

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:13AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 12:22PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062450



Patient Name : Mrs.JYOTI  
Age/Gender : 36 Y 4 M 5 D/F  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>39.60</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.07</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>78.1</b>	fL	83-101	Calculated
MCH	<b>25.1</b>	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,080	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.8	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3538.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2115.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	60.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	316.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.67		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	201000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	18	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN

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Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:13AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 11:49AM
Visit ID : SCHIOPV27178	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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



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Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:11PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:20PM
Visit ID : SCHIOPV27178	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	90	mg/dL	70-100	GOD - POD

**Comment:**

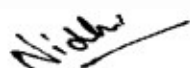
As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
2. Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

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SIN No:PLF02120670

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 11:39AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 05:25PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 08:25AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	84	mg/dL	70-140	GOD - POD

**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.

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SIN No:PLP1428864

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:05PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:03PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

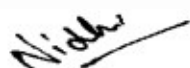
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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:EDT240028316

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 10:29AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	144	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>34</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>136</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>107.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.00</b>		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>35</b>	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.50</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.90</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.59	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	15.20	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>7.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.53	mg/dL	2.5-6.2	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136.1	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.09	g/dL	6.3-8.2	Biuret
ALBUMIN	4.36	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.73</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 09:51AM
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	77.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	13.00	U/L	12-43	Glycylglycine Nitoranalide



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UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 02:09PM
Visit ID : SCHIOPV27178	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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)	1.36	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.26	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.080	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	41	ng/mL	30-100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	230	pg/mL	107.2-653.3	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



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Consultant Pathologist




Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:49PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



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Consultant Pathologist



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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 YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:UR2300728



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 11:39AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

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



Dr. SHWETA GUPTA  
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SIN No:UPP016984





Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 12:30AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

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

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

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Dr. SHWETA GUPTA  
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SIN No:UF011013



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:13AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 12:22PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:BED240062450



Patient Name : Mrs.JYOTI  
Age/Gender : 36 Y 4 M 5 D/F  
UHID/MR No : SCHI.0000018700  
Visit ID : SCHIOPV27178  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : ERYCERTU

Collected : 09/Mar/2024 08:44AM  
Received : 09/Mar/2024 09:13AM  
Reported : 09/Mar/2024 12:22PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>39.60</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.07</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>78.1</b>	fL	83-101	Calculated
MCH	<b>25.1</b>	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,080	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.8	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3538.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2115.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	60.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	316.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.67		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	201000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	18	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
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SIN No:BED240062450



Patient Name : Mrs.JYOTI  
Age/Gender : 36 Y 4 M 5 D/F  
UHID/MR No : SCHI.0000018700  
Visit ID : SCHIOPV27178  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : ERYCERTU

Collected : 09/Mar/2024 08:44AM  
Received : 09/Mar/2024 09:13AM  
Reported : 09/Mar/2024 12:22PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA  
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SIN No:BED240062450



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:13AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 11:49AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:11PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:20PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	90	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

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SIN No:PLF02120670

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 11:39AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 05:25PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 08:25AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	84	mg/dL	70-140	GOD - POD

**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.

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SIN No:PLP1428864

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:05PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:03PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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:EDT240028316



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 10:29AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	144	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>34</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>136</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>107.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.00</b>		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

  
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SIN No:SE04655009



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 10:29AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>35</b>	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.50</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.90</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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.



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SIN No:SE04655009



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 08:23AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.59	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	15.20	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>7.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.53	mg/dL	2.5-6.2	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136.1	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.09	g/dL	6.3-8.2	Biuret
ALBUMIN	4.36	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.73</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

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SIN No:BI18701583

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 09:51AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	77.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	13.00	U/L	12-43	Glycylglycine Nitoranalide



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SIN No:SE04655009



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 02:09PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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)	1.36	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.26	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.08	µIU/mL	0.25-5.0	ELFA

**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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SPL24041370



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:49PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	41	ng/mL	30-100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	230	pg/mL	107.2-653.3	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:49PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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 YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 17



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UR2300728





Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 11:39AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UPP016984



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 12:30AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324


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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF011013



<b>Name</b> : Mrs. JYOTI	<b>Age</b> : 36 Y	<b>UHID</b> :SCH1.0000018700
<b>Address</b> : DELHI	<b>Sex</b> : F	
<b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SCH1OPV27178
		<b>Bill No</b> :SCH1-OCR-9723
		<b>Date</b> : 09.03.2024 08:42

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM + PERIPHERAL SMEAR ✓	
5	GYNACOLOGY CONSULTATION ✓	
6	DIET CONSULTATION after AcPo ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	LBC PAP TEST- PAPSURE ✓ (R.No. 12) Pending	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
13	DENTAL CONSULTATION ✓ (R.No. 12)	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 18:20 PM	
15	VITAMIN D - 25 HYDROXY (D2+D3) ✓	
16	URINE GLUCOSE (FASTING) ✓	
17	SONO MAMOGRAPHY - SCREENING ✓	
18	HbA1c, GLYCATED HEMOGLOBIN ✓	
19	ALKALINE PHOSPHATASE - SERUM/PLASMA ✓	
20	X-RAY CHEST PA - B ✓	
21	ENT CONSULTATION - @ 1:30 (R.No. 10) ✓	
22	CARDIAC STRESS TEST (TMT) - B ✓	
23	FITNESS BY GENERAL PHYSICIAN	
24	BLOOD GROUP ABO AND RH FACTOR ✓	
25	VITAMIN B12 ✓	
26	LIPID PROFILE ✓	
27	BODY MASS INDEX (BMI)	
28	OPHTHAL BY GENERAL PHYSICIAN - (R.No. 15) ✓	
29	ULTRASOUND - WHOLE ABDOMEN - 11 am ✓	
30	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

4/11/1987

Height:	147cm
Weight:	91.5kg
B.P:	114/72
Pulse:	86/min
SP02:	92%

Client Name

ARCOFEMI HEALTHCARE LIMITED

ARCOFEMI HEALTHCARE LIMITED

Patient Name

MRS. JYOTI

MRS. JYOTI



भारत सरकार  
GOVERNMENT OF INDIA



ज्योति  
Jyoti

जन्म वर्ष / Year of Birth : 1987  
महिला / Female

5707 6731 1231



आधार - आम आदमी का अधिकार

<b>NAME :</b>	<b>JYOTI</b>	<b>AGE/SEX</b>	<b>36</b>	<b>YRS/ F</b>
<b>UHID :</b>	<b>18700</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>09.03.2024</b>	

### **USG BOTH BREAST**

Both breast shows normal parenchymal pattern.

No obvious architectural distortion seen.

No abnormal ductal dilatation seen.

Skin and subcutaneous tissues are normal.

No evidence of significantly enlarged intramammary / axillary lymphadenopathy seen on both sides.

No abnormal vascularity seen on both sides.

Bilateral subareolar regions are unremarkable.

#### **IMPRESSION: USG breast reveals:**

**No significant abnormality**

**Advise:** Clinical Correlation.



**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

NAME :	JYOTI	AGE/SEX	36	YRS/ F
UHID :	18700			
REF BY :	APOLLO SPECTRA	DATE:-	09.03.2024	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is retroverted and normal in size. It measures 7.3 x 3.8cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 4.5 mm

Both ovaries are normal in size ,shape and echotexture.

**Right ovary:** 2.6 x 1.9 cm

**Left ovary:** 2.5 x 1.7 cm

No obvious adenexal mass is seen. No free fluid seen.

### **IMPRESSION: FATTY CHANGES IN LIVER GRADE II**

**Please correlate clinically and with lab. Investigations.**



**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

ID: 18700

yoti

Female 36Years

Req. No. :

09-03-2024 09:57:13

HR : 80 bpm

P : 109 ms

PR : 177 ms

QRS : 92 ms

QT/QTcBz : 380/438 ms

P/QRS/T : -13/5/14

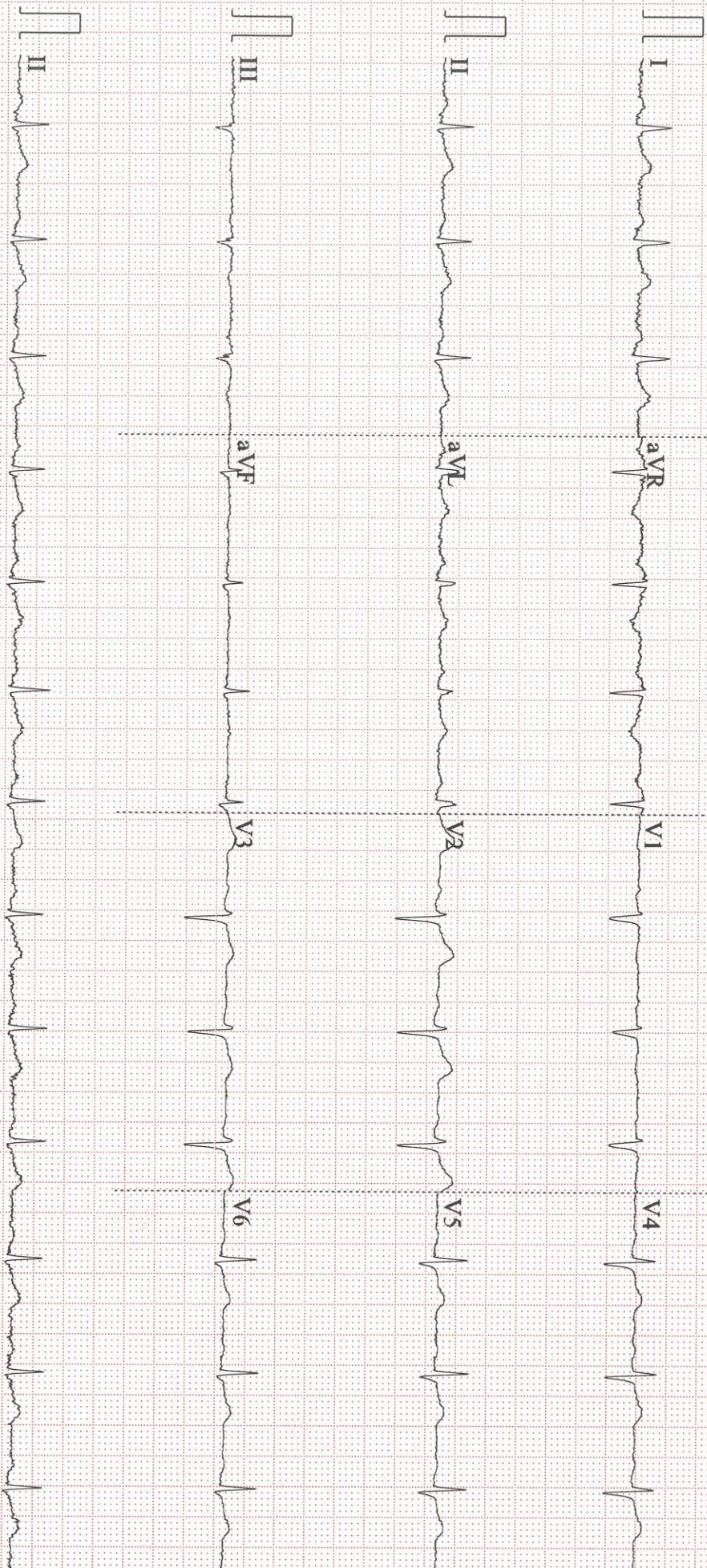
RV5/SV1 : 0.556/0.445 mV

Diagnosis Information:

Sinus Rhythm

Low Voltage(Chest Leads)

Report Confirmed by:





09/05/24

Mon - Jyoti 26/4

happ @ 9/6 →  
C 9/6 →  
(Unrestricted)

40 - @ 15/6  
of the

NCIP 15  
18/6

CIP 4 - Exophoria

Ref @ - 0.20 2700 - 2/6  
C - 0.20 100 - 2/6

Col. hana (15) amp.

Indu with  
D/E @

Ady - Convergence Ex.

**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151



Specialists in Surgery

For Appointment : +91 11 4046 5555  
Mob.: +91 9910995018  
Email: drusha.maheshwari@apollospectra.com

08/03/2024

Mrs. Jyoti -

36 Y / Female

C/O :- regular Dental Check-up -

M/H :- N-R

PDH :- N-R

O/E :- Calculus +

~~Advice~~

Advised :- Scaling & oral Prophylaxis.

PS

LMP - 7-3-24

11yr ♀

9.3.24

P<sub>2</sub>L<sub>2</sub> - NVD

Syrs 0 →

Jyo hi 364 / F

LCB - Syrs

Adv

R/A rgr  
bit

- Lactacyd wash

Ye - Normal

- 1mg Gaudarit + 9  
(0, 2, 6)  
1/m

Adv

Adv

- laproscopic tubal  
ligation

Consultation pending

## CERTIFICATE OF MEDICAL FITNESS

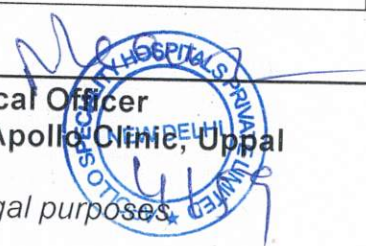
This is to certify that I have conducted the clinical examination

of Jyoti on 9/3

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"><li>• Currently Unfit. Review after _____ recommended</li></ul>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes.*

**PREVENTIVE HEALTH CARE SUMMARY**

NAME :- <i>Jyoti</i>	UHID No : <i>18700</i>
AGE / GENDER : <i>36yF</i>	RECEIPT No :-
PANEL : <i>Arcoferm</i>	EXAMINED ON :- <i>9/3</i>

**Chief Complaints:**

**Past History:**

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

**Personal History:**

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

**Family History:**

**General Physical Examination:**

Height	<i>147</i>	:	cms	Pulse	<i>86/m</i>	bpm
Weight	<i>91.5</i>	:	Kgs	BP	<i>114/72</i>	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Jyoti</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

### Investigations:

- All the reports of tests and investigations are attached herewith

*wm*

### Recommendation:

•  
→ Bezuvibe Protein powder  
→ Cap Dolyeal once a day 1-2 month



*sent reports*



# Apollo Clinic

## CONSENT FORM

Patient Name: Syoti Age: 36

UHID Number: 18700 Company Name: \_\_\_\_\_

I Mr/Mrs/Ms  Syoti Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting LBC

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Syoti Date: 9/3/24

Patient Name : Mrs. JYOTI  
UHID : SCHI.0000018700  
Conducted By: : Dr. MUKESH K GUPTA  
Referred By : SELF  
Age : 36 Y/F  
OP Visit No : SCHIOPV27178  
Conducted Date : 09-03-2024 16:51

Protocol : Bruce Protocol  
Medication :  
Target Heart Rate : 184 BPM  
Heart Rate Achieved : 166 BPM  
Percentage of THR Achieved : 90%  
Maximum Blood Pressure : 130/90 mmHg  
Total Exercise Duration : 06:06 Min.  
Maximum Worked Attained : 07.10 Mets  
Reason for termination : Max HR attained.

#### Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

#### Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically  
Not valid for medico legal purpose.



*Dr. M K Gupta*  
*M.B.B.S, MD,FIACM*  
*Senior Consultant Cardiologist*



APOLLO SPECTRA  
NEHRU ENCLAVE  
NEW DELHI

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: , JYOTI  
Patient ID: 18700  
Height: 147 cm  
Weight: 91.5 kg

DOB: 04.11.1987  
Age: 36 yrs  
Gender: Female  
Race: Indian

Study Date: 09.03.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	01:45	0.00	0.00	106	110/70	
	STANDING	00:37	0.00	0.00	94		
	HYPERV.	00:03	0.00	0.00	93		
	WARM-UP	00:12	0.50	0.00	83		
EXERCISE	STAGE 1	03:00	1.70	10.00	115	110/70	
	STAGE 2	03:00	2.50	12.00	162	130/90	
	STAGE 3	00:07	2.90	13.70	162		
RECOVERY		04:09	0.00	0.00	97	120/80	

The patient exercised according to the BRUCE for 6:06 min:s, achieving a work level of Max. METS: 7.10. The resting heart rate of 81 bpm rose to a maximal heart rate of 166 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 130/90 mmHg. The exercise test was stopped due to Max HR attained.

### Interpretation

Summary: Chest Pain: none.

### Conclusions

--

Physician \_\_\_\_\_ Technician \_\_\_\_\_

**, JYOTI**  
 Patient ID: 18700  
 09.03.2024 Female 147 cm 91.5 kg  
 10:20:26am 36 yrs Indian  
 Meds:

Test Reason:  
 Medical History:  
 Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

BRUCE: Exercise Time 06:06  
 Max HR: 166 bpm 90 % of max predicted 184 bpm HR at rest: 81  
 Max BP: 130/90 mmHg BP at rest: 110/70 Max RPP: 21580 mmHg\*bp  
 Maximum Workload: 7.10 METS  
 Max. ST: -2.80 mm, -2.30 mV/s in III: EXERCISE STAGE 1 2:00  
 Arrhythmia: A:359, VBG:6, PVG:94, PSYC:11, VTAGH:2, RUN:9, GPLF:12,  
 PAU1:4, PAU2:1, ESC:6  
 ST/HR index: 1.96  $\mu$ V/bpm  
 ST/HR slope: 1.29  $\mu$ V/bpm (I1)  
 HR reserve used: 71 %  
 HR recovery: 29 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: 0.105 mV (V2)  
 QRS duration: BASELINE: 88 ms, PEAK EX: 82 ms, REC: 90 ms  
**Reasons for Termination:** Max HR attained

**Summary:**  
**Chest Pain:** none.  
 Room:  
 Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST Level III [mm]	Comment
PRETEST	SUPINE	01:45	0.00	0.00	1.0	106	110/70	11660	5	0.20	
	STANDING	00:37	0.00	0.00	1.0	94		10340	3	0.30	
	HYPERV.	00:03	0.00	0.00	1.0	93		10230	3	0.30	
	WARM-UP	00:12	0.50	0.00	1.0	83		9130	2	0.30	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	115	110/70	12650	7	-0.15	
	STAGE 2	03:00	2.50	12.00	7.0	162	130/90	21060	4	-0.75	
	STAGE 3	00:07	2.90	13.70	7.1	162		21060	4	-0.75	
RECOVERY		04:09	0.00	0.00	1.0	97	120/80	11640	0	0.20	

## DIGITAL X-RAY REPORT

NAME: JYOTI	DATE: 09.03.2024
UHID NO : 18700	AGE: 36YRS/ SEX: F

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:13AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 12:22PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Page 1 of 17



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062450



Patient Name : Mrs.JYOTI  
Age/Gender : 36 Y 4 M 5 D/F  
UHID/MR No : SCHI.0000018700  
Visit ID : SCHIOPV27178  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : ERYCERTU

Collected : 09/Mar/2024 08:44AM  
Received : 09/Mar/2024 09:13AM  
Reported : 09/Mar/2024 12:22PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>39.60</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.07</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>78.1</b>	fL	83-101	Calculated
MCH	<b>25.1</b>	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,080	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.8	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3538.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2115.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	60.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	316.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.67		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	201000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	18	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062450



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:13AM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062450



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:13AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 11:49AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240062450



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:11PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:20PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	90	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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Dr Nidhi Sachdev  
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Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:PLF02120670



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 11:39AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 05:25PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 08:25AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	84	mg/dL	70-140	GOD - POD

**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.



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Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:05PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:03PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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:EDT240028316

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 10:29AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	144	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>34</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>136</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>107.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.00</b>		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

  
Dr. SHWETA GUPTA  
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SIN No:SE04655009



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 10:29AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>35</b>	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.50</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.90</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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.



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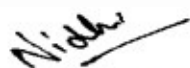
Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 08:23AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.59	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	15.20	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>7.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.53	mg/dL	2.5-6.2	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136.1	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.09	g/dL	6.3-8.2	Biuret
ALBUMIN	4.36	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.73</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

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SIN No:BI18701583

Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 09:51AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	77.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	13.00	U/L	12-43	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:SE04655009



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 02:09PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYSSERTU	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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)	1.36	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.26	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.08	µIU/mL	0.25-5.0	ELFA

**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. SHWETA GUPTA  
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SIN No:SPL24041370



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:49PM
Visit ID : SCHIOPV27178	Status : Final Report
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Emp/Auth/TPA ID : ERYSSERTU	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	41	ng/mL	30-100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	230	pg/mL	107.2-653.3	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

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Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:IM07114237



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 05:49PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Dr.Tanish Mandal  
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Consultant Pathologist



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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 YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UR2300728



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 11:39AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UPP016984



Patient Name : Mrs.JYOTI	Collected : 09/Mar/2024 08:44AM
Age/Gender : 36 Y 4 M 5 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018700	Reported : 10/Mar/2024 12:30AM
Visit ID : SCHIOPV27178	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ERYCERTU	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF011013



Patient Name : Mrs. JYOTI Age : 36 Y/F  
UHID : SCHL0000018700 OP Visit No : SCHIOPV27178  
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-03-2024 16:54  
Referred By : SELF

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**Protocol** : Bruce Protocol  
**Medication** :  
**Target Heart Rate** : 184 BPM  
**Heart Rate Achieved** : 166 BPM  
**Percentage of THR Achieved** : 90%  
**Maximum Blood Pressure** : 130/90 mmHg  
**Total Exercise Duration** : 06:06 Min.  
**Maximum Worked Attained** : 07.10 Mets  
**Reason for termination** : Max HR attained.

#### Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

#### Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically  
Not valid for medico legal purpose.

***Dr. M K Gupta***  
***M.B.B.S, MD,FIACM***  
***Senior Consultant Cardiologist***

Patient Name	: Mrs. JYOTI	Age	: 36 Y/F
UHID	: SCHI.0000018700	OP Visit No	: SCHIOPV27178
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 09-03-2024 16:54
Referred By	: SELF		

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Patient Name : Mrs. JYOTI  
UHID : SCHI.0000018700  
Conducted By: :  
Referred By : SELF

Age : 36 Y/F  
OP Visit No : SCHIOPV27178  
Conducted Date :

Patient Name : Mrs. JYOTI  
UHID : SCHI.0000018700  
Conducted By :  
Referred By : SELF

Age : 36 Y/F  
OP Visit No : SCHIOPV27178  
Conducted Date :

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