

Patient Name : Mrs.SUSANNAH SAIRAH OOMMEN
Age/Gender : 31 Y 4 M 24 D/F
UHID/MR No : SMRC.0000028810
Visit ID : SALWOPV201230
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 286921

Collected : 09/Dec/2023 09:16AM
Received : 09/Dec/2023 10:45AM
Reported : 09/Dec/2023 11:47AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED230303855

Page 1 of 15




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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	12-15	Spectrophotometer
PCV	43.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	29	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4554	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2001	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69	Cells/cu.mm	20-500	Calculated
MONOCYTES	276	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	255000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
..				


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Patient Name	: Mrs.SUSANNAH SAIRAH OOMMEN	Collected	: 09/Dec/2023 09:16AM
Age/Gender	: 31 Y 4 M 24 D/F	Received	: 09/Dec/2023 04:04PM
UHID/MR No	: SMRC.0000028810	Reported	: 09/Dec/2023 05:50PM
Visit ID	: SALWOPV201230	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 286921		

DEPARTMENT OF HAEMATOLOGY

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

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY

Veena Singh

Dr.Veena Singh,
M.D(Pathology)
Consultant Pathologist

Page 3 of 15



SIN No:HA06156839

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

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Patient Name : Mrs.SUSANNAH SAIRAH OOMMEN	Collected : 09/Dec/2023 11:25AM
Age/Gender : 31 Y 4 M 24 D/F	Received : 09/Dec/2023 12:56PM
UHID/MR No : SMRC.0000028810	Reported : 09/Dec/2023 01:27PM
Visit ID : SALWOPV201230	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 286921	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	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:

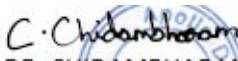
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1395057



Patient Name : Mrs.SUSANNAH SAIRAH OOMMEN	Collected : 09/Dec/2023 09:16AM
Age/Gender : 31 Y 4 M 24 D/F	Received : 09/Dec/2023 11:41AM
UHID/MR No : SMRC.0000028810	Reported : 09/Dec/2023 12:40PM
Visit ID : SALWOPV201230	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 286921	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)



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



SIN No:EDT230111778

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	94	mg/dL	<150	
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		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.

Page 6 of 15


DR. CHIDAMBHARAM C
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CONSULTANT PATHOLOGIST

SIN No:SE04564314

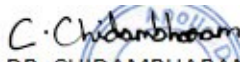


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DEPARTMENT OF BIOCHEMISTRY

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


DR. CHIDAMBHARAM C
M.D., D.N.B.
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Page 7 of 15



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	69.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	5.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	1.90	g/dL	2.0-3.5	Calculated
A/G RATIO	2.68		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.

Page 8 of 15


DR. CHIDAMBARAM C
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CONSULTANT PATHOLOGIST

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

- 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

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.62	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	3.0-5.5	URICASE
CALCIUM	8.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE


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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method


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CONSULTANT PATHOLOGIST

SIN No:SE04564314

Page 11 of 15



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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.34	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.68	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.097	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

Page 12 of 15



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



SIN No:SPL23178155

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

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DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/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 14 of 15


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2237451



Patient Name : Mrs.SUSANNAH SAIRAH OOMMEN
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UF009966

Page 15 of 15



Patient Name	: Mrs. SUSANNAH SAIRAH OOMMEN	Age/Gender	: 31 Y/F
UHID/MR No.	: SMRC.0000028810	OP Visit No	: SALWOPV201230
Sample Collected on	:	Reported on	: 11-12-2023 15:08
LRN#	: RAD2173410	Specimen	:
Ref Doctor	: DR VIJENDRA MAKKI REDDY		
Emp/Auth/TPA ID	: 286921		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Pancreas appears normal.

Spleen measures 8.8cm and shows normal echotexture.

Visualised aorta and IVC are normal.

No evidence of ascites or lymphadenopathy.

Right kidney measures 9.5 x 3.7cm.

Left kidney measures 9.4 x 4.6cm.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus anteverted measures 6.6 x 3.4cm. Endometrial thickness - 5mm.

Right ovary measures 3.0 x 1.6cm.

Left ovary measures 2.5 x 1.7cm.

Both ovaries - Multiple small follicles noted.

Bladder is normal in contour.

IMPRESSION:

NORMAL APPEARING LIVER / GALL BLADDER / PANCREAS / SPLEEN / KIDNEYS AND UTERUS.

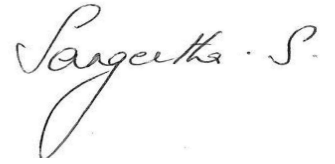
MULTIPLE SMALL FOLLICLES NOTED IN BOTH OVARIES - PCOD TO BE CONSIDERED.

Patient Name : Mrs. SUSANNAH SAIRAH OOMMEN

Age/Gender : 31 Y/F

SUGGESTED CLINICAL CORRELATION.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. S SANGEETHA
MBBS., TRAINED IN ULTRASONOGRAPHY
Radiology



സംസ്ഥാന സർക്കാർ

Government of India

സുസന്ന സൈറ ഓമ്മൻ
Susannah Sairah Oommen



ജനന വർഷം/Year of Birth: 1992
ലിംഗം / Female



7873 8394 3485

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം

9496543639

28810
31 Years

09-Dec-23 9:04:27 AM
Female

MRS. SUSANNAH SAIRAH

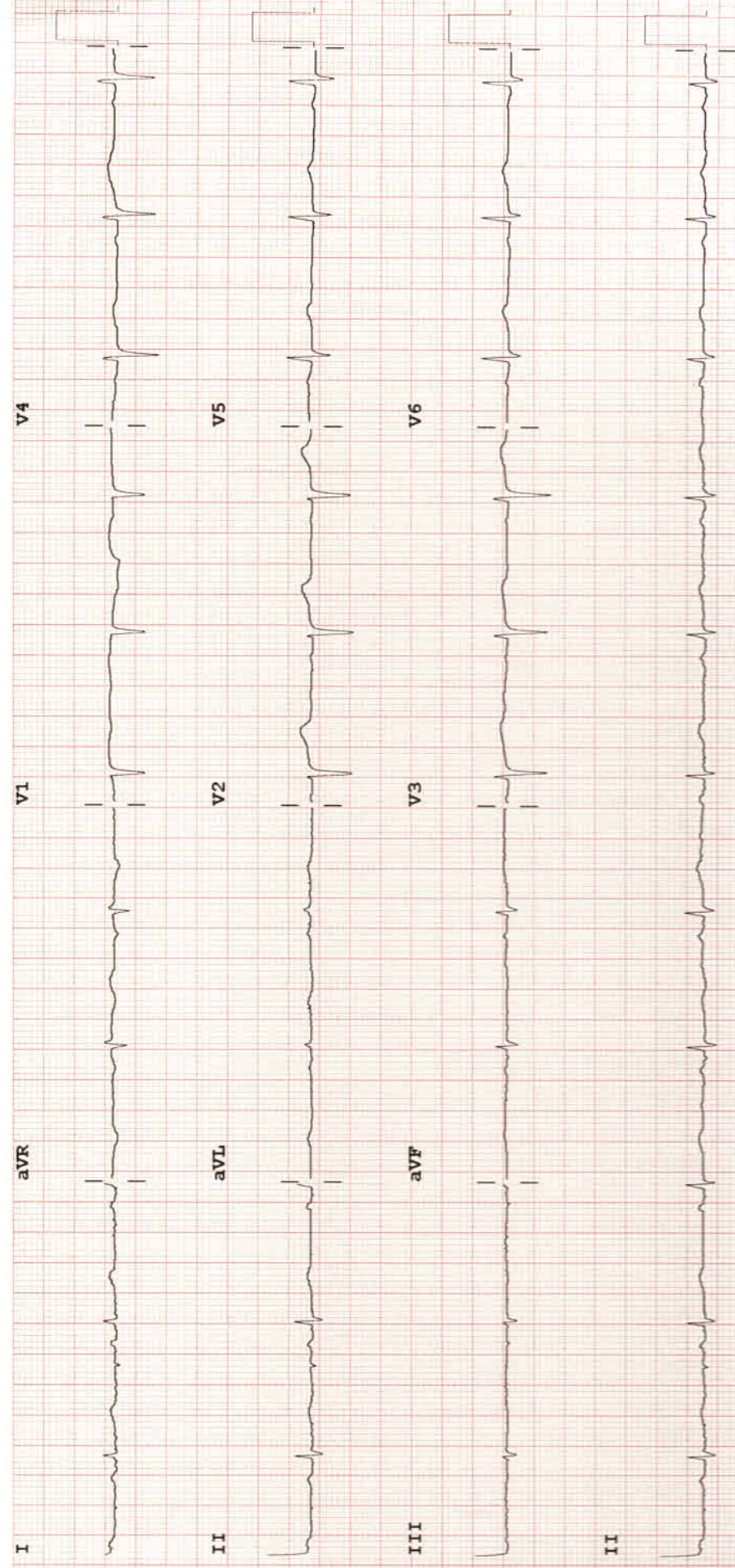
APOLLO SPECTRA HOSP. ALWARP>

Rate 66 : Sinus rhythm.....normal P axis, V-rate 50- 99
PR 162 . Borderline low voltage, extremity leads.....all extremity leads <0.6mV
QRSD 75 . Baseline wander in lead(s) V1
QT 421
QTc 442

--AXIS--
P 29
QRS 26
T 22

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

PH100B CL P?

PHILIPS

REORDER M3708A

Patient Name : Mrs. SUSANNAH SAIRAH OOMMEN
UHID : SMRC.0000028810
Conducted By :
Referred By : SELF

Age : 31 Y/F
OP Visit No : SALWOPV201230
Conducted Date : 09-12-2023 14:55

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cd)	2.8 CM
LA (cs)	2.6 CM
LVID (ed)	4.1 CM
LVID (es)	2.5 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.8 CM
EF	68%
%FD	37%

MITRAL VALVE :

AML	GRADE I PROLAPSE+
PML	NORMAL

AORTIC VALVE	NORMAL
--------------	--------

TRICUSPID VALVE	NORMAL
-----------------	--------

RIGHT VENTRICLE	NORMAL
-----------------	--------

INTER ATRIAL SEPTUM	INTACT
---------------------	--------

INTER VENTRICULAR SEPTUM	INTACT
--------------------------	--------

AORTA	NORMAL
-------	--------

RIGHT ATRIUM	NORMAL
--------------	--------

LEFT ATRIUM	NORMAL
-------------	--------

Pulmonary Valve	NORMAL
-----------------	--------

PERICARDIUM	NORMAL
-------------	--------

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
0.6m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY
LEFT VENTRICLE NORMAL IN SIZE
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-68%)
GRADE I MITRAL VALVE PROLAPSE - AML
TRIVIAL MITRAL REGURGITATION
TRIVIAL TRICUSPID REGURGITATION
NO PULMONARY ARTERY HYPERTENSION
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

DR J CECILY MARY MAJELLA MD.DM (Cardio)



Patient Name	: Mrs. SUSANNAH SAIRAH OOMMEN	Age/Gender	: 31 Y/F
UHID/MR No.	: SMRC.0000028810	OP Visit No	: SALWOPV201230
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DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

Impression:

Normal study.



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology