

Name : Mrs. KHUSHBU KUMARI

Age: 32 Y Sex: F

Address: Bangalore

Plan :

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CBEL.0000241662

* C B E L . O O O O Z 4 1 6 6 7 x

OP Number:CINROPV217164 **Bill No :**CINR-OCR-93229

| | D | ate : 27.01.2024 07:52 |
|----------|---|---|
| Sno | Serive Type/ServiceName | Department |
| 11 | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - F | EMALE - 2D ECHO - PAN INDIA - EV2224 |
| | Jeruse Geocose(FASTING) | DIVIDED - 2D LETTO - PAIN INDIA - PY 2324 |
| | GAMMA GLUTAMYL TRANFERASE (GGT) | |
| <u> </u> | HbAlc, GLYCATED HEMOGLOBIN | |
| 4 | 2D ECHO 9 9 50AM | |
| | LIVER-FUNCTION TEST (LFT) | |
| 9 | X-RAY CHEST PA ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | GLUCOSE, FASTING | |
| 8 | HEMOGRAM + PERIPHERAL SMEAR | |
| /V9 | ENT CONSULTATION - 7 | |
| 10 | FITNESS BY GENERAL PHYSICIAN | |
| | GYNAECOLOGY CONSULTATION 2 | 1.0 |
| | DIET CONSULTATION | 1 (ony |
| 13 | COMPLETE URINE EXAMINATION | , |
| 14 | URINE GLUCOSE(POST PRANDIAL) | |
| "15 | PERIPHERAL SMEAR | |
| | EC8 | |
| 17 | BLOOD GROUP ABO AND RH FACTOR | |
| 18 | LIPID PROFILE | |
| -19 | BODY MASS INDEX (BMI) | |
| | T DC D I D C | |
| 21 | OPTHAL BY GENERAL PHYSICIAN S | In |
| 22 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 23 | ULTRASOUND - WHOLE ABDOMEN _ 9 | |
| 24 | PHYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| 25 I | DENTAL CONSULTATION | |
| 260 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| | (FF), 2 HOURS (POST MEAL) | |

28. Andi omotry -5 28. Wellnery 2 29. phypotherapy-14



| Height: | Weight: | ВМІ : | Waist Circum : |
|---------|---------|-------|----------------|
| Temp : | Pulse : | Resp: | B.P : |
| | | | |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

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Adv

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Plotan

Aprily abdance

Papsmene.

Follow up date:

Doctor Signature

Website : www.apolloclinic.com





Date

: 27-01-2024

Department

: GENERAL

MR NO

CBEL.0000241662

Doctor

Name

: Mrs. KHUSHBU KUMARI

Registration No

Qualification

Age/ Gender

32 Y / Female

Consultation Timing: 07:51

Height: 151-a Weight: 71-6 Mg BMI: 31-40 Mg Waist Circum: 92-a
Temp: 98-6-f Pulse: 80bh Resp: 18bh B.P: 18 Town kg

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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Whatsapp Number: 970 100 3333
Toll Number: 1860 500 7788

Website

: www.apolloclinic.com



27.01.2024

Mrs. Khushbu Kuman

32 ym/F

| Height: | Weight: | ВМІ: | Waist Circum : |
|---------|---------|-------|----------------|
| Temp : | Pulse : | Resp: | B.P : |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Acopini - Alte.

Ears; Mag

Follow up date:

Dr. RAVINDRANATH K Doctor Signature M.B.R.S., D.L.O.

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

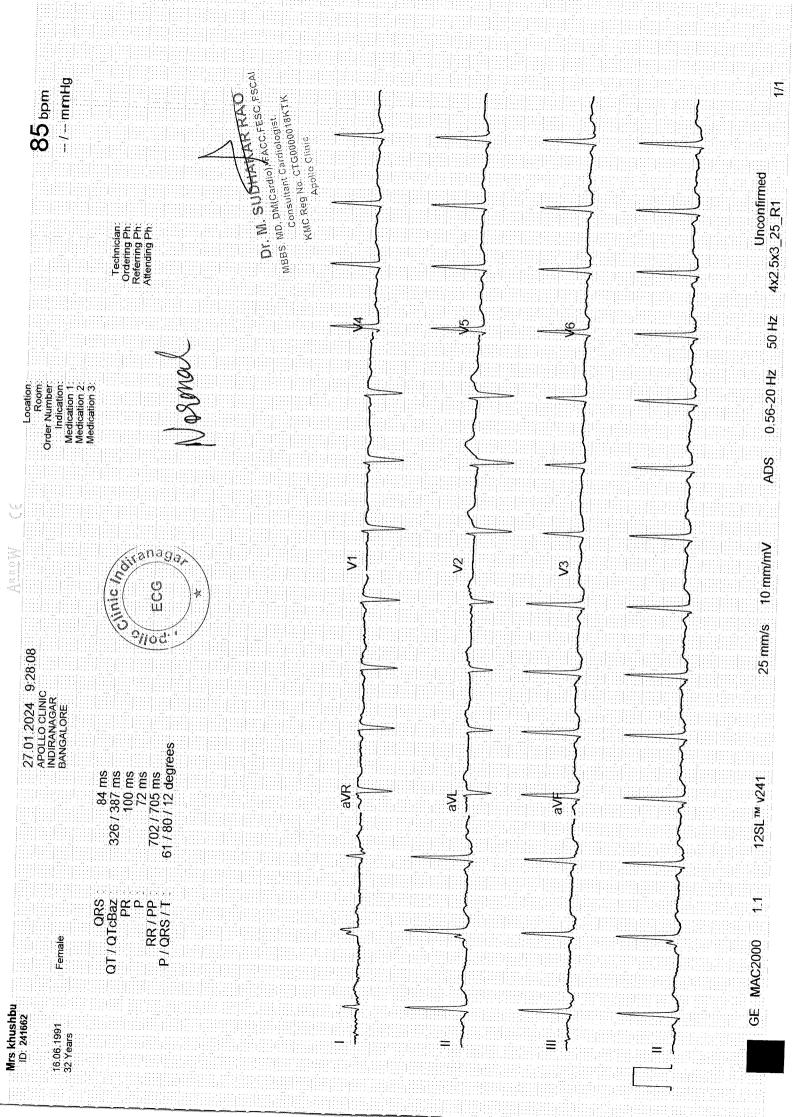
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E.N.T. SURGEON KINC REG. NOOKSOUR APPOINTMENT TODAY!

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: www.apolloclinic.com



OPTHAL PRESCRIPTION

| PATIENT NAME: MAS | Cheshby leman | DATE: 27/1/ | M |
|-------------------|---------------|-------------|---|
|-------------------|---------------|-------------|---|

UHID NO: 921 1662

AGE: 32

OPTOMETRIST NAME: Ms.Swathi

GENDER: /

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|------|------|------|----------|------|------|------|
| | SPH | CYL | AXIS | BCVA | SPH | CYL | AXIS | BCVA |
| Distance | | 1005 | | | | 1000 | 76 | |
| Add | | 1.25 | 73 | ~ | | 1500 | 7-6 | |

PD-RE: 31-LE: 31:
Colour Vision: wound (36)

Remarks: Gruyle www (36)

Apollo clinic Indiranagar





| NAME: MRS KHUSHBU KUMARI | AGE/SEX: 32Y/F | OP NUMBER: 241662 |
|--|------------------|-------------------|
| Ref By : SLEF | DATE: 27-01-2024 | |
| Landan and the same of the sam | | |

M mode and doppler measurements:

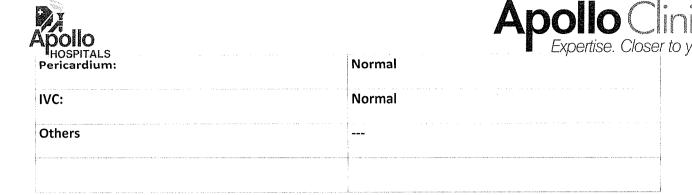
| CM | CM | M/sec | |
|--|---------------|----------------|-------------|
| AO: 2.5 | IVS(D): 1.2 | MV: E Vel: 0.9 | A Vel : 0.8 |
| LA: 2.5 | LVIDD(D): 3.6 | AV Peak: 1.1 | |
| The second secon | LVPW(D):1.0 | PV peak:0.6 | |
| ,1 | IVS(S): 1.4 | | |
| | LVID(S):2.2 | | |
| The state of the s | LVPW(S):1.6 | | |
| | LVEF: 60% | | |
| | TAPSE:1.9 | | |

Descriptive findings:

| Normal |
|--------|
| Normal |
| |

(CIN - U85110TG2000PLC115819)

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



IMPRESSION:

Normal cardiac chamber and valves

No Regional wall motion abnormality

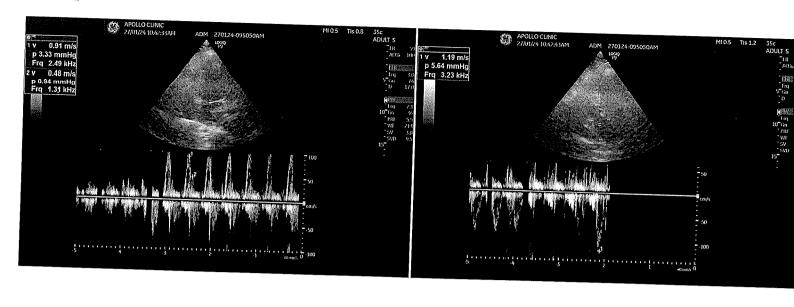
No MR/AR/TR

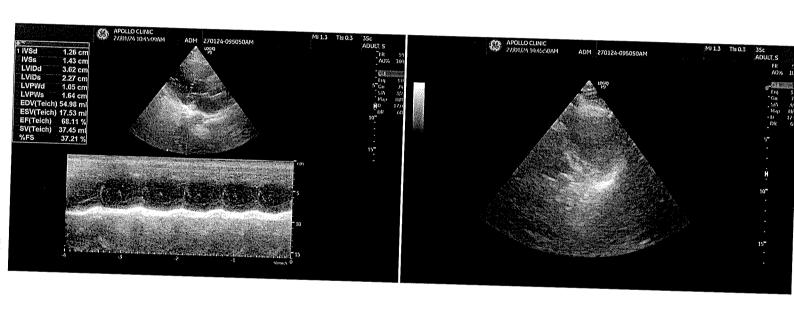
No clot/vegetation/pericardial effusion

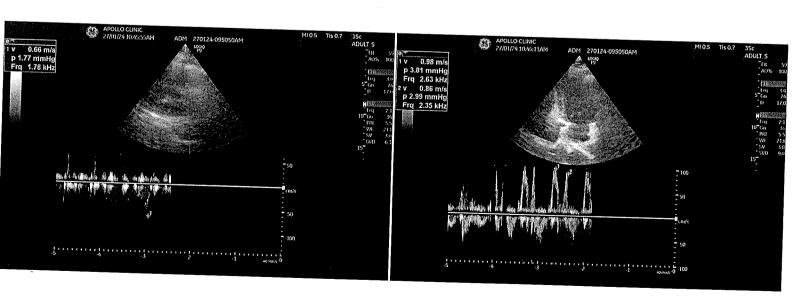
Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST







Dear Khushbu Kumari,

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

Booking Date

: 20-01-2024

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 Clinic

Address of

2012,1st floor, Above vision express, Next to Starbucks, 100

Diagnostic/Hospital- feet road, HAL 2nd stage, Indiranagar - 560038

City

: Bangalore

State

Pincode

: 560038

Appointment Date : 27-01-2024

Confirmation Status: Booking Confirmed

Preferred Time

: 8:30am

Booking Status

: Booking Confirmed

| | Member Inf | |
|--------------------|--|--|
| Booked Member Name | Age | Gender |
| MS. KUMARI KHUSHBU | 32 year | Female |
| | The second secon | A STATE OF THE PARTY OF THE PAR |

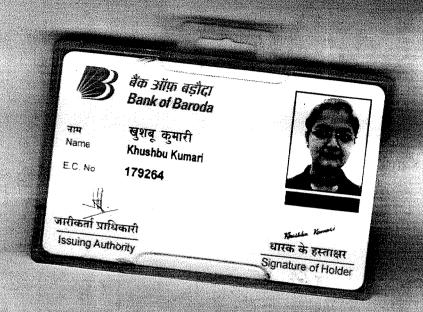
Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

Pregnant Women or those suspecting are advised not to undergo any X-Ray test.





Patient Name : Mrs. KHUSHBU KUMARI Age/Gender : 32 Y/F

 UHID/MR No.
 : CBEL.0000241662
 OP Visit No
 : CINROPV217164

 Sample Collected on
 : 27-01-2024 14:28

Ref Doctor : SELF **Emp/Auth/TPA ID** : 9643824018

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS:Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measuring 9.2x4.2 cm. Angiomyolipoma seen.

Left kidney measuring 9.5x5.0 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: **Retroverted** and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

- 1. ANGIOMYOLIPOMA SEEN IN THE RIGHT KIDNEY MEASURING 10x9mm.
- 2. RETROVERTED UTERUS.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY



Patient Name : Mrs. KHUSHBU KUMARI Age/Gender : 32 Y/F

UHID/MR No.

: CBEL.0000241662

OP Visit No

: CINROPV217164

Sample Collected on

: RAD2217437

: 9643824018

Reported on

: 27-01-2024 15:43

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

Specimen

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Dr. DHANALAKSHMI B MBBS, DMRD

Radiology







Patient Name : Mrs.KHUSHBU KUMARI

 Age/Gender
 : 32 Y 7 M 11 D/F

 UHID/MR No
 : CBEL.0000241662

 Visit ID
 : CINROPV217164

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9643824018 Collected : 27/Jan/2024 07:56AM
Received : 27/Jan/2024 11:59AM
Reported : 27/Jan/2024 01:30PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|-----------|--------|----------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | 1 | | | | |
| HAEMOGLOBIN | 11.6 | L | g/dL | 12-15 | Spectrophotometer |
| PCV | 35.20 | L | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.21 | L | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 83.6 | L | fL | 83-101 | Calculated |
| MCH | 27.5 | L | pg | 27-32 | Calculated |
| MCHC | 32.9 | L | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.5 | Н | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,080 | L | cells/cu.mm | 4000-10000 | Electrical Impedanc |
| DIFFERENTIAL LEUCOCYTIC COL | JNT (DLC) | | | | |
| NEUTROPHILS | 61.5 | L | % | 40-80 | Electrical Impedanc |
| LYMPHOCYTES | 26 | L | % | 20-40 | Electrical Impedanc |
| EOSINOPHILS | 2.1 | L | % | 1-6 | Electrical Impedanc |
| MONOCYTES | 9.8 | L | % | 2-10 | Electrical Impedanc |
| BASOPHILS | 0.6 | L | % | <1-2 | Electrical Impedanc |
| ABSOLUTE LEUCOCYTE COUNT | | | | | |
| NEUTROPHILS | 2509.2 | L | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1060.8 | L | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 85.68 | L | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 399.84 | L | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 24.48 | L | Cells/cu.mm | 0-100 | Calculated |
| PLATELET COUNT | 164000 | L | cells/cu.mm | 150000-410000 | Electrical impedenc |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 44 | Н | mm at the end of 1 hour | 0-20 | Modified Westegrer method |
| PERIPHERAL SMEAR | | L | | | |

RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS

Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:BED240019074

Page 1 of 17











: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9643824018 Collected

: 27/Jan/2024 07:56AM

Received

: 27/Jan/2024 11:59AM

Reported

: 27/Jan/2024 01:30PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA

Page 2 of 17



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240019074









: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9643824018

Collected

: 27/Jan/2024 07:56AM

Received

: 27/Jan/2024 11:59AM

Reported

: 27/Jan/2024 03:21PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method | | | |
|---|----------|--------|------|-----------------|--------------------------------|--|--|--|
| BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA | | | | | | | | |
| BLOOD GROUP TYPE | А | N | | | Microplate Hemagglutination | | | |
| Rh TYPE | Positive | N | | | Microplate Hemagglutination | | | |

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 3 of 17



SIN No:BED240019074









: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 9643824018

Collected

: 27/Jan/2024 07:56AM

Received

: 27/Jan/2024 12:06PM

Reported

Status

: 27/Jan/2024 09:49PM

. N

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING, NAF PLASMA | 81 | L | 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:

- 1. 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.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 98 | L | 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 | Status | Unit | Bio. Ref. Range | Method |
|-----------------------------|-----------------|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) | , WHOLE BLOOD I | EDTA | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.2 | L | % | | HPLC |

Page 4 of 17



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

SIN No:EDT240008007

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

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









: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9643824018 Collected

: 27/Jan/2024 07:56AM

Received

: 27/Jan/2024 12:06PM

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| ESTIMATED AVERAGE GLUCOSE (eAG) | 103 | N | 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.
- 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)

Page 5 of 17



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

SIN No:EDT240008007







Patient Name : Mrs.KHUSHBU KUMARI

Age/Gender : 32 Y 7 M 11 D/F
UHID/MR No : CBEL.0000241662
Visit ID : CINROPV217164

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9643824018 Collected : 27/Jan/2024 07:56AM Received : 27/Jan/2024 11:48AM

Reported : 27/Jan/2024 01:14PM

Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|-----------------------|--------|--------|-------|-----------------|-------------------------------|
| LIPID PROFILE , SERUM | | | | | |
| TOTAL CHOLESTEROL | 193 | L | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 52 | L | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 61 | Н | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 132 | Н | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 121.5 | Н | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 10.4 | L | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.16 | L | | 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 |

- 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.
- **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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 6 of 17



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

SIN No:SE04610113









Patient Name : Mrs.KHUSHBU KUMARI

Age/Gender : 32 Y 7 M 11 D/F

UHID/MR No : CBEL.0000241662 Visit ID : CINROPV217164

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9643824018 Collected : 27/Jan/2024 07:56AM

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-------|-----------------|-----------------------|
| IVER FUNCTION TEST (LFT), SERUM | | | | | |
| BILIRUBIN, TOTAL | 1.48 | Н | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.24 | Н | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 1.24 | Н | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 23 | L | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 28.0 | L | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 83.00 | L | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.13 | L | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.37 | L | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.76 | L | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.58 | L | | 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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 7 of 17



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

SIN No:SE04610113









: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9643824018 Collected

: 27/Jan/2024 07:56AM

Received

: 27/Jan/2024 11:48AM

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: 27/Jan/2024 01:14PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|-------------------------------|----------------|----------|--------|-----------------|-----------------------------|
| RENAL PROFILE/KIDNEY FUNCTION | N TEST (RFT/KF | 「),SERUM | | | |
| CREATININE | 0.69 | L | mg/dL | 0.51-0.95 | Jaffe's, Method |
| UREA | 13.60 | L | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 6.4 | L | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.01 | L | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.40 | L | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.34 | L | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 134 | L | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.4 | L | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 104 | L | mmol/L | 101–109 | ISE (Indirect) |

Page 9 of 17



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

SIN No:SE04610113









: Mrs.KHUSHBU KUMARI

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: 32 Y 7 M 11 D/F

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: CBEL.0000241662

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Status | Unit | Bio. Ref. Range | Method |
|-----------------------------|--------|--------|------|-----------------|--------|
| GAMMA GLUTAMYL | 12.00 | L | U/L | <38 | IFCC |
| TRANSPEPTIDASE (GGT), SERUM | | | | | |

Page 10 of 17



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

SIN No:SE04610113









Patient Name : Mrs.KHUSHBU KUMARI

Age/Gender : 32 Y 7 M 11 D/F
UHID/MR No : CBEL.0000241662
Visit ID : CINROPV217164

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9643824018 Collected : 27/Jan/2024 07:56AM Received : 27/Jan/2024 11:48AM

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Status : Final Report

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 | Status | Unit | Bio. Ref. Range | Method |
|--------------------------------------|-----------------|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T | I, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.18 | L | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 9.20 | L | μg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 2.780 | L | μIU/mL | 0.35-4.94 | CMIA |

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 | Т3 | T4 | FT4 | Conditions | | | |
|-------|------|------|------|---|--|--|--|
| High | Low | Low | Low | mary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis | | | |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. | | | |
| N/Low | Low | Low | Low | condary and Tertiary Hypothyroidism | | | |
| Low | High | High | High | rimary 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 | hyroiditis, Interfering Antibodies | | | |
| N/Low | High | N | N | ⁷³ Thyrotoxicosis, Non thyroidal causes | | | |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma | | | |

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

SIN No:SPL24012438









: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662 : CINROPV217164

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Page 12 of 17



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

SIN No:SPL24012438









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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 | Status | Unit | Bio. Ref. Range | Method |
|----------------------------|-----------------|--------|------|------------------|-------------------------------|
| COMPLETE URINE EXAMINATION | N (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | | |
| COLOUR | PALE YELLOW | N | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | N | | CLEAR | Visual |
| рН | 5.5 | L | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.005 | L | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | in the second | |
| URINE PROTEIN | NEGATIVE | N | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | N | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | N | * | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | N | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | N | | NORMAL | MODIFED EHRLICI REACTION |
| BLOOD | NEGATIVE | N | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | N | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | N | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET | MOUNT AND MICRO | OSCOPY | | | |
| PUS CELLS | 1-2 | L | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | N | /hpf | <10 | MICROSCOPY |
| RBC | NIL | N | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | L | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | N | | ABSENT | MICROSCOPY |

Page 13 of 17

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2268704









: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9643824018

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Dr.Shobha Emmanuel M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 14 of 17



SIN No:UPP016328

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

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









: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 9643824018

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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 | Status | Unit | Bio. Ref. Range | Method |
|------------------------|----------|--------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | N | | NEGATIVE | Dipstick |

Dr Priya Murthy M.B.B.S,M.D(Pathology)

Consultant Pathologist

SIN No:UF010313

Page 15 of 17











: Mrs.KHUSHBU KUMARI

Age/Gender

: 32 Y 7 M 11 D/F

UHID/MR No

: CBEL.0000241662

Visit ID

: CINROPV217164

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9643824018 Collected

: 27/Jan/2024 02:28PM

Received

: 28/Jan/2024 04:52PM

Reported

: 30/Jan/2024 01:39PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

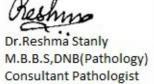
DEPARTMENT OF CYTOLOGY

| BC PA | P TEST (PAPSURE) , CERVICAL BRUSH S | SAMPLE | |
|-------|--------------------------------------|--|--|
| | CYTOLOGY NO. | 1675/24 | |
| I | SPECIMEN | | |
| a | SPECIMEN ADEQUACY | ADEQUATE | |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) | |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR | |
| c | ENDOCERVICAL- TRANSFORMATION ZONE | PRESENT WITH METAPLASTIC CELLS | |
| d | COMMENTS | SATISFACTORY FOR EVALUATION | |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy. | |
| Ш | RESULT | | |
| a | a EPITHEIAL CELL | | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN | |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN | |
| b | ORGANISM | NIL | |
| С | NON NEOPLASTIC FINDINGS | INFLAMMATORY SMEAR | |
| IV | INTERPRETATION | 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



ACCREDITED

COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS073566

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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

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









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Reported Status

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DEPARTMENT OF CYTOLOGY

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

SIN No:CS073566

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telang www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 na - 500 016 | APOLLO CLINICS NETWORK

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

COLLEGE of AMERICAN PATHOLOGISTS

