



భారత ప్రభుత్వం

Government of India

చిలుకోటి స్రవంతి (జిల్లెల స్రవంతి)  
Chilukoti Sravanthi (Jillela Sravanthi)



పుట్టిన సంవత్సరం/Year of Birth: 1985  
స్త్రీ / Female



8948 4537 7712

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రజాపూర్వక ప్రాధికార సంస్థ  
Unique Identification Authority of India

చిరునామా: W/O: చిలుకోటి నరేందర్  
రెడ్డి, 1-64, అప్పనపల్లి  
అప్పన పల్లి, అప్పనపల్లి, మెదక్  
ఆంధ్ర ప్రదేశ్, 502114

Address: W/O: Chilukoti  
Narendhar Reddy, 1-64,  
appanapalli, Appanpalle,  
Medak, Appanapally, Andhra  
Pradesh, 502114

**8948 4537 7712**



1947  
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

## Asraonagar Apolloclinic

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**From:** jillela sravanthi <sravanthi.jillela@gmail.com>  
**Sent:** 22 February 2024 09:25  
**To:** Asraonagar Apolloclinic  
**Subject:** Fwd: Health Check up Booking Confirmed Request(bobS10711),Package Code-PKG10000367, Beneficiary Code-299660

----- Forwarded message -----

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Wed, 21 Feb, 2024, 7:10 pm  
**Subject:** Health Check up Booking Confirmed Request(bobS10711),Package Code-PKG10000367, Beneficiary Code-299660  
**To:** <[sravanthi.jillela@gmail.com](mailto:sravanthi.jillela@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



**011-41195959**

Dear **MS. SRAVANTHI JILLELA,**

We are pleased to confirm your health checkup booking request with the following details.

**Booking Date** : 21-02-2024

**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40

**Name of Diagnostic/Hospital** : Apollo Clinic

**Address of Diagnostic/Hospital** : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

**City** : Hyderabad

**State** :

**Pincode** : 500062

**Appointment Date** : 22-02-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 9:00am

**Booking Status** : Booking Confirmed

<b>Member Information</b>		
<b>Booked Member Name</b>	<b>Age</b>	<b>Gender</b>
CHILUKOTI NARENDHARREDDY	42 year	Male

**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.

Please visit to our [Terms & Conditions](#) for more informaion. This email is recieved because you are register with us [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

**Patient Name** : Mrs. SRAVANTHI JILLELA

**Age/Gender** : 38 Y/F

**UHID/MR No.** : CASR.0000185945

**OP Visit No** : CASROPV221097

**Sample Collected on** :

**Reported on** : 22-02-2024 19:27

**LRN#** : RAD2244200

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 366624

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

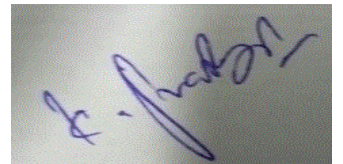
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology

<b>Patient Name</b>	: Mrs. SRAVANTHI JILLELA	<b>Age/Gender</b>	: 38 Y/F
<b>UHID/MR No.</b>	: CASR.0000185945	<b>OP Visit No</b>	: CASROPV221097
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 22-02-2024 19:53
<b>LRN#</b>	: RAD2244200	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 366624		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

**Right kidney : 98x42mm**

**Left kidney : 100x44mm**

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

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Uterus:** Bulky in size measuring **61x51x58** and shows well defined round iso to hypoechoic lesion measuring **5x5cm** noted involving right lateral wall.

Endometrial echo-complex appears normal and measures **8mm**.

**Right ovary : 27x20mm**

**Left ovary : 23x22mm**

Both ovaries appear normal in size, shape and echotexture.


No evidence of any adnexal pathology noted.

**IMPRESSION:-Bulky Uterus With Large Right Lateral Wall Intramural Fibroid.**

Suggested clinical correlation and further evaluation **MRI** if necessary .

**Patient Name** : Mrs. SRAVANTHI JILLELA

**Age/Gender** : 38 Y/F



**Dr. PRAVEEN BABU KAJA**  
Radiology




Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:27PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 02:49PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

**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>				
<b>HAEMOGLOBIN</b>	<b>11.1</b>	g/dL	12-15	Spectrophotometer
PCV	<b>33.70</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>78.9</b>	fL	83-101	Calculated
MCH	<b>25.9</b>	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,850	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.9	%	40-80	Electrical Impedence
LYMPHOCYTES	33.4	%	20-40	Electrical Impedence
EOSINOPHILS	2.9	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3270.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1953.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	169.65	Cells/cu.mm	20-500	Calculated
MONOCYTES	438.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.67		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>282000</b>	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>6</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC- MICROCYTIC HYPOCHROMIC				
WBC WITHIN NORMAL LIMITS				

  
Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

Page 1 of 16  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:BED240045788


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

Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
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UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 02:49PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

**DEPARTMENT OF HAEMATOLOGY**

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

PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN

  
**Dr.KASULA SIDDARTHA**  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

Page 2 of 16  
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Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:27PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 05:50PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

**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	O			Microplate technology
Rh TYPE	Positive			Microplate technology

  
Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
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Page 3 of 16  
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Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:16PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 04:00PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**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	90	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)	110	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

*K. Anusha*

Dr.K.Anusha

M.B.B.S.,M.D(Biochemistry)

Consultant Biochemist

SIN No:EDT240020310

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



Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:16PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 04:00PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

**DEPARTMENT OF BIOCHEMISTRY**

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

**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)

*K. Anusha*  
Dr.K.Anusha  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist

SIN No:EDT240020310

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DEPARTMENT OF BIOCHEMISTRY

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

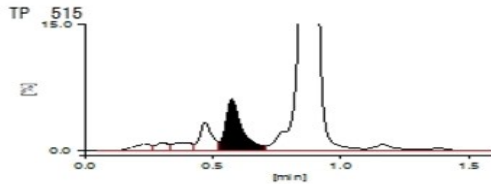
Chromatogram Report

HLC72368 V5.28 1 2024-02-22 14:30:19  
 ID EDT240020310  
 Sample No. 02220103 SL 0007 - 01  
 Patient ID  
 Name  
 Comment

CALIB			
Name	%	Time	Area
A1A	0.7	0.23	5.65
A1B	0.6	0.30	4.84
F	0.9	0.37	7.51
LA1C+	2.0	0.47	17.09
SA1C	6.1	0.57	41.39
AO	92.0	0.87	794.83
H-V0			
H-V1			
H-V2			

Total Area 871.31

**HbA1c 6.1 %** **IFCC 43 mmol/mol**  
 HbA1 7.3 % HbF 0.9 %

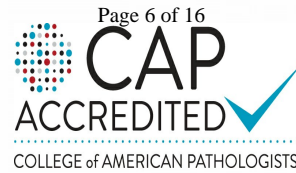


*K. Anusha*

Dr.K.Anusha  
 M.B.B.S.,M.D(Biochemistry)  
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**DEPARTMENT OF BIOCHEMISTRY**

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

*K. Anusha*

Dr.K.Anusha  
M.B.B.S.,M.D(Biochemistry)  
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Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:31PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 02:57PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	132	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>38</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	74.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.47		0-4.97	Calculated

**Comment:**

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

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

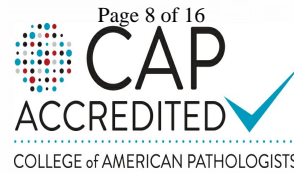
- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL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

*Maruthi*

Dr.E.Maruthi Prasad  
PhD (Biochemistry)  
Consultant biochemist

*K. Anusha*

Dr.K.Anusha  
M.B.B.S,M.D(Biochemistry)  
Consultant Biochemist





Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:31PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 02:57PM
Visit ID : CASROPV221097	Status : Final Report
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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	50.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	3.94	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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:**

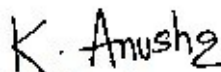
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:31PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 02:57PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.77	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.96	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.99	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.75	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)

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**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.00	U/L	<38	IFCC

*K. Anusha*

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SIN No:SE04637511

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Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 22/Feb/2024 01:32PM
UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 02:54PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

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)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.45	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.043	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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SIN No:SPL24030052

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

Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
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UHID/MR No : CASR.0000185945	Reported : 22/Feb/2024 02:54PM
Visit ID : CASROPV221097	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

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SIN No:SPL24030052

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




Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 24/Feb/2024 03:56PM
UHID/MR No : CASR.0000185945	Reported : 24/Feb/2024 05:42PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

**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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	10-12	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	4-5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
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SIN No:UR2288437


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Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 24/Feb/2024 11:54AM
Age/Gender : 38 Y 6 M 2 D/F	Received : 24/Feb/2024 03:57PM
UHID/MR No : CASR.0000185945	Reported : 24/Feb/2024 06:23PM
Visit ID : CASROPV221097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366624	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URINE GLUCOSE(POST PRANDIAL)</b>	NEGATIVE		NEGATIVE	Dipstick

  
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Patient Name : Mrs.SRAVANTHI JILLELA	Collected : 22/Feb/2024 10:14AM
Age/Gender : 38 Y 6 M 0 D/F	Received : 24/Feb/2024 03:56PM
UHID/MR No : CASR.0000185945	Reported : 24/Feb/2024 05:42PM
Visit ID : CASROPV221097	Status : Final Report
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



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