

Patient Name	: Mrs.CHANDRAKALA S	Collected	: 09/Dec/2023 08:39AM
Age/Gender	: 39 Y 10 M 1 D/F	Received	: 09/Dec/2023 11:22AM
UHID/MR No	: CMYS.0000023254	Reported	: 09/Dec/2023 01:16PM
Visit ID	: CMYSOPV120145	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 962596129484		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED230303595



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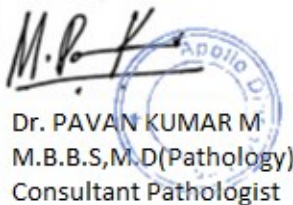
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	36.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	76	fL	83-101	Calculated
MCH	24.1	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.3	%	40-80	Electrical Impedance
LYMPHOCYTES	41.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3923.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3221.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	179.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	444.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	336000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs : Majority are microcytic hypochromic with normocytic normochromic RBCs. Also seen are few elongated cells.

WBCs : are normal in number with normal morphology and increase in lymphocytes.



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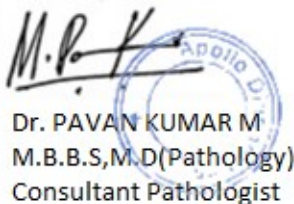
DEPARTMENT OF HAEMATOLOGY

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

Platelets : are adequate and seen in clumps and singles.

Hemoparasites : Not seen.

IMPRESSION : MICROCYTIC HYPOCHROMIC ANEMIA WITH LYMPHOCYTOSIS.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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
GLUCOSE, FASTING , NAF PLASMA	130	mg/dl	74-106	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

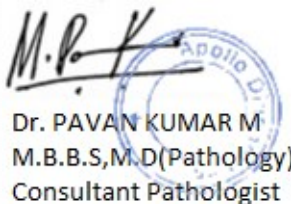
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	mg/dL		Calculated

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

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

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.

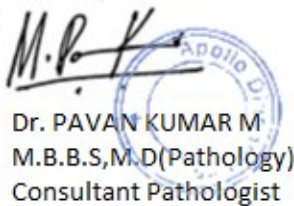
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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)



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DEPARTMENT OF BIOCHEMISTRY

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

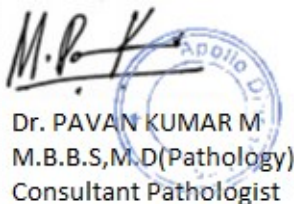
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dl	0-200	CHOD
TRIGLYCERIDES	88	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	32	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	155	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.92	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.53	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.93		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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


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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	72.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.09	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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:

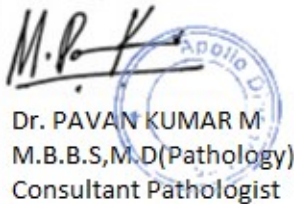
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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 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:

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



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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	18.32	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	2.5-6.2	Uricase
CALCIUM	9.85	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	3.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/l	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

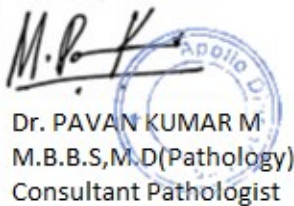
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.39	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.600	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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DEPARTMENT OF IMMUNOLOGY

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


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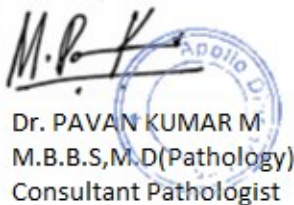
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8 - 10	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Page 15 of 15



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2237218



Patient Name	: Mrs. CHANDRAKALA S	Age/Gender	: 39 Y/F
UHID/MR No.	: CMYS.0000023254	OP Visit No	: CMYSOPV120145
Sample Collected on	:	Reported on	: 09-12-2023 16:27
LRN#	: RAD2173028	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 962596129484		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 104x38 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 113x50 mm with parenchymal thickness of 15 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 75x50x61 mm with ET=10 mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 31x26mm. It is normal. No mass lesion seen.

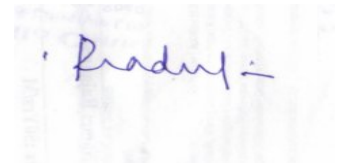
Lt. OVARY: It measures 25x28 mm. It is normal. No mass lesion seen.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

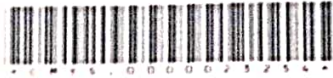
IMPRESSION: NORMAL STUDY.

Pradeep Kumar C N, DNB
Consultant Radiologist.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Bill Of Supply



Name : Mrs. CHANDRAKALA S
Age/Gender : 39 Y F
Contact No : +918277156580
Address : # 1193, 8TH MAIN, 12TH CROSS, VIJAY NAGAR
UHID : CMYS.0000023254
Corporate Name : ARCOFEMI HEALTHCARE LIMITED
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CMYS-OCR-21816
Bill/Reg Date : 09.12.2023 08:19
Referred by : SELF
Center : Mysore
Emp No/Auth Code : 962596129484

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	999312	1	1,500.00	1,500.00	0.00	0.00	0.00	0.00	0.00	1,500.00

Bill Amount: 1,500.00
Total Discount: 0.00
Patient Payment: 0.00
Corporate Due: 1,500.00
Patient Due: 0.00

Received with thanks: Zero Rupees only

Authorized Signature : (Nikhitha R)

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To
ಶಾಮುನುರು ಚಂದ್ರಕಲಾ
Samunuru Chandrakala
W/O B Muraharivarma
Vijayanagar 1st stage
H No 1193 8th main 12th cross
Mysore
Mysore Karnataka - 570017
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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9625 9612 9484

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಶಾಮುನುರು ಚಂದ್ರಕಲಾ
Samunuru Chandrakala
ಜನ್ಮ ದಿನಾಂಕ DOB: 08/02/1984
ಲಿಂಗ GENDER: FEMALE



9625 9612 9484

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

W: Health Check up Booking Confirmed Request(UBOI2932),Package Code-
PKG10000450, Beneficiary Code-276260

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Thu 07-12-2023 11:25 AM

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Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: 05 December 2023 17:08

To: ubin0921505@unionbankofindia.bank <ubin0921505@unionbankofindia.bank>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(UBOI2932),Package Code-PKG10000450, Beneficiary Code-276260

011-41195959

Dear SAMUNURU CHANDRAKALA,

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

Booking Date : 04-12-2023

Hospital Package Name : Mediwheel Annual Health Checkup Female Starter

Patient Package Name : MediWheel Full Body Health Checkup Female 35 to 40

Name of Diagnostic/Hospital : Apollo clinic - VV Mohalla

Address of Diagnostic/Hospital- : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore - 570002

City : Mysore

State :