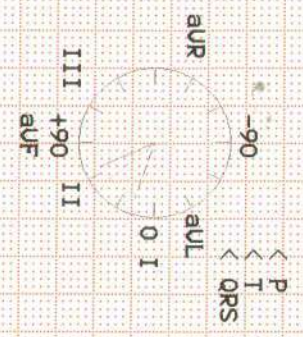


GE MAC1200 ST MAZUMDAR SAHELI, 000243925,
35 Years (16.07.1988)

HR 83bpm

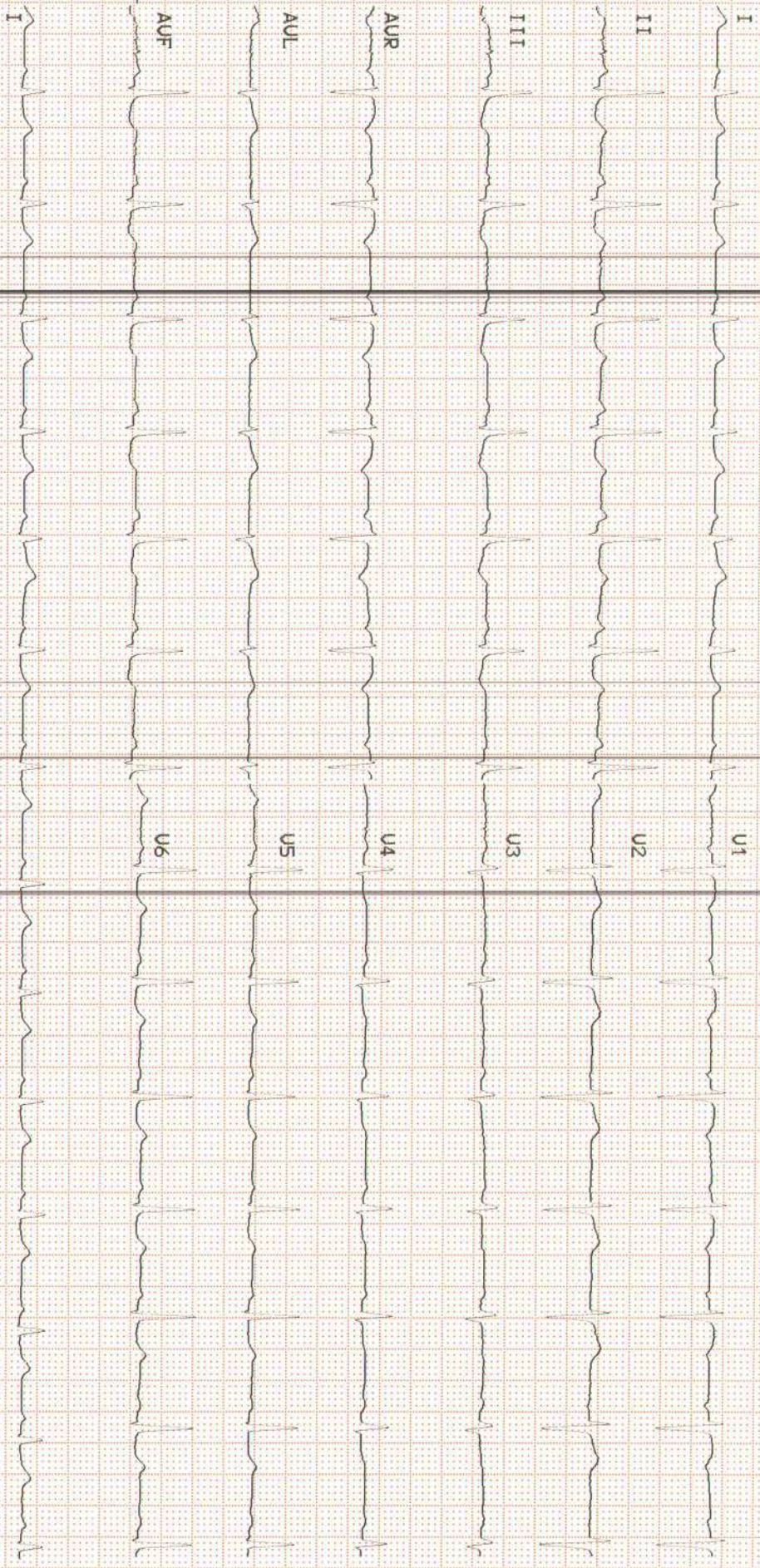
Measurement Results:
QRS : 90 ms
QT/QTcB : 362 / 426 ms
PR : 146 ms
P : 96 ms
RR/PP : 722 / 720 ms
P/ORS/T : 50 / 65 / 20 degrees
QTd/QTcBD : 62 / 73 ms
Sokolow NK : 1.7 mV 12




Interpretation:

Normal ECG

Unconfirmed report.



Name : Mrs. MAZUMDER SAHELI Address : bellandur : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN Plan : INDIA OP AGREEMENT	Age : 35 Y Sex : F	UHID :CBEL.0000243925  OP Number :CBELOPV458266 Bill No :CBEL-OCR-125556 Date : 13.01.2024 08:57
--	-------------------------------------	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECHO	
12	LBC PAP TEST - PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

28) Dental - 9
 28) Agreed - 17
 29) physio - 19

DOB = 16/07/1988
 BP = 112/72
 P = 83
 WT = 66.2
 HT = 160
 BMI = 25.8

NAME : MRS. MAZUMDER SAHELI

AGE: 35 YRS

SEX : FEMALE

DATE : 13.01.2024

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas. However the visualised parts of the pancreas appear grossly normal. Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size & echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.8 X 4.6 cms, LEFT KIDNEY : 9.6 X 4.5 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 7 mm.
POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : No sonologically detectable abnormality seen in the present study.

DR. RAMESH .G
CONSULTANT RADIOLOGIST

(The sonography finding should always be considered in correlation with the clinical and other investigation findings applicable). It is only a professional opinion . Not valid for medico-legal purpose) higher imaging techniques to be done, depending on the condition of the patient, If clinically needed.

NAME : MRS.MAZUMDER SAHELI

AGE : 35 YRS


SEX : FEMALE

DATE : 13.01.2024

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray



DR. RAMESH . G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, depending on the condition of the patient ,if clinically needed.

Mazumder Sahel

[9353788049]

35/F

13/01/24

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

cle

ole
* Crowding L.A

Regular N.C

Cat + St +
signally placed $\frac{7}{7} \frac{7}{3}$
signally placed $\frac{7}{7} \frac{7}{3}$

HLH

NRMH

DC $\frac{7}{7} \frac{1}{6}$

D/H - 4 months
back.

Rx
① Seal³ - $\frac{7}{7} \frac{7}{6}$ 1800/- per tooth
② Rest

APOLLO CLINIC
BELLANDUR

ONE FOLLOW UP WITH SAME DOCTOR
FREE WITH IN 7 DAYS.

Follow up date:

Dr. Jay K.
Doctor Signature

Apollo Clinic, Bellandur

74/1, Bellandur Ring Road, Varthur, Bangalore East, Pin:560037

Phone: (080) 4022 2555

Follow us /ApolloClinicIndia /ApolloClinics

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

Magnum Saheli / 35y

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

- Rheumatism - occasional 2-3 days
 - pain throat
~~OLE~~
 Allergy: Sh MH
 Oral cavity - NAD
 Can! Sh TM nitel
 No Lto drug allergy
 ALLEOPA - M 2-3 days
 (aggravated)
 Allergy saline gargling 2-3 times daily

Insect allergy (A)
 BAD
 DM⁰
 HTN⁰

D.T.

Follow up date:

Doctor Signature

M/C
 Mm Sahels 35yr
 35yr OBG Dr. H. H.

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

General Examination / Allergies
History

13/1/24

Clinical Diagnosis & Management Plan

no gynae complaints
 MM - 8000 - regular mnt 25/12
 OBN - 11 - 8000
 past 4 nos
 family 11 nos
 O/E. P/A - all -
 P/S - Cx 1 @ 18ctaken
 verna 1 @
 P/U - 1200

APOLLO CLINIC
BELLANDUR

ONE FOLLOW UP WITH SAME DOCTOR
FREE WITH IN 7 DAYS.

Follow up date:

25/01/24

Doctor Signature

2



Apollo Clinic

Consent Form

Patient Name:..... Age:.....

UHID Number: CBEL-0000243925 Company Name:.....

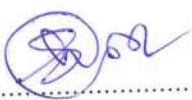
I Mr/Mrs/Ms. mazumde Shubh Employee of Aurojemi

(Company) want to inform you that I am ~~not~~ interested in getting 2D Echo # Fitness by

Test done which is a part of routine health check package.

General physician
Optical Screening

And I claim the above statement in my full consciousness.

Patient signature:  Date: 13/01/24



MC-6146

Patient Name : Mrs.MAZUMDER SAHELI
 Age/Gender : 35 Y 5 M 28 D/F
 UHID/MR No : CBEL.0000243925
 Visit ID : CBELOPV458266
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
 Received : 13/Jan/2024 02:46PM
 Reported : 13/Jan/2024 05:11PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	Spectrophotometer
PCV	33.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.74	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.7	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,720	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.5	%	40-80	Electrical Impedance
LYMPHOCYTES	29.4	%	20-40	Electrical Impedance
EOSINOPHILS	0.7	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4334.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1975.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	47.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	356.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.72	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	118000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				



Shobha
 Dr.Shobha Emmanuel
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



MC-6146

Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 02:46PM
Reported : 13/Jan/2024 05:11PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

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

PLATELETS: appear decreased in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA WITH THROMBOCYTOPENIA.

Kindly correlate clinically.

Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist





MC-6146

Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 02:46PM
Reported : 13/Jan/2024 05:54PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

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

Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist





Patient Name : Mrs.MAZUMDER SAHELI
 Age/Gender : 35 Y 5 M 28 D/F
 UHID/MR No : CBEL.0000243925
 Visit ID : CBELOPV458266
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
 Received : 13/Jan/2024 03:20PM
 Reported : 13/Jan/2024 03:54PM
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	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 \geq or = 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or = 200 mg/dL on at least 2 occasions.
 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC



Shetty

DR. SHIVARAJA SHETTY
 M.B.B.S., M.D (Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No: EDT240004071



Patient Name : Mrs.MAZUMDER SAHELI
 Age/Gender : 35 Y 5 M 28 D/F
 UHID/MR No : CBEL.0000243925
 Visit ID : CBELOPV458266
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
 Received : 13/Jan/2024 03:20PM
 Reported : 13/Jan/2024 03:54PM
 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

ESTIMATED AVERAGE GLUCOSE (eAG) 103 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)



Shetty

DR. SHIVARAJA SHETTY
 M.B.B.S., M.D (Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No: EDT240004071



MC-6146

Patient Name : Mrs.MAZUMDER SAHELI
 Age/Gender : 35 Y 5 M 28 D/F
 UHID/MR No : CBEL.0000243925
 Visit ID : CBELOPV458266
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
 Received : 13/Jan/2024 03:09PM
 Reported : 13/Jan/2024 03:50PM
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	152	mg/dL	<200	CHO-POD
TRIGLYCERIDES	94	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	63	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
LDL CHOLESTEROL	70.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.42		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Shetty

DR. SHIVARAJA SHETTY
 M.B.B.S, M.D (Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No: SE04600085



MC-6145

Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 03:09PM
Reported : 13/Jan/2024 03:50PM
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 15



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:SE04600085



Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 03:09PM
Reported : 13/Jan/2024 03:50PM
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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.62	g/dL	6.6-8.3	Biuret
ALBUMIN	4.21	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		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:



DR. SHIVARAJA SHETTY
M.B.B.S, M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SE04600085



MC-6146

Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 03:09PM
Reported : 13/Jan/2024 03:50PM
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

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



Shetty

DR. SHIVARAJA SHETTY
M.B.B.S., M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SE04600085



MC-6145

Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 03:09PM
Reported : 13/Jan/2024 03:50PM
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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.51-0.95	Jaffe's, Method
UREA	24.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.89	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.52	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)

Page 10 of 15



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

SIN No:SE04600085



MC-6146

Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 03:09PM
Reported : 13/Jan/2024 03:44PM
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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	8.00	U/L	<38	IFCC

DR. SHIVARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST
SIN No:SE04600085





MC-6146

Patient Name : Mrs.MAZUMDER SAHELI
 Age/Gender : 35 Y 5 M 28 D/F
 UHID/MR No : CBEL.0000243925
 Visit ID : CBELOPV458266
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
 Received : 13/Jan/2024 03:09PM
 Reported : 13/Jan/2024 05:44PM
 Status : Final Report
 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)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.10	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.591	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	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. SHIVARAJA SHETTY
 M.B.B.S., M.D (Biochemistry)
 CONSULTANT BIOCHEMIST
 SIN No: SPL24006370



MC-5145

Patient Name : Mrs.MAZUMDER SAHELI
Age/Gender : 35 Y 5 M 28 D/F
UHID/MR No : CBEL.0000243925
Visit ID : CBELOPV458266
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
Received : 13/Jan/2024 03:09PM
Reported : 13/Jan/2024 05:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Page 13 of 15



DR. SHIVARAJA SHETTY
M.B.B.S., M.D (Biochemistry)
CONSULTANT BIOCHEMIST
SIN No: SPL24006370



Patient Name : Mrs.MAZUMDER SAHELI	Collected : 13/Jan/2024 09:46AM
Age/Gender : 35 Y 5 M 28 D/F	Received : 13/Jan/2024 04:02PM
UHID/MR No : CBEL.0000243925	Reported : 13/Jan/2024 04:48PM
Visit ID : CBELOPV458266	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171452	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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

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

Shobha Emmanuel
 Dr.Shobha Emmanuel
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist





MC-8146

Patient Name : Mrs.MAZUMDER SAHELI
 Age/Gender : 35 Y 5 M 28 D/F
 UHID/MR No : CBEL.0000243925
 Visit ID : CBELOPV458266
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 171452

Collected : 13/Jan/2024 09:46AM
 Received : 13/Jan/2024 04:02PM
 Reported : 13/Jan/2024 04:43PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
 LBC PAP TEST (PAPSURE), PERIPHERAL SMEAR

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

Dr. Shobha Emmanuel
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



Patient Name	: Mrs. MAZUMDER SAHELI	Age/Gender	: 35 Y/F
UHID/MR No.	: CBEL.0000243925	OP Visit No	: CBELOPV458266
Sample Collected on	:	Reported on	: 13-01-2024 19:11
LRN#	: RAD2207385	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 171452		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Chest Radiograph PA View

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION: No obvious gross abnormality seen in the X- ray

DR. RAMESH . G
CONSULTANT RADIOLOGIST

ULTRASOUND - WHOLE ABDOMEN

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER : Normal in size & echotexture. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Minimally distended.

PANCREAS : Obscured by bowel gas. However the visualised parts of the pancreas appear grossly normal. Para – aortic area could not be seen due to bowel gas.

SPLEEN : Normal in size & echotexture. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.8 X 4.6 cms, LEFT KIDNEY : 9.6 X 4.5 cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi.

No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 7 mm. POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

RIF / LIF: Gas filled bowel loops seen. No abnormal bowel distension or bowel wall thickening.

IMPRESSION : No sonologically detectable abnormality seen in the present study.

DR. RAMESH . G



Patient Name : Mrs. MAZUMDER SAHELI

Age/Gender : 35 Y/F

CONSULTANT RADIOLOGIST

Dr. RAMESH G
MBBS DMRD
RADIOLOGY