

Patient Name : Mrs.RITA V SADANANDAN  
Age/Gender : 59 Y 8 M 11 D/F  
UHID/MR No : SALW.0000144243  
Visit ID : SALWOPV224243  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E37043

Collected : 28/Oct/2024 09:28AM  
Received : 28/Oct/2024 10:05AM  
Reported : 28/Oct/2024 10:38AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240242381

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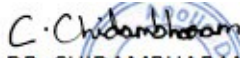
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.6</b>	g/dL	12.5-15	Spectrophotometer
PCV	<b>34.00</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.04	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.2	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,010	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.1	%	40-80	Electrical Impedance
LYMPHOCYTES	32.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	3	%	2-10	Electrical Impedance
BASOPHILS	1.4	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3061.11	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1633.26	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	95.19	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>150.3</b>	Cells/cu.mm	200-1000	Calculated
BASOPHILS	70.14	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.87		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	210000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	09	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:BED240242381




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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
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**DEPARTMENT OF HAEMATOLOGY**

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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

SIN No:HA07916515

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



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Visit ID : SALWOPV224243	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry


**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.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLF02210662





Patient Name : Mrs.RITA V SADANANDAN	Collected : 28/Oct/2024 11:27AM
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UHID/MR No : SALW.0000144243	Reported : 28/Oct/2024 12:32PM
Visit ID : SALWOPV224243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37043	


**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	75	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.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1487616



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UHID/MR No : SALW.0000144243	Reported : 28/Oct/2024 12:30PM
Visit ID : SALWOPV224243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37043	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

**Comment:**

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

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

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

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

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240093548

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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**DEPARTMENT OF BIOCHEMISTRY**

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	209	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	79	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	61	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	<b>148</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>132.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.43		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

**Comment:**

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

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

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

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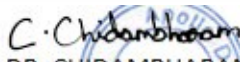


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**DEPARTMENT OF BIOCHEMISTRY**

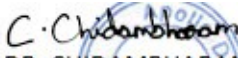
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.4</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	75.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	<b>6.40</b>	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	<b>3.60</b>	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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:

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M.D., D.N.B.  
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**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. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

  
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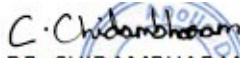
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.73	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	22.26	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	<b>8.20</b>	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	143	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.2	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	102	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	<b>6.40</b>	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	<b>3.60</b>	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated

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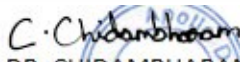


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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>10.00</b>	U/L	16-73	catalytic activity- reflectance spectrophotometry

  
DR. CHIDAMBHARAM C  
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Patient Name : Mrs.RITA V SADANANDAN	Collected : 28/Oct/2024 09:28AM
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Emp/Auth/TPA ID : 22E37043	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.74	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.920	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24145085

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name	: Mrs.RITA V SADANANDAN	Collected	: 28/Oct/2024 09:28AM
Age/Gender	: 59 Y 8 M 11 D/F	Received	: 28/Oct/2024 11:44AM
UHID/MR No	: SALW.0000144243	Reported	: 28/Oct/2024 12:39PM
Visit ID	: SALWOPV224243	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37043		

**DEPARTMENT OF IMMUNOLOGY**

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

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.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24145085

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.RITA V SADANANDAN	Collected : 28/Oct/2024 09:28AM
Age/Gender : 59 Y 8 M 11 D/F	Received : 28/Oct/2024 10:16AM
UHID/MR No : SALW.0000144243	Reported : 28/Oct/2024 10:38AM
Visit ID : SALWOPV224243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37043	

**DEPARTMENT OF CLINICAL PATHOLOGY**

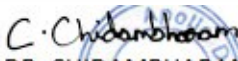
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2418110




Patient Name : Mrs.RITA V SADANANDAN  
Age/Gender : 59 Y 8 M 11 D/F  
UHID/MR No : SALW.0000144243  
Visit ID : SALWOPV224243  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E37043

Collected : 28/Oct/2024 09:28AM  
Received : 28/Oct/2024 10:16AM  
Reported : 28/Oct/2024 10:38AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UR2418110

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Patient Name : Mrs.RITA V SADANANDAN	Collected : 28/Oct/2024 09:28AM
Age/Gender : 59 Y 8 M 11 D/F	Received : 28/Oct/2024 10:16AM
UHID/MR No : SALW.0000144243	Reported : 28/Oct/2024 10:38AM
Visit ID : SALWOPV224243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37043	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UF012145

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Patient Name : Mrs.RITA V SADANANDAN  
Age/Gender : 59 Y 8 M 11 D/F  
UHID/MR No : SALW.0000144243  
Visit ID : SALWOPV224243  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E37043

Collected : 28/Oct/2024 09:28AM  
Received : 28/Oct/2024 10:16AM  
Reported : 28/Oct/2024 10:38AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UF012145





Patient Name	: Mrs. RITA V SADANANDAN	Age	: 59 Y/F
UHID	: SALW.0000144243	OP Visit No	: SALWOPV224243
Conducted By:	:	Conducted Date	: 28-10-2024 17:17
Referred By	: SELF		

**CARDIOLOGY**  
**CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:  
NO

Previous MI:  
NO

PTCA:  
NO

CABG:  
NO

HTN:  
NO

DM:  
NO

Obesity:  
NO

Lipidemia:  
NO

Resting ECG Supine:  
NSR, WNL

Standing:  
NSR, WNL

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Grade Achieved:  
101%

% HR / METS:  
8.70

Reason for Terminating Test:  
TARGET HR ACHIEVED

Total Exercise Time:  
6.35

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:







नाम: **रवि V. साठवणकर**



ए.सी. नं. **156171**

अधीनस्थ अधिकारी

ए.सी. नं. 156171

रवि V. साठवणकर



76 . Sinus rhythm.....normal P axis, V-rate 50- 99  
174 . Baseline wander in lead(s) V2

84  
389  
438

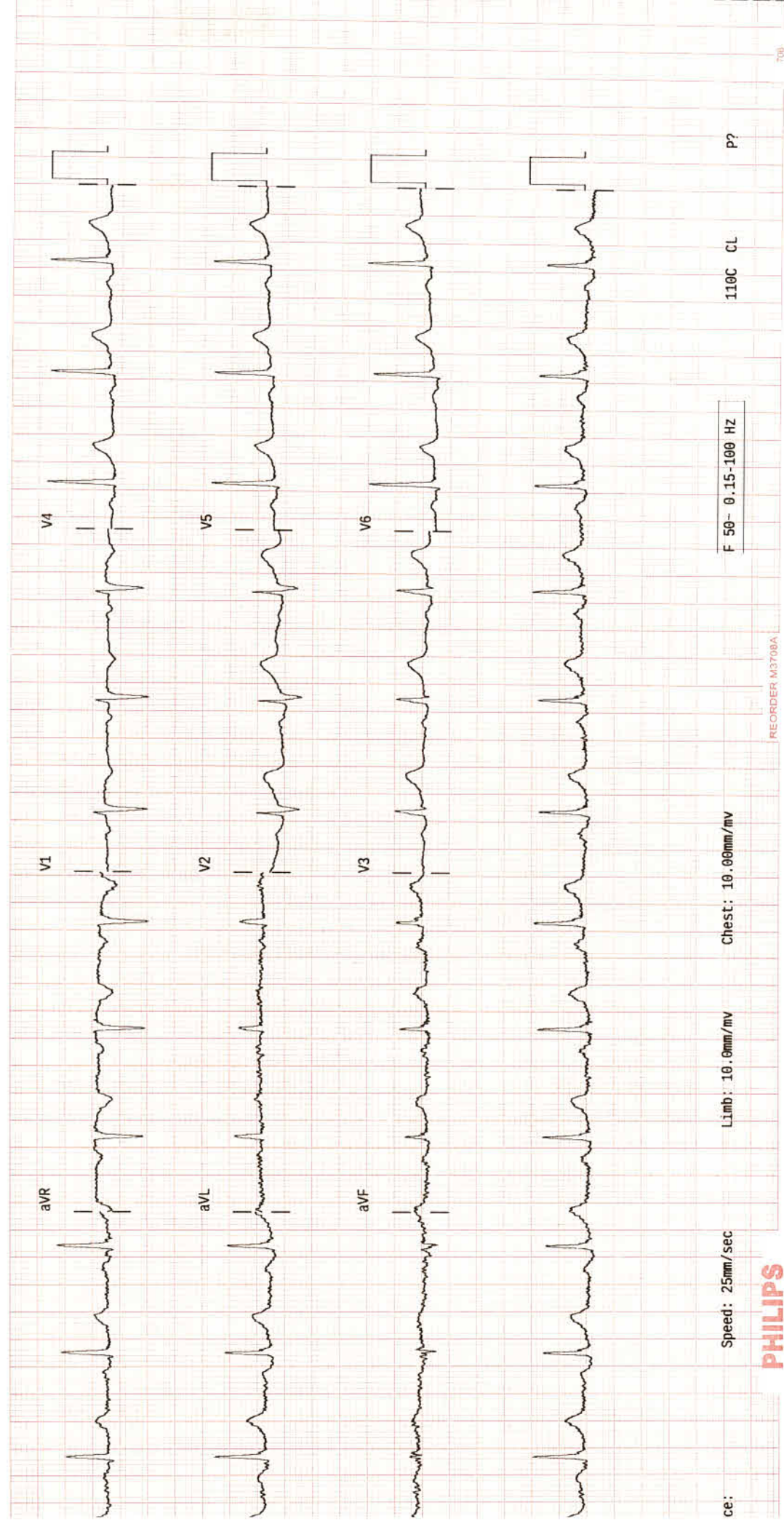
IS--

46  
34  
54

- NORMAL ECG -

Unconfirmed Diagnosis

leads; Standard Placement



ce: Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50- 0.15-100 HZ

110C CL

P?

**Dr Sundhari V, DNB., MNAMS**  
SENIOR ENT CONSULTANT  
Ear Nose Throat Surgeon, Head & Neck Surgeon  
Specialist in Endoscopic, Microscopic,  
Advanced Skull Base  
Phono Surgery & Snoring Surgery  
Reg: 58764

*Dr Sundhari V*

Mrs. RITA V SADANANDAN  
SALW.0000144243 59/F

*Health check*

*NO ENT Symptoms*

*R/R. From: The internet*

*Nose: DSL with moderate septal bump &  
Left concha Bullosa & OME Block.*

*Throat: Hellenyathi Grade II tonsillitis.  
& granular pharynx.*

*DSL | Moderate OSA | GERD*

*Mok.*