

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	MURARI TEJASWI
DATE OF BIRTH	24-02-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-01-2024
BOOKING REFERENCE NO.	23M88377100085350S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PARASA JAGADEESH
EMPLOYEE EC NO.	88377
EMPLOYEE DESIGNATION	FACULTY
EMPLOYEE PLACE OF WORK	CHENNAI,BARODA ACADEMY
EMPLOYEE BIRTHDATE	03-01-1982

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 **22-01-2024** 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

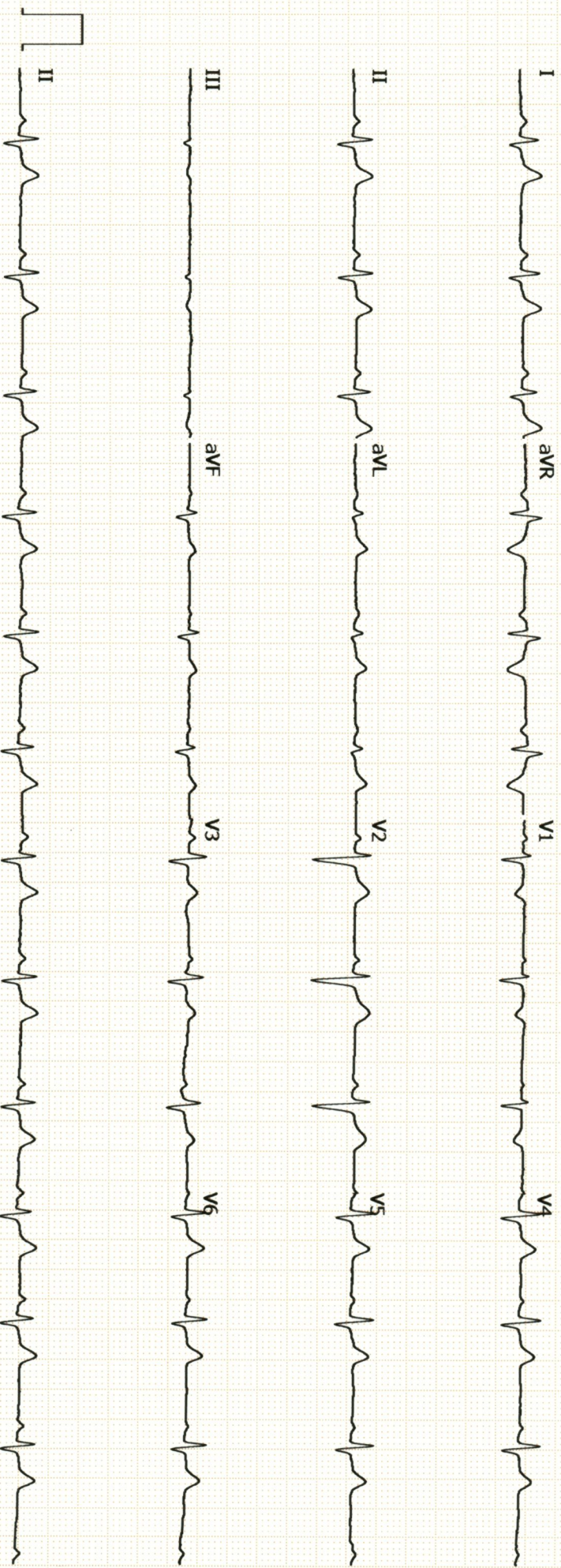
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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

QRS : 90 ms
QT / QTcbaz : 356 / 400 ms
PR : 128 ms
P : 82 ms
RR / PP : 792 / 789 ms
P / QRS / T : 28 / -8 / 26 degrees

SR
SR
f



regular

Patient Name : Mrs. MURARI TEJASWI Age : 32 Y/F
UHID : CANN.0000232248 OP Visit No : CANNOPV388716
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 25-01-2024 12:55
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.6CM
LA (es)	3.3CM
LVID (ed)	4.5CM
LVID (es)	3.3CM
IVS (Ed)	0.6CM
LVPW (Ed)	0.7CM
EF	65%
%FD	35%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. MURARI TEJASWI	Age	: 32 Y/F
UHID	: CANN.0000232248	OP Visit No	: CANNOPV388716
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 25-01-2024 12:55
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.8m/sc A: 0.6m/sc

Velocity / Gradient Across Pulmonic Valve : 0.9m/sc

Velocity / Gradient Across Aortic Valve : 0.8m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name : Mrs. MURARI TEJASWI
UHID : CANN.0000232248
Conducted By: : Dr. RAKESH P GOPAL
Referred By : SELF

Age : 32 Y/F
OP Visit No : CANNOPV388716
Conducted Date : 25-01-2024 12:55

Patient Name	: Mrs. MURARI TEJASWI	Age	: 32 Y/F
UHID	: CANN.0000232248	OP Visit No	: CANNOPV388716
Reported By:	: DR ARULNIDHI	Conducted Date	: 25-01-2024 17:30
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Rhythm.
2. Heart rate is 76 beats per minutes.

Impression:

LEFT AXIS DEVIATION.

----- END OF THE REPORT -----

DR ARULNIDHI

Name: Mrs. MURARI TEJASWI
Age/Gender: 32 Y/F
Address: YUGA KALPATARU APTS PADIKUPPAM KOYAMBEDU
Location: CHENNAI, TAMIL NADU
Doctor: Dr. VIGNESH P N
Department: General Practice
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIGNESH P N

MR No: CANN.0000232248
Visit ID: CANNOPV388716
Visit Date: 25-01-2024 09:32
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: Nil,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

GastroIntestinal System

Nil significant: .,

GenitoUrinary System

-. Nil,

Central Nervous System

SLEEP- : Normal,

****Weight**

--->: Stable,

HT-HISTORY

Past Medical History

**Cancer: No,

Past surgical history

Surgical: LSCS DONE 2015 & 2016,

Personal History

Diet	Mixed Diet,
------	-------------

Family History

Diabetes	father - T2,
-->	
Thyroid/Other Endocrine Disorder	mother - Hypothyroid ,

PHYSICAL EXAMINATION

General Examination

Build : Well ,

Height (in cms): 151,

Weight (in Kgs): 71.2,

Waist: 80,

Hip: 90,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate(Per Minute):: 86,

Systolic: 120,

Diastolic: 80,

Gynaecology and Obstetrics:

Gynec Findings: Done by: DR. INDRA V,

Breasts: Normal,

Cervix: Healthy ,

Vagina: Normal,

Uterus: Bulky Anteverted FF,

Pap Smear: Taken,

IMPRESSION

Apollo Health check

Findings: 1. P/S : Microcytic Hypochromic 2. Hb - 10.7 Level 3. MCV - 70.1 Level 4. HDL - 37 Level 5. LDL - 140.8 Level 6. Urine Blood - Positive ,

RECOMMENDATION

Advice on Diet

Diet instructions : 1. Adequate Hydration 2. Diet as Advised ,

Advice on Medication

Drug Name: 1. TAB. LIVOGEN (1-0-0) - 2 MONTHS AFTER FOOD 2. TAB. OMEGA3 AS ADVISED 3. INJ. IRON SUCROSE AS ADVISED (ALT DAYS) - 3 DAYS,

Other Recommendations

Test/Investigation: **To do Urine Culture and Sensitivity,**

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Patient Name	: Mrs. MURARI TEJASWI	Age/Gender	: 31 Y/F
UHID/MR No.	: CANN.0000232248	OP Visit No	: CANNOPV388716
Sample Collected on	:	Reported on	: 25-01-2024 12:28
LRN#	: RAD2216309	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS6181		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. ASHIQ MOHAMMED JEFFREY

MD
Radiology

Patient Name	: Mrs. MURARI TEJASWI	Age/Gender	: 31 Y/F
UHID/MR No.	: CANN.0000232248	OP Visit No	: CANNOPV388716
Sample Collected on	:	Reported on	: 25-01-2024 12:56
LRN#	: RAD2216309	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS6181		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas and spleen appear normal.
Spleen measures 10.5 cms.

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.4 x 3.7 cms.
Left kidney measures 10.3 x 4.0 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 6.6 x 4.1 x 5.8 cms and shows normal endometrial and myometrial echoes.
The endometrial thickness 7 mm.
Right ovary measures 3.2 x 2.6 cms.
Left ovary measures 3.1 x 3.3 cms.
Both ovaries are normal in size and echotexture.
No mass lesion seen in the pelvis.

Patient Name : Mrs. MURARI TEJASWI

Age/Gender : 31 Y/F

Bladder is normal in contour.

IMPRESSION:

* NO SIGNIFICANT ABNORMALITY DETECTED.

DISCLAIMER: THIS US SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. ASHIQ MOHAMMED JEFFREY

MD

Radiology

Certificate No: MC-2435

Patient Name	: Mrs.MURARI TEJASWI	Collected	: 25/Jan/2024 09:35AM
Age/Gender	: 31 Y 11 M 1 D/F	Received	: 25/Jan/2024 02:06PM
UHID/MR No	: CANN.0000232248	Reported	: 25/Jan/2024 04:42PM
Visit ID	: CANNOPV388716	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6181		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/COMMENT	: Please correlate clinically.

Page 1 of 16



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

SIN No:BED240018048

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
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Phone - 044-26224504 / 05




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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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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	10.7	L	g/dL	12-15	Spectrophotometer
PCV	33.60	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.79	L	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	70.1	L	fL	83-101	Calculated
MCH	22.4	L	pg	27-32	Calculated
MCHC	31.9	L	g/dL	31.5-34.5	Calculated
R.D.W	15.9	H	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,700	L	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)					
NEUTROPHILS	68.9	L	%	40-80	Electrical Impedance
LYMPHOCYTES	23.3	L	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	L	%	1-6	Electrical Impedance
MONOCYTES	5.3	L	%	2-10	Electrical Impedance
BASOPHILS	0.6	L	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	5305.3	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1794.1	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	146.3	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	408.1	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.2	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	294000	L	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	H	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR		L			

METHODOLOGY : Microscopic

RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic

Page 2 of 16



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

SIN No:BED240018048

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Certificate No: MC-2435

Patient Name	: Mrs.MURARI TEJASWI	Collected	: 25/Jan/2024 09:35AM
Age/Gender	: 31 Y 11 M 1 D/F	Received	: 25/Jan/2024 02:06PM
UHID/MR No	: CANN.0000232248	Reported	: 25/Jan/2024 04:42PM
Visit ID	: CANNOPV388716	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6181		

DEPARTMENT OF HAEMATOLOGY

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

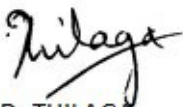
normochromic RBC's noted.

WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen

NOTE/COMMENT : Please correlate clinically.



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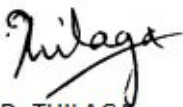
Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
Age/Gender : 31 Y 11 M 1 D/F	Received : 25/Jan/2024 02:06PM
UHID/MR No : CANN.0000232248	Reported : 25/Jan/2024 06:18PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6181	

DEPARTMENT OF HAEMATOLOGY

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

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

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Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 01:52PM
Age/Gender : 31 Y 11 M 1 D/F	Received : 25/Jan/2024 05:46PM
UHID/MR No : CANN.0000232248	Reported : 25/Jan/2024 06:11PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6181	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	L	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 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	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	L	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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



SIN No:PLP1411405

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Certificate No: MC-2435

Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
Age/Gender : 31 Y 11 M 1 D/F	Received : 25/Jan/2024 02:11PM
UHID/MR No : CANN.0000232248	Reported : 25/Jan/2024 03:17PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6181	

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 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. R. SRIVATSAN
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SIN No:EDT240007558

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Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	189	L	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	L	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	152	H	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.8	H	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	L	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.11	H		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.66	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	L	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	L	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	H	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17	L		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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.

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M.D.(Biochemistry)



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Patient Name : Mrs.MURARI TEJASWI
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Visit ID : CANNOPV388716
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS6181

Collected : 25/Jan/2024 09:35AM
Received : 25/Jan/2024 03:48PM
Reported : 25/Jan/2024 06:06PM
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- Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.57	L	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	25.00	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.7	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	L	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	L	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	L	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	L	mmol/L	101–109	ISE (Indirect)

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DR. R. SRIVATSAN
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Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
Age/Gender : 31 Y 11 M 1 D/F	Received : 25/Jan/2024 03:48PM
UHID/MR No : CANN.0000232248	Reported : 25/Jan/2024 04:54PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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



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Certificate No: MC-2435

Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
Age/Gender : 31 Y 11 M 1 D/F	Received : 25/Jan/2024 03:57PM
UHID/MR No : CANN.0000232248	Reported : 25/Jan/2024 05:58PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6181	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.54	L	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.04	L	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.478	L	µIU/mL	0.34-5.60	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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Certificate No: MC-2433

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DEPARTMENT OF IMMUNOLOGY

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

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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)

Certificate No: MC-2433

Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
Age/Gender : 31 Y 11 M 1 D/F	Received : 25/Jan/2024 03:34PM
UHID/MR No : CANN.0000232248	Reported : 25/Jan/2024 04:47PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6181	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY	N		CLEAR	Visual
pH	5.5	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-3	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	N	/hpf	<10	MICROSCOPY
RBC	4-6	N	/hpf	0-2	MICROSCOPY
CASTS	ABSENT	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY

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

SIN No:UR2268061

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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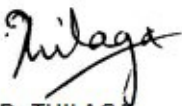
Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
Age/Gender : 31 Y 11 M 1 D/F	Received : 25/Jan/2024 03:34PM
UHID/MR No : CANN.0000232248	Reported : 25/Jan/2024 04:49PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6181	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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

SIN No:UF010283

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Patient Name : Mrs.MURARI TEJASWI	Collected : 25/Jan/2024 09:35AM
Age/Gender : 31 Y 11 M 1 D/F	Received : 26/Jan/2024 11:12AM
UHID/MR No : CANN.0000232248	Reported : 29/Jan/2024 04:39PM
Visit ID : CANNOPV388716	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6181	

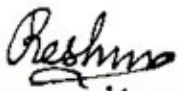
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	1498/24
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
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



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

SIN No:CS073411

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

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