

यूनियन ब्यांङ्क
ऑफ इंडिया



यूनियन बैंक

ऑफ इंडिया

अच्छे लोग, अच्छा बैंक



नाम

Name :

अव्वारु कामेश्वरी

AVVARU KAMESWARI

कर्मचारी क्र.

Employee No. : 495806

जन्म तिथि

Date of Birth : 26-06-1986

रक्त नमूना

Blood Group : O +ve

Avvaru

धारक का हस्ताक्षर
Staff Signature

के. व. राजू

जारीकर्ता प्राधिकारी
Issuing Authority

meshwari avvru
in.96552

09.03.2024 10:16:32

APOLLO CLINIC
MANIKONDA
HYDERABAD

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

79 bpm
-- / -- mmHg

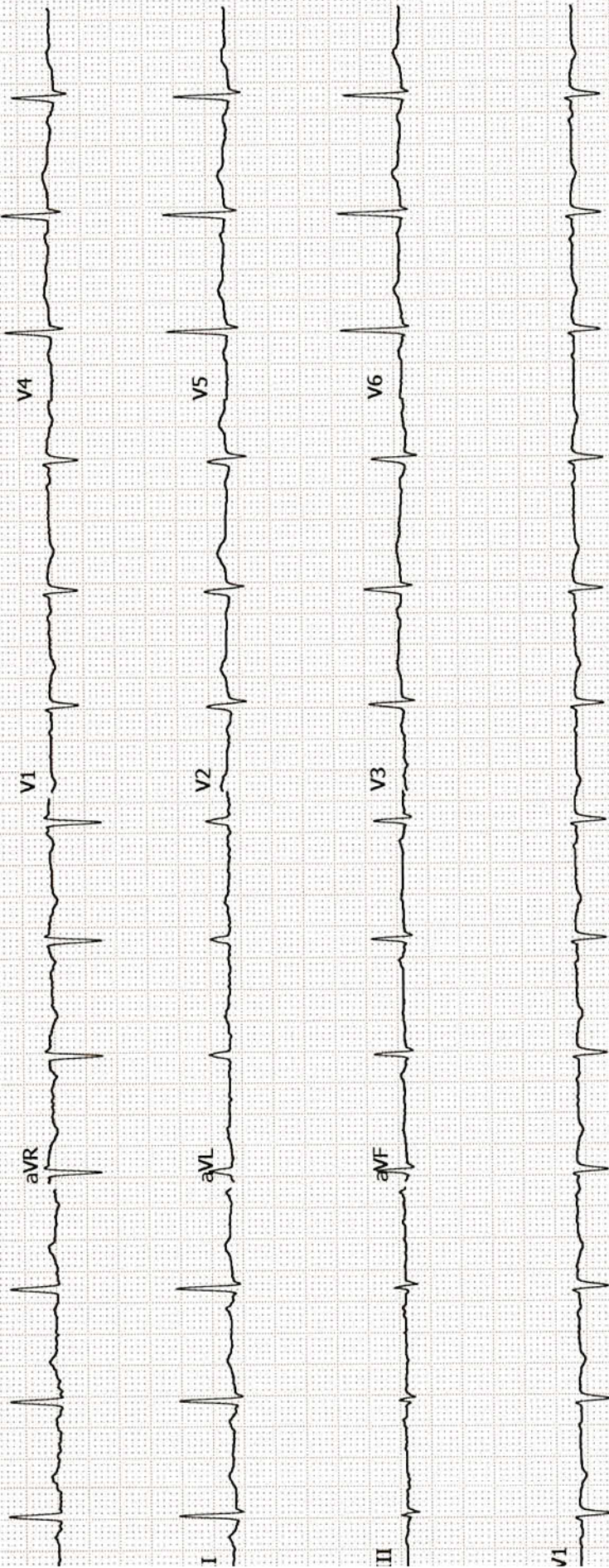
Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG

QRS : 78 ms
QT / QTcBaz : 388 / 444 ms
PR : 154 ms
P : 112 ms
RR / PP : 756 / 759 ms
P / QRS / T : 52 / 42 / 23 degrees

WML
TH



The Apollo Clinic- Manikonda
PHYSICAL EXAMINATION FORM

DATE 9/3/23

UHID CMOM - 96552

Name Mrs. Kameshwari
Arvoo

Age 37

Height 152 cms.

Weight 79.4 Kgs.

Chest Measurement [] (In) Cm [] (Out) Cm

Waist [] Cm Hip []

Pulse 94 Pt - Mo. BMI 34.4

BP 110/60 mm/Hg SPO2 99

POWER PRESCRIPTION

NAME: *Kameshwar Anvaru* GENDER: *M/F* DATE: *9/13/24*
 AGE: *37* UHID: *96512*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.50</i>	<i>-0.50</i>	<i>185</i>	<i>6/6</i>
NEAR	<i>—————</i>			<i>N/6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.50</i>	<i>-0.50</i>	<i>170</i>	<i>6/6</i>
NEAR	<i>—————</i>			<i>N/6</i>

INSTRUCTIONS:

Colour Vision. Normal


SIGNATURE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Kameshwarani Aravan on 11/03/2024

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

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

Dr. 
Medical Officer
 The Apollo Clinic, (Location)



This certificate is not meant for medico-legal purposes

Patient Name	: Mrs. Kameshwari Avvaru	Age/Gender	: 37 Y/F
UHID/MR No.	: CMAN.0000096552	OP Visit No	: CMANOPV197139
Sample Collected on	:	Reported on	: 12-03-2024 11:42
LRN#	: RAD2261359	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 495806		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size **Increased and echotexture**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture. **show peripherally arranged follicles / cyst with central echogenic stroma in fat sugar Poly cystic ovary morphology (PCOM)**

R / O : 38 x 18 mm.

L / O : 40 x 16 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

- **GRADE - I FATTY LIVER.**
- **BILATERAL POLY CYSTIC OVARY MORPHOLOGY**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Patient Name : Mrs. Kameshwari Avvaru

Age/Gender : 37 Y/F

Dr. MOHD ABDUL RAWOOF
MBBS,DNB(RADIO DIAGNOSIS)
Radiology

Patient Name : Mrs.KAMESHWARI AVVARU	Collected : 09/Mar/2024 09:17AM
Age/Gender : 37 Y 8 M 13 D/F	Received : 09/Mar/2024 12:44PM
UHID/MR No : CMAN.0000096552	Reported : 09/Mar/2024 02:21PM
Visit ID : CMANOPV197139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 495806	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	36.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	35.1	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,160	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.8	%	40-80	Electrical Impedance
LYMPHOCYTES	29.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4353.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2105.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	150.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	537	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	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



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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SIN No:BED240062804

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Patient Name : Mrs.KAMESHWARI AVVARU
Age/Gender : 37 Y 8 M 13 D/F
UHID/MR No : CMAN.0000096552
Visit ID : CMANOPV197139
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 495806

Collected : 09/Mar/2024 09:17AM
Received : 09/Mar/2024 12:44PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:BED240062804

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Age/Gender : 37 Y 8 M 13 D/F	Received : 09/Mar/2024 12:44PM
UHID/MR No : CMAN.0000096552	Reported : 09/Mar/2024 03:43PM
Visit ID : CMANOPV197139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 495806	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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



Dr.R.SHALINI
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240062804

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Patient Name : Mrs.KAMESHWARI AVVARU	Collected : 09/Mar/2024 09:17AM
Age/Gender : 37 Y 8 M 13 D/F	Received : 09/Mar/2024 12:50PM
UHID/MR No : CMAN.0000096552	Reported : 09/Mar/2024 07:35PM
Visit ID : CMANOPV197139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 495806	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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.

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

Comment:

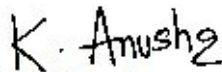
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:EDT240028535



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




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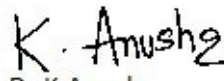
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
A: HbF >25%
B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


Dr.E.Maruthi Prasad
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Consultant biochemist


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M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



SIN No:EDT240028535

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Address:
Door No : 8-1-284/OU/439 & 8-1-284/OU/440, O. U. Colony, Manikonda
Road, Shaikpet, Manikonda, Hyderabad, Telangana, India - 500008



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)

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Visit ID : CMANOPV197139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 495806	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Chromatogram Report

1 V5.28 1 2024-03-09 16:36:27

ID EDT240028535

Sample No. 03090181 SL 0007 - 02

Patient ID

Name

Comment

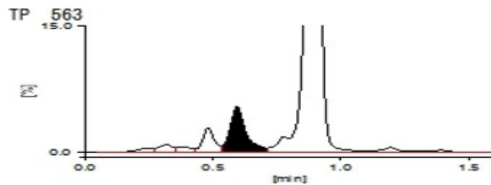
CALIB Name	%	Time	Area
ATA	0.4	0.25	7.16
A1B	0.7	0.32	12.06
F	0.5	0.37	8.60
LA1C+	1.6	0.48	29.78
SA1C	5.5	0.60	77.68
AO	93.0	0.89	1695.85
H-V0			
H-V1			
H-V2			

Y = 1.1688X + 0.6532

Total Area 1831.13

HbA1c 5.5 % **IFCC 37 mmol/mol**

HbA1 6.6 % HbF 0.5 %



09-03-2024 17:52:20 APOLLO

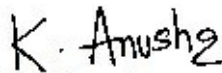
APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:EDT240028535



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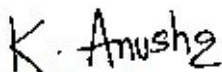
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr.E.Maruthi Prasad
PhD (Biochemistry)
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Patient Name : Mrs.KAMESHWARI AVVARU	Collected : 09/Mar/2024 09:17AM
Age/Gender : 37 Y 8 M 13 D/F	Received : 09/Mar/2024 01:08PM
UHID/MR No : CMAN.0000096552	Reported : 09/Mar/2024 02:53PM
Visit ID : CMANOPV197139	Status : Final Report
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Emp/Auth/TPA ID : 495806	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.87		0-4.97	Calculated

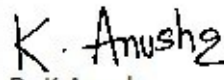
Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


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

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SIN No:SE04655367

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Patient Name : Mrs.KAMESHWARI AVVARU	Collected : 09/Mar/2024 09:17AM
Age/Gender : 37 Y 8 M 13 D/F	Received : 09/Mar/2024 01:08PM
UHID/MR No : CMAN.0000096552	Reported : 09/Mar/2024 02:53PM
Visit ID : CMANOPV197139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 495806	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		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:

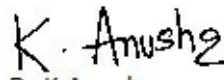
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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, 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.


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


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

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SIN No:SE04655367

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DEPARTMENT OF BIOCHEMISTRY

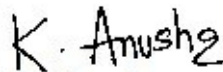
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	19.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.26	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.41	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	1.96	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SE04655367



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

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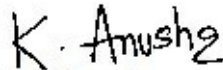
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SE04655367



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



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Visit ID : CMANOPV197139	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.98	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.44	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.25	µIU/mL	0.38-5.33	CLIA

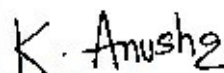
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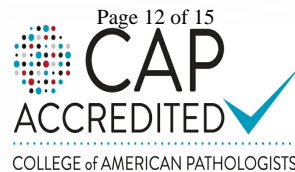
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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

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


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


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

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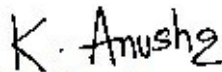
DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

SIN No:SPL24041668



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

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Emp/Auth/TPA ID : 495806	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	TRACE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr.R.SHALINI
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2301049

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



Patient Name : Mrs.KAMESHWARI AVVARU	Collected : 09/Mar/2024 01:37PM
Age/Gender : 37 Y 8 M 13 D/F	Received : 09/Mar/2024 07:05PM
UHID/MR No : CMAN.0000096552	Reported : 11/Mar/2024 05:50PM
Visit ID : CMANOPV197139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 495806	

DEPARTMENT OF CYTOLOGY


LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	5251/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
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
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
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



Dr.A. Kalyan Rao
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:CS076054

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