

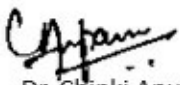
Patient Name : MissASHA L	Collected : 23/Mar/2024 09:54AM
Age/Gender : 55 Y 6 M 0 D/F	Received : 23/Mar/2024 04:32PM
UHID/MR No : CBAS.0000092143	Reported : 23/Mar/2024 05:55PM
Visit ID : CBASOPV101430	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4431	

DEPARTMENT OF HAEMATOLOGY

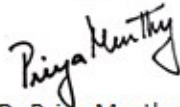
ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80.7	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,450	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	44.9	%	40-80	Electrical Impedence
LYMPHOCYTES	47.8	%	20-40	Electrical Impedence
EOSINOPHILS	1.3	%	1-6	Electrical Impedence
MONOCYTES	5.6	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2447.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2605.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	70.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	305.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.94		0.78- 3.53	Calculated
PLATELET COUNT	287000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	33	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 17



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SIN No:BED240079797

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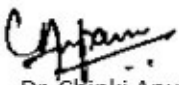
RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

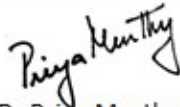
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	111	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)	119	mg/dL	70-140	HEXOKINASE


Comment:

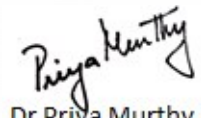
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

Page 4 of 17

  
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SIN No:EDT240036618

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**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

HBA1C, GLYCATED HEMOGLOBIN	<b>6.5</b>	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	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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 Consultant Biochemist

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	242	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	68	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	155.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
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SIN No:SE04672921

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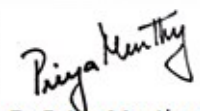
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
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Patient Name : MissASHA L	Collected : 23/Mar/2024 09:54AM
Age/Gender : 55 Y 6 M 0 D/F	Received : 23/Mar/2024 06:05PM
UHID/MR No : CBAS.0000092143	Reported : 23/Mar/2024 08:58PM
Visit ID : CBASOPV101430	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4431	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>125.00</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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.

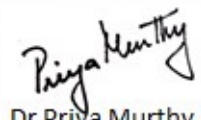
**2. Cholestatic Pattern:**

- 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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 Consultant Biochemist

  
**Dr Priya Murthy**  
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SIN No:SE04672921

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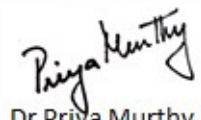
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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	0.67	mg/dL	0.51-0.95	Jaffe's, Method
UREA	32.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	15.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.36	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.47	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
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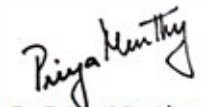
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	125.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC

  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.76	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.450	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

  
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SIN No: SPL24053539

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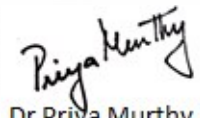
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### DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	6.6	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

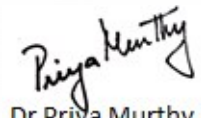
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
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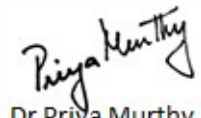
<b>VITAMIN B12 , SERUM</b>	230	pg/mL	187 - 883	CMIA
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**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

  
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Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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

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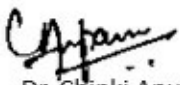


Patient Name : MissASHA L	Collected : 23/Mar/2024 09:53AM
Age/Gender : 55 Y 6 M 0 D/F	Received : 23/Mar/2024 07:56PM
UHID/MR No : CBAS.0000092143	Reported : 23/Mar/2024 09:19PM
Visit ID : CBASOPV101430	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4431	

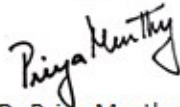
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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	DOUBLE INDICATOR
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	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	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	8-10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2314147

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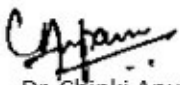
Patient Name : MissASHA L	Collected : 23/Mar/2024 09:53AM
Age/Gender : 55 Y 6 M 0 D/F	Received : 23/Mar/2024 07:56PM
UHID/MR No : CBAS.0000092143	Reported : 23/Mar/2024 09:50PM
Visit ID : CBASOPV101430	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4431	

**DEPARTMENT OF CLINICAL PATHOLOGY**

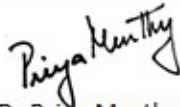
**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

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



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



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



SIN No:UF011347

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

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Patient Name : MissASHA L	Collected : 23/Mar/2024 01:37PM
Age/Gender : 55 Y 6 M 0 D/F	Received : 24/Mar/2024 02:55PM
UHID/MR No : CBAS.0000092143	Reported : 27/Mar/2024 04:58PM
Visit ID : CBASOPV101430	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4431	

**DEPARTMENT OF CYTOLOGY**

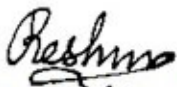
**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	7168/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	<b>SPECIMEN ADEQUACY</b>	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	<b>SPECIMEN NATURE/SOURCE</b>	CERVICAL SMEAR
<b>c</b>	<b>ENDOCERVICAL-TRANSFORMATION ZONE</b>	ABSENT
<b>d</b>	<b>COMMENTS</b>	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	<b>SQUAMOUS CELL ABNORMALITIES</b>	NOT SEEN
	<b>GLANDULAR CELL ABNORMALITIES</b>	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>c</b>	<b>NON NEOPLASTIC FINDINGS</b>	INFLAMMATORY SMEAR
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



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

SIN No:CS077385

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

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Page 17 of 17  
**CAP**  
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Customer Pending Tests  
ENT, fitness by  
gp pending

<b>Name</b> : Miss ASHA L  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 55 Y  <b>Sex</b> : F	<b>UHID</b> :CBAS.0000092143  <b>OP Number</b> :CBASOPV101430 <b>Bill No</b> :CBAS-OCR-61514 <b>Date</b> : 23.03.2024 09:26
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRNFERASE (GGT)</del>	
<del>2</del>	<del>D ECHO</del> <span style="float:right">5</span>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>GYNAECOLOGY CONSULTATION</del> ✓	
<del>7</del>	<del>DIET CONSULTATION</del>	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>9</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<del>11</del>	<del>ECG</del> <span style="float:right">3</span>	
<del>12</del>	<del>LBC PAP TEST- PAPSURE</del> ✓	
<del>13</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>14</del>	<del>DENTAL CONSULTATION</del>	
<del>15</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>16</del>	<del>VITAMIN D - 25 HYDROXY (D2+D3)</del>	
<del>17</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>18</del>	<del>SONO MAMOGRAPHY - SCREENING</del>	
<del>19</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>20</del>	<del>ALKALINE PHOSPHATASE - SERUM/PLASMA</del>	
<del>21</del>	<del>X-RAY CHEST PA</del> <span style="float:right">4</span>	
<del>22</del>	<del>ENT CONSULTATION</del>	
<del>23</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>24</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>25</del>	<del>VITAMIN-B12</del>	
<del>26</del>	<del>LIPID PROFILE</del>	
<del>27</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>28</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>29</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del> <span style="float:right">5</span>	
<del>30</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

30. Dental - 10  
 30. Physio - 5

HT - 152  
 wt - 67.4  
 BP - 120/74  
 PR - 75  
 wcl - 92  
 H-R - 102

Date: IST: 2024-03-23 13:34:53

Personal Details

UHID: 01P3FGAT6TT11PD  
PatientID: 92143  
Name: ASHA L  
Age: 55  
Gender: Female  
Mobile: 55555655555555

Pre-Existing Medical- Symptoms

Vitals

Measurements  
HR: 74 BPM  
PR: 157 ms  
PD: 120 ms  
QRSD: 78 ms  
QRS Axis: 30 deg  
QT/QTc: 404/404 ms

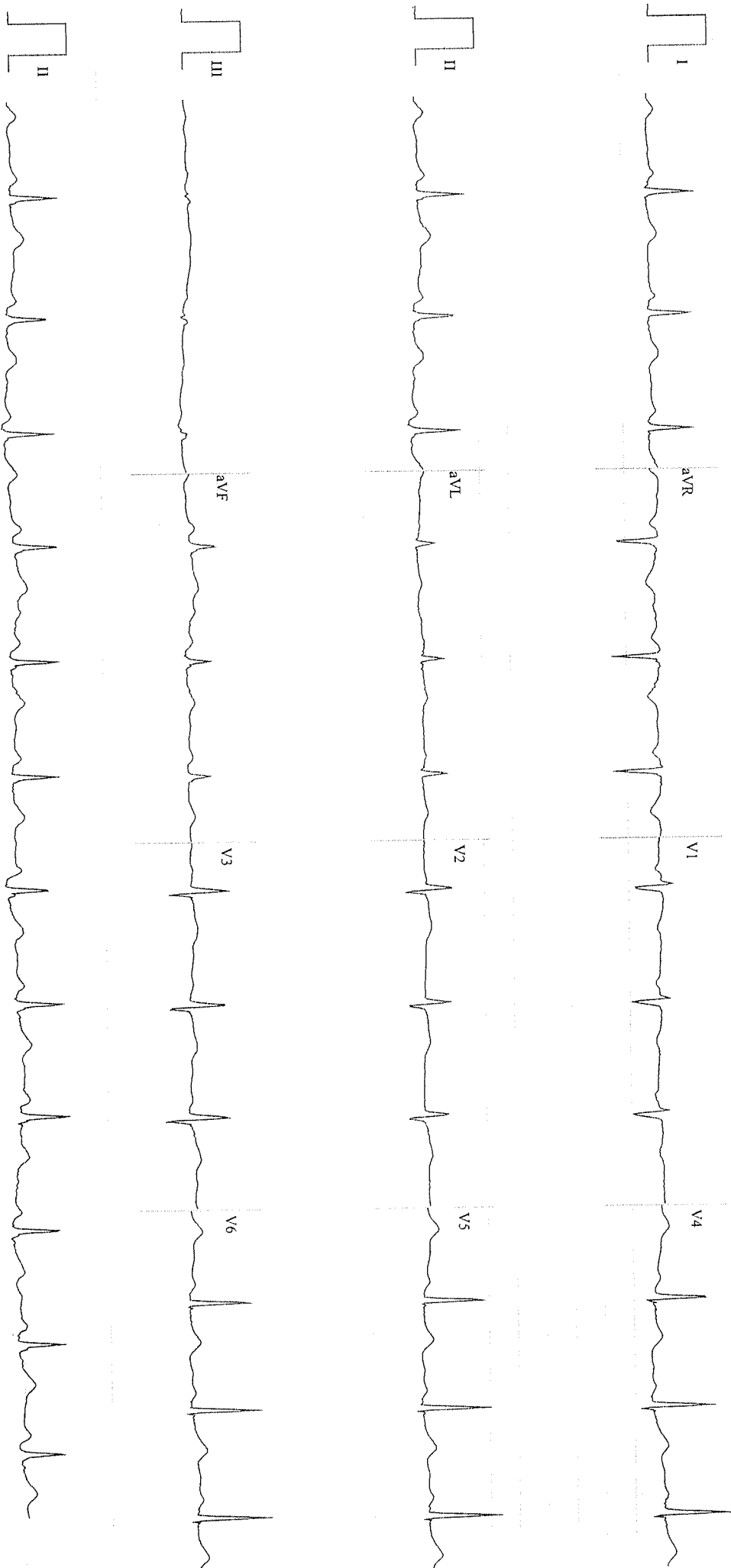
Report ID: AHLPP\_01P3FGAT6TT11PD\_V6TT11Q5

Interpretation

Sinus Rhythm Regular  
Normal Axis

Authorized by

Dr. Yogesh Kohli  
M.D.DNB, FESC, FEP  
Reg. No- KMC 44055



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This analysis is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other diagnostic tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.



**ECHOCARDIOGRAPHY REPORT**

**Name: MRS ASHA L**

**Age: 55 YEARS**

**GENDER: FEMALE**

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

**Date : 23/03/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

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

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

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

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	1.06	m/sec	A	0.80	m/sec	TRIVIAL MR
Tricuspid Valve	E	0.34	m/sec	A	0.48	m/sec	TRIVIAL TR
Aortic Valve	Vmax	1.33	m/sec				No AR
Pulmonary Valve	Vmax	1.10	m/sec				No PR
Diastolic Dysfunction							

**M-Mode Measurements**

<b>Parameter</b>	<b>Observed Value</b>	<b>Normal Range</b>	
Aorta	2.5	2.6-3.6	cm
left Atrium	3.3	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	1.0	0.9-1.1	cm
left Ventricle-Diastole	3.9	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.3	1.3-1.5	cm
left Ventricle-Systole	2.3	2.1-4.0	cm
Posterior wall-Systole	1.2	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.3	2.0-3.3	cm

**Impression -**

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

**DR. VISHAL KUMAR H.**

**CLINICAL CARDIOLOGIST**

**PAP SMEAR CONSENT FORM**

PATIENT NAME:

*Asha*

AGE:

*55*

GENDER:

*F*

DATE:

*23/3/24.*

**MENSTRUAL AND REPRODUCTIVE HISTORY**

AGE OF MENARCHE

: *11*

AGE OF MENOPAUSAL IF APPLICABLE

: *51*

MENSTRUAL REGULARITY

: **REGULAR/IRREGULAR**

FIRST DAY OF LAST MENSTRUATION PERIOD:

*3yr back.*

AGE AT MARRIAGE

: *25*

YEAR'S OF MARRIED LIFE

: *30*

CONTRACEPTION

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

HORMONAL TREATMENT

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

GRAVIDA (NO OF TIME'S CONCEIVED)

:

PARA(NO OF CHILDBIRTH)

:

LIVE(NO OF LIVING CHILDREN)

:

ABORTIONS

:

MISCARRIAGES/ABORTION

:

AGE OF FIRST CHILD

:

AGE OF LAST CHILD

:

PREVIOUS PAP SMEAR REPORT

:

*P2 L2 A3*  
*A3*  
*254 0<sup>+</sup>*  
*224 0<sup>+</sup>*  
*USCS*  
*tabeeta*

**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

*[Signature]*

SIGNATURE OF THE DOCTOR



Mr. Asha, 55y

23/3/24

Fully H/O → Both parents  
HTW / DM II

HT, 5.1  
WT, 67y

Alert → 160-4 High zimu low  
get chd.

\* After dinner → 45-50mg/y  
walk

\* Dinner, 7pm → No chd / m  
Fiji bullet / meller  
3mlts - 6y  
2mlts - 61-62y

\* Water → 4y sub  
①  
3mlts - 6-8y  
↓  
60-59y

Flux. sub, 4y / day  
any / year

miller /  
and / 300-350ml/y

by + insulin  
D. K. ...  
9449349333

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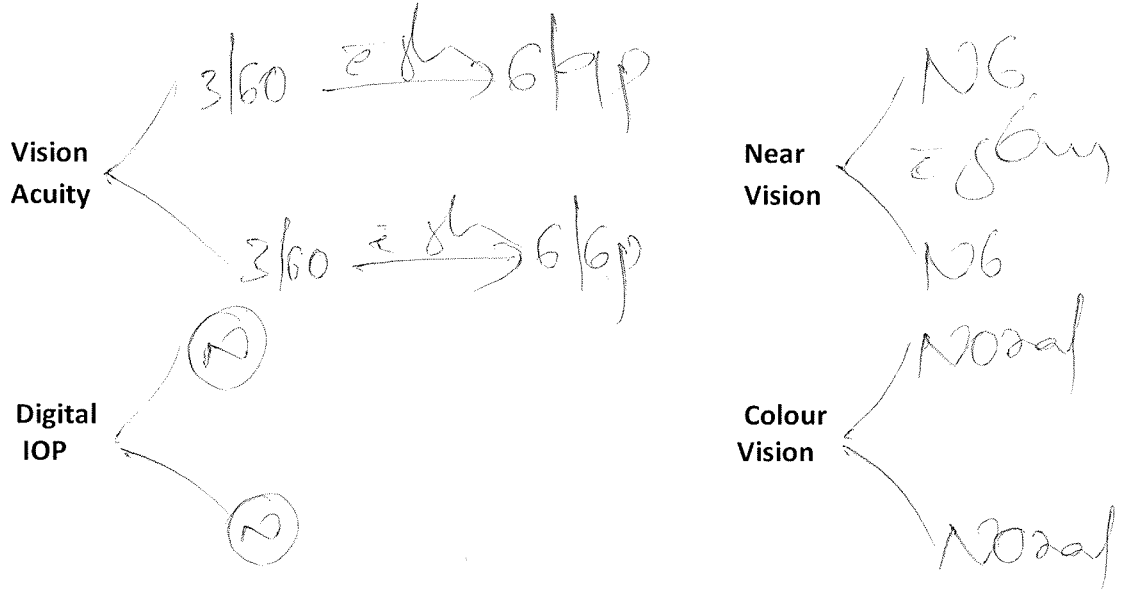
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

MS. Asha. L. SS/R 92143 23/3/24

**EYE CHECK UP REPORT**



• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

} Need retina evaluation

RR Hi-Myopic Presbyopia, partially corrected by glasses. Adv for dilated retinal exam & retina opinion

CHS

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - BANGALORE SOUTH  
Chandrakiran, 10-A, Kasturba Road, P.B.  
No. 5179, Bangalore, Karnataka, ,  
Bangalore- 80

To,

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

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 50-60 Female**

Shri/Smt./Kum. ASHA L.,

P.F. No. 768925 Designation : Single Window Operator-A

Checkup for Financial Year 2023-2024 **Approved Charges Rs. 5000.00**

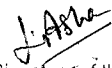
The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

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


Thanking you,

Yours Faithfully,

कृते युनियन बैंक ऑफ इंडिया For UNION BANK OF INDIA

  
(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

  
Senior Manager  
श्रीनगर शाखा, बेंगलूर - 560 050  
Srinagar Branch, Bangalore - 560 050

PS. : Status of the application- **Sanctioned**

[View Worklist](#)

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter







ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India  
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 4050/00230/07782

To

ಆಶಾ ಎಲ್

Asha L

W/O B C Jayaram,

#80/1, 5th Cross,

Opp Ponarama Point, S B M Colony, B S K 1st Stage,

VTC: Bangalore South,

PO: Banashankari,

District: Bangalore,

State: Karnataka,

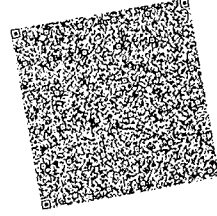
PIN Code: 560050,

Mobile: 9972085679

84461008



MC844610081FL



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :  
**4224 4242 6625**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



Issue Date : 05/12/2011



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Asha L

ಜನ್ಮ ದಿನಾಂಕ / DOB : 24/01/1969

ಸ್ತ್ರೀ / Female

**4224 4242 6625**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

<b>Patient Name</b>	: Miss ASHA L	<b>Age/Gender</b>	: 55 Y/F
<b>UHID/MR No.</b>	: CBAS.0000092143	<b>OP Visit No</b>	: CBASOPV101430
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 20:15
<b>LRN#</b>	: RAD2278600	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4431		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**IMPRESSION**

**No significant abnormality is seen in this study.**

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



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

<b>Patient Name</b>	: Miss ASHA L	<b>Age/Gender</b>	: 55 Y/F
<b>UHID/MR No.</b>	: CBAS.0000092143	<b>OP Visit No</b>	: CBASOPV101430
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 20:00
<b>LRN#</b>	: RAD2278600	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4431		

**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 PRANAV VENKATESH**  
**MBBS,MD**  
Radiology

<b>Patient Name</b> : Miss ASHA L	<b>Age/Gender</b> : 55 Y/F
<b>UHID/MR No.</b> : CBAS.0000092143	<b>OP Visit No</b> : CBASOPV101430
<b>Sample Collected on</b> :	<b>Reported on</b> : 23-03-2024 17:16
<b>LRN#</b> : RAD2278600	<b>Specimen</b> :
<b>Ref Doctor</b> : SELF	
<b>Emp/Auth/TPA ID</b> : UBOIE4431	

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver:** appears normal in size (15.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

**Right kidney** appear normal in size 9.4x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 10.0x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

**Uterus** appears normal in size with anteverted position and measuring 5.9x2.9x3.4 cm. Posterior wall seedling fibroid measuring 1.2x0.9 cm. echo-complex appears normal and measures 0.6 cm.

**Both ovaries** No adnexal mass/collection. No evidence of any adnexal pathology noted.

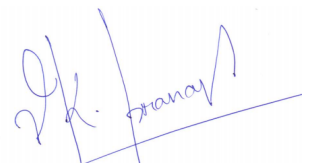
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

**IMPRESSION:-**

**GRADE I FATTY LIVER.  
SEEDLING FIBROID IN UTERUS**

**Suggested clinical correlation.**

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



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





**Patient Name** : Miss ASHA L

**Age/Gender** : 55 Y/F

Radiology