

Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:14PM
UHID/MR No : CKOR.000248883	Reported : 15/Dec/2023 04:55PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	


DEPARTMENT OF HAEMATOLOGY


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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	64.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.5	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	4.3	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4860	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1912.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	405	Cells/cu.mm	20-500	Calculated
MONOCYTES	322.5	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

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

  
**DR. Aditi Parkhe**  
 MBBS, MD(PATHOLOGY)  
 Consultant Pathologist

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



SIN No: BED230309789

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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APOLLO CLINICS NETWORK

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

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## DEPARTMENT OF HAEMATOLOGY


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

PLATELETS: appear adequate in number.


HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

Page 2 of 17



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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			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

  
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UHID/MR No	: CKOR.0000248883	Reported	: 15/Dec/2023 03:18PM
Visit ID	: CKOROPV391765	Status	: Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	144	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	205	mg/dL	70-140	HEXOKINASE

**Comment:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	8.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	192	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.



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

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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SIN No:EDT230114145

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>169</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>33.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.89		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Patient Name	: Mrs.MS. MENON DEEPIKA	Collected	: 15/Dec/2023 10:31AM
Age/Gender	: 60 Y 0 M 16 D/F	Received	: 15/Dec/2023 01:58PM
UHID/MR No	: CKOR.000248883	Reported	: 15/Dec/2023 02:42PM
Visit ID	: CKOROPV391765	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.82	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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:**

Page 9 of 17




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

SIN No:SE04570337

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Visit ID	: CKOROPV391765	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

### DEPARTMENT OF BIOCHEMISTRY

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

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



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.08</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.17	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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SIN No:SE04570337

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.00	U/L	<38	IFCC



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Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:55PM
UHID/MR No : CKOR.000248883	Reported : 15/Dec/2023 02:48PM
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Emp/Auth/TPA ID : na	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.67	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.471	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



DR.SHIVARAJA SHETTY  
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SIN No:SPL23182327

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Emp/Auth/TPA ID	: na		

DEPARTMENT OF IMMUNOLOGY

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

Page 14 of 17



DR.SHIVARAJA SHETTY  
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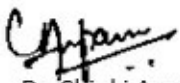
Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:30AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 06:32PM
UHID/MR No : CKOR.000248883	Reported : 15/Dec/2023 07:03PM
Visit ID : CKOROPV391765	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 17



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SIN No:UR2241810

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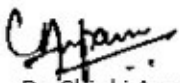
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



Dr. Chinki Anupam  
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Consultant Pathologist



Dr. Shobha Emmanuel  
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SIN No:UF010012

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Patient Name	: Mrs.MS. MENON DEEPIKA	Collected	: 15/Dec/2023 04:21PM
Age/Gender	: 60 Y 0 M 16 D/F	Received	: 16/Dec/2023 10:28AM
UHID/MR No	: CKOR.000248883	Reported	: 18/Dec/2023 05:23PM
Visit ID	: CKOROPV391765	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

DEPARTMENT OF CYTOLOGY

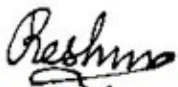
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	20979/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Parabasal and basal cells with reactive nuclear changes. Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>c</b>	<b>NON NEOPLASTIC FINDINGS</b>	ATROPHY WITH INFLAMMATION
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No:CS071428

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

Page 17 of 17  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



 **1860 500 7788**  
www.apolloclinic.com



<b>Patient Name</b>	: Mrs. MS. MENON DEEPIKA	<b>Age/Gender</b>	: 60 Y/F
<b>UHID/MR No.</b>	: CKOR.0000248883	<b>OP Visit No</b>	: CKOROPV391765
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 21-12-2023 12:46
<b>LRN#</b>	: RAD2179366	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: na		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

SCAN NOT DONE

**Name** : Mrs. MS. MENON DEEPIKA

**Age**: 60 Y

**UHID**:CKOR.0000248883

**Sex**: F

**Address** : kml

**OP Number**:CKOROPV391765

**Plan** : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

**Bill No** :CKOR-OCR-79605

**Date** : 15.12.2023 10:21

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
<del>1</del>	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<del>3</del>	SONO MAMOGRAPHY - SCREENING	
<del>4</del>	HbA1c, GLYCATED HEMOGLOBIN	
<del>5</del>	LIVER FUNCTION TEST (LFT)	
<del>6</del>	X-RAY CHEST PA	
<del>7</del>	GLUCOSE, FASTING	
<del>8</del>	HEMOGRAM + PERIPHERAL SMEAR	
<del>9</del>	ENT CONSULTATION	
<del>10</del>	CARDIAC STRESS TEST(TMT)	
<del>11</del>	FITNESS BY GENERAL PHYSICIAN	
<del>12</del>	GYNAECOLOGY CONSULTATION	
<del>13</del>	DIET CONSULTATION	
<del>14</del>	COMPLETE URINE EXAMINATION	
<del>15</del>	URINE GLUCOSE(POST PRANDIAL)	
<del>16</del>	PERIPHERAL SMEAR	
<del>17</del>	ECG	
<del>18</del>	BLOOD GROUP ABO AND RH FACTOR	
<del>19</del>	LIPID PROFILE	
<del>20</del>	BODY MASS INDEX (BMI)	
<del>21</del>	LBC PAP TEST- PAPSURE	
<del>22</del>	OPHTHAL BY GENERAL PHYSICIAN	
<del>23</del>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<del>24</del>	ULTRASOUND - WHOLE ABDOMEN	
<del>25</del>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<del>26</del>	DENTAL CONSULTATION	
<del>27</del>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

BF - 13:00  
PP - 0:30

HT - cm  
wt - kg  
pulse - 77 bts/mts  
Bp - 182/85 mmHg

Date : 15/12/23  
MRNO :  
Name : Mrs Deepika  
Age/Gender : 60 yr

V/C

Department : OBSTETRICS & GYNAECOLOGY  
Consultant : DR JYOTHI RAJESH  
KMC NO-42823  
Qualification : DGO (DNB)  
Consultation Timings : 9.30pm to 12.00pm  
PHONE NO: 9972044580

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

No gynae complaints  
Menopause - 10 yr  
OBN - P2L2 F12P  
Past H - DM on IP  
Family H - father - DM  
OLE - P/As 85K  
Pl - Cx polyp 1x1cm  
CBC taken  
Plu - VE 7.25

Follow up date:

3 months

Doctor Signature

*(Signature)*



Patient Name : Mrs. MS. MENON DEEPIKA  
UHID : CKOR.0000248883  
Reported on : 15-12-2023 14:34  
Adm/Consult Doctor :  
Age : 60 Y F  
OP Visit No : CKOROPV391765  
Printed on : 15-12-2023 14:46  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

  
**DR VINOD JOSEPH DNB, DMRD**  
**RADIOLOGIST**

Printed on: 15-12-2023 14:34

---End of the Report---

**Patient Name** : Mrs MS Menon Deepika  
**Age** : 60Years  
**Referring Doctor** : H/C

**Patient ID** : 248883  
**Sex** : Female  
**Date** : 15.12.2023

**SONOMAMMOGRAPHY**

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

**IMPRESSION: NORMAL SONOMAMMOGRAPHY STUDY – BIRADS 1**

  
**DR VINOD JOSEPH DNB,DMRD**  
**RADIOLOGIST**



## Apollo Clinic

### Consent Form

Patient Name: Menon Deepika Age: 60

UHID Number: ..... Company Name: .....

I Mr/Mrs/Miss: ..... Employee of .....

(Company) want to inform you that I am not getting the.....

Test which is a part of health check package.

Reason If any: usq / Ent / Consulting will be done next week

And I claim the above statement in my full consciousness.

Patient Signature: ..... Date: .....

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

**Bangalore** (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (Kallidasa Road)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:14PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 04:55PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	64.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.5	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	4.3	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4860	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1912.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	405	Cells/cu.mm	20-500	Calculated
MONOCYTES	322.5	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westegren method

**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:14PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 04:55PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:14PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 04:48PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 02:47PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 03:18PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	144	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  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.



Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:59PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 02:57PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	205	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

**HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA**

HBA1C, GLYCATED HEMOGLOBIN	8.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	192	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.



Patient Name	: Mrs.MS. MENON DEEPIKA	Collected	: 15/Dec/2023 10:31AM
Age/Gender	: 60 Y 0 M 16 D/F	Received	: 15/Dec/2023 01:59PM
UHID/MR No	: CKOR.0000248883	Reported	: 15/Dec/2023 02:57PM
Visit ID	: CKOROPV391765	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control  
 A: HbF >25%  
 B: Homozygous Hemoglobinopathy.  
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:58PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 02:42PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	169	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.89		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.



Patient Name	: Mrs.MS. MENON DEEPIKA	Collected	: 15/Dec/2023 10:31AM
Age/Gender	: 60 Y 0 M 16 D/F	Received	: 15/Dec/2023 01:58PM
UHID/MR No	: CKOR.0000248883	Reported	: 15/Dec/2023 02:42PM
Visit ID	: CKOROPV391765	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.82	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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.

Patient Name	: Mrs. MS. MENON DEEPIKA	Collected	: 15/Dec/2023 10:31AM
Age/Gender	: 60 Y 0 M 16 D/F	Received	: 15/Dec/2023 01:58PM
UHID/MR No	: CKOR.0000248883	Reported	: 15/Dec/2023 02:42PM
Visit ID	: CKOROPV391765	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method





Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:58PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 02:42PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.79	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.08</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.17	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 01:58PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 02:31PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<38	IFCC



Patient Name	: Mrs.MS. MENON DEEPIKA	Collected	: 15/Dec/2023 10:31AM
Age/Gender	: 60 Y 0 M 16 D/F	Received	: 15/Dec/2023 01:55PM
UHID/MR No	: CKOR.0000248883	Reported	: 15/Dec/2023 02:48PM
Visit ID	: CKOROPV391765	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: na		

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	<b>0.67</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>7.89</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>1.471</b>	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in µIU/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



Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:30AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 06:32PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 07:03PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**COMPLETE URINE EXAMINATION (CUE) , URINE**

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





Patient Name : Mrs.MS. MENON DEEPIKA	Collected : 15/Dec/2023 10:31AM
Age/Gender : 60 Y 0 M 16 D/F	Received : 15/Dec/2023 06:32PM
UHID/MR No : CKOR.0000248883	Reported : 15/Dec/2023 07:02PM
Visit ID : CKOROPV391765	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : na	

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

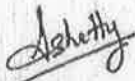
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+)		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick


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


Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

  
**DR. Aditi Parkhe**  
 MBBS, MD(PATHOLOGY)  
 Consultant Pathologist

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

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

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







LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. MENON DEEPIKA
EC NO.	153751
DESIGNATION	JOINT MANAGER
PLACE OF WORK	BANGALORE,N R ROAD
BIRTHDATE	29-12-1963
PROPOSED DATE OF HEALTH CHECKUP	15-12-2023
BOOKING REFERENCE NO.	23D153751100079066E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **13-12-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

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

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

**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

India  
आधार

Issue Date: 26/07/2016

Deepika Menon  
ಬಿಸ್ಕಿ ಮೆನಾಂ / DOB : 29/12/1983  
ಸ್ತ್ರೀ / Female

4813 2753 4991

मेरा आधार, मेरी पहचान



<b>Patient Name</b>	: Mrs. MS. MENON DEEPIKA	<b>Age/Gender</b>	: 60 Y/F
<b>UHID/MR No.</b>	: CKOR.0000248883	<b>OP Visit No</b>	: CKOROPV391765
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 16-12-2023 16:04
<b>LRN#</b>	: RAD2179366	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: na		

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

**IMPRESSION: NORMAL SONOMAMMOGRAPHY STUDY – BIRADS 1**

**DR VINOD JOSEPH DNB,DMRD  
RADIOLOGIST**

**Dr. VINOD P JOSEPH**  
**MBBS, DNB, DMRD**  
Radiology

**Patient Name** : Mrs. MS. MENON DEEPIKA

**Age/Gender** : 60 Y/F

**UHID/MR No.** : CKOR.0000248883

**OP Visit No** : CKOROPV391765

**Sample Collected on** :

**Reported on** : 15-12-2023 14:35

**LRN#** : RAD2179366

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : na

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

**DR VINOD JOSEPH DNB,DMRD**  
**RADIOLOGIST**

Name: Mrs. MS. MENON DEEPIKA  
Age/Gender: 60 Y/F  
Address: kml  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000248883  
Visit ID: CKOROPV391765  
Visit Date: 15-12-2023 10:20  
Discharge Date:  
Referred By: SELF

## **HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

### **Chief Complaints**

COMPLAINTS:::: For General Health Checkup,

## **SYSTEMIC REVIEW**

### **\*\*Weight**

--->: Stable,

## **HT-HISTORY**

### **Past Medical History**

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: NIL,

## **PHYSICAL EXAMINATION**

## **SYSTEMIC EXAMINATION**

## **IMPRESSION**

## **RECOMMENDATION**

## **DISCLAIMER**

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Name: Mrs. MS. MENON DEEPIKA  
Age/Gender: 60 Y/F  
Address: kml  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000248883  
Visit ID: CKOROPV391765  
Visit Date: 15-12-2023 10:20  
Discharge Date:  
Referred By: SELF

## **HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

### **Chief Complaints**

COMPLAINTS:::: For General Health Checkup,

## **SYSTEMIC REVIEW**

### **\*\*Weight**

--->: Stable,

## **HT-HISTORY**

### **Past Medical History**

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: NIL,

## **PHYSICAL EXAMINATION**

## **SYSTEMIC EXAMINATION**

## **IMPRESSION**

## **RECOMMENDATION**

## **DISCLAIMER**

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Doctor's Signature

Name: Mrs. MS. MENON DEEPIKA  
Age/Gender: 60 Y/F  
Address: kml  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000248883  
Visit ID: CKOROPV391765  
Visit Date: 15-12-2023 10:20  
Discharge Date:  
Referred By: SELF

## **HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

### **Chief Complaints**

COMPLAINTS:::: For General Health Checkup,

## **SYSTEMIC REVIEW**

### **\*\*Weight**

--->: Stable,

## **HT-HISTORY**

### **Past Medical History**

PAST MEDICAL HISTORY: Nil,

\*\*Cancer: NIL,

## **PHYSICAL EXAMINATION**

## **SYSTEMIC EXAMINATION**

## **IMPRESSION**

## **RECOMMENDATION**

## **DISCLAIMER**

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature



Name: Mrs. MS. MENON DEEPIKA  
Age/Gender: 60 Y/F  
Address: kml  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000248883  
Visit ID: CKOROPV391765  
Visit Date: 15-12-2023 10:20  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. MS. MENON DEEPIKA  
Age/Gender: 60 Y/F  
Address: kml  
Location: BANGALORE, KARNATAKA  
Doctor:  
Department: GENERAL  
Rate Plan: KORAMANGALA\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. JYOTHI RAJESH

MR No: CKOR.0000248883  
Visit ID: CKOROPV391765  
Visit Date: 15-12-2023 10:20  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Patient Name	: Mrs. MS. MENON DEEPIKA	Age	: 60 Y/F
UHID	: CKOR.0000248883	OP Visit No	: CKOROPV391765
Reported By:	: Dr. RAJENDRA NARAYAN SHARMA	Conducted Date	: 15-12-2023 18:48
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 93 beats per minutes.
3. ST inversion I, V3-V4, V5. .
4. Normal P, R waves and axis. Q in II, aVF.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

TO CORRELATE CLINICALLY  
? I H D.

Dr. RAJENDRA NARAYAN SHARMA  
CONSULTANT

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH

Patient Name : Mrs. MS. MENON DEEPIKA Age : 60 Y/F  
UHID : CKOR.0000248883 OP Visit No : CKOROPV391765  
Reported By: : Dr. RAJENDRA NARAYAN SHARMA Conducted Date : 15-12-2023 18:48  
Referred By : SELF

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FOR FUTURE REFERENCE IF NEEDED.

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