



**APOLLO CLINIC CONSENT FORM**

(176902)  
Mr/Mrs/Ms S. S. N. L. Prasanna Employee of Ar Geem (Company) want to inform you that I am not interested in getting pap smear Test done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: SSNL Prasanna

Date: 24/02/24

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SUDULA SIVA NAGA LAKSHMI PRASANNA
DATE OF BIRTH	15-07-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-02-2024
BOOKING REFERENCE NO.	23M181273100092522S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SUDULA V L NARAYANARAO
EMPLOYEE EC NO.	181273
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	HYDERABAD, MADHAPUR
EMPLOYEE BIRTHDATE	09-07-1981

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 **20-02-2024** 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's spouse 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))



भारतीय विशिष्ट पहचान प्राधिकरण  
**भारत सरकार**  
 Unique Identification Authority of India  
 Government of India

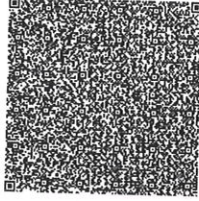
नामांकन क्रम/ Enrolment No.: 2096/10096/08341

To  
 सुदुला साइवा नागा लक्ष्मी प्रसन्ना  
 Sudula Siva Naga Lakshmi Prasanna  
 W/O: Sudula Venkata Laxmi Narayana Rao  
 1-2  
 Near Old Water Tank  
 Kanchikacherla  
 Kanchikacherla  
 Krishna Andhra Pradesh - 521180  
 7011615753

Download Date: 04/04/2018

Generation Date: 27/02/2018

Signature Not Verified  
 Digitally signed by: S  
 UNIQUE IDENTIFICATION  
 AUTHORITY OF INDIA 03  
 Date: 2018.04.04 21:11:39  
 IST



QR Code with Photograph

आपका आधार क्रमांक / Your Aadhaar No. :

**8764 0059 3094**

VID : 9160 0376 4407 2053

**मेरा आधार, मेरी पहचान**



भारत सरकार  
 Government of India

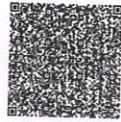


सुदुला साइवा नागा लक्ष्मी प्रसन्ना  
 Sudula Siva Naga Lakshmi Prasanna  
 जन्म तिथि/DOB: 15/07/1989  
 महिला/ FEMALE

**8764 0059 3094**

VID : 9160 0376 4407 2053

**मेरा आधार, मेरी पहचान**



Government of India

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

**INFORMATION**

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

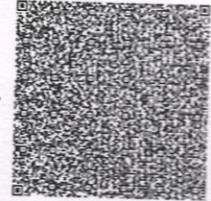
- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट पहचान प्राधिकरण  
 Unique Identification Authority of India

पता:  
 W/O: సుదూల వెంకట లక్ష్మీ నారాయణ రావు, 1-2, ఓల్డ్  
 వాటర్ లాండ్ దగ్గర, కంచకచెర్ల, కృష్ణా  
 ఆంధ్ర ప్రదేశ్ - 521180

Address:  
 W/O: Sudula Venkata Laxmi Narayana Rao,  
 1-2, Near Old Water Tank, Kanchikacherla,  
 Krishna,  
 Andhra Pradesh - 521180



QR Code with Photograph

**8764 0059 3094**

VID : 9160 0376 4407 2053

1047

help@uidai.gov.in

www.uidai.gov.in

**Patient Name** : Mrs. Sudula Siva Naga Lakshmi Prasanna

**Age/Gender** : 34 Y/F

**UHID/MR No.** : CCHA.0000176902

**OP Visit No** : CCHAOPV324302

**Sample Collected on** :

**Reported on** : 25-02-2024 09:30

**LRN#** : RAD2247148

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS10536

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

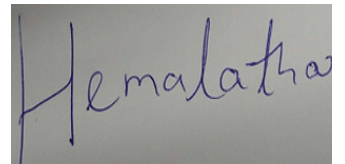
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. G HEMALATHA**  
**MBBS,DNB**  
Radiology

<b>Patient Name</b>	: Mrs. Sudula Siva Naga Lakshmi Prasanna	<b>Age/Gender</b>	: 34 Y/F
<b>UHID/MR No.</b>	: CCHA.0000176902	<b>OP Visit No</b>	: CCHAOPV324302
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 15:21
<b>LRN#</b>	: RAD2247148	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS10536		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures** : 13 cm .

**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. **Spleen measures** : 9 cm .

**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. **Right kidney measures** : 96 x 40 mm . , **Left kidney measures** : 100 x 40 mm .

**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 9 mm**. No intra/extra uterine gestational sac seen. **Uterus measures** : 90 x 25 x 32 mm .

**Both ovaries** appear normal in size, shape and echotexture. **Right ovary measures** : 24 x 14 mm . , **Left ovary measures** : 27 x 16 mm . No evidence of any adnexal pathology noted.

### **IMPRESSION:-**

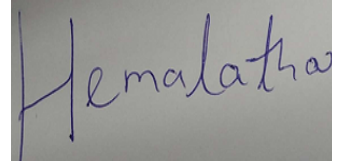
**No significant abnormality detected.**  
**Suggest – clinical correlation.**

(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

**Patient Name** : Mrs. Sudula Siva Naga Lakshmi Prasanna

**Age/Gender** : 34 Y/F

purpose.




**Dr. G HEMALATHA**  
MBBS, DNB  
Radiology

Patient Name : Mrs.SUDULA SIVA NAGA LAKSHMI PRASAN	Collected : 24/Feb/2024 10:05AM
Age/Gender : 34 Y 7 M 9 D/F	Received : 24/Feb/2024 12:07PM
UHID/MR No : CCHA.0000176902	Reported : 24/Feb/2024 01:47PM
Visit ID : CCHAOPV324302	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10536	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	7.2	g/dL	12-15	Spectrophotometer
PCV	23.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	51.4	fL	83-101	Calculated
MCH	15.7	pg	27-32	Calculated
MCHC	30.5	g/dL	31.5-34.5	Calculated
R.D.W	20.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,220	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.5	%	40-80	Electrical Impedence
LYMPHOCYTES	38.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.3	%	1-6	Electrical Impedence
MONOCYTES	6.7	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4397.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3156.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106.86	Cells/cu.mm	20-500	Calculated
MONOCYTES	550.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.22	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	390000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP				



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

SIN No:BED240048592

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

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**CAP**  
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Patient Name	: Mrs.SUDULA SIVA NAGA LAKSHMI PRASAN	Collected	: 24/Feb/2024 10:05AM
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Visit ID	: CCHAOPV324302	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS10536		

**DEPARTMENT OF HAEMATOLOGY**

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

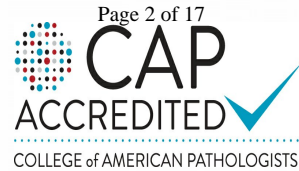
CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA  
KINDLY CORRELATE WITH IRON STUDIES.



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

SIN No:BED240048592

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Patient Name : Mrs.SUDULA SIVA NAGA LAKSHMI PRASAN	Collected : 24/Feb/2024 10:05AM
Age/Gender : 34 Y 7 M 9 D/F	Received : 24/Feb/2024 12:07PM
UHID/MR No : CCHA.0000176902	Reported : 24/Feb/2024 02:36PM
Visit ID : CCHAOPV324302	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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

SIN No:BED240048592

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Patient Name : Mrs.SUDULA SIVA NAGA LAKSHMI PRASAN	Collected : 24/Feb/2024 10:05AM
Age/Gender : 34 Y 7 M 9 D/F	Received : 24/Feb/2024 12:28PM
UHID/MR No : CCHA.0000176902	Reported : 24/Feb/2024 02:40PM
Visit ID : CCHAOPV324302	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10536	

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	91	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	mg/dL	70-140	HEXOKINASE

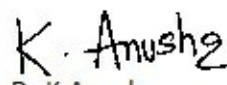
Comment:

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE	131	mg/dL		Calculated

  
**Dr. RAJESH BATTINA**  
 PhD.(Biochemistry)  
 Consultant Biochemist

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



SIN No:EDT240021873

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

Patient Name	: Mrs.SUDULA SIVA NAGA LAKSHMI PRASAN	Collected	: 24/Feb/2024 10:05AM
Age/Gender	: 34 Y 7 M 9 D/F	Received	: 24/Feb/2024 12:28PM
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DEPARTMENT OF BIOCHEMISTRY

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

(eAG)

**Comment:**

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

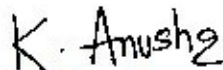
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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

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



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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

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DEPARTMENT OF BIOCHEMISTRY

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

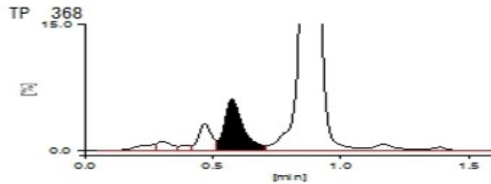
Chromatogram Report

HLC72368 V5.28 1 2024-02-24 14:10:40  
 ID EDT240021873  
 Sample No. 02240123 SL 0008 - 07  
 Patient ID  
 Name  
 Comment

CALIB Y = 1.1689X + 0.6048			
Name	%	Time	Area
A1A	0.6	0.23	6.90
A1B	0.7	0.30	7.48
F	0.3	0.40	3.32
LA1C+	1.8	0.47	19.99
SA1C	6.2	0.58	54.45
AO	92.0	0.88	1020.88
H-V0			
H-V1			
H-V2			

Total Area 1113.02

**HbA1c 6.2 %** **IFCC 45 mmol/mol**  
 HbA1 7.5 % HbF 0.3 %



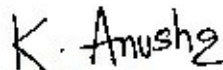
24-02-2024 14:10:40 APOLLO

1 / 1

APOLLO DIAGNOSTICS GLOBAL  
BALANAGER



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



Dr.K.Anusha  
M.B.B.S.,M.D(Biochemistry)  
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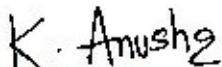
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DEPARTMENT OF BIOCHEMISTRY

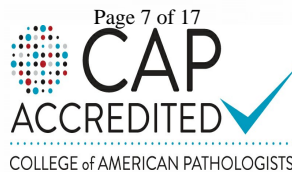
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324



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Patient Name : Mrs.SUDULA SIVA NAGA LAKSHMI PRASAN	Collected : 24/Feb/2024 10:05AM
Age/Gender : 34 Y 7 M 9 D/F	Received : 24/Feb/2024 12:48PM
UHID/MR No : CCHA.0000176902	Reported : 24/Feb/2024 03:52PM
Visit ID : CCHAOPV324302	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10536	

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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	110	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated

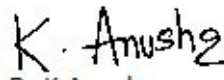
**Comment:**

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.

  
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SIN No:SE04640474

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UHID/MR No : CCHA.0000176902  
Visit ID : CCHAOPV324302  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS10536

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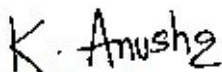
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>47</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>42.0</b>	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.91</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.06		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.

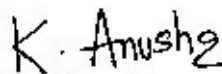
**3. Synthetic function impairment:**

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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.63	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	15.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.47	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.87	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)

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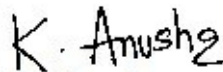
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	U/L	<38	IFCC



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.38	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.29	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.516	µIU/mL	0.38-5.33	CLIA

Comment:

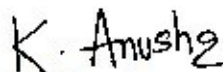
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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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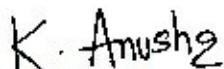
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
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	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +++		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	15-20	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	6-8	/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(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

*Dr. Srinivas N.S. Nori*  
Dr.SRINIVAS N.S.NORI  
M.B.B.S,M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:UPP016754

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



Patient Name : Mrs.SUDULA SIVA NAGA LAKSHMI PRASAN	Collected : 24/Feb/2024 10:05AM
Age/Gender : 34 Y 7 M 9 D/F	Received : 24/Feb/2024 03:52PM
UHID/MR No : CCHA.0000176902	Reported : 24/Feb/2024 06:20PM
Visit ID : CCHAOPV324302	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10536	

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



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

SIN No:UF010769

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

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