

Name: Miss K Keerthi

Plan

Address: BANGALORE

Age: 34 Y

Sex: F

OP Number: CINROPV219879

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

Bill No: CINR-OCR-94226

INDIA OP AGREEMENT

Date : 24.02.2024 08:49

UHID:CINR.0000163201

Sno	Serive Type/ServiceName		Department
1	ARCOPEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK	- FEMALE 2D ECH	
	GAMMA GLUTAMYL TRANFERASE (GGT)	- TEMALE - 2D ECH	0 - FAN INDIA - F 1 2324
	2 DECHO - (9) Time 9.15 PM		
6000	LIVER FUNCTION TEST (LFT)		
	GLUCOSE, FASTING		
-	HEMOGRAM + PERIPHERAL SMEAR		
	GYNAECOLOGY CONSULTATION		
	DIET CONSULTATION		
	COMPLETE URINE EXAMINATION		
	URINE GLUCOSE(POST PRANDIAL)		
***************************************	PERIPHERAL SMEAR		
	ECG C		
12	LBC PAP TEST- PAPSURE		
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)		
	DENTAL CONSULTATION		
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)		,
	URINE GLUCOSE(FASTING)		
	HbA1c, GLYCATED HEMOGLOBIN		
	X-RAY CHEST PA		
V19	ENT CONSULTATION		
20	FITNESS BY GENERAL PHYSICIAN		
21	BLOOD GROUP ABO AND RH FACTOR		
	LIPID PROFILE		
23	BODY MASS INDEX (BMI)		
	OPTHAL BY GENERAL PHYSICIAN		
25	ULTRASOUND - WHOLE ABDOMEN		
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)		
	Als		

3.2

Niramoni Buast screening - 15

元999



IOSPITALS 24-02-2024

Department

: GENERAL

MR NO

CINR.0000163201

Doctor

Name

Miss K Keerthi

Registration No

Resp: (X)

Age/ Gender

34 Y / Female Qualification

Consultation Timing:

Height:

08:49

Jeh 24/2029

Temp : 4 & - 6 Pulse:

Weight:

BMI: 20.4 Waist Circum:

B.P:

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

344 Roycles, Imp-Febroto LBC pap Swam' PA Sopratio

uneals Unuan Not coopnalis - cret

Follow up date:

Doctor Signature

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number: 970 100 3333

Toll Number

: 1860 500 7788

Website : www.apolloclinic.com



24.02.2024

Miss Keerle

344m/F

Height:		ight :		ВМІ:		Waist Circum :
Temp :	Pul	lse:		Resp:		B.P :
General Examination / A History	Allergies	Clinical D	iagnosis & M	anagement Plan Arcopu	we-A	B.P: He n (dt) un min sym
		PIH.	Hand	3 hearing	i ti	n (dt) van hinn s'yn.
		0/8,	Ears:	MAD,		
			V			
			Throat:	MD.		
		Adu:				

Follow up date:

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Advi - P.T.A.

Dr. RAVINDRANATH Doctor Signature

E.N.T. SURGEON

KWC REG. BOOK 1855APPOINTMENT TODAY!

Apollo Clinic, Indiranagar

Phone: (080) 2521 4614/15

OPTHAL PRESCRIPTION

PATIENT NAME: min le leerth

DATE: Ey/2/24

UHID NO: 163201

OPTOMETRIST NAME: Ms.Swathi

GENDER:

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	<u> </u>	$-\rho_l$	aw		<	PC	wo	
Add	A STATE OF THE PARTY OF THE PAR		Management of the State of Sta					

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

Colour Vision: normal Bes
Remarks: blue cut





NAME: MISS K KEERTHI	AGE/SEX: 35Y/F	OP NUMBER: 163201
Ref By: SELF	DATE: 24-02-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.1	IVS(D): 0.8	MV: E Vel: 0.8	A Vel : 0.6
LA: 2.7	LVIDD(D): 3.2	AV Peak: 1.2	
, , , , , , , , , , , , , , , , , , , ,	LVPW(D): 0.9	PV peak: 0.7	
WAR AND	IVS(S): 1.1		
,	LVID(S): 2.3		
	LVEF: 60%		
	LVPW(S): 1.1		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium: o Health and Lifestyle Limited	Normal
U85110TG2000PLC115819)	

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





IVC:	Normal
Others	

IMPRESSION:

Normal cardiac chamber and valves

No Regional wall motion abnormality

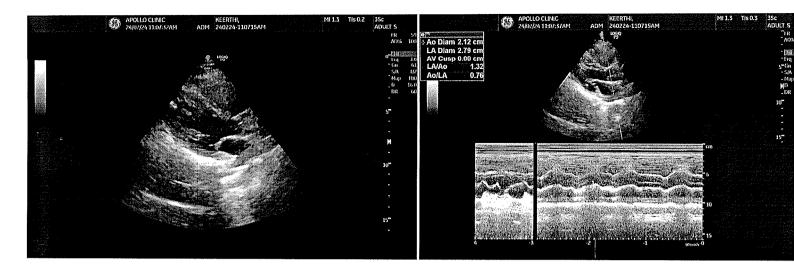
Normal PA Pressure

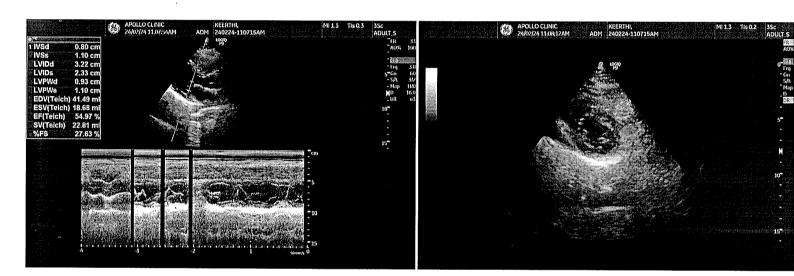
No clot/vegetation/pericardial effusion

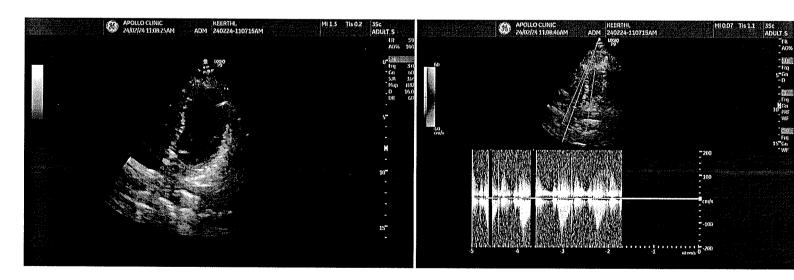
Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD, DM

CONSULȚANT CARDIOLOGIST







d: Health Check up Booking Confirmed Request(bobE10402), Package Code-PKG10000377, Beneficiary Code-247960

keerthi sunny <kirthi.veeny@gmail.com>

Fri 23-02-2024 15:11

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

डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें AL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN, DO NOT CLICK ON LINKS

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

From: Mediwheel < wellness@mediwheel.in>

Date: Thu, Feb 22, 2024, 15:10

Subject: Health Check up Booking Confirmed Request(bobE10402), Package Code-PKG10000377,

Beneficiary Code-247960 To: <kirthi.veeny@gmail.com> Cc: <customercare@mediwheel.in>

011-41195959

Dear K.keerthi,

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 feet

Diagnostic/Hospital- 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						

MS. K KEERTHI	36 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 with vou.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time. In case of further assistance, Please reach out to Team Mediwheel.

Thanks, Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our Terms & Conditions for more information. This email is recieved because you are register with us Click here to unsubscribe.

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





Patient Name : Miss K Keerthi Age/Gender : 34 Y/F

UHID/MR No. Sample Collected on

: CINR.0000163201

: RAD2246585

Ref Doctor

LRN#

: SELF

: 8919773772 Emp/Auth/TPA ID

OP Visit No

: CINROPV219879

Reported on

: 24-02-2024 19:58

Specimen

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 : Miss K Keerthi Age/Gender : 34 Y/F

 UHID/MR No.
 : CINR.0000163201
 OP Visit No
 : CINROPV219879

 Sample Collected on
 : 24-02-2024 17:51

Ref Doctor : SELF

Emp/Auth/TPA ID : 8919773772

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. 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 8.6x4.6 cm.

Left kidney measuring 9.4x4.6 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 10 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY







Patient Name : MissK KEERTHI Age/Gender : 34 Y 4 M 11 D/F

UHID/MR No : CINR.0000163201 Visit ID : CINROPV219879

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8919773772

Collected : 24/Feb/2024 09:03AM Received : 24/Feb/2024 10:15AM : 24/Feb/2024 11:21AM 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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	34.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.93	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88.4	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	18.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,530	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	47.2	%	40-80	Electrical Impedance
LYMPHOCYTES	40.1	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2610.16	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2217.53	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	165.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	525.35	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
PLATELET COUNT	296000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

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

Page 1 of 14



SIN No:BED240047984
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, Telan www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK









: MissK KEERTHI

Age/Gender

: 34 Y 4 M 11 D/F

UHID/MR No

: CINR.0000163201

Visit ID

: CINROPV219879

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 8919773772 Collected

: 24/Feb/2024 09:03AM

Received

: 24/Feb/2024 10:15AM

Reported

: 24/Feb/2024 11:21AM

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.

Kindly correlate clinically.

Page 2 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:BED240047984
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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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323/100/123, Doddathangur Villa

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: MissK KEERTHI

Age/Gender

: 34 Y 4 M 11 D/F

UHID/MR No

: CINR.0000163201

Visit ID

: CINROPV219879

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 8919773772 Collected

: 24/Feb/2024 09:03AM

Received

: 24/Feb/2024 10:15AM

Reported

Status

: 24/Feb/2024 12:23PM

Sponsor Name

: Final Report

: 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 FACTOR, WHOLE BLOOD EDTA							
BLOOD GROUP TYPE	А			Microplate Hemagglutination			
Rh TYPE	Negative			Microplate Hemagglutination			

Page 3 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

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: MissK KEERTHI

Age/Gender

: 34 Y 4 M 11 D/F

UHID/MR No

: CINR.0000163201

Visit ID

: CINROPV219879

Ref Doctor Emp/Auth/TPA ID · Dr SELE

: 8919773772

Collected

: 24/Feb/2024 09:03AM

Received

: 24/Feb/2024 11:13AM

Reported

Status

: 24/Feb/2024 01:31PM : 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	95	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:

- 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
- 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)	84	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

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), I	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC

Page 4 of 14



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

SIN No:EDT240021478

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, Telar www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









: MissK KEERTHI

Age/Gender

: 34 Y 4 M 11 D/F

UHID/MR No

: CINR.0000163201

Visit ID

: CINROPV219879

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8919773772 Collected

: 24/Feb/2024 09:03AM

Received

: 24/Feb/2024 11:13AM

Reported Status : 24/Feb/2024 01:31PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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.

- 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:EDT240021478

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

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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: MissK KEERTHI

Age/Gender

: 34 Y 4 M 11 D/F

UHID/MR No

: CINR.0000163201

Visit ID

: CINROPV219879

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF

: 8919773772

Collected

: 24/Feb/2024 09:03AM

Received

: 24/Feb/2024 11:41AM

Reported

: 24/Feb/2024 12:18PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Status

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	160	mg/dL	<200	CHO-POD
TRIGLYCERIDES	93	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		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:SE04639853

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









: MissK KEERTHI

Age/Gender

: 34 Y 4 M 11 D/F

UHID/MR No

: CINR.0000163201

Visit ID

: CINROPV219879

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8919773772 Collected

: 24/Feb/2024 09:03AM

Received

: 24/Feb/2024 11:41AM

Reported

: 24/Feb/2024 12:18PM

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

SIN No:SE04639853

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Patient Name : MissK KEERTHI
Age/Gender : 34 Y 4 M 11 D/F
UHID/MR No : CINR.0000163201

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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
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.81	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	53.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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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DR.SHIVARAJA SHETTY
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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	0.46	mg/dL	0.51-0.95	Jaffe's, Method			
UREA	12.40	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	3.88	mg/dL	2.6-6.0	Uricase PAP			
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	2.73	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	134	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)			

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

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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	15.00	U/L	<38	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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DR.SHIVARAJA SHETTY
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Reported

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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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.50	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	11.746	μIU/mL	0.34-5.60	CLIA

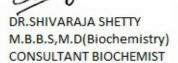
Comment:

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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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

SIN No:SPL24031572

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Age/Gender UHID/MR No : 34 Y 4 M 11 D/F : CINR.0000163201

Visit ID

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Collected

: 24/Feb/2024 09:02AM

Received

: 24/Feb/2024 03:37PM

Reported

: 24/Feb/2024 05:17PM

Status

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: 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
рН	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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

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

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SIN No:UR2290110

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UHID/MR No

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Visit ID

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 8919773772 Collected

: 24/Feb/2024 09:02AM

Received

: 24/Feb/2024 03:37PM

Reported

: 24/Feb/2024 04:56PM

Status

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Sponsor Name

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

SIN No:UF010715

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