

Patient Name : Mrs.SHUBHANGI SINGH	Collected : 27/Jul/2024 11:08AM
Age/Gender : 35 Y 3 M 19 D/F	Received : 27/Jul/2024 12:41PM
UHID/MR No : RKOR.0000015688	Reported : 27/Jul/2024 04:33PM
Visit ID : CMAROPV840817	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29820	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

.....



**Dr. Varsha Narayanan**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:BED240197421



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	11.9	g/dL	12.5-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.4	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	31.1	g/dL	31.5-34.5	Calculated
R.D.W	19	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,790	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67.4	%	40-80	Electrical Impedence
LYMPHOCYTES	27.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	2.9	%	2-10	Electrical Impedence
BASOPHILS	1.1	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3902.46	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1586.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	167.91	Cells/cu.mm	200-1000	Calculated
BASOPHILS	63.69	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.46		0.78- 3.53	Calculated
PLATELET COUNT	212000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Page 2 of 16



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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 ANAEMIA.**

**Kindly correlate clinically.**



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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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 16



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-110	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:**

- 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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)



*Varsha*  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	186	mg/dL	0-199	CHE/CHO/POD
TRIGLYCERIDES	140	mg/dL	40-140	Glycerol Phosphate Oxidase/peroxidase
HDL CHOLESTEROL	<b>39</b>	mg/dL	42-88	Selective Inhibition
NON-HDL CHOLESTEROL	<b>146</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>118.43</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.71		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.19</b>		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.39	mg/dl	0.2-1.2	Diazotized Sulfanilic
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	0-0.4	Diazotized Sulfanilic
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.27	U/L	0-49	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.9	U/L	0-46	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	90.56	U/L	40-129	IFCC (Kinetic)
PROTEIN, TOTAL	7.77	g/dL	5.7-8.0	Biuret
ALBUMIN	4.60	g/dL	3.2-4.6	Bromocresol Green
GLOBULIN	3.17	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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. 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 diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.  
 \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.



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**3. Synthetic function impairment:**

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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 **1860 500 7788**  
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Patient Name : Mrs.SHUBHANGI SINGH	Collected : 27/Jul/2024 11:08AM
Age/Gender : 35 Y 3 M 19 D/F	Received : 27/Jul/2024 01:13PM
UHID/MR No : RKOR.0000015688	Reported : 27/Jul/2024 05:48PM
Visit ID : CMAROPV840817	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29820	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.5-0.95	
UREA	14.63	mg/dL	10-50	Urease
BLOOD UREA NITROGEN	<b>6.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.89	mg/dL	2.6-6	Uricase
CALCIUM	8.94	mg/dL	8.8-10.2	Arsenazo III
PHOSPHORUS, INORGANIC	2.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	144.2	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.8	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.77	g/dL	5.7-8.0	Biuret
ALBUMIN	4.60	g/dL	3.2-4.6	Bromocresol Green
GLOBULIN	3.17	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



**Dr. Varsha Narayanan**  
**M.B.B.S., M.D (Pathology)**  
**Consultant Pathologist**

SIN No:SE04793930



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	23.59	U/L	5-32	Szasz



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Patient Name : Mrs.SHUBHANGI SINGH	Collected : 27/Jul/2024 11:08AM
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Emp/Auth/TPA ID : 22E29820	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.82	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.727	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

  
**Dr. Varsha Narayanan**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:SPL24124486



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**DEPARTMENT OF IMMUNOLOGY**

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

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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**Consultant Pathologist**

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Patient Name : Mrs.SHUBHANGI SINGH	Collected : 27/Jul/2024 11:08AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

Page 14 of 16



**Dr. Varsha Narayanan**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2395146



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 16



**Dr. Varsha Narayanan**  
**M.B.B.S.,M.D(Pathology)**  
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Age/Gender : 35 Y 3 M 19 D/F	Received : 27/Jul/2024 12:48PM
UHID/MR No : RKOR.0000015688	Reported : 27/Jul/2024 02:10PM
Visit ID : CMAROPV840817	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

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

Page 16 of 16



**Dr. Varsha Narayanan**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:UF011967



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## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Shubhangi Singh on 27/07/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

  
 Dr. \_\_\_\_\_  
**Medical Officer**

*This certificate is not meant for medico-legal purposes*

Date : 27-07-2024

Department : GENERAL

MR NO : RKOR.0000015688

Doctor :

Name : Mrs. Shubhangi Singh

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 10:25

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature