




बैंक ऑफ बड़ोदा
Bank of Baroda



नाम . के. राजमोहन रेड्डी
Name K. Rajamohan Reddy
EC No. 168586


उपस्थान अधिकारी
Branch Authority


हस्ताक्षर के धारक
Signature of Holder



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



E-Aadhaar Letter

జన్యమన/Enrolment No.: 2052/10514/16325

Date: 27/06/2015
Kesamreddy Ramanamma (కేశవరెడ్డి రమణమ్మ)
W/O: Rajamohan Reddy, 2-86, bangarakkapalem,
Voletivaripalem, Prakasam,
Andhra Pradesh - 523116
మీ ఆధార్ సంఖ్య/Your Aadhaar No.:

5310 7758 3107



ఆధార్-సామాన్యమానవుడి చాక్కు

1947 1600 300 1947 help@uidai.gov.in www.uidai.gov.in

- ఆధార్ దేశమంతటా చెల్లుతుంది.
- ఆధార్ ఆధార్ కోడ్, ఒకే సారి నమోదు చేసుకుంటే సరిపోతుంది.
- యమచు మీ లెటర్స్ మొత్తం సరియైన మరయు ఈ మొత్తం అధికార నమోదు చేసుకోండి దీనివలన మీరు వివిధ సేవలను పొందే వీలుంటుంది.

- సమాచారం
- ఆధార్ గుర్తింపుకు దృవీకరణ, పోరసల్పానికి కాదు.
 - గుర్తింపుకు దృవీకరణ ఆన్లైన్ అప్డేట్ చేసిన ద్వారా పొందవచ్చు.
 - ఇది ఎలక్ట్రానిక్ పద్ధతిలో న్నాయబడిన లేఖ.

INFORMATION

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

Signature Not Verified
Digitally signed by Sandeep Bhardwaj
Date: 2015.06.27 09:36:22 IST

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



भारत सरकार
GOVERNMENT OF INDIA



కేశవరెడ్డి రమణమ్మ
Kesamreddy Ramanamma
పుట్టిన తేదీ/ DOB: 07/07/1992
స్త్రీ / FEMALE



5310 7758 3107

ఆధార్-సామాన్యమానవుడి చాక్కు



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా:

దగ్గ పేరు: రాజమోహన్ రెడ్డి 2-86,
బంగారక్కపాలెం, వోలెతివారిపాలెం,
ప్రకాశం, ఆంధ్ర ప్రదేశ్ - 523116
పూజాశం,
ఆంధ్ర ప్రదేశ్ - 523116

Address:

W/O: Rajamohan Reddy, 2-86,
bangarakkapalem, Voletivaripalem,
Prakasam,
Andhra Pradesh - 523116

5310 7758 3107

Aadhaar-Aam Admi ka Adhikar

Patient Name : Mrs. Ramanamma K

Age/Gender : 31 Y/F

UHID/MR No. : CMAN.0000096070

OP Visit No : CMANOPV195690

Sample Collected on :

Reported on : 24-02-2024 19:17

LRN# : RAD2246432

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 366000

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardiac is normal.

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

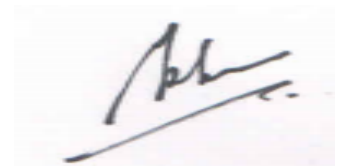
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MD RAHEEMUDDIN QURESHI
Radiology

Patient Name	: Mrs. Ramanamma K	Age/Gender	: 31 Y/F
UHID/MR No.	: CMAN.0000096070	OP Visit No	: CMANOPV195690
Sample Collected on	:	Reported on	: 24-02-2024 20:35
LRN#	: RAD2246432	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 366000		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 15.30 cm 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 in size 11.00 cm. 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. hydronephrosis seen on either side.

Right Kidney : 8.94 x 4.08 cm **Calculus noted measuring 1.13 x 0.87 cm.**
Left Kidney : 9.96 x 5.14 cm.

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 7.68 x 4.34 x 3.10 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.57 cm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

Right Ovary : 2.35 x 1.65 cm.
Left Ovary : 2.10 x 1.64 cm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

- **RIGHT RENAL CALCULUS.**

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. Ramanamma K

Age/Gender : 31 Y/F



Dr. MD RAHEEMUDDIN QURESHI
Radiology


Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:00PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 02:57PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	38.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79.4	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.6	%	40-80	Electrical Impedance
LYMPHOCYTES	40.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4321.24	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3424.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	230.58	Cells/cu.mm	20-500	Calculated
MONOCYTES	512.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	283000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	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:BED240047772

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

Patient Name : Mrs.RAMANAMMA K
Age/Gender : 31 Y 7 M 17 D/F
UHID/MR No : CMAN.0000096070
Visit ID : CMANOPV195690
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 366000

Collected : 24/Feb/2024 08:37AM
Received : 24/Feb/2024 02:00PM
Reported : 24/Feb/2024 02:57PM
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

NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

SIN No:BED240047772

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Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:00PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 04:56PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF HAEMATOLOGY

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

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



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

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Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:02PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 04:27PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

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	98	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	149	mg/dL	70-140	HEXOKINASE

Comment:

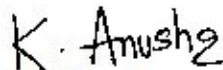
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:EDT240021330

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Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:02PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 04:27PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

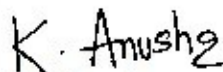
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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Patient Name : Mrs.RAMANAMMA K
 Age/Gender : 31 Y 7 M 17 D/F
 UHID/MR No : CMAN.000096070
 Visit ID : CMANOPV195690
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 366000

Collected : 24/Feb/2024 08:37AM
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 Reported : 24/Feb/2024 04:27PM
 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

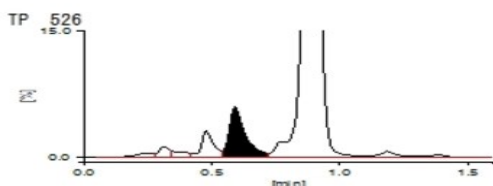
Chromatogram Report

1 V5.28 1 2024-02-24 15:42:44
 ID EDT240021330
 Sample No. 02240177 SL 0003 - 06
 Patient ID
 Name
 Comment

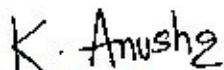
CALIB Name	%	Time	Area
ATA	0.5	0.23	8.14
A1B	0.6	0.31	10.84
F	0.5	0.39	8.84
LA1C+	1.8	0.48	32.96
SA1C	6.0	0.59	83.45
AO	92.5	0.88	1664.97
H-V0			
H-V1			
H-V2			

Total Area 1809.20

HbA1c 6.0 % **IFCC 42 mmol/mol**
 HbA1 7.0 % HbF 0.5 %




Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist



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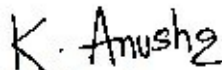
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DEPARTMENT OF BIOCHEMISTRY

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



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PhD.(Biochemistry)
Consultant Biochemist



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SIN No:EDT240021330

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Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:26PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 05:34PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	363	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	67.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	72.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		0-4.97	Calculated

Comment:

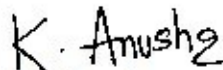
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:SE04639618

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.08	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.92	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.71	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

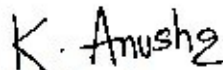
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:SE04639618

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

Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:26PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 05:34PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

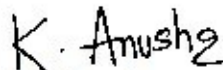
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.15	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.38	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:26PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 05:04PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC

K. Anusha

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

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Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 02:32PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 04:48PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.02	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.92	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.598	µIU/mL	0.38-5.33	CLIA

Comment:

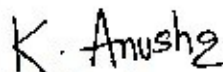
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:SPL24031389

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

Patient Name : Mrs.RAMANAMMA K
Age/Gender : 31 Y 7 M 17 D/F
UHID/MR No : CMAN.0000096070
Visit ID : CMANOPV195690
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 366000

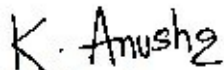
Collected : 24/Feb/2024 08:37AM
Received : 24/Feb/2024 02:32PM
Reported : 24/Feb/2024 04:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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

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SIN No:SPL24031389


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

Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 04:28PM
UHID/MR No : CMAN.0000096070	Reported : 24/Feb/2024 06:51PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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

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SIN No:UR2289911

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

Patient Name : Mrs.RAMANAMMA K	Collected : 24/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/F	Received : 24/Feb/2024 01:29PM
UHID/MR No : CMAN.000096070	Reported : 24/Feb/2024 08:32PM
Visit ID : CMANOPV195690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 366000	

DEPARTMENT OF CLINICAL PATHOLOGY

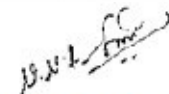
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



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

SIN No:UF010699

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

