

Patient Name	: Mrs.JAIN AMRITA	Collected	: 28/Mar/2024 09:15AM
Age/Gender	: 35 Y 0 M 24 D/F	Received	: 28/Mar/2024 11:25AM
UHID/MR No	: CKON.0000287400	Reported	: 28/Mar/2024 03:16PM
Visit ID	: CKONOPV648403	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0088621		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	35.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.88	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	11.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3050	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2440	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	244	Cells/cu.mm	20-500	Calculated
MONOCYTES	366	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.25		0.78- 3.53	Calculated
PLATELET COUNT	241000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

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

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MD(Path)
Consultant Pathologist



Patient Name : Mrs.JAIN AMRITA	Collected : 28/Mar/2024 09:15AM
Age/Gender : 35 Y 0 M 24 D/F	Received : 28/Mar/2024 11:25AM
UHID/MR No : CKON.0000287400	Reported : 28/Mar/2024 02:53PM
Visit ID : CKONOPV648403	Status : Final Report
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




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Patient Name : Mrs.JAIN AMRITA	Collected : 28/Mar/2024 09:15AM
Age/Gender : 35 Y 0 M 24 D/F	Received : 28/Mar/2024 11:06AM
UHID/MR No : CKON.0000287400	Reported : 28/Mar/2024 12:21PM
Visit ID : CKONOPV648403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
GLUCOSE, FASTING , NAF PLASMA	86	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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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	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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)

K. Anusha
 Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240039470

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

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DEPARTMENT OF BIOCHEMISTRY

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

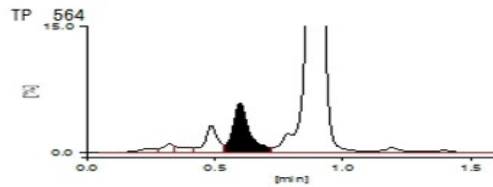
Chromatogram Report

I V5.28 I 2024-03-28 11:58:16
 ID EDT240039470
 Sample No. 03280047 SL 0005 - 03
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.26	5.99
A1B	0.5	0.32	7.28
F	0.5	0.39	7.28
LA1C+	1.9	0.49	26.91
SA1C	6.0	0.60	65.73
A0	92.4	0.89	1292.73
H-V0			
H-V1			
H-V2			

Total Area 1405.92

HbA1c 6.0 % **IFCC 42 mmol/mol**
 HbA1 6.9 % HbF 0.5 %



28-03-2024 11:58:17 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1

K. Anusha

Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

SIN No:EDT240039470

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



Patient Name : Mrs.JAIN AMRITA	Collected : 28/Mar/2024 10:29AM
Age/Gender : 35 Y 0 M 24 D/F	Received : 28/Mar/2024 01:45PM
UHID/MR No : CKON.0000287400	Reported : 28/Mar/2024 04:11PM
Visit ID : CKONOPV648403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0088621	

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	239	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	66	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	77	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.10		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	52.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.80	g/dL	6.3-8.2	Biuret
ALBUMIN	3.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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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UHID/MR No	: CKON.0000287400	Reported	: 28/Mar/2024 05:43PM
Visit ID	: CKONOPV648403	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	12.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	6.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	2.5-6.2	Uricase
CALCIUM	9.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	110	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.80	g/dL	6.3-8.2	Biuret
ALBUMIN	3.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated



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UHID/MR No : CKON.0000287400	Reported : 28/Mar/2024 04:11PM
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	12-43	Glycylglycine Nitoranalide




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Patient Name : Mrs.JAIN AMRITA	Collected : 28/Mar/2024 09:15AM
Age/Gender : 35 Y 0 M 24 D/F	Received : 28/Mar/2024 10:56AM
UHID/MR No : CKON.0000287400	Reported : 28/Mar/2024 12:14PM
Visit ID : CKONOPV648403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0088621	

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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.49	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.686	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name : Mrs.JAIN AMRITA	Collected : 28/Mar/2024 09:15AM
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UHID/MR No : CKON.0000287400	Reported : 28/Mar/2024 01:19PM
Visit ID : CKONOPV648403	Status : Final Report
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Emp/Auth/TPA ID : 0088621	

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	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 14 of 14



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION



Patient Name	: Mrs. Jain Amrita	Age/Gender	: 35 Y/F
UHID/MR No.	: CKON.0000287400	OP Visit No	: CKONOPV648403
Sample Collected on	:	Reported on	: 31-03-2024 15:12
LRN#	: RAD2284592	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 0088621		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

? SKIP THE X RAY EXAMINATION

APOLLO CLINIC

CONSENT FORM

PATIENT NAME Jain Amrita AGE: 35y

UHID NUMBER 287400 COMPANY NAME Arco femi

I MR/MRS/MS..... EMPLOYEE OF

COMPANY WANT TO INFORM YOU THAT I AM NOT INTERESTED IN

GETTING..... 2D Echo, ECG, Pap, X-ray, ENT, Ophal,
Post prandial (Next Month)

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

April.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE Amrita

DATE: 28/3/24.

Health Check up Booking Confirmed Request(bobS13263),Package Code-PKG10000377,
Beneficiary Code-257389

CKON.0000287400.

Mediwheel <wellness@mediwheel.in>

Tue 26-03-2024 17:30

To:Himanshu Jain <HIMANSHU.JAIN@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

हम मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक
: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK

011-41195959

Dear Himanshu Jain,

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

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Medical Centre - Kondapur
Address of Diagnostic/Hospital : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084
City : Hyderabad
State : Telangana
Pincode : 500084
Appointment Date : 28-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am-8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Amrita jain	35 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

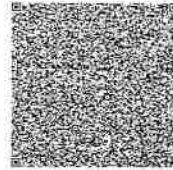


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00953/37435

To
अमृता जैन
Amrita Jain
Himanshu jain
Flat no 401 plot no 255
Telecom nagar
Street no 16
Gachibowli Hyderabad
Gachibowli
K.v. Rangareddy Telangana - 500032
8251808333



आपका आधार क्रमांक / Your Aadhaar No. :

6649 8466 3844

VID : 9122 3356 3551 5537

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



New Date: 13/02/2014



अमृता जैन
Amrita Jain
जन्म तिथि/DOB: 07/06/1988
लिंग/ GENDER: FEMALE

6649 8466 3844

VID : 9122 3356 3551 5537

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



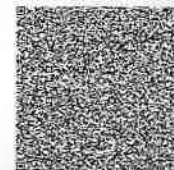
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



New Date: 06/12/2013

अमृता जैन, फ्लॉट नो 401 प्लॉट नो 255, टेलीकॉम नगर,
स्ट्रीट नो 16, गच्छिबोली हैदराबाद, गच्छिबोली, क.व.
रंगारेड्डी,
तेलंगाना - 500032

Address:
Himanshu jain, Flat no 401 plot no 255,
Telecom nagar, Street no 16, Gachibowli
Hyderabad, Gachibowli, K.v. Rangareddy,
Telangana - 500032



6649 8466 3844

VID : 9122 3356 3551 5537

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