

Fwd: Health Check up Booking Confirmed Request(bobS7466),Package Code-PKG10000367, Beneficiary Code-305449

From : sailaja tripurana <sailaja.tripurana@gmail.com> Sun, Feb 04, 2024 10:38 PM
Subject : Fwd: Health Check up Booking Confirmed Request(bobS7466),Package Code-PKG10000367, Beneficiary Code-305449
To : CH UMA SHANKAR <umashankar.dad@gov.in>

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Sat, 3 Feb 2024, 15:08
Subject: Health Check up Booking Confirmed Request(bobS7466),Package Code-PKG10000367, Beneficiary Code-305449
To: <sailaja.tripurana@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **MS. TRIPURANA SAILAJA,**

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

Booking Date :02-02-2024

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of :Apollo Clinic

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 informaion. This email is recieved because you are register with us **Click here** to unsubscribe.



भारत सरकार
Government of India



Issue Date: 28/12/2011

Uma Shankar Cherukuri
DOB : 01/02/1974
Male



2812 1111

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



3272 7953 1302

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 28/12/2011

Sailaja Tripurana
DOB : 16/10/1984
Female



2812 1111


आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



6765 2278 5413

मेरा आधार, मेरी पहचान

umashankar@ yahoo.co.in
sailaja.tripurana@gmail.com

Name : Mrs. SAILAJA TRIPURANA	Age: 39 Y	UHD: CWAN.0000059517
Address : LULLANGAR PUNE	Sex: F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number: CWANOPV226118
		Bill No : CWAN-OCR-50164
		Date : 10.02.2024 07:48

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input type="checkbox"/>	GYNAECOLOGY CONSULTATION	
<input type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input type="checkbox"/>	12 LBC PAP TEST - PAPSURE <i>3kup.</i>	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>11 AM</i>	
<input checked="" type="checkbox"/>	URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input type="checkbox"/>	ENT CONSULTATION	
<input type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

BP - 110/70 mmHg
HT - 159 cm
WT - 59.3 kg

FREE CONSULTATIONS
DENTAL / PHYSIO / ABBIDMERTY



Date : 10-02-2024
MR NO : CWAN.0000059517

Department : GENERAL
Doctor :

Name : Mrs. SAILAJA TRIPURANA

Registration No :

Age/ Gender : 39 Y / Female

Qualification :

Consultation Timing: 07:47

Height : 159cm.	Weight : 59.3kg	BMI :	Waist Circum : 75
Temp :	Pulse :	Resp :	B.P : 110/70/80

General Examination / Allergies History

Full: HSN, DM.

3 Covid Vaccines taken

Clinical Diagnosis & Management Plan

For DM

no cos. at the moment,
Oft. cos
cos
Resp. NAD
Abul

Flup & Reports



Dr. Mushfiya Bahrainwala
M.B.B.S.
Reg. No.: 47527

SAMPLE COLLECTION
HC
9763461253
Clinic
9121226368
Follow up date:

Doctor Signature

HR 79 bpm

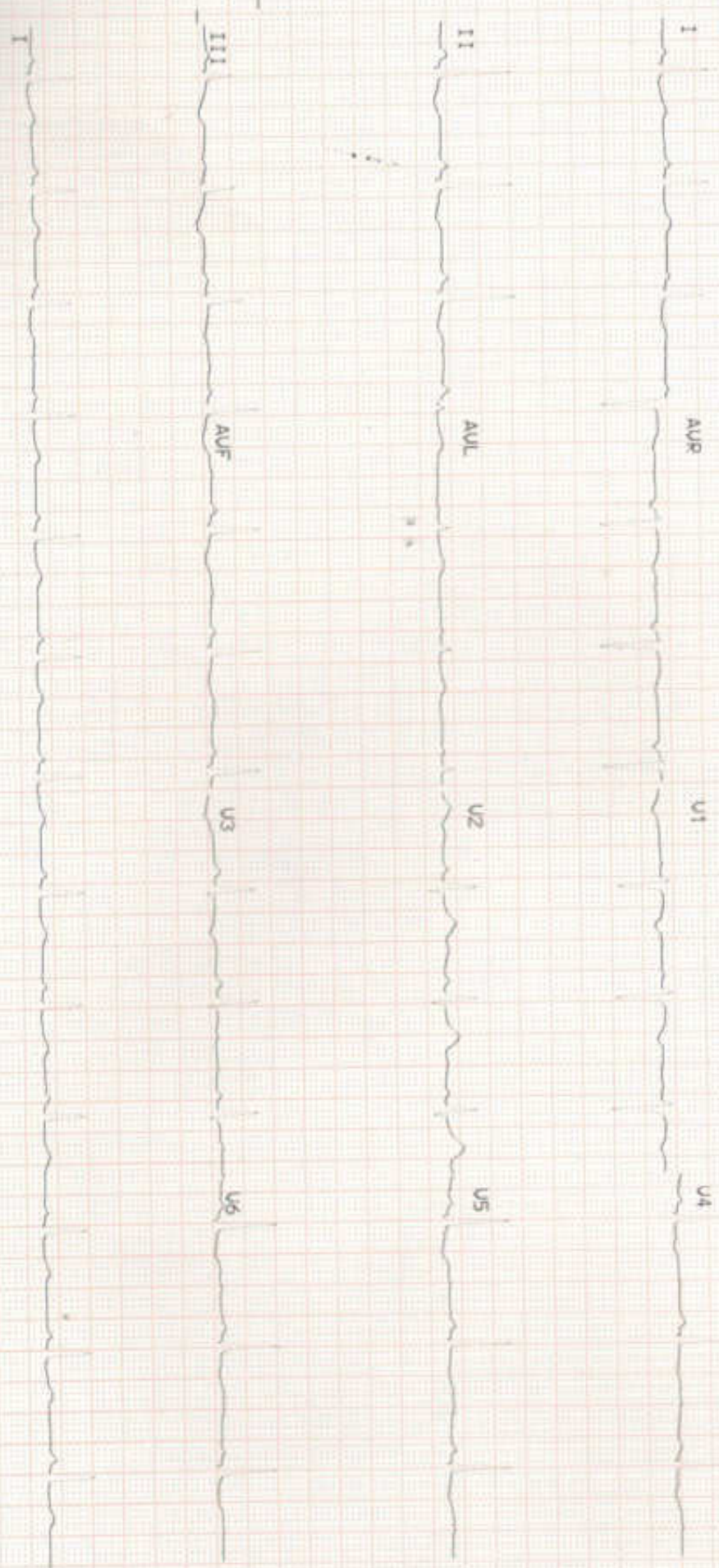
M. L. T. - walia
 inv.

Interpretation:

T-wave near baseline (lateral, inferior, anterior)
 R/S inversion area between U1 and U2
 borderline ECG

Measurement Results:

QRS	84 ms
QT/QTcB	376 / 435 ms
PR	130 ms
P	102 ms
PR/PP	248 / 750 ms
P/ORS/T	55 / 55 / 10 degrees
QTd/QTcBd	36 / 42 ms
Sokolow	1.7 mV
NK	11



Dr. Mushfiya Bahrainwala
 I.R.B.S.
 Reg. No.: 47527
 Unconfirmed report.

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MRS.SHAILAJA CHATURVEDI Age/Sex :39/F Date : 10/02/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – No LV diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, minimal mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –6 mm Hg

Tricuspid valve – minimal tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
25	30	10	10	39	28	60%

Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

No LV Diastolic dysfunction.

Normal PA pressure.

For
Dr. Bhushan Bari

DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mrs. Shaileshji

DATE :- 10/12/24

AGE/SEX :- 39/F

UHID : .

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 -0.75 / 80°	6/6 -0.75 x 100°
Near Vision	N/6	N/6
Anterior Segment Pupil	NORMAL	NORMAL
Fundus	NORMAL	NORMAL
Colour Vision	NORMAL	NORMAL
IOP	NORMAL NA	NORMAL
Family History/Medical History	NA	

IMPRESSION:- Astigmatism

Advice :- use changed glasses

[Signature]
Ophthalmologist



Apollo Health and Lifestyle Limited

ICIN - U85107G2000PLC115810

Regd. Office: 1-10-00952, 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

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointment: www.apollohlt.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mrs. SAILAJA TRIPURANA	Age	: 39 Y F
UHID	: CWAN.0000059517	OP Visit No	: CWANOPV226118
Reported on	: 12-02-2024 11:06	Printed on	: 12-02-2024 11:06
Adm/Consult Doctor	:	Ref Doctor	: SELF

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.

Printed on:12-02-2024 11:06

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

Apollo Health and Lifestyle Limited

(CIN - URS110TG2000PLC11SR19)

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@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

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Patient Name	: Mrs. SAILAJA TRIPURANA	Age	: 39 Y F
UHID	: CWAN.0000059517	OP Visit No	: CWANOPV226118
Reported on	: 10-02-2024 10:33	Printed on	: 10-02-2024 10:33
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Technique : Real time B-Mode USG of both breasts performed using high frequency linear transducer.

Study shows normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No duct ectasia bilaterally.

Nipple areolar complex normal in both breasts.

No abnormal axillary lymphadenopathy detected.

CONCLUSION:

No significant abnormality detected.

Printed on:10-02-2024 10:33

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE

DR. SHAAZ KHAN
MBBS, DMRE

REG:2005/0672464
Apollo Clinic Wanowrie
NISW Road, Kondhwa.

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4004 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

Patient Name	: Mrs. SAILAJA TRIPURANA	Age	: 39 Y F
UHID	: CWAN.0000059517	OP Visit No	: CWANOPV226118
Reported on	: 10-02-2024 10:25	Printed on	: 10-02-2024 10:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality

Uterus measures 8.2 x 4.3 x 4.8 cm. appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 10 mm.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology.

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

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UHID	: CWAN.0000059517	OP Visit No	: CWANOPV226118
Reported on	: 10-02-2024 10:25	Printed on	: 10-02-2024 10:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

No obvious bowel mass detected.

IMPRESSION:-


No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:10-02-2024 10:25

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

Pending Test Form

I, SAILAJA TRIPURANA visiting from _____
_____ Company for health check.

UHID: - 59517

Date: - 10/2/24

This is a consent form to inform you that I do not wish to do this test.

PAP, SMEAR, GYN, DENTAL, ENT, CON.

• Or will be doing their test later on _____.

Signature: - T. Sailaja



Patient Name	: Mrs. SAILAJA TRIPURANA	Age/Gender	: 39 Y/F
UHID/MR No.	: CWAN.0000059517	OP Visit No	: CWANOPV226118
Sample Collected on	:	Reported on	: 10-02-2024 10:27
LRN#	: RAD2231177	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 95032		

DEPARTMENT OF RADIOLOGY

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Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology.

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.

IMPRESSION:-



Patient Name : Mrs. SAILAJA TRIPURANA

Age/Gender : 39 Y/F

No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology



Patient Name	: Mrs. SAILAJA TRIPURANA	Age/Gender	: 39 Y/F
UHID/MR No.	: CWAN.0000059517	OP Visit No	: CWANOPV226118
Sample Collected on	:	Reported on	: 10-02-2024 10:33
LRN#	: RAD2231177	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 95032		

DEPARTMENT OF RADIOLOGY

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No obvious asymmetry or distortion is noted.

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Nipple areolar complex normal in both breasts.

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CONCLUSION:

No significant abnormality detected.

Dr. SHAAZ AHMED KHAN
MBBS, DMRE
Radiology



Patient Name	: Mrs. SAILAJA TRIPURANA	Age/Gender	: 39 Y/F
UHID/MR No.	: CWAN.0000059517	OP Visit No	: CWANOPV226118
Sample Collected on	:	Reported on	: 12-02-2024 11:06
LRN#	: RAD2231177	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 95032		

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. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology



Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 11:44AM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 01:57PM
Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95032	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No:BED240032649

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 11:44AM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 01:57PM
Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95032	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	33.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81.6	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.3	%	40-80	Electrical Impedence
LYMPHOCYTES	29.7	%	20-40	Electrical Impedence
EOSINOPHILS	2	%	1-6	Electrical Impedence
MONOCYTES	9.6	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3498	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1782	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	120	Cells/cu.mm	20-500	Calculated
MONOCYTES	576	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	439000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: BED240032649

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name	: Mrs.SAILAJA TRIPURANA	Collected	: 10/Feb/2024 07:58AM
Age/Gender	: 39 Y 3 M 25 D/F	Received	: 10/Feb/2024 11:44AM
UHID/MR No	: CWAN.0000059517	Reported	: 10/Feb/2024 01:57PM
Visit ID	: CWANOPV226118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 95032		

DEPARTMENT OF HAEMATOLOGY

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



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: BED240032649

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 11:44AM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 05:01PM
Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95032	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	Positive			Microplate Hemagglutination



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240032649

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 12:06PM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 12:55PM
Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95032	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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.

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLF02102878

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 11:43AM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 01:59PM
Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95032	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	121	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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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.



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240014226

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name	: Mrs.SAILAJA TRIPURANA	Collected	: 10/Feb/2024 07:58AM
Age/Gender	: 39 Y 3 M 25 D/F	Received	: 10/Feb/2024 11:43AM
UHID/MR No	: CWAN.0000059517	Reported	: 10/Feb/2024 01:59PM
Visit ID	: CWANOPV226118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 95032		

DEPARTMENT OF BIOCHEMISTRY

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

- 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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Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 11:59AM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 12:54PM
Visit ID : CWANOPV226118	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	59	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.16	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.85	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.14		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.43	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	63.67	U/L	30-120	IFCC
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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'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.Sanjay Ingle
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.84	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.47	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.14	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	12.16	U/L	<38	IFCC



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Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 11:55AM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 01:11PM
Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95032	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.404	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



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SIN No:SPL24021380

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 02:17PM
UHID/MR No : CWAN.0000059517	Reported : 10/Feb/2024 02:34PM
Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95032	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2278690

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mrs.SAILAJA TRIPURANA	Collected : 10/Feb/2024 07:58AM
Age/Gender : 39 Y 3 M 25 D/F	Received : 10/Feb/2024 02:16PM
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Visit ID : CWANOPV226118	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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



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SIN No:UF010473

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

