

आयकर विभाग  
INCOME TAX DEPARTMENT  
MANI JAISWAL

PURSHOTTAM NARAYAN

04/08/1985

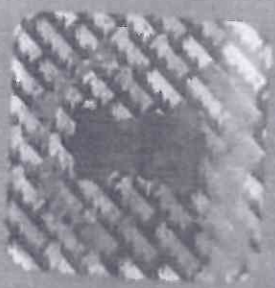
Permanent Account Number  
ASIPJ2760J

*Mani*

Signature



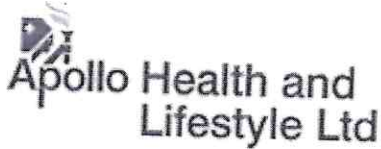
भारत सरकार  
GOVT. OF INDIA



24112011

## FO Cradle

**From:** noreply@apolloclinics.info  
**Sent:** 21 March 2024 18:32  
**To:** sonu11105@gmail.com  
**Cc:** fo.indira@apollocradle.com  
**Subject:** Your appointment is confirmed



**Dear Mani Jaiswal,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo Cradle & Children's Hospital Indirapuram clinic** on **2024-03-23 at 08:00-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]</b>

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

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

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

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

**MER- MEDICAL EXAMINATION REPORT**

Date of Examination	23/3/24		
NAME:	Mrs - Mani Jaywal		
UHID:	14311		
AGE/ Gender	38 Y F	BMI :	29 kg/m <sup>2</sup>
HEIGHT(cm)	155 CM	WEIGHT (kg)	69.7 Kg
TEMP:	97.8° F	PULSE:	76 b/m
B.P:	120/80	RESP:	20 b/m
ECG:	<u>Normal</u>		
X Ray:			
Vision Checkup	<u>Attending</u>		
Present Ailments	<u>no</u>		
Details of Past ailments (If Any)	<u>no</u>		
Comments / Advice : She /He is Physically Fit	<u>fit</u>		
Pathology Finding	<u>non significant</u>		
<p>Dr. SHAILENDRA KUMAR. (Physician)            Dr. SHAILENDRA KUMAR. M.B.B.S.            Regd. No. DMC-12232            Apollo Cradle and Children's Hospital            NH-1, Shakti Khand-2, Indrapuram,            Ghaziabad, Uttar Pradesh-201014</p>			

Signature with Stamp of Medical Examiner

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh – 201014.  
 Ph No: +91 88106 85179, 1860 500 4424

**Apollo Specialty Hospitals Private Limited**

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7<sup>th</sup> Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.  
 Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com



## APOLLO CRADLE- INDRAPURAM

### DIET CHART

NAME: *Mam*

DATE: *26/8*

AGE:

UHID: *Include ginger*

#### DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 – 4

small snacks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

#### FOOD TO BE AVOIDED

*Avoid*

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pickles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.

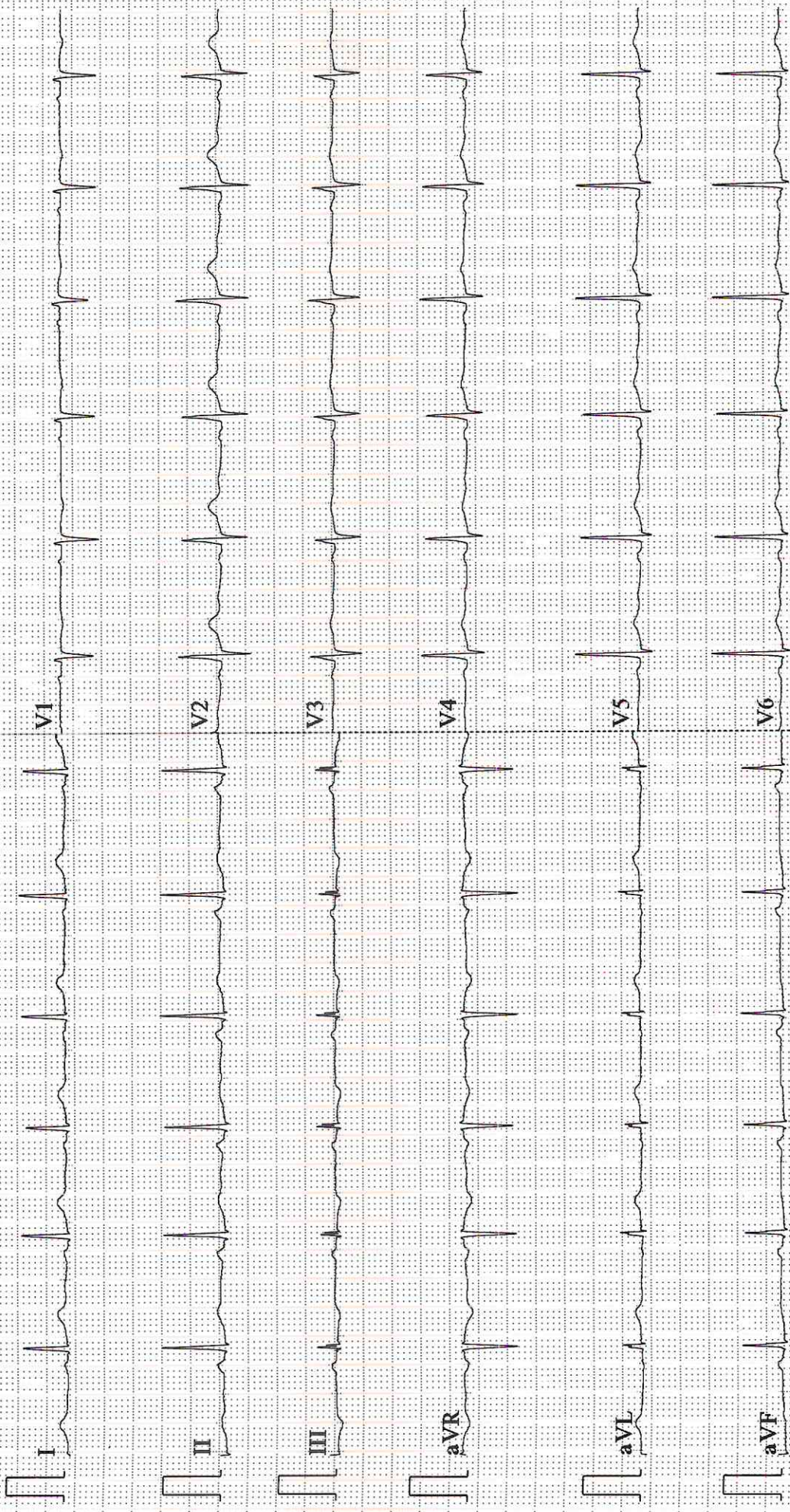


*Mami Jaiswal*  
Male  
Years 38y  
Req. No. :

HR : 75 bpm  
 P : 93 ms  
 PR : 142 ms  
 QRS : 73 ms  
 QT/QTcBz : 364/407 ms  
 P/QRS/T : 66/41/0 °  
 RV5/SV1 : 1.07/10.580 mV

Diagnosis Information:  
 Sinus Rhythm  
 T Wave Abnormality(II,III,aVF,V6)

Report Confirmed by:





**Vision (To be checked by eye specialist):**

General Eye examination: Ms. Mani Jaiswal;

UHID RIND. 14311

		Rt	Lt	Colour Vision (Pls ✓ Mark Applicable)	
Visual Acuity	Distance	6/6	6/9	Normal Colour vision	<input checked="" type="checkbox"/>
	Near	10.6	10.6	Total colour deficiency	<input type="checkbox"/>
Corrected Vision	Distance	6/6	6/6	Partial Colour Deficiency	<input type="checkbox"/>
	Near	10.6	10.6		
Power of lens.	Spherical	1	0.50	If partial - pl. mention	
	Cylindrical	0.50	1		
	Axis	30'	1		

	Yes	No
Squint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nystagmus Night	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other eye disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes pl. give details \_\_\_\_\_

**NAMRATA MAHESHWARI**  
D.Orthopt, B.Opt, C.C.L.P., F.C.L.I.  
Consultant Optometrist  
Contact Lens & Pediatric Specialist



Signature of Ophthalmologist

## Apollo Cradle CONSENT FORM

Patient Name: MANI JAISWAL Age: F 38  
UHID Number: RIND 0000014311 Company Name: UBI

I ~~Mr/Mrs/Ms~~ Shri Niwas Jaiswal Employee of Union Bank of India  
(Company) Want to inform you that I am not interested in getting URINE, CBC, - Pending

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Mow  
Patient Signature: 

Date: 23-03-24

Customer Pending Tests

Kindly Note:LBC PAP TEST- PAPSURE AND URINE ROUTINE TEST PENDING



<b>Patient Name</b>	: Mrs. Mani Jaiswal	<b>Age/Gender</b>	: 38 Y/F
<b>UHID/MR No.</b>	: RIND.0000014311	<b>OP Visit No</b>	: RINDOPV9117
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-03-2024 12:50
<b>LRN#</b>	: RAD2279219	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: APT ID 407275		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Liver is mildly enlarged in size (16.9cm) and the parenchymal echotexture shows grade-2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

**GALL BLADDER** : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

**PANCREAS** : Pancreas is normal in size and echopattern.

**SPLEEN** : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

**KIDNEYS** : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

**URINARY BLADDER** : Urinary bladder is normal in wall thickness with clear contents. No obvious

**UTERUS** : The uterus is normal in size and echotexture. The myometrial echogenicity appears uniform. Endometrium is central and of normal thickness.

**OVARIES** : Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac.

**IMPRESSION:** Mild hepatomegaly with grade 2 Fatty infiltration of the liver.

SUGGEST CLINICAL CORRELATION

**Patient Name** : Mrs. Mani Jaiswal

**Age/Gender**

: 38 Y/F

(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. SANGEETA AGGARWAL**  
MBBS, MD  
Radiology



Patient Name : Mrs.MANI JAISWAL  
Age/Gender : 38 Y 7 M 19 D/F  
UHID/MR No : RIND.0000014311  
Visit ID : RINDOPV9117  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : APT ID 407275

Collected : 23/Mar/2024 10:42AM  
Received : 23/Mar/2024 04:38PM  
Reported : 23/Mar/2024 06:03PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN



**Dr.Kritika Jain**  
**M.B.B.S,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:BED240080256

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

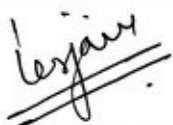


Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 04:38PM
UHID/MR No : RIND.0000014311	Reported : 23/Mar/2024 06:03PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.3	g/dL	12-15	Spectrophotometer
PCV	<b>34.80</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.95	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	<b>35.5</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,800	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedence
LYMPHOCYTES	38	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2736	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1824	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	48	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>192</b>	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	203000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	13	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



Dr.Kritika Jain  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist





Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 04:38PM
UHID/MR No : RIND.0000014311	Reported : 24/Mar/2024 01:33PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**

SIN No: BED240080256

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 07:33PM
UHID/MR No : RIND.0000014311	Reported : 23/Mar/2024 09:38PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD

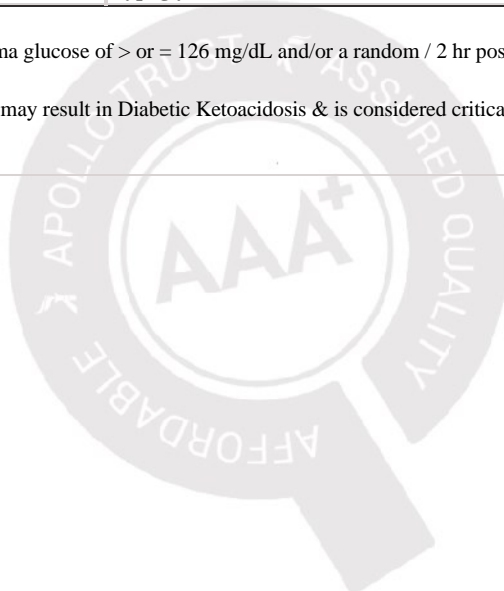
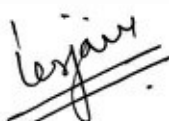
**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  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.

**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**

SIN No: PLF02132183

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

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Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 03:40PM
UHID/MR No : RIND.0000014311	Reported : 23/Mar/2024 05:34PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: EDT240036881



Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 03:06PM
UHID/MR No : RIND.0000014311	Reported : 23/Mar/2024 06:16PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	60	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.44	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		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:**

- 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

Page 6 of 12



Dr. Kritika Jain  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:SE04673389

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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**DEPARTMENT OF BIOCHEMISTRY**

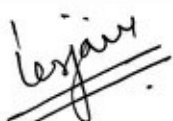
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

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).

**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**

SIN No: SE04673389

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Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.46	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.3	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.5	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	88.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.46	g/dL	6.3-8.2	Biuret
ALBUMIN	4.17	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		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.



Dr.Kritika Jain  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

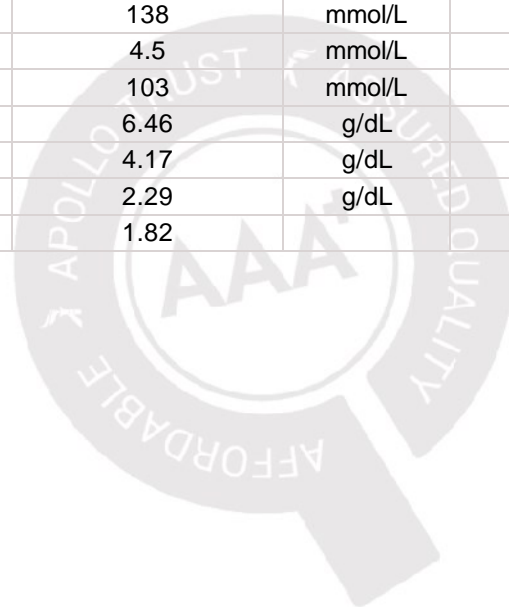
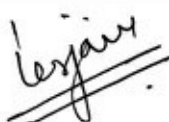


Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 03:06PM
UHID/MR No : RIND.0000014311	Reported : 23/Mar/2024 07:13PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.94	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	<b>14.10</b>	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>6.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.21	mg/dL	2.6-6	Uricase
CALCIUM	<b>10.49</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.31	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.46	g/dL	6.3-8.2	Biuret
ALBUMIN	4.17	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.29	g/dL	2.0-3.5	Calculated
A/G RATIO	1.82		0.9-2.0	Calculated

**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**



SIN No: SE04673389

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 03:06PM
UHID/MR No : RIND.0000014311	Reported : 23/Mar/2024 06:16PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>11.31</b>	U/L	12-43	Glycylglycine Nitoranalide




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Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 03:34PM
UHID/MR No : RIND.0000014311	Reported : 23/Mar/2024 05:27PM
Visit ID : RINDOPV9117	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 407275	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>14.99</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.430	µIU/mL	0.34-5.60	CLIA

Comment:

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

- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

Result/s to Follow:

Page 11 of 12



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SIN No: SPL24053914



Patient Name : Mrs.MANI JAISWAL	Collected : 23/Mar/2024 10:42AM
Age/Gender : 38 Y 7 M 19 D/F	Received : 23/Mar/2024 03:34PM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

LBC PAP TEST (PAPSURE), COMPLETE URINE EXAMINATION (CUE)



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