

Plan

Name : Mrs. Amrita Saluja

Age: 32 Y

UHID:CINR.0000163200

Address: Bangalore

Sex: F

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

OP Number: CINROPV219878 Bill No :CINR-OCR-94225

Date : 24.02.2024 08:47

no	Sorius Type (Samita N	ate : 24.02.2024 08:47
1	Serive Type/ServiceName	Department
	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FI	EMALE - 2D ECHO - PAN INDIA - FY2324
1	TRANFERASE (GGT)	
	2 D ECHO = (9) Time 91.15 AM	
	LIVER FUNCTION TEST (LFT)	
	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
	GYNAECOLOGY CONSULTATION	
	DIET CONSULTATION	
- 8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
	PERIPHERAL SMEAR	
	ec - 0	
	LBC PAP TEST- PAPSURE	
13 I	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
[4H	DENTAL CONSULTATION	
15 0	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16 (	JRINE GLUCOSE(FASTING)	
17 F	IbA+c, GLYCATED HEMOGLOBIN	
18 X	RAY CHEST PA	
19 E	NT CONSULTATION	
20 F	ITNESS BY GENERAL PHYSICIAN	
	LOOD GROUP ABO AND RH FACTOR	
	IPID PROFILE	
23 B	ODY MASS INDEX (BMI)	
	PTHAL BY GENERAL PHYSICIAN	
	LTRASOUND - WHOLE ABDOMEN	
	HYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
	Myraman Breast Screening - 15	

Date HOSPITALS: 24-02-2024

MR NO

CINR.0000163200

Department

**GENERAL** 

Expertise. Closer to you.

Doctor

Name

Mrs. Amrita Saluja

Registration No

Age/ Gender

32 Y / Female

Qualification

Consultation Timing: 08:46

Weight: Temp: BMI: Waist Circum: Pulse: Resp: General Examination / Allergies

History

Keh 24/m/4

Md bym, Rhycher carp
How has PE iels 15-16

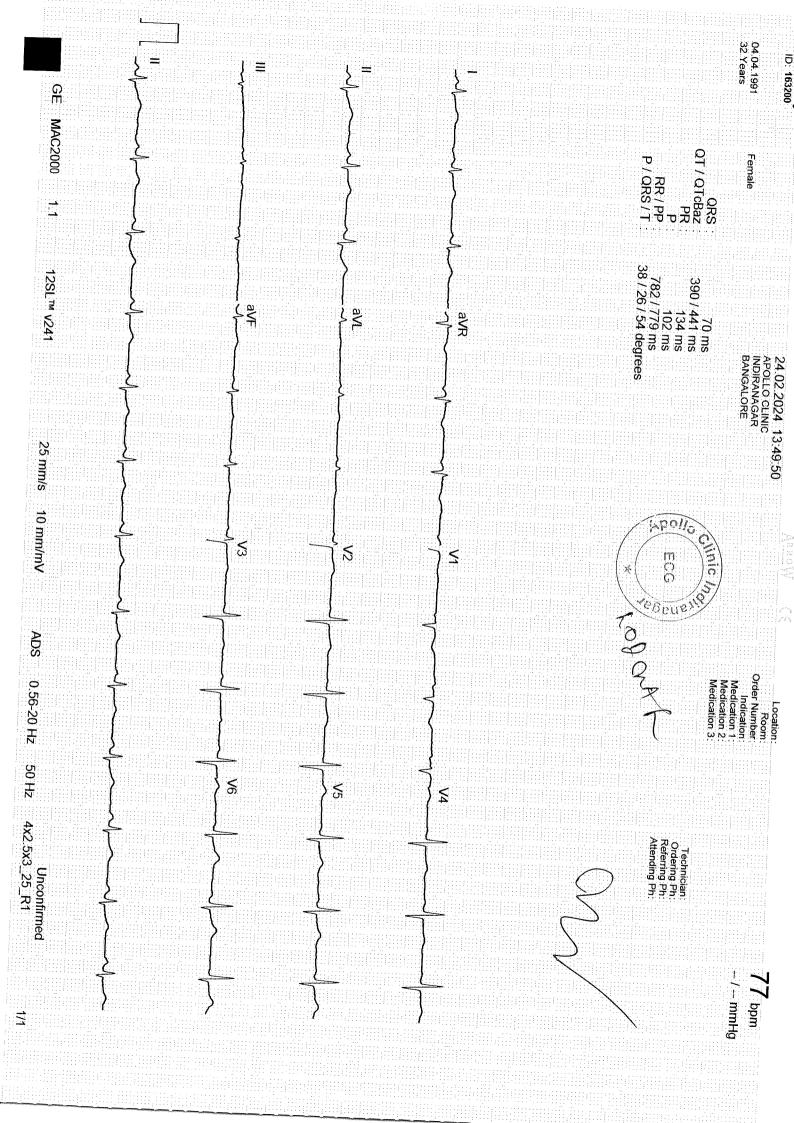
Adv has PA Soft

Horama Pap due PS 
Cx heaethy (y

Follow up date:

**Doctor Signature** 

: WWW anollock







NAME: MRS AMRITA S	AGE/SEX: 32Y/F	OP NUMBER: 163200
Ref By: SELF	DATE: 24-02-2024	
	Annual Control of the	

# M mode and doppler measurements:

CM	СМ	M/sec	
AO: 2.2	IVS(D): 0.7	MV: E Vel: 0.6	A Vel : 0.5
LA: 2.4	LVIDD(D): 3.8	AV Peak: 1.0	
	LVPW(D): 0.7	PV peak: 0.6	
	IVS(S): 1.1		
•	LVID(S): 2.7		
	LVEF: 60%		
And the second s	LVPW(S): 1.1		
escriptive findin	<b>TC</b> •	and the same of th	

## Descriptive findings:

Left Ventricle	The same of the sa	
The solution of the solution o	Normal	and the same descriptions are a supplemental to the same of the sa
Right Ventricle:	Normal	
Left Atrium:	Normal	·
Right Atrium:	Normal	I beauty and the second second
Mitral Valve:	Normal	f
Aortic Valve:	Normal	· · · · · - · · · · · · · · · · · · · ·
ricuspid Valve:	Normal Normal	PARAMETER AND A STATE OF THE ST
ıs:	Normal	
<b>'S:</b>	Normal	
ericardium: Health and Lifestyle Limited	Normal	
5110TG2000PLC115819) fice: 1-10-60/62 Ashoka Paghupathi Chambara 5th 5th 5	1	

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com





The state of the s	Normal
IVC:	Normal
Others	

## **IMPRESSION:**

Normal cardiac chamber and valves

No Regional wall motion abnormality

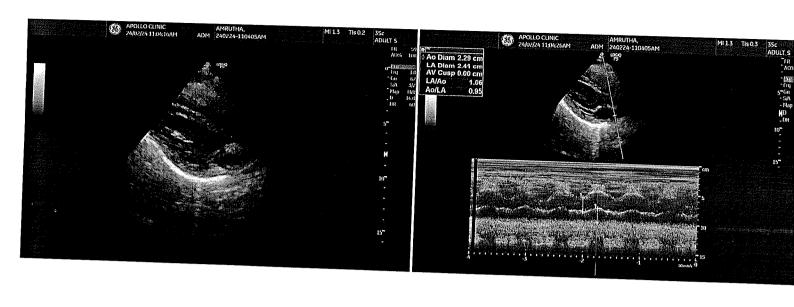
**Normal PA Pressure** 

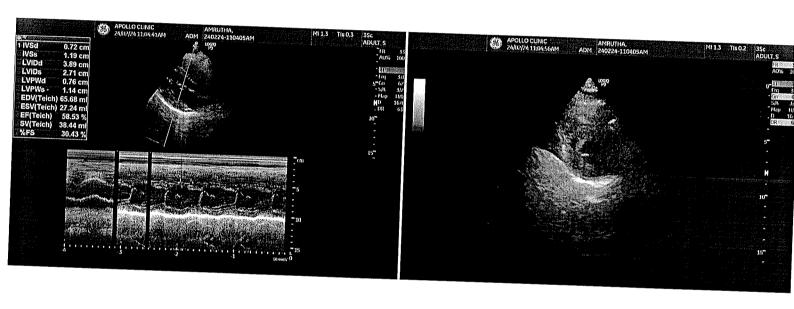
No clot/vegetation/pericardial effusion

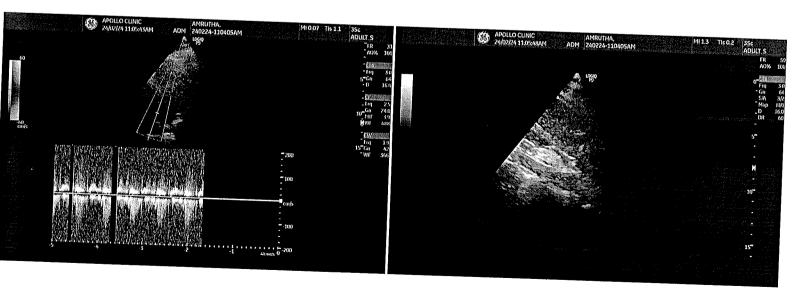
Normal LV systolic function - LVEF= 60%

DR JAGADEESH'H V MD,DM

**CONSULTANT CARDIOLOGIST** 







## **OPTHAL PRESCRIPTION**

PATIENT NAME: A muita.

DATE: W/s/m

UHID NO: 163200 -

OPTOMETRIST NAME: Ms.Swathi

GENDER: 7

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE			LEFT EYE				
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance				Dl-2m				~/
Add								flood

PD - RE: 3/-LE: 3/-

Colour Vision: non abnorment.

Remarks:

Apollo clinic Indiranagar

## Fwd: Health Check up Booking Confirmed Request(bobE10400), Package Code-PKG10000377, Beneficiary Code-247961

amri.saluja782@gmail.com <amri.saluja782@gmail.com>

Fri 23-02-2024 15:39

To:Service Branch, Bangalore, Karnataka < SERBAN@bankofbaroda.com>

यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर र्1 N: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK

Sent from my iPhone

Begin forwarded message:

From: Mediwheel <wellness@mediwheel.in> Date: 21 February 2024 at 4:10:47 PM IST

To: amri.saluja782@gmail.com **Cc:** customercare@mediwheel.in

Subject: Health Check up Booking Confirmed Request(bobE10400), Package Code-

PKG10000377, Beneficiary Code-247961

011-41195959

#### Dear Amrita saluja,

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

**Booking Date** 

: 20-02-2024

**Hospital Package** 

Name

: Mediwheel Full Body Health Annual Plus Check

**Patient Package** 

Name

: Mediwheel Full Body Health Checkup Female Below 40

Name of

Diagnostic/Hospital

: Apollo Clinic

Address of

2012,1st floor, Above vision express, Next to Starbucks, 100

Diagnostic/Hospital- feet road, HAL 2nd stage, Indiranagar - 560038

City

: Bangalore

State

Pincode

: 560038

**Appointment Date**: 24-02-2024

Confirmation Status: Booking Confirmed

**Preferred Time** 

: 8:00am

**Booking Status** 

: Booking Confirmed

Member Information						
Booked Member Name	Age	Gender				
mrs. saluja amrita	32 year	Female				

Note - Please note to not pay any amount.

#### Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records
- 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
- 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 information. This email is recieved because you are register with us Click here to unsubscribe.

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





Patient Name : Mrs. Amrita Saluja Age/Gender : 32 Y/F

UHID/MR No.

: CINR.0000163200

OP Visit No

: CINROPV219878

Sample Collected on

: RAD2246559

Reported on Specimen

: 24-02-2024 19:58

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

: SELF : 9691285084

.

#### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

## **CONCLUSION:**

No obvious abnormality seen

Dr. DHANALAKSHMI B MBBS, DMRD

Radiology



Patient Name : Mrs. Amrita Saluja Age/Gender : 32 Y/F

 UHID/MR No.
 : CINR.0000163200
 OP Visit No
 : CINROPV219878

 Sample Collected on
 : 24-02-2024 17:50

Ref Doctor : SELF

**Emp/Auth/TPA ID** : 9691285084

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Appears normal in size, shape and echopattern **minimally increased**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS:Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measuring 9.5x3.3 cm.

Left kidney measuring 10.8x4.9 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7 mm.

#### **OVARIES**:

Right ovary measures 4.2x2.2x3.4cm(volume 16cc). Left ovary measures 4.7x2.2x3.0cm(volume 16cc).

No free fluid is seen.

#### IMPRESSION:

- 1. MINIMAL FATTY LIVER.
- 2. MULTIPLE SMALL CYSTS SEEN IN PERIPHERY OF BOTH OVARY MEASURING 4x4mm(PCOD).

Dr. RAMESH G
MBBS DMRD
RADIOLOGY







Patient Name : Mrs.AMRITA SALUJA

Age/Gender : 32 Y 10 M 20 D/F

UHID/MR No : CINR.0000163200

Visit ID : CINROPV219878

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9691285084 Collected : 24/Feb/2024 09:01AM

Received : 24/Feb/2024 10:14AM : 24/Feb/2024 11:46AM Reported

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **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
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.5	g/dL	12-15	Spectrophotometer
PCV	32.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.29	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	62.2	fL	83-101	Calculated
MCH	19.9	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	17	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,770	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	53.5	%	40-80	Electrical Impedance
LYMPHOCYTES	38.9	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2551.95	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1855.53	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	38.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	295.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.62	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	442000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 14

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology) Consultant Pathologist

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



SIN No:BED240047973
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Address:
323/100/123, Doddathangur Villa

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telar www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK









: Mrs.AMRITA SALUJA

Age/Gender

: 32 Y 10 M 20 D/F

UHID/MR No

: CINR.0000163200

Visit ID

: CINROPV219878

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 9691285084 Collected

: 24/Feb/2024 09:01AM

Received

: 24/Feb/2024 10:14AM

Reported

: 24/Feb/2024 11:46AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

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

RBCs: Show predominatly microcytic hypochromic RBCs with few normocytic normochromic RBCs. Mild anisopoikilocytosis noted in the form of tear drop cells and target cells.

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

PLATELETS: appear adequate.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.

Kindly correlate clinically.

Page 2 of 14

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology) Consultant Pathologist

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Address:
323/100/123, Doddathangur Villa

Dr Priya Murthy

M.B.B.S, M.D (Pathology) Consultant Pathologist

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telar www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









: Mrs.AMRITA SALUJA

Age/Gender

: 32 Y 10 M 20 D/F

UHID/MR No

: CINR.0000163200

Visit ID

: CINROPV219878

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF

: 9691285084

Collected

: 24/Feb/2024 09:01AM

Received

: 24/Feb/2024 10:14AM

Reported

: 24/Feb/2024 12:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **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
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 14

Dr. Karishma Dayanand M.B.B.S,M.D(Pathology) Consultant Pathologist

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: Mrs.AMRITA SALUJA

Age/Gender

: 32 Y 10 M 20 D/F

UHID/MR No

: CINR.0000163200

Visit ID Ref Doctor : CINROPV219878

Emp/Auth/TPA ID

: Dr.SELF : 9691285084 Collected

: 24/Feb/2024 09:01AM

Received

: 24/Feb/2024 11:13AM

Reported Status : 24/Feb/2024 01:24PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **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	81	mg/dL	70-100	HEXOKINASE
G 4				

#### **Comment:**

As per American Diabetes Guidelines, 2023

<b>F</b> ,	· · · · · · · · · · · · · · · · · · ·				
Fasting Glucose Values in mg/dL	Interpretation				
70-100 mg/dL	Normal				
100-125 mg/dL	Prediabetes				
≥126 mg/dL	Diabetes				
<70 mg/dL	Hypoglycemia				

#### Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	117	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						
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC		

Page 4 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240021469

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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Patient Name : Mrs.AMRITA SALUJA

Age/Gender : 32 Y 10 M 20 D/F

UHID/MR No : CINR.0000163200

Visit ID : CINROPV219878

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9691285084 Collected : 24/Feb/2024 09:01AM

Received : 24/Feb/2024 11:13AM

Reported : 24/Feb/2024 01:24PM

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

#### **DEPARTMENT OF BIOCHEMISTRY**

Status

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

ESTIMATED AVERAGE GLUCOSE (eAG)	117	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.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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)

Page 5 of 14



DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:EDT240021469

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Patient Name : Mrs.AMRITA SALUJA

Age/Gender : 32 Y 10 M 20 D/F

UHID/MR No : CINR.0000163200

Visit ID : CINROPV219878

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9691285084 Collected : 24/Feb/2024 09:01AM

Received : 24/Feb/2024 11:37AM Reported : 24/Feb/2024 12:21PM

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				
LIPID PROFILE , SERUM								
TOTAL CHOLESTEROL	205	mg/dL	<200	CHO-POD				
TRIGLYCERIDES	228	mg/dL	<150	GPO-POD				
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition				
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated				
LDL CHOLESTEROL	111.6	mg/dL	<100	Calculated				
VLDL CHOLESTEROL	45.6	mg/dL	<30	Calculated				
CHOL / HDL RATIO	4.27		0-4.97	Calculated				

#### **Comment:**

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

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

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

Page 6 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04639839

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK









: Mrs.AMRITA SALUJA

Age/Gender

: 32 Y 10 M 20 D/F

UHID/MR No

: CINR.0000163200

Visit ID

: CINROPV219878

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9691285084 Collected

: 24/Feb/2024 09:01AM

Received

: 24/Feb/2024 11:37AM : 24/Feb/2024 12:21PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Page 7 of 14



DR.SHIVARAJA SHETTY
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Patient Name : Mrs.AMRITA SALUJA

Age/Gender : 32 Y 10 M 20 D/F

UHID/MR No : CINR.0000163200 Visit ID : CINROPV219878

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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			
LIVER FUNCTION TEST (LFT) , SERUM							
BILIRUBIN, TOTAL	7.58	mg/dL	0.3–1.2	DPD			
BILIRUBIN CONJUGATED (DIRECT)	4.12	mg/dL	<0.2	DPD			
BILIRUBIN (INDIRECT)	3.46	mg/dL	0.0-1.1	Dual Wavelength			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<35	IFCC			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC			
ALKALINE PHOSPHATASE	31.00	U/L	30-120	IFCC			
PROTEIN, TOTAL	6.78	g/dL	6.6-8.3	Biuret			
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN			
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.67		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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APOLLO CLINICS NETWORK









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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				
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM								
CREATININE	0.44	mg/dL	0.51-0.95	Jaffe's, Method				
UREA	16.10	mg/dL	17-43	GLDH, Kinetic Assay				
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated				
URIC ACID	4.05	mg/dL	2.6-6.0	Uricase PAP				
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III				
PHOSPHORUS, INORGANIC	2.76	mg/dL	2.5-4.5	Phosphomolybdate Complex				
SODIUM	135	mmol/L	136–146	ISE (Indirect)				
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)				
CHLORIDE	100	mmol/L	101–109	ISE (Indirect)				

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APOLLO CLINICS NETWORK









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Age/Gender

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UHID/MR No

: CINR.0000163200

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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
GAMMA GLUTAMYL	23.00	U/L	<38	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 10 of 14



DR.SHIVARAJA SHETTY
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APOLLO CLINICS NETWORK









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UHID/MR No

: CINR.0000163200

Visit ID

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: Dr.SELF

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **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
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.30	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.598	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

- 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	Т3	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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DR. SHIVARAJA SHETTY M.B.B.S, M.D(Biochemistry) CONSULTANT BIOCHEMIST

SIN No:SPL24031559

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: Mrs.AMRITA SALUJA

Age/Gender

: 32 Y 10 M 20 D/F : CINR.0000163200

UHID/MR No Visit ID

: CINROPV219878

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9691285084 Collected

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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

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

Page 12 of 14



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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Patient Name : Mrs.AMRITA SALUJA

Age/Gender : 32 Y 10 M 20 D/F

UHID/MR No : CINR.0000163200

Visit ID : CINROPV219878

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9691285084 Collected : 24/Feb/2024 09:00AM

Received : 24/Feb/2024 03:37PM Reported : 24/Feb/2024 05:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **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
COMPLETE URINE EXAMINATION (	CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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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:UR2290099

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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









: Mrs.AMRITA SALUJA

Age/Gender

: 32 Y 10 M 20 D/F

UHID/MR No

: CINR.0000163200

Visit ID

: CINROPV219878

Ref Doctor Emp/Auth/TPA ID

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: Dr.SELF

Collected

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

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

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

Page 14 of 14

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

M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UF010713

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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