

Dr. Roma Haider

Dental Surgeon

Certified in Esthetic Dentistry & Implantology

Email : roma.haider@yahoo.com

Consultation : Monday to Saturday 10 am to 7 pm



13/1/2024

• Restorative Procedures

M/S Lasanga

• Root canal treatment

• Teeth replacement -
fixed and removable dentures

H.C

• Oral surgery

• Orthodontics

N.A.D

• Preventive dentistry

Impacted I

• Dental Implants

• Pedodontics

2/1/2024

• Esthetics & smile design

• Tooth Jewellery

• Periodontics

Pt. Name: MRS. LAVANYA PRAKASH

Age/Sex: 23 Y/ F

Ref By: H C

Date: 13-01-2024

X-RAY CHEST PA VIEW

Mild inspiratory film.

Both the lung parenchyma appears normal

**Cardiothoracic ratio is slightly increased -likely due to poor inspiratory effort.
Suggested clinical correlation.**

Trachea and main stem bronchi are unremarkable.

Pulmonary vasculature is normal.

Both the cardiophrenic and costophrenic angles are clear

Soft tissues and bony thorax are unremarkable

Please correlate clinically.

Thanks for reference.

 **Dr. REKHA P**

CONSULTANT RADIOLOGIST

Dr. PREMSAI REDDY

Dr. Manaswini Ramachandra, MBBS, MS (ENT)
Consultant ENT and Head & Neck Surgeon
Fellowship in Endoscopic Sinus Surgery
Trained in Allergy (AASC)
Email : manaswiniramachandra@gmail.com



Ms. Lavanya

13-1-24

Health Cl.

Doc
Rx
op/op } - 5.

No
① B. Bicuspid 0-0 / 1 + 2-3. (B/R)

107-6

Apollo Spectra Hospitals

DOCTORS NOTE

NAME: Mrs Lavanya Prakash.

AGE: 23/F. SEX:

NO:

Ht - 157 cms

Wt - 71 kg

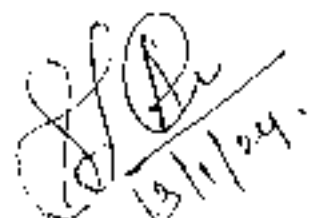
- Dyslipidemia
- Polycystic changes in ovaries
- No food allergies
- Non-veg.

• Same as Mr. Prakash's plan.

• Walks later. 2.2.31/24.

• Workout :- { Leslie walks 20 min fast burning workout }

• w.s supplements


13/1/24.

Date : 1.10.2024
 MRNO : 193602
 Name : Lavanya Prakash
 Age / Gender : 23/1 Female
 Mobile No :

Department : General Medicine
 Consultant : Dr. Ravi Prakash
 Reg. No :
 Qualification :

Consultation Timing

Pulse :	B.P. : 125 / 75 mmHg	Resp :	Temp :
Weight : 74 Kg	Height : 162 cm	BMI :	Weist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

[Faint handwritten notes in the General Examination section]

[Faint handwritten notes in the Clinical Diagnosis & Management Plan section]

Follow up date:

Doctor Signature

2D ECHOCARDIOGRAPHY REPORT

NAME	Mrs. LAVANYA PRAKASH		DATE: 13-01-2024
AGE	23YRS	KRM NUMBER	193682
GENDER	FEMALE	REFERRED BY	

DIMENSIONS:

AORTA: 2.5 cms	IVSD: 1.0 cms	LVdD: 3.3 cms	LVPWD: 1.0 cms
LA : 2.7 cms	IVSS: 1.1 cms	LVDs> 2.2 cms	LVPWS: 1.1 cms
EF : 60%		EDV : 45 ML	ESV : 24 ML

VALVES:

MITRAL : NORMAL.
TRICUSPID : NORMAL.
AORTIC : NORMAL.
PULMONARY : NORMAL.

2D - ECHO:

IAS : Intact.
IVS : Intact.
RA : Normal.
RV : Normal.
LA : NORMAL.
LV : NORMAL.
IVC, AORTA AND PULMONARY ARTERY: NORMAL.
PERICARDIUM : NORMAL.

DOPPLER DAT

Mitral valve : E-0.61 M/sec A-0.58 m/sec, NO MR.
Tricuspid valve : NO TR
Aortic valve : V max -1.0 m /sec
Pulmonary valve : NO PR.

FINAL IMPRESSION:

NORMAL CHAMBERS AND VALVES
NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST
NORMAL LV & RV SYSTOLIC FUNCTION, EF- 60%
NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.


DR. MOHAN MURALI
 Consultant Cardiologist

11/2

13/11/24

11.11.24 (Wednesday) 11.11.24

cto 2500gms 34w 6 days

25/11

25/11 11.11.24 11.11.24

11.11.24

11.11.24 11.11.24 11.11.24

11.11.24

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11.11.24
11.11.24
11.11.24

Mrs Lavanya prakash
IP 100662

23 Years

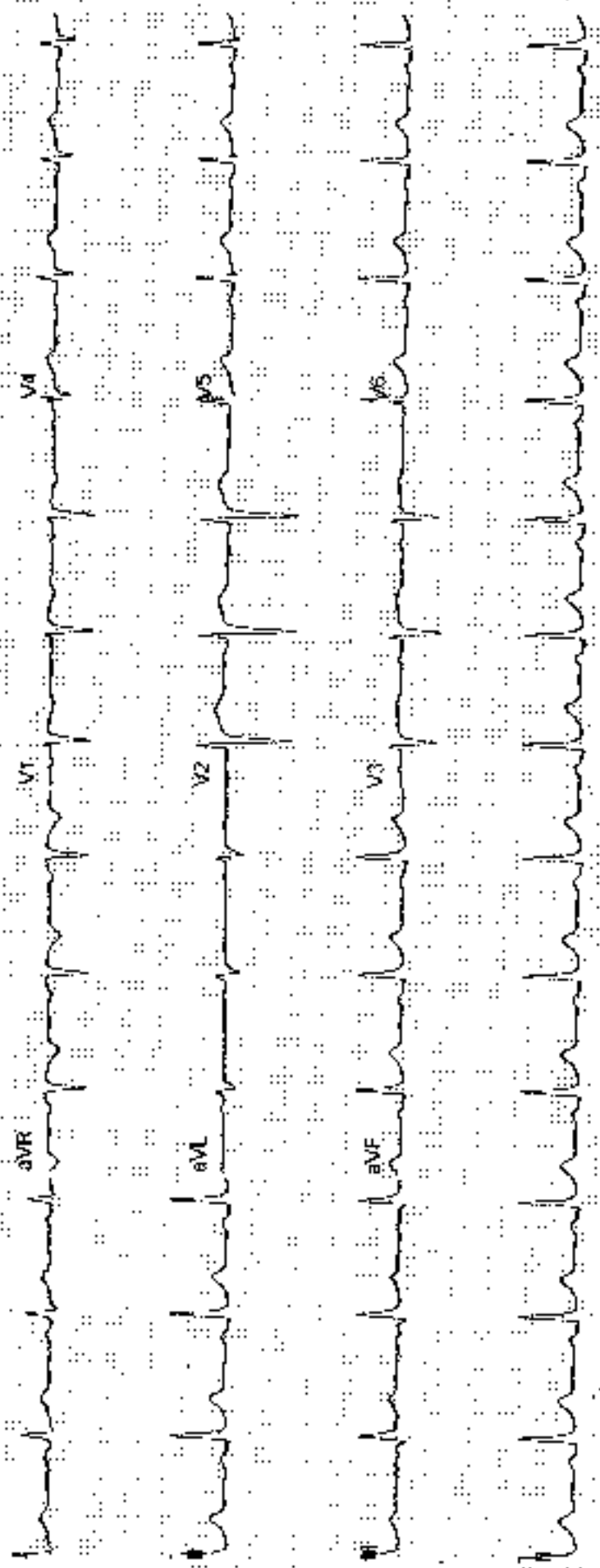
Female

13/11/2024 11:43:04
APOLLO SPECTRA HOSPITAL
KORAMANGALA
BANGALORE

80 bpm
-- mmHg

BP - 125/75 mmHg

QRS Normal sinus rhythm
QT:QTc Baz Normal ECG
PR 152 ms
P 84 ms
RR/PP 75.0/75.0 ms
P/QRS/T 58/08/57 degrees



Pt. Name: MRS. LAVANYA PRAKASH	Age/Sex: 23 Y / F
Ref By: H.C	Date: 13 - 01 - 2024

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size and normal in echotexture
 No focal lesion is seen. No IHR dilatation is seen
 Portal vein and CBD are normal
- GALL BLADDER:** Is partially distended.
 No pericholecystic collection is seen
 No intraluminal content or calculi are seen in the visualized extent
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen
 Peri-pancreatic fat planes are well preserved
- SPLEEN:** Normal in size and normal in echotexture
 No focal lesion is seen. Splenic vein is normal
- KIDNEYS:** Right Kidney measures 9.4cms. Left Kidney measures 10.8cms
 Both kidneys are normal in size, shape, position, contour and echotexture
 Cortico-medullary differentiation is well maintained
 No calculi / hydronephrosis are seen
- URINARY BLADDER:** Is well-distended with normal wall thickness.
 No intraluminal content or calculi are seen
- UTERUS:** Is anteverted. Normal in size measures 7.6 x 3.8 cms. Normal in echotexture
 Normal endomyometrial echoes are seen. ET: 10mm (LMP 2-2.5 months ago)
 No intrauterine gestation sac seen.
- OVARIES:** Right ovary measures 3.0 x 1.1cms. Left ovary measures 2.8 x 1.4cms.
 Both ovaries show polycystic appearance with multiple small peripheral arranged follicles.

IMPRESSION: POLYCYSTIC APPEARANCE OF BOTH OVARIES.

Thanks for reference

Dr. REKHA P

Dr. PREMSAI REDDY.,

CONSULTANT RADIOLOGIST

Pt. Name: MRS. LAVANYA PRAKASH	Age/Sex: 23 Y / F
Ref By: H.C	Date: 13 - 01 - 2024

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IMPRESSION: POLYCYSTIC APPEARANCE OF BOTH OVARIES.

Thanks for reference

Dr. REKHA P

Dr. PREMSAI REDDY.,

CONSULTANT RADIOLOGIST



Patient Name: Ms. LAVANYA PRAKASH
 Appointment Date: 23 Jan 2024 09:00 AM
 LHD Ref No: SKGH 0000190662
 Dept: SKGH/IVZ/0821
 Referring: Dr. SHILP
 LHD Ref ID: 103791

Collected: 13 Jan 2024 09:00 AM
 Received: 13 Jan 2024 10:47 AM
 Reported: 13 Jan 2024 12:27 PM
 Status: Final Report
 Sponsor Name: ARCHEM HEALTHCARE LIMITED



DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR (WHOLE BLOOD COUNT)

- RBCs: normocytic normochromic.
- WBC: normal in number with normal distribution and morphology.
- Platelets are adequate.
- No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Dr. Shilpa

Dr. Shilpa
 MD Pathology
 Apollo Diagnostics

APN: 1230000002

Page 1 of 1





Mrs LAVANYA PRAKASH
 123 Y 2 M 30 D4
 SNOB: 1000150682
 SKUR0PV276521
 Dr. SRI F
 MS-11
 TRA ID: 103411



Collected: 13-Jan-2024 09:00 AM
 Received: 13-Jan-2024 10:27 AM
 Reported: 13-Jan-2024 12:27 PM
 Status: Final Report
 Sponsor Name: ARCCOFEV HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCCOFEV - MEDIUMWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOCRAM, WHOLE BLOOD (STA)				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
HCT	37.30	%	35-40	Electronic pulse & Calculation
RED BLOOD CELL COUNT	4.73	Million/cumm	3.8-4.8	Electrical Impedance
MCV	79	fL	83-101	Calculated
MCH	26	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W.	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7.500	cells/cumm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	41	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
PLATELETS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3876	Cells/cumm	2000-7000	Calculated
LYMPHOCYTES	3116	Cells/cumm	1000-3000	Calculated
EOSINOPHILS	152	Cells/cumm	20-500	Calculated
MONOCYTES	456	Cells/cumm	200-1000	Calculated
PLATELET COUNT	221000	cells/cumm	150000-110000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

BCs - normocytic normochromic.

WBCs - normal in number with normal distribution and morphology.

[Signature]

Dr. Srinivas Reddy
 Consultant, Hematology,
 Apollo Hospitals, Hyderabad

Ph No: 020100100

Page 1 of 1





Age: 27 Yr 2 M 30 D
 PHIDEN: 66
 Visit: 1
 Ref: 1021
 Reg: 1021

Mrs. LAVANYA PIRAKASH
 25 Y 2 M 30 D
 SKOR: 2100190682
 SKOR: 019275821
 Dr. S.F.F
 10211

Collected: 13-Jan-2024 09:00 AM
 Received: 13-Jan-2024 09:07 AM
 Reported: 13-Jan-2024 12:27 PM
 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

Haemoglobin adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

(Signature)

Dr. S.F.F
 M.D. (Pathology)
 210-275821
 10211





Mr. LAJANYA PRANASH
 23 Y 2 M 20 D F
 SKID UNIT: 193652
 EKURAPV: 175401
 ID: SFLF
 MR. ID: 163791



Collected: 13-Jan-2024 09:55 AM
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 Reported: 13-Jan-2024 11:32 AM
 Status: Final Report
 Sponsor Name: ARCOFEMI - HEALTH CARE LIMITED

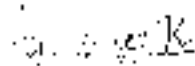
DEPARTMENT OF HAEMATOLOGY

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			Forward & Reverse Grouping with Slide/Tube Aggluti
RH TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 14




 Dr. Anand K. Reddy
 MD, Pathology
 Consultant Pathologist
 P.N.S. 1124629562



Apollodiagnos
 Apollo Health
 Apollo Diagnostics
 Apollo Health
 Apollo Diagnostics
 Apollo Health

Mrs LAVANYA PRAKASH
 73 Y 2 M 30 Dst
 SKUR 20001936K2
 SKOROPV27b021
 Dr SFLH
 16024

Collector
 Received
 Reported
 Status
 Sponsor Name

13 Jan 2024 09:05 AM
 13 Jan 2024 10:27 AM
 13 Jan 2024 11:21 AM
 Final Report
 ARCOFEMI HEALTHCARE LIMITED



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	59	mg/dL	70-100	CCO - P013					
<p>Comment: As per American Diabetes Guidelines, 2023 Fasting glucose values in mg/dL</p> <table border="1"> <thead> <tr> <th>Interpretation</th> </tr> </thead> <tbody> <tr> <td>Normal</td> </tr> <tr> <td>Pre-diabetes</td> </tr> <tr> <td>Diabetes</td> </tr> <tr> <td>Hypoglycemia</td> </tr> </tbody> </table>					Interpretation	Normal	Pre-diabetes	Diabetes	Hypoglycemia
Interpretation									
Normal									
Pre-diabetes									
Diabetes									
Hypoglycemia									

The presence of Diabetes requires a fasting plasma glucose value ≥ 126 mg/dL (or a random 2 hr post glucose value ≥ 200 mg/dL) on two occasions.
 * As per WHO classification ≥ 126 mg/dL fasting may result in Diabetes, impaired glucose tolerance & prediabetes.

Dr. S. Lakshmi
 Apollo Diagnostics
 Apollo Health

13 Jan 2024





APOLLO HEALTH AND LIFESTYLE LIMITED
 MEDICAL
 REF ID: A
 MR. S. RAJESH

Mrs LAVANYA PRAKASH
 23 Y 2 M 00 D F
 SSKR000053192
 SSKR000276021
 Dr. SRI H
 10379

Collected: 13/Jan/2024 12:59 PM
 Received: 13/Jan/2024 07:27 PM
 Reported: 13/Jan/2024 07:04 PM
 Status: Final Report
 Center Name: ARCOFEM HEALTH CARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS - GOD/IM FLUORIDE PLASMA (2 HR)	95	mg/dl	70-140	GOD - FOD

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.

[Handwritten signature]
 Dr. SRI H
 Senior Consultant
 Pathology
 Apollo Health and Lifestyle Limited
 Apollo Road, Hyderabad

Page 04 of 4



APOLLO HEALTH AND LIFESTYLE LIMITED



APOLLO HEALTH AND LIFESTYLE LIMITED
 100 Feet, Jubilee Hills,
 Hyderabad - 500031
 India
 Tel: +91 800 000 1000
 www.apollohospitals.com

Mrs LAVANYA PRASADH
 24 Y 2 M 30 D F
 SNOR 0001183622
 SNOROPV276521
 Dr SELF
 13/01/2024



Collected : 13/Jan/2024 11:35AM
 Received : 13/Jan/2024 11:47AM
 Reported : 13/Jan/2024 11:35AM
 Status : Final Report
 Specimen Name : ARCOFEMI HEALTHCARE LIMITED

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	240	mg/dL	<200	CHE/CHO/POD
TRIGLICERIDES	54	mg/dL	<150	
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON HDL CHOLESTEROL	197	mg/dL	<130	Calculated
LDL CHOLESTEROL	186.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.8	mg/dL	<30	Calculated
CHOL/HDL RATIO	5.58		0-4.97	Calculated

Result Checked

COMMENT:

Cholesterol (Total, HDL, LDL) and Triglyceride (Fasting) - Predominant (N) - 100% with Treatment of Prevalence per

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	<200	200-239	≥240	
TRIGLICERIDES	<150	150-199	≥200	≥300
HDL	Optimal >60 N/A Optimal (men) ≥40	35-59	150-199	>190
LDL	<100			
NON HDL CHOLESTEROL	Optimal <100 More Optimal <70-79	100-139	140-199	≥200

1. All components of the serum lipids and triglycerides are shown as total and analytical variations.
2. NCEP ATP III Definition for cardiovascular disease risk as a secondary target of therapy in persons with hyperlipidemia.
3. Prevalence of hyperlipidemia includes also persons with normal cholesterol levels.
4. Lipid levels are associated with coronary heart disease and stroke. LDL being available to be treated to reduce cardiovascular risk.
5. Women with hyperlipidemia should also be screened for lipoprotein(a) levels. Selection screening of children also suggested for family history of premature cardiovascular disease. Those with a family history with hyperlipidemia should be screened.
6. VLDL, LDL, HDL, HDL2, HDL3, HDL4, HDL5, HDL6, HDL7, HDL8, HDL9 are calculated parameters. Low triglycerides are below 150mg/dL. When triglycerides are more than 150 mg/dL, HDL is based on direct measurement.

Dr. S. Sankar
 Dr. Sankar
 Director, Medical Laboratory
 Apollo Health and Lifestyle
 100 Feet, Jubilee Hills
 Hyderabad - 500031

13/01/2024



Patient Name : Mrs. LAVANYA PRAKASH
 Age/Gender : 23 Y 2 M 30 DF
 UHID/MR No : ENDR000169862
 Ward : SKORUPV271821
 Ref Doctor : Dr. SRI F
 Ems/AuditPA ID : 163701

Collected : 13/Jan/2024 09:56 AM
 Received : 14/Jan/2024 10:17 AM
 Reported : 14/Jan/2024 11:35 AM
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN TOTAL	0.20	mg/dL	0.1-1.2	Asobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	79.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURI-I
ALBUMIN	4.30	g/dL	3.5-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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 more specific for liver (in hepatocellular injury). Value also can decline 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 used to be increased in NAFLD, Wilson's disease, Cirrhosis, but the increase is usually < 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 if hepatic or gastrointestinal with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. **Synthetic Function Impairment:**

- Albumin - Low decrease indicates albumin levels.
- Correlation with PT (Prothrombin Time) helps.

Anushree R

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

SIN No:SK0169862





Patient Name : Mrs LAVANYA PRAKASH
 Age/Gender : 23 Y 3 M 30, OF
 JHIDM/R No : SKOR L000190882
 Visit ID : SKORCPV276821
 Ref Order : D SELF
 Emp/AJIV/PA/G : 163791



Collected : 13Jan2024 09:53 AM
 Received : 13Jan2024 10:47 AM
 Reported : 13Jan2024 11:35 AM
 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

Page 9 of 11

Arushree K

Dr. Arushree K
 M.S.B.S, M.D. Pathology
 Consultant Pathologist

SVY No: SJL0460048





Patient Name : Mrs.LAVANEA PRAKASH
 Age/Gender : 23 Y 2 M 03 DF
 UHID/MR No : SKDR 0000190802
 Visit ID : SKORUPV276121
 Ref Doctor : Dr SELF
 Email/Auth/TPA ID : 103751



Collected : 13/Jan/2024 03:35:53
 Received : 13/Jan/2024 10:47:00
 Reported : 13/Jan/2024 11:35:40
 Status : Final Report
 Sponsor Name : ARCOFEMI HFA. TIEARL LIMITED

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	0.60	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	15.60	mg/dL	17-46	Urease
BLOOD UREA NITROGEN	7.3	mg/dl	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.0-5.5	URICASI
CALCIUM	5.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE

Result Rechecked

Anushree R

Dr. Anushree R
 M.B.B.S.M.D.Pathology,
 Consultant Pathologist



SLN No:SE0160048



Patient Name: Mrs. LAVANYA PRAKASH
 Age/Gender: 25 Y 2 M 30 D F
 UHIDMR No: SKOR 0000190682
 Visit ID: SKOROPV276821
 Ref. Doctor: Dr. SELF
 Emp. Auth: TPA ID: 163751

Collected: 13-Jan-2024 09:30 AM
 Received: 13-Jan-2024 10:47 AM
 Reported: 13-Jan-2024 11:35 AM
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method

Page 11 of 14

Aravind R

Dr. Aravind R
 M.S., S.M.C.I.P.(Pathology)
 Consulting Pathologist

SIN No: Sgr4306148



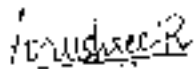
Patient Name: Vis.LAVANYA PRAKASH
 Age/Sex: 23 Y 2 M 30 D+
 J-HID/HR No: SKOR 0001183687
 Visit ID: SKUR0PV2/1421
 Ref Doctor: Dr.SF.F
 Emp.Auth ID: 184781

Collected: 13/Jan/2024 09:33 AM
 Received: 13/Jan/2024 10:07 AM
 Reported: 13/Jan/2024 11:34 AM
 Status: Final Report
 Sponsor Name: ARCOFEMI - MEDIWHEEL

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	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOH-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	HEIKICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLIDINE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	FEW BACTERIA SEEN			MICROSCOPY



Dr. Anushree R
 M.B.B.S (Pathology)
 Consultant Pathologist

SIN No. 03/2019/291





Patient Name : Mrs LAVANYA PRAKASH
 Age/Gender : 23 Y 2 M 30 D F
 URIDeMR No : SKOR.0000103692
 Visit ID : SKOROPV276621
 Ref Doctor : Dr SH - F
 Emp/Amb/TPA ID : 163791



Collected : 13 Jan 2024 12:51 PM
 Received : 13 Jan 2024 01:27 PM
 Reported : 13 Jan 2024 02:16 PM
 Status : Final Report
 Sponsor Name : ARCOFEM HEALTHCARE LIMITED

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

Priya Kulkarni

Dr Priya Kulkarni
 M.Sc., M.D. (Pathology)
 Consultant Pathologist

SIR SIDDHARTH





Patient Name: Mrs. LAVANYA PRAKASH
 Age/Gender: 23 Y 2 M 30 D/F
 LH DMAR No: SKOR 0000193682
 Visit ID: SKOR0PV276821
 Ref Doctor: Dr. SFI F
 Enc/Walk/TPA ID: 103701



Collected: 11-Jan-2024 09:59:39
 Received: 11-Jan-2024 11:47:53
 Reported: 13-Jan-2024 11:32AM
 Status: Final Report
 Sponsor Name: ARCOFEMI HEALTHCARE LIMITED

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		NI,GA,IMI	Dipstick

*** End Of Report ***

Results to follow:

HDL-C, GLYCOALBUMIN, HEMOGLOBIN, THYROID PROFILE (TOTAL T₄), U₃, U₅₀, U₃₀₀, U₁₀₀₀, U₁₀₀₀₀, U₁₀₀₀₀₀

Anushree R

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

SIN No.UGC/0199



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 09:58AM
Received : 13/Jan/2024 10:47AM
Reported : 13/Jan/2024 12:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

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

SIN No:BED240009602

Page 1 of 17



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
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Emp/Auth/TPA ID : 163791.

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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	79	fL	83-101	Calculated
MCH	26	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedence
LYMPHOCYTES	41	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3876	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3116	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	152	Cells/cu.mm	20-500	Calculated
MONOCYTES	456	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	221000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Page 2 of 17

Anushree R

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



SIN No:BED240009602

Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791.

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DEPARTMENT OF HAEMATOLOGY

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

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Anushree R

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

SIN No:BED240009602



Patient Name : Mrs.LAVANYA PRAKASH
 Age/Gender : 23 Y 2 M 30 D/F
 UHID/MR No : SKOR.0000193682
 Visit ID : SKOROPV276821
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Anushree R

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

SIN No:BED240009602



Patient Name : Mrs.LAVANYA PRAKASH
 Age/Gender : 23 Y 2 M 30 D/F
 UHID/MR No : SKOR.0000193682
 Visit ID : SKOROPV276821
 Ref Doctor : Dr.SELF
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Collected : 13/Jan/2024 09:58AM
 Received : 13/Jan/2024 10:47AM
 Reported : 13/Jan/2024 11:31AM
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	GOD - POD

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.

Anushree R

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

SIN No:PLF02089556



Patient Name : Mrs.LAVANYA PRAKASH
 Age/Gender : 23 Y 2 M 30 D/F
 UHID/MR No : SKOR.0000193682
 Visit ID : SKOROPV276821
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 12:51PM
 Received : 13/Jan/2024 01:27PM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

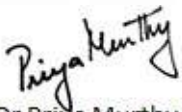
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	mg/dL	70-140	GOD - POD

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 Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

SIN No:PLP1408438





Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 09:58AM
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Reported : 13/Jan/2024 02:54PM
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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
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)

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240004106



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 09:58AM
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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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	240	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	54	mg/dL	<150	
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	197	mg/dL	<130	Calculated
LDL CHOLESTEROL	186.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.58		0-4.97	Calculated

Result Rechecked

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.

Page 8 of 17

Anushree R

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

SIN No:SE04600148



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791.

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	79.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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.

Page 9 of 17

Anushree R

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



SIN No:SE04600148

Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
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DEPARTMENT OF BIOCHEMISTRY

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

Anushree R

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

SIN No:SE04600148



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	15.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.0-5.5	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

Result Rechecked

Anushree R

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

SIN No:SE04600148



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
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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
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method

Anushree R

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

SIN No:SE04600148





Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
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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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.70	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.261	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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24006412



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 09:58AM
Received : 13/Jan/2024 10:47AM
Reported : 13/Jan/2024 11:34AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	1.025		1.002-1.030	Dipstick
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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	FEW BACTERIA SEEN			MICROSCOPY

Anushree R

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

SIN No:UR2262291



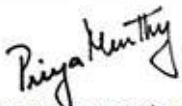
Patient Name : Mrs.LAVANYA PRAKASH
 Age/Gender : 23 Y 2 M 30 D/F
 UHID/MR No : SKOR.0000193682
 Visit ID : SKOROPV276821
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 12:51PM
 Received : 13/Jan/2024 01:27PM
 Reported : 13/Jan/2024 02:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

SIN No:UPP016191



Patient Name : Mrs.LAVANYA PRAKASH
 Age/Gender : 23 Y 2 M 30 D/F
 UHID/MR No : SKOR.0000193682
 Visit ID : SKOROPV276821
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 09:58AM
 Received : 13/Jan/2024 10:47AM
 Reported : 13/Jan/2024 11:32AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Anushree R

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

SIN No:UF010190



Patient Name : Mrs.LAVANYA PRAKASH
Age/Gender : 23 Y 2 M 30 D/F
UHID/MR No : SKOR.0000193682
Visit ID : SKOROPV276821
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 163791.

Collected : 13/Jan/2024 01:41PM
Received : 14/Jan/2024 01:13PM
Reported : 16/Jan/2024 06:45PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

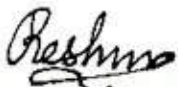
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	856/24
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:CS073061

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