

CAMN- 233204  
OCR- 100078

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

DEEPA M K  
MARAVANGEE SHIVALINGAPPA  
KUMARAPPA  
22/05/1981  
Permanent Account Number  
AQWPD3907D

Signature



*Deepa*



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	DEEPA M K
DATE OF BIRTH	22-05-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-02-2024
BOOKING REFERENCE NO.	23M163376100089720S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. KIRAN K S
EMPLOYEE EC NO.	163376
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	RANIPETTAI
EMPLOYEE BIRTHDATE	17-02-1978

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **09-02-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



Mrs. Deepa

42/F.

19/2/24.

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

General Examination / Allergies  
History

Rx Plan

→ Adv restoration  $\frac{7}{1}$   $\frac{67}{1}$

→ Adv x<sup>n</sup> of  $\frac{8}{1}$   $\frac{P}{1}$

↓  
Dr. [Signature]

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Mrs. DEEPA M.R.  
 Occupation: .....  
 Age: 42 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 19/02/24 Reg. No.: 23520A  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

NIL

Present Complaint:

NIL

**ON EXAMINATION:**

	RE	LE
Ocular Movements :		
Anterior Segment :		
Intra-Ocular-Pressure :	<u>Full</u>	<u>Full</u>
Visual Acuity: D.V. :		
Without Glass :	<u>6/6</u>	<u>6/6</u>
With Glass :	<u>-</u>	<u>-</u>
N.V. :	<u>N6</u>	<u>N6</u>
Visual Fields :		
Fundus :		
Impression :		
Advice :	<u>Normal</u>	<u>Normal</u>
Colour Vision :		

ENT check up

Deepa

42/f

19/2/26  
233204

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

General Examination / Allergies  
History

No complaints

O/E

ENT - WNL



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

TABULAR SUMMARY REPORT

MRS DEEPA M K  
ID: 00233204R

42years

Female

23-Feb-2024  
12:29:44

BRUCE

Total Exercise time: 6:30

25.0 mm/s

Max HR: 187bpm 105% of max predicted 178bpm

10.0 mm/mV

Max BP: 150/90

Maximum workload: 7.7METS

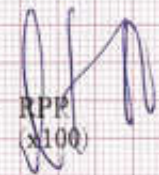
100hz

Reason for Termination: Patient fatigue

Comments: FINAL IMPRESSION ; TMT IS .....FOR INDUCIBLE MYOCARDIAL ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:12	***	***	1.0	90		
	STANDING	2:26	***	***	1.0	94	130/80	122
	HYPERVENT	0:33	0.8	0.0	1.1	96	130/90	125
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	152	130/90	198
	STAGE 2	3:00	2.5	12.0	7.0	181	140/90	253
	STAGE 3	0:30	3.4	14.0	7.7	187	140/90	262
RECOVERY	Post	3:52	***	***	1.0	104	140/90	146

*sey*




Unconfirmed

GRADED EXERCISE SUMMARY

MRS DEEPA M K  
ID: 00233204R

42years

Female

23-Feb-2024  
12:29:44

BRUCE

Max HR: 187bpm 105% of max predicted 178bpm

Max BP: 150/90

Reason for Termination: Patient fatigue

Comments: FINAL IMPRESSION ; TMT IS .....FOR INDUCIBLE MYOCARDIAL ISCHEMIA

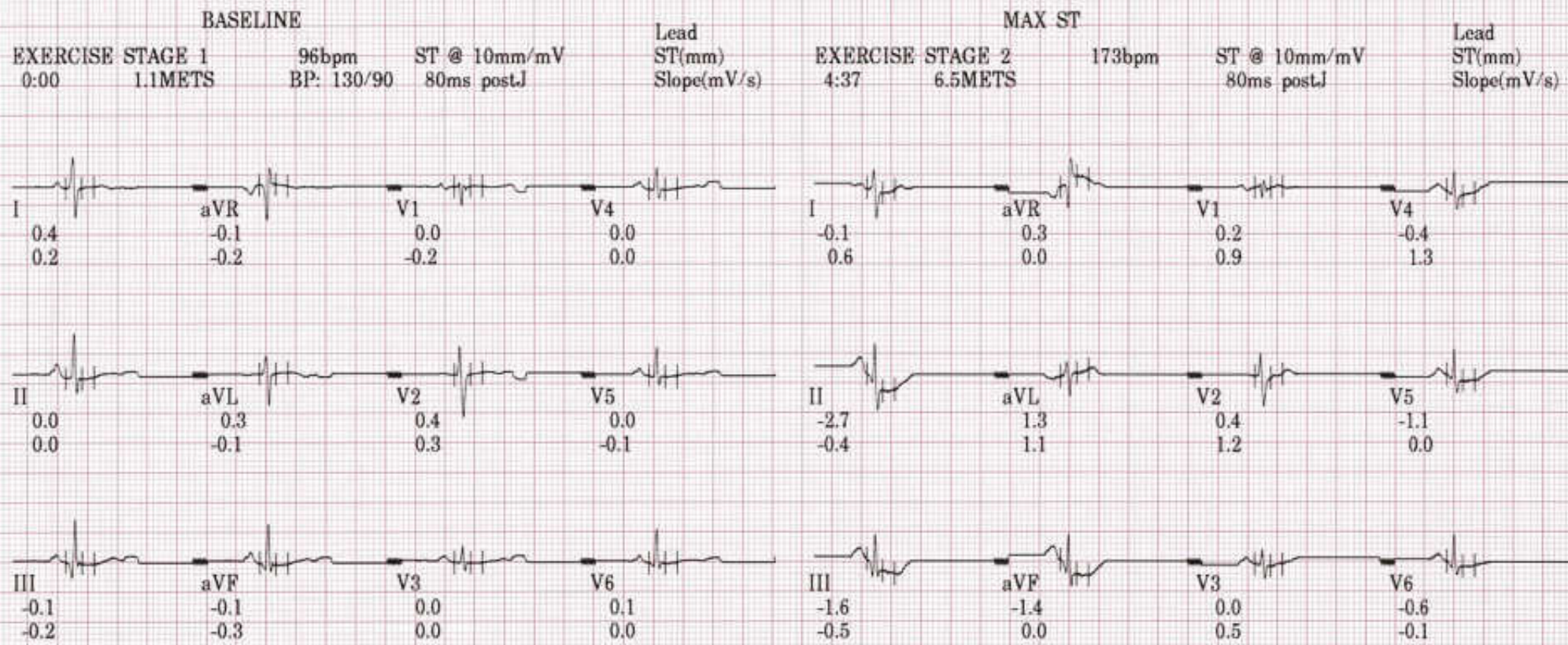
Total Exercise time: 6:30

25.0 mm/s

10.0 mm/mV

100hz

Maximum workload: 7.7METS



Unconfirmed

Patient Name	: Mrs. DEEPA M K	Age	: 42 Y/F
UHID	: CANN.0000233204	OP Visit No	: CANNOPV392140
Conducted By:	: DR ARULNIDHI	Conducted Date	: 23-02-2024 16:08
Referred By	: SELF		

---

**CARDIOLOGY**  
**CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

-

Standing:

-

Protocol Used:



Patient Name : Mrs. DEEPA M K Age : 42 Y/F  
UHID : CANN.0000233204 OP Visit No : CANNOPV392140  
Conducted By: : DR ARULNIDHI Conducted Date : 23-02-2024 16:08  
Referred By : SELF

---

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

14.0

% HR / METS:

7.7

Reason for Terminating Test:

FATIGUE

Total Exercise Time:

6:30

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:

NORMAL

S.T. Segment :

NORMAL

Patient Name : Mrs. DEEPA M K Age : 42 Y/F  
UHID : CANN.0000233204 OP Visit No : CANNOPV392140  
Conducted By: : DR ARULNIDHI Conducted Date : 23-02-2024 16:08  
Referred By : SELF

---

III Blood Pressure Response :  
NORMAL

IV Fitness Response :  
GOOD

Impression:  
Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia

---- END OF THE REPORT ----

DR  
ARULNIDHI

Patient Name	: Mrs. DEEPA M K	Age	: 42 Y/F
UHID	: CANN.0000233204	OP Visit No	: CANNOPV392140
Reported By:	: DR ARULNIDHI	Conducted Date	: 20-02-2024 16:00
Referred By	: SELF		

---

### ECG REPORT

#### **Observation :-**

1. Sinus Rhythm.
2. Heart rate is 76 beats per minutes.

#### **Impression:**

LOW QRS COMPLEX

VENTRICULAR PREMATURE COMPLEX

----- END OF THE REPORT -----

DR ARULNIDHI

<b>Patient Name</b>	: Mrs. DEEPA M K	<b>Age/Gender</b>	: 42 Y/F
<b>UHID/MR No.</b>	: CANN.0000233204	<b>OP Visit No</b>	: CANNOPV392140
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 19-02-2024 18:52
<b>LRN#</b>	: RAD2241279	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS5819		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**CH** : No complaints. Routine check up  
**F/H/O Breast cancer** : No  
**Previous mammogram / USG** : 2003 ( reports not available)  
**H/o Breast surgery** : No

**Report**

**Tissue composition of both breasts**

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.  
No evidence of duct dilatation / architectural distortion.  
The subareolar tissues are normal.  
No evidence of retromammary pathology is seen.  
The axillary tails are normal.  
No axillary lymphadenopathy.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED.  
- USG BIRADS - I  
  
- (Suggested Mammogram in view of age )

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology



<b>Patient Name</b>	: Mrs. DEEPA M K	<b>Age/Gender</b>	: 42 Y/F
<b>UHID/MR No.</b>	: CANN.0000233204	<b>OP Visit No</b>	: CANNOPV392140
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 19-02-2024 17:06
<b>LRN#</b>	: RAD2241279	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS5819		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**Dr. PRAVEENA SHEKAR T**  
**MBBS, DMRD, FAGE**  
Radiology

<b>Patient Name</b>	: Mrs. DEEPA M K	<b>Age/Gender</b>	: 42 Y/F
<b>UHID/MR No.</b>	: CANN.0000233204	<b>OP Visit No</b>	: CANNOPV392140
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 19-02-2024 17:03
<b>LRN#</b>	: RAD2241279	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS5819		

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas and spleen appear normal.  
Spleen measures 9.7 cms.

Portal and splenic veins appear normal.  
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.  
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.7 x 3.3 cms.  
Left kidney measures 10.7 x 5.0 cms.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 9.7 x 4.4 cms and shows normal endometrial and myometrial echoes.  
The endometrial thickness 4.8 mm.  
Right ovary measures 2.5 x 1.6 cms.

**Patient Name** : Mrs. DEEPA M K

**Age/Gender** : 42 Y/F

---

Left ovary measures 2.0 x 1.7 cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED.

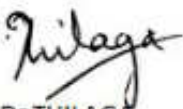
**Dr. PRAVEENA SHEKAR T**  
MBBS, DMRD, FAGE  
Radiology

Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:17PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 01:46PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/COMMENT	: Please correlate clinically.



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

SIN No:BED240042819

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115B19)  
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 940-4904 7777, Fax No: 4904 7744

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Phone - 044 26224504 / 85



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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.3</b>	g/dL	12-15	Spectrophotometer
PCV	<b>34.30</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>3.72</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	92.1	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	62.8	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	4.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3077.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1484.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	215.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	321000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm/hour	0-20	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

Page 2 of 14



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

SIN No:BED240042819

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Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:17PM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/COMMENT	: Please correlate clinically.



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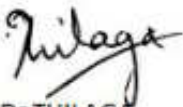


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Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:17PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 03:58PM
Visit ID : CANNOPV392140	Status : Final Report
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination
PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY				



**Dr THILAGA**  
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Consultant Pathologist

SIN No:BED240042819

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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 12:57PM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 04:46PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 05:51PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	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:**


- 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	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.



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:PLP1421217

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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:19PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 01:59PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	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)



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SIN No:EDT240019009

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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:23PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 03:08PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>143</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>122.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		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.



**DR. R. SRIVATSAN**  
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SIN No:SE04634406

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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:23PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 03:08PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	69.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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:**

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



**DR. R. SRIVATSAN**  
M.D. (Biochemistry)



SIN No:SE04634406

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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:23PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 03:08PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.54</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>11.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 01:23PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 02:54PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.00	U/L	<38	IFCC



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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.800	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24028196

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh: Vizag** (Seethamma Peta) | **Karnataka: Bangalore** (Binwanagudi) | Bellandur | Electronics City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | **Mysore** (VV Mohalla) | **Tamil Nadu: Chennai** (Armanagar | Kotturpuram | Mogappair | T Nagar | Velamavakkam | Velachery) | **Maharashtra: Pune** (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh: Ghazabad** (Indrapuram) | **Gujarat: Ahmedabad** (Satellite) | **Punjab: Amritsar** (Court Road) | **Haryana: Faridabad** (Railway Station Road)

Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 05:48PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 06:29PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2286399

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115B19)  
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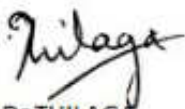
Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 19/Feb/2024 05:48PM
UHID/MR No : CANN.0000233204	Reported : 19/Feb/2024 06:30PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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



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SIN No:UF010630

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**APOLLO CLINICS NETWORK**

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Patient Name : Mrs.DEEPA M K	Collected : 19/Feb/2024 09:58AM
Age/Gender : 42 Y 8 M 28 D/F	Received : 20/Feb/2024 01:18PM
UHID/MR No : CANN.0000233204	Reported : 21/Feb/2024 05:52PM
Visit ID : CANNOPV392140	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS5819	

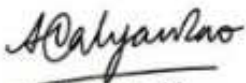
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

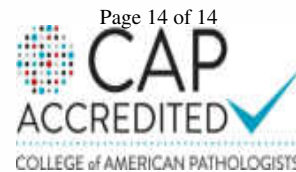
	<b>CYTOLOGY NO.</b>	3524/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



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Consultant Pathologist



SIN No:CS074703

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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