


Name : Mrs. Nagashree K	Age: 36 Y	UHID:CBAS.0000091329
Address : blr	Sex: F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number:CBASOPV99533
		Bill No :CBAS-OCR-60531
		Date : 26.01.2024 08:35

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

Se Vit D :

Ht - 156

Se Vit B12 .

wt - 46.1

Se Prolactin .

BP - 123/80

PR - 78

w.d - 73

H.P - 89

ECHOCARDIOGRAPHY REPORT

Name: MRS NAGASHREE Age: 36 YEARS GENDER: FEMALE

Consultant: Dr.VISHAL KUMAR.H. Date : 26/01/2024

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	0.76	m/sec	A	0.48	m/sec	No MR
Tricuspid Valve	E	0.46	m/sec	A	0.28	m/sec	No TR
Aortic Valve	Vmax	1.06	m/sec				No AR
Pulmonary Valve	Vmax	0.72	m/sec				No PR
astolic Dysfunction							

MI-MODE MEASUREMENTS

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.7	2.6-3.6	cm
LI	left Atrium	3.0	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	4.2	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.1	1.3-1.5	cm
LL	left Ventricle-Systole	2.8	2.1-4.0	cm
P	Posterior wall-Systole	1.1	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.2	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**

Mr. Nagaraj, 36 yrs,

26/1/20

HT > 156 cm

WT > 46.1 kg

ISW > 50 kg

123/80 mmHg

FREQUENT MEALS

6am → ~~2~~ curries / fruits
Bult + curries

8am → Dry fruits
Sach
BF Ghee (2 tsp)
+

10:11am → boiled gram

12 + ~~2~~ lunch

3pm → ut fruits / kurma
boiled grams (1 cup)

5pm → Curry + khudiyam

7:15pm → Dinner
Bult +

FLAX seed / flax oil
Curd → 400 ml

Jamun → 250 gm

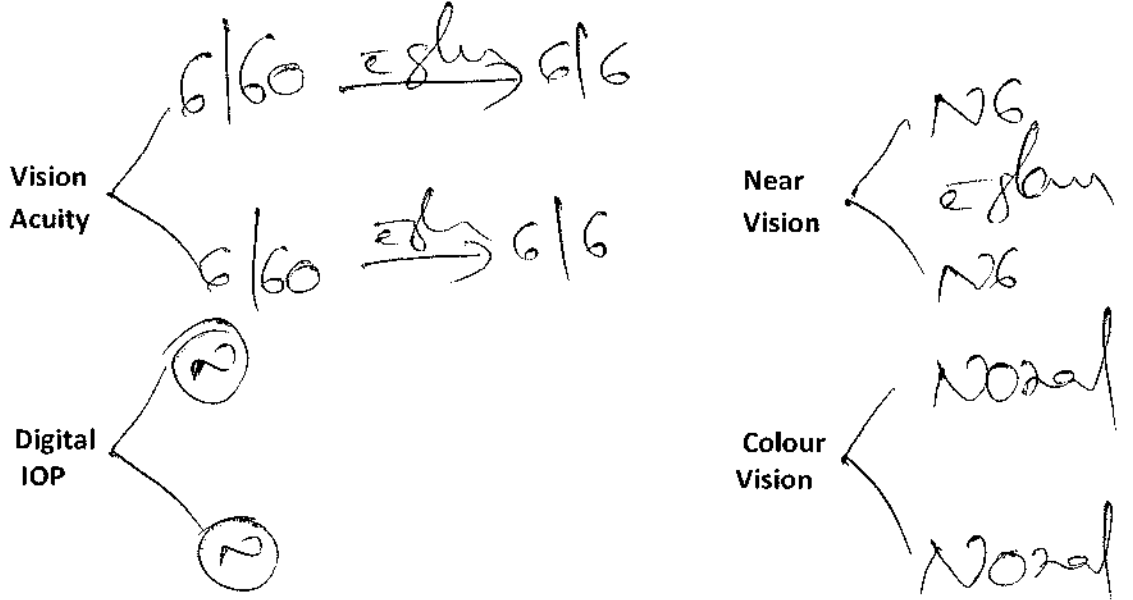
boiled grams (1 cup)

[Signature]

9449349333

Mrs. Nagasree K. 36/F 91329 26/1/24

EYE CHECK UP REPORT



• Fundus: Normal @ study

• Ant. Segment :- normal

• Media: Normal

• Pupil: normal

BCVA / 1.75 D sph 6/6, N6
2.00 sph 6/6, N6

BC Simple Myopia, fully corrected by glasses.

GP/LS

PAP SMEAR CONSENT FORM

PATIENT NAME:

Nagathree

AGE:

264

GENDER:

F

DATE:

26-1-24

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE

: 144

AGE OF MENOPAUSAL IF APPLICABLE

: —

MENSTRUAL REGULARITY

: REGULAR/ IRREGULAR

4d/25d .. D=

FIRST DAY OF LAST MENSTRUATION PERIOD:

22 1. 24

AGE AT MARRIAGE

: 264

YEAR'S OF MARRIED LIFE

: 124

CONTRACEPTION

: YES() NO() IF YES WHAT KIND?

Tubectomy - 2020

HORMONAL TREATMENT

: YES() NO() IF YES WHAT KIND?

GRAVIDA (NO OF TIME'S CONCEIVED)

:

P2L2 T 104 ♂ USC.
64 ♂ USC.

PARA(NO OF CHILDBIRTH)

:

LIVE(NO OF LIVING CHILDREN)

:

ABORTIONS

:

MISCARRIAGES/ABORTION

:

for

AGE OF FIRST CHILD

:

AGE OF LAST CHILD

:

PREVIOUS PAP SMEAR REPORT

:

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA

VAGINA

CERVIX

SMEAR THAKEN FROM - ENDOCERVIX

ECTOCERVIX

POSTERIOR VAGINA

| (N)

HEREBY DECLARE THAT THE ABOVE INFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

[Handwritten Signature]

SIGNATURE OF THE DOCTOR

[Handwritten Signature]

Address of Diagnostic/Hospital- Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019

City : Bangalore

State :

Pincode : 560019

Appointment Date : 26-01-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Nagashree k	36 year	Female

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

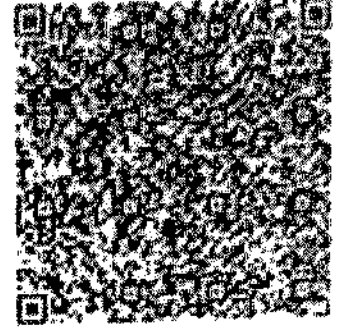
You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.



ಭಾರತ ಸರ್ಕಾರ
Government of India



ನಾಗಶ್ರೀ ಕೆ
Nagashree K
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth 1987
ಸ್ತ್ರೀ / Female



4277 6299 2702

ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಅಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ

೨೦೧ ರಾಜಯ್ಯನುಜ್ಜಾರ ಲೆ ಎನ್
ಋಷ್ಯಶಂಭುಶ್ವರ ನಿಲಯ, ಚಿಕ್ಕವ್ವರ
ಕೋಡ್ ವಿರೂಪಾಕ್ಷ ನಗರ ಕೋಡ್
ಚಿಕ್ಕವ್ವರ, ಚಿಕ್ಕವ್ವರ,
ಕುಮಟಾ ಜಿಲ್ಲೆ

Address

W/O: Udayakumara J.N.
Rushyashambhushwara Nilaya,
Chennayana Road, Virupaksha
Nagar, Kote Chikmagalur
Chikmagalur District,
Karnataka - 577301

4277 6299 2702



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Customer Pending Tests
Dental,xray,ent,fitness by gp,usg is pending

Patient Name : Mrs. Nagashree K

Age/Gender : 36 Y/F

UHID/MR No. : CBAS.0000091329

OP Visit No : CBASOPV99533

Sample Collected on :

Reported on : 03-02-2024 14:22

LRN# : RAD2217001

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 337280

DEPARTMENT OF RADIOLOGY

Liver: appears normal in size (13.7 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dil

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 9.8x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.5x4.1 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

Uterus appears normal in size with anteverted position and measuring 9.0x4.1x5.0 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 1.1 cm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary measuring 3.1 cm. Dominant follicle in right ovary measuring 2.1 cm and left ovary measuring 3.1x2.5 cm. Dominant follicle in left ovary measuring 2.1 cm. No evidence of any adnexal pathology noted.

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

IMPRESSION:-

No significant abnormality detected.

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



Dr. V K PRNAV VENKATESH
MBBS, MD
Radiology

Patient Name : Mrs. Nagashree K

Age/Gender : 36 Y/F

UHID/MR No. : CBAS.0000091329

OP Visit No : CBASOPV99533

Sample Collected on :

Reported on : 03-02-2024 15:28

LRN# : RAD2217001

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 337280

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.

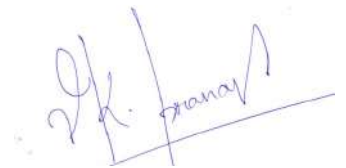
Both costophrenic and cardiophrenic angles are clear.

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

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Age/Gender : 36 Y 6 M 0 D/F	Received : 26/Jan/2024 11:13AM
UHID/MR No : CBAS.0000091329	Reported : 26/Jan/2024 01:11PM
Visit ID : CBASOPV99533	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337280	

DEPARTMENT OF HAEMATOLOGY

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

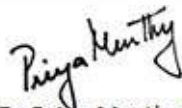
Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	8.2	L	g/dL	12-15	Spectrophotometer
PCV	27.70	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.14	L	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	67	L	fL	83-101	Calculated
MCH	19.9	L	pg	27-32	Calculated
MCHC	29.7	L	g/dL	31.5-34.5	Calculated
R.D.W	18.4	H	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	L	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTC COUNT (DLC)					
NEUTROPHILS	63.9	L	%	40-80	Electrical Impedence
LYMPHOCYTES	28.2	L	%	20-40	Electrical Impedence
EOSINOPHILS	2.7	L	%	1-6	Electrical Impedence
MONOCYTES	5.2	L	%	2-10	Electrical Impedence
BASOPHILS	0	L	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	3514.5	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1551	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148.5	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	286	L	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	292000	L	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	L	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR		L			

RBC: Microcytic hypochromic RBCs. Mild anisocytosis.

Page 1 of 18



Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:BED240018622

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)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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DEPARTMENT OF HAEMATOLOGY

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

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

Platelets: Adequate in number.

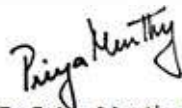
No haemoparasites seen.

Impression: Microcytic hypochromic anemia.

Advised serum iron profile.



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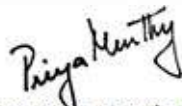
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	A	N			Microplate Hemagglutination
Rh TYPE	Negative	N			Microplate Hemagglutination



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Emp/Auth/TPA ID : 337280	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	L	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	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	L	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	Status	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:EDT240007827



Patient Name : Mrs.NAGASHREE K	Collected : 26/Jan/2024 08:43AM
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DEPARTMENT OF BIOCHEMISTRY

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

HBA1C, GLYCATED HEMOGLOBIN	5.8	H	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	N	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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 **1860 500 7788**
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Patient Name : Mrs.NAGASHREE K	Collected : 26/Jan/2024 08:43AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 26/Jan/2024 11:44AM
UHID/MR No : CBAS.0000091329	Reported : 26/Jan/2024 01:02PM
Visit ID : CBASOPV99533	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337280	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	121	L	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	L	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	74	L	mg/dL	<130	Calculated
LDL CHOLESTEROL	60.9	L	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	L	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.58	L		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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



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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.51	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	L	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	55.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	6.93	L	g/dL	6.6-8.3	Biuret
ALBUMIN	3.99	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	L	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36	L		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.



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- 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	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.60	L	mg/dL	0.51-0.95	Jaffe's, Method
UREA	12.90	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.0	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.60	L	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.77	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	109	L	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	13.00	L	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	0.9	L	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.61	L	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.380	L	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012165



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 |
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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)

Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034



Patient Name : Mrs.NAGASHREE K	Collected : 26/Jan/2024 08:43AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 26/Jan/2024 12:35PM
UHID/MR No : CBAS.0000091329	Reported : 26/Jan/2024 02:29PM
Visit ID : CBASOPV99533	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337280	

DEPARTMENT OF CLINICAL PATHOLOGY

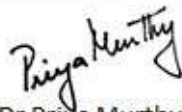
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	HAZY	N		CLEAR	Visual
pH	5.5	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	8-10	H	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY

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Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:UR2268419

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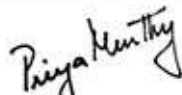
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337280	

DEPARTMENT OF CLINICAL PATHOLOGY

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



Dr.Nisha
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Age/Gender : 36 Y 6 M 0 D/F	Received : 26/Jan/2024 12:35PM
UHID/MR No : CBAS.0000091329	Reported : 26/Jan/2024 02:25PM
Visit ID : CBASOPV99533	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337280	

DEPARTMENT OF CLINICAL PATHOLOGY

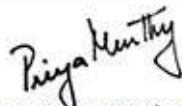
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



Dr.Nisha
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Consultant Pathologist



SIN No:UF010293

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

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Patient Name : Mrs.NAGASHREE K	Collected : 26/Jan/2024 11:29AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 27/Jan/2024 11:46AM
UHID/MR No : CBAS.0000091329	Reported : 29/Jan/2024 06:28PM
Visit ID : CBASOPV99533	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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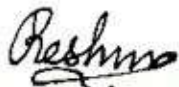
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1551/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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

SIN No:CS073452

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

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

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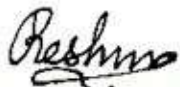


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DEPARTMENT OF CYTOLOGY

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
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Consultant Pathologist

SIN No:CS073452

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