11.00 | U/L | 16-73 | Glycylglycine Kinetic method |



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:SE04790435

Page 11 of 15



Patient Name : Mrs.KUSUM LATA
Age/Gender : 37 Y 8 M 12 D/F
UHID/MR No : SCHE.0000087064
Visit ID : SCHEOPV103998
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 09:10AM
Received : 24/Jul/2024 03:57PM
Reported : 24/Jul/2024 05:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.19 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 10.29 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.482 | µIU/mL | 0.38-5.33 | 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 |

Page 12 of 15


Dr. Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:SPL24122470

Patient Name : Mrs.KUSUM LATA
 Age/Gender : 37 Y 8 M 12 D/F
 UHID/MR No : SCHE.0000087064
 Visit ID : SCHEOPV103998
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 09:10AM
 Received : 24/Jul/2024 03:57PM
 Reported : 24/Jul/2024 05:18PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

| | | | | |
|-------|------|------|------|--|
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |



Dr.Sandip Kumar Banerjee
 M.B.B.S,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist

SIN No:SPL24122470



Patient Name : Mrs.KUSUM LATA
Age/Gender : 37 Y 8 M 12 D/F
UHID/MR No : SCHE.0000087064
Visit ID : SCHEOPV103998
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 09:10AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical measurement |
| pH | 6.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.020 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| NITRITE | NEGATIVE | | NEGATIVE | Griess reaction |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-4 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 14 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2392716



Patient Name : Mrs.KUSUM LATA
Age/Gender : 37 Y 8 M 12 D/F
UHID/MR No : SCHE.0000087064
Visit ID : SCHEOPV103998
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E29535

Collected : 24/Jul/2024 09:10AM
Received : 24/Jul/2024 10:50AM
Reported : 24/Jul/2024 01:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR

Page 15 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2392716





Patient Name : Mrs. KUSUM LATA
UHID : SCHE.0000087064
Reported on : 24-07-2024 12:34
Adm/Consult Doctor :

Age : 37 Y F
OP Visit No : SCHEOPV103998
Printed on : 24-07-2024 12:34
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Partially-distended, Wall thickness is within normal limits. CBD not dilated.

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 8.9 X 4.2 cm.

LK : 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 7.5 x 6.2 x 4.5 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries : Both the ovaries are normal in size and echopattern.

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.

Printed on: 24-07-2024 12:34

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mrs. Kusum Lata
Age / Sex : 37 yrs / Female.
Ref Doctor : Health Check

Bill No : SCHE -OCR-24450
UHID NO : SCHE.0000087064
Report Date : 24 / 07 / 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF: 75%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

| | |
|---------------------|-----------------|
| AO (mm): 23 | LA (mm) : 22 |
| IVSd (mm): 9 | LVIDd (mm) : 44 |
| IVSs (mm) : 16 | LVIDs (mm) : 24 |
| LVPWd (mm): 10 | LVPWs (mm) : 15 |
| EF(Teich)(mm) : 75% | |

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



| | | | |
|--------------------|--------------------|-------------|--------------------|
| Patient Name | : Mrs. KUSUM LATA | Age | : 37 Y F |
| UHID | : SCHE.0000087064 | OP Visit No | : SCHEOPV103998 |
| Reported on | : 24-07-2024 12:16 | Printed on | : 24-07-2024 13:01 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen


Printed on:24-07-2024 12:16

---End of the Report---

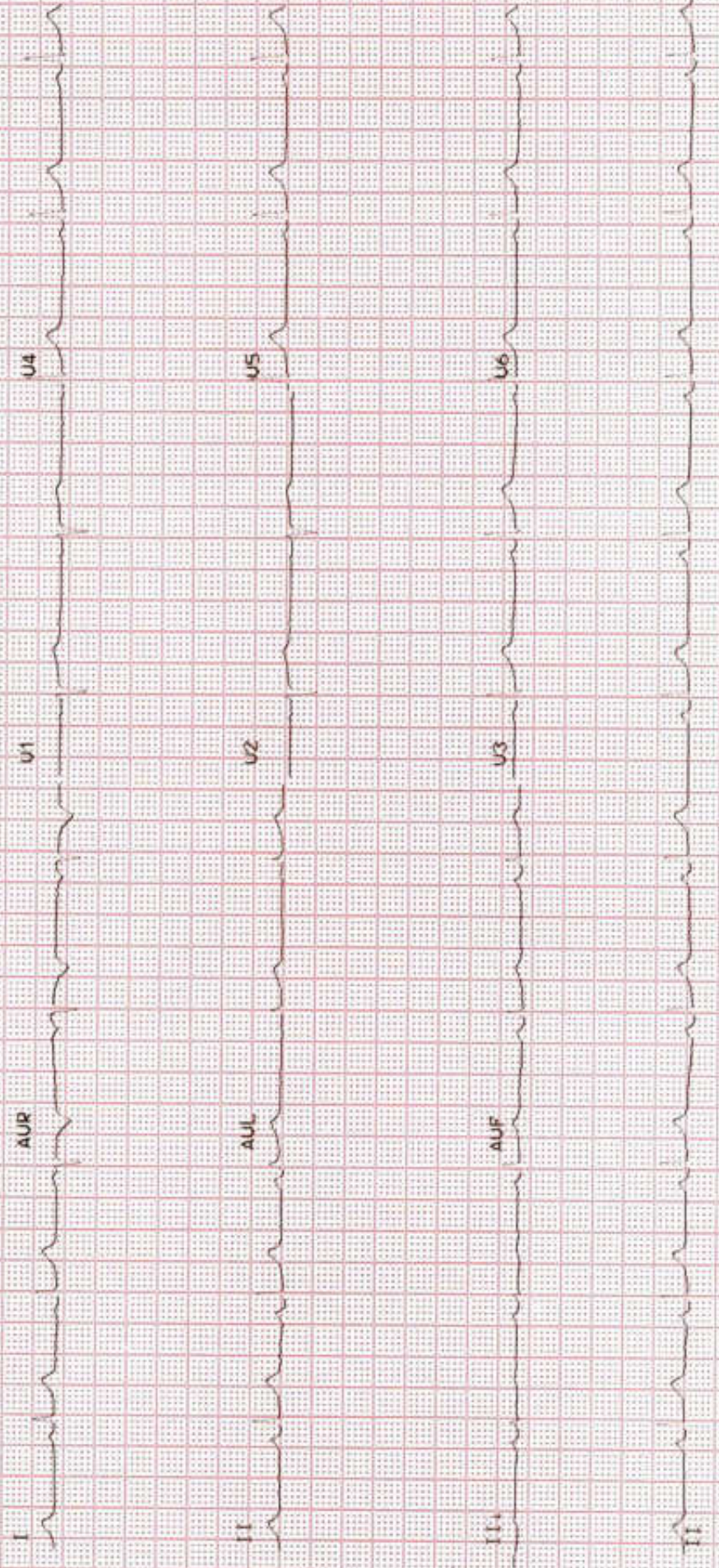
Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

AGE 37
 QRS 82 ms
 QT/QTcR 394 / 400 ms
 PR 148 ms
 P 112 ms
 RR/PP 970 / 1005 ms
 P/QRS/T 45 / 40 / 30 degrees
 QTd/QTcB0 32 / 32 ms
 Sokolow 1.0 mV
 NK B

low QRS amplitudes
 probably abnormal ECG

Normal with


Unconfirmed report.



DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds)** 2 tsp- roasted: whole or powdered to be eaten daily.
- **Avoid coconut & groundnut** usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar: Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.**
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits: 1-2 fruits** (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- **Restrict fruits** like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**

- Oils to be used for cooking prefer e.g. Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

| A | B | C |
|--|----------------------------|----------------------------|
| Low Kcal(Consume Liberally) | 40 kcal (Less amts) | 100 kcal (Restrict) |
| All Dark green leafy vegetables | Carrot, Onion, Beetroot | Potato, Raw banana |
| All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc, | Gawar | Sweet potato |
| | Papdi | Yam |
| Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc | Jackfruit (raw) | Tapioca |
| | Mushroom | Colocasia |
| | Green Plantain | Sabudana |

FRUIT SERVING SIZE:

| Fruits allowed | Serving | Fruits restricted | Serving |
|---|-------------------|-------------------------|-----------|
| Amla | 4-5 no. | Grapes | 10-12no. |
| Jambu | 10 no. | Banana (small), Chickoo | 1 no. |
| Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi | 1 no. | Mango | 2 slice |
| Plum | 2 no. | Litchi, Jackfruit | 3-4 no. |
| Pomegranate | ½ no. | Seetaphal | ½ no. |
| Watermelon, Musk melon | 1 thin boat slice | Fruit Juice | NO |
| Pineapple, Papaya | 2 thin boat slice | Sugarcane Juice | NO |
| Raspberries, Strawberries | 150gm | Coconut water | NO |
| Fresh Figs | 1 big/ 2 small | | |



OUT- PATIENT RECORD

Date : 24/7/24
 MRNO : 87064
 Name :- Mrs. Kucum Lata
 Age / Gender : 37/F
 Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
 Consultant **Dr. Amit Shobhavat**
 Reg. No : 2001/09/3124
 Qualification : F.C.C.M, Dip. Diabetology

| | | | |
|---------------|--------------|------------|----------------------|
| Pulse : 60 | B.P : 90/60 | Resp : 16 | Temp : 97.4 |
| Weight : 61.4 | Height : 155 | BMI : 25.6 | Waist Circum : 87-96 |

General Examination / Allergies History

No Comorbid Disease
 No Surgical Illness
 ISU in past
 Family NAD.
 Uterus -
 Ru
 hnd -

Clinical Diagnosis & Management Plan

Physiotherapy file

chest - 92-96
 SpO2 - 100%

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date : 24-07-2024
 MRNO : _____
 Name :- Kusum Lata
 Age / Gender : 31y IF
 Mobile No:- _____

Department : **Consultant ENT Surgeon**
 Consultant **Dr. Roshni Nambiar**
 Reg. No : 2006/02/1129
 Qualification : M.B.B.S., DNB, Otorhinolaryngology

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

General Examination / Allergies History

Routine medical
 H/O. allergic rhinitis
 on symptomatic E.

Clinical Diagnosis & Management Plan

OK
 Ears (R) (L)
 BIL TM intact NNL
 Rinne (+) (+)
 Weber ↔
 Nose
 throat / mass NNL
 Neck warm - NAD
 Clinically normal ENT NO ANS.
 E. - continue anti allergic E.
 - allergen avoidance

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date: 24.7.24
MRNO: SCHE.00000
Name: Keesum Lala
Age / Gender: 37 yr
Mobile No: -

Department: Gynaecology
Consultant: Dr. Ila Tyagi
Reg. No: 66818
Qualification: Consultant Gynaecology

Table with 4 columns: Pulse, B.P, Resp, Temp; Weight, Height, BMI, Waist Circum.

General Examination / Allergies History

Clinical Diagnosis & Management Plan

M.S. 9 yrs -
- P.L. - Mch - Syraeo.
LMP: 24/6/24
Pab me: Reg.
35-40 D.
No reg upto Pab illness.
- Hs. descrip
Co N
W. AU NS PM
ye pce.
Asc Kap taken.

Re 20/6/24 report.
[Signature]

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date: 24.7.24
MRNO: _____
Name: Mrs. Kasum Datta
Age / Gender: 37 yrs / F.
Mobile No: _____

Department: **OPHTHALMOLOGY**
Consultant: **Dr. Neeta Sharma**
Reg. No: **68446 8369 602399**
Qualification: **MBBS, DIP. Ophthal, DNB (Ophthal)**

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

for mc.

⊙ BCV
→ Normal

VA R 6/6
A 6/6
RL
VA 5 N/5
A 4 N/5
funeau

ofe

→ c' clear

NR

Ⓛ, f.u. so

NSL

Follow up date:

Doctor Signature



भारत सरकार



आधार



कुसुम लता
Kusum Lata
जन्म तिथि/DOB: 12/11/1986
महिला/ FEMALE

6020 6189 0631

VID : 9197 2112 0759 2908

मेरा आधार , मेरी पहचान

Ccf Team

From: noreply@apolloclinics.info
Sent: 22 July 2024 13:57
To: kusum.lata@bankofbaroda.com
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear MRS. KUSUM LATA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-07-23** at **08:30-08:45**.

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

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

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

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

Instructions to be followed for a health check:

Patient Name : Mrs. KUSUM LATA

Age/Gender : 37 Y/F

UHID/MR No. : SCHE.0000087064

OP Visit No : SCHEOPV103998

Sample Collected on :

Reported on : 24-07-2024 12:34

LRN# : RAD2387040

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E29535

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Partially-distended, Wall thickness is within normal limits. CBD not dilated.

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 8.9 X 4.2 cm.

LK : 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 7.5 x 6.2 x 4.5 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries : Both the ovaries are normal in size and echopattern.

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Patient Name : Mrs. KUSUM LATA

Age/Gender : 37 Y/F

UHID/MR No. : SCHE.0000087064

OP Visit No : SCHEOPV103998

Sample Collected on :

Reported on : 24-07-2024 12:16

LRN# : RAD2387040

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E29535

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .


Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology