OPTHALMOLOGY



Name & UCHARITHA M	Date 97/01/24
	UHID No. 204875
Sex: Male Female	

OPHTHAL FITNESS CERTIFICATE

RE

LE

DV-UCVA

: (6/36)

DV-BCVA

TPG: (6/6)

NEAR VISION

ANTERIOR SEGMENT

IOP

FIELDS OF VISION

EOM

COLOUR VISION

FUNDUS

IMPRESSION

ADVICE

NOSNUS

(6/360)

APOLLO MEDICAL CENTRE 1114. Sivaprakesam Street, Pondy Bazaar. T. Nagar. Chennal 600 017. Phone: 044 - 2434 1066 | 95001 63355





Mm. Suchonten 29/7

27-1-24,

Height:	Weight:	ВМІ:	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination / Allergies History

No sperific Ent Comploins.

de: 2 aus: Ble Tim intent

More: DSC

Thr: clear.

17: Hearing Mount

1 - Sait Chroically alvene

APOLLO MEDICAL CENTRE

11/4. Sivaprakasam Street. Pondy Bazaar.

T. Nagar. Chennai - 600 017.

T. Nagar. Chennai - 90001 66355

Phone: 044 - 2434 1066 | 90001 66355

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Apollo

		PHYSI	CAL EXAMINAT	ION	e e valenciadad a la l
NAME	Ma	J. 80		ha. M	DAYE OF CHECK UP
AGE / GENDER	2	9		CMALEIFENALE	
HEIGHT	163	3 cm	- Cm	1	
WEIGHT	69.	3	Kgs		
	110	160.			
BLOOD PRESSURE			Mm/Hg		
8M	26.1				
WAIST	83				
HIP	97	cm		**	
WAIST IP RATION	0.85				
RESPIRATORY RATE	18				,
PULSE	80	b/mt	1 Min		
	INSPIR	ATION			
CHEST	EXPIRA	ATION		A P	
	ОРН	THAL EXAMINATION	¥	· ·	COLOUR VISION
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT LEFT
WITHOUT GLASS					
WITH GLASS				No.	
REMARKS IF ANY			1		-NTRE
.c.				APOLL 11/4. Siva	O MEDICAL CENTRE O MEDICAL CENTRE prakesam street, Pondy Bazas prakesam street, Pondy Bazas Chennal - 600 017 Chennal - 600 017

77





Expertise. Closer to you.

CERTIFICATE OF MEDICAL FITNESS

	ms. Souharthorn, 204/t on 29/01	12
ner i	reviewing the medical history and on clinical examination it has been found that he is	
49	Medically Fit	7
6	Fit with restrictions / recommendations	
	Though following restrictions have been revealed, in my opinion, these are not Impediments to the job.	K
	1. Hb J	
	2	
	3. Thougas = Loo 4. ** Louista	
	4 x smith	
	However the employee should follow the advice/medication that has been Communicated to him/her.	-
	Review after	
•	Currently Unfit. Review after	
	recommended	
9	Unfit	
	Dr.	
	Medical Officer The Apollo Clinic, I deation Pollo Family Physic	

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chembers, 5th Floor, Begumpet, Hyderbad, Telangana - 500 016 | Fmail ID: enquiry@apollohl.com

APOLLO CUPICS RETYZORK TAMP, PIADU

TO BOOK AN APPOINTMENT

Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkarn | Velachery)

加州美国的三回的7/7/25%



: Mrs. SUCHARITHA M

UHID

: CTNA.0000204875

Reported By: Referred By : Dr. HARI K

: SELF

Age

Conducted Date

OP Visit No

: 29 Y/F

: CTNAOPV191895

: 29-01-2024 11:23

ECG REPORT

T	•
lm	ression

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K



: Mrs. SUCHARITHA M

UHID

: CTNA.0000204875

Conducted By:

: Dr. ASHA MAHILMARAN

Referred By : SELF

Age : 29 Y/F

OP Visit No : CTNAOPV191895

Conducted Date : 29-01-2024 12:36

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.7 CM

LA (es) 3.0 CM

LVID (ed) 4.3 CM

LVID (es) 2.5 CM

IVS (Ed) 0.9 CM

LVPW (Ed) 0.9 CM

EF 66.00%

%FD 36.00%

MITRAL VALVE: NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL



: Mrs. SUCHARITHA M

: Dr. ASHA MAHILMARAN

UHID

: CTNA.0000204875

Conducted By: Referred By

: SELF

Age : 29 Y/F

OP Visit No : CTNAOPV191895

Conducted Date : 29-01-2024 12:36

DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.5m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.5m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITIES

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

NORMAL LEFT VENTRICULAR IN SIZE

NO: PE/PAH



: CTNAOPV191895

: 29-01-2024 12:36

: 29 Y/F

Patient Name

: Mrs. SUCHARITHA M

UHID

: CTNA.0000204875

Conducted By: Referred By

: Dr. ASHA MAHILMARAN

Age

OP Visit No

Conducted Date

: SELF

DONE BY NIRMALA

> Dr.ASHA MAHILMARAN.



: Mrs. SUCHARITHA M

UHID

: CTNA.0000204875

Conducted By:

: Dr. ASHA MAHILMARAN

Referred By

: SELF

Age : 29 Y/F

OP Visit No : CTNAOPV191895



: Mrs. SUCHARITHA M

UHID

: CTNA.0000204875

Conducted By:

: Dr. ASHA MAHILMARAN

Referred By : SELF

Age : 29 Y/F

OP Visit No : CTNAOPV191895



: Mrs. SUCHARITHA M

UHID

: CTNA.0000204875

Conducted By:

: Dr. ASHA MAHILMARAN

Referred By

: SELF

Age : 29 Y/F

OP Visit No : CTNAOPV191895



: Mrs. SUCHARITHA M

UHID

: CTNA.0000204875

Conducted By:

: Dr. ASHA MAHILMARAN

Referred By

: SELF

Age : 29 Y/F

OP Visit No : CTNAOPV191895



: Mrs. SUCHARITHA M

Age

: 29 Y F

: SELF

UHID

: CTNA.0000204875

OP Visit No

: CTNAOPV191895

Reported on

: 27-01-2024 18:50

Printed on

: 31-01-2024 12:44

Adm/Consult Doctor

Ref Doctor

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION:

Normal study.

Printed on:27-01-2024 18:50

---End of the Report---

Day

Dr. RASHEED ARAFATH HIDAYATHULLAH

MBBS, DNB (RD)

Radiology



: Mrs. SUCHARITHA M

Age

: 29 Y F

UHID

: CTNA.0000204875

OP Visit No

: CTNAOPV191895

Reported on

: 27-01-2024 16:23

Printed on

: 31-01-2024 12:45

Adm/Consult Doctor

Ref Doctor

: SELF

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 7.9 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.

Aorta and IVC appear normal.

Right kidney measures 10.3 x 3.6 cms.

Left kidney measures 10.0 x 4.9 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus is retroflexed and measures 7.2 x 4.7 cms.

It shows normal endometrial and myometrial echoes.

Endometrium thickness measures 5 mm.

Cervix and vagina appears normal.

Right ovary measures 2.3 x 1.8 cms.

Left ovary measures 1.9 x 1.3 cms.

Both ovaries are normal in size and echotexture.
Both the parametria are free. No mass lesion seen in the pelvis.
Bladder is normal in contour.Both iliac fossae appear normal.

IMPRESSION:

NORMAL STUDY.

Printed on:27-01-2024 16:23 --- End of the Report---

Dr. A R RAGHUL

MBBS MD Radiodiagnosis

Radiology







Patient Name

: Mrs.SUCHARITHA M

Age/Gender

: 29 Y 5 M 22 D/F

UHID/MR No

: CTNA.0000204875

Visit ID

: CTNAOPV191895

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 965336470697

Collected

: 27/Jan/2024 08:50AM

Received : 27/Jan/2024 11:28AM

Reported : 27/Jan/2024 01:22PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

METHODOLOGY

: Microscopic

RBC MORPHOLOGY

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

RBC's noted, ovalocytes 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

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

SIN No:BED240019399

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









Certificate iv

Patient Name : Mrs.SUCHARITHA M

Age/Gender : 29 Y 5 M 22 D/F UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 965336470697 Collected : 27/Jan/2024 08:50AM

> Received : 27/Jan/2024 11:28AM : 27/Jan/2024 01:22PM Reported

: Final Report Status

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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	9.4	Low	g/dL	12-15	Spectrophotometer
PCV	30.20	Low	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.72	Normal	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	64	Low	fL	83-101	Calculated
MCH	19.9	Low	pg	27-32	Calculated
MCHC	31.1	Low	g/dL	31.5-34.5	Calculated
R.D.W	19.3	High	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	Normal	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COL	JNT (DLC)				
NEUTROPHILS	60.9	Normal	%	40-80	Electrical Impedance
LYMPHOCYTES	27.9	Normal	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	Normal	%	1-6	Electrical Impedance
MONOCYTES	8.8	Normal	%	2-10	Electrical Impedance
BASOPHILS	0.7	Normal	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	4750.2	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2176.2	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	132.6	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	686.4	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.6	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	341000	Normal	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	Normal	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR		Normal			
METHODOLOGY	· Microscopic				

ΜΕΤΗODOLOGY

: Microscopic

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

SIN No:BED240019399

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)

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Page 2 of 16







: Mrs.SUCHARITHA M

Patient Name Age/Gender : 29 Y 5 M 22 D/F

UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895

: Dr.SELF

Emp/Auth/TPA ID : 965336470697 Collected : 27/Jan/2024 08:50AM

> Received : 27/Jan/2024 11:28AM

Reported : 27/Jan/2024 01:22PM

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF HAEMATOLOGY

Status

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

RBC MORPHOLOGY

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

RBC's noted, ovalocytes noted.

WBC MORPHOLOGY

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

PLATELETS

Ref Doctor

: Adequate in number.

PARASITES

: No haemoparasites seen

NOTE/COMMENT

: Please correlate clinically.

Page 3 of 16



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

SIN No:BED240019399

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Certificate No

: Mrs.SUCHARITHA M

Age/Gender : 29 Y 5 M 22 D/F
UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 965336470697 Collected

: 27/Jan/2024 08:50AM

Received : 27/Jan/2024 11:28AM Reported : 27/Jan/2024 07:25PM

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FA	CTOR, WHOLE BLC	OOD EDTA			
BLOOD GROUP TYPE	0				Microplate Hemagglutination
Rh TYPE	Positive				Microplate Hemagglutination

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

Page 4 of 16

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

SIN No:BED240019399

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address:
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,







Patient Name : Mrs.SUCHARITHA M

Age/Gender : 29 Y 5 M 22 D/F UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 965336470697 Collected : 27/Jan/2024 01:37PM

Received : 27/Jan/2024 04:49PM Reported : 27/Jan/2024 05:44PM

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	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	91	Normal	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:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	Normal	mg/dL	70-140	HEXOKINASE

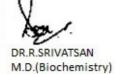
Comment:

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.

Page 5 of 16





SIN No:PLP1412231

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Certificate No.

Patient Name : Mrs.SUCHARITHA M

Age/Gender : 29 Y 5 M 22 D/F
UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 965336470697 Collected : 27/Jan/2024 08:50AM

Received : 27/Jan/2024 11:27AM Reported : 27/Jan/2024 12:31PM

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	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN)	, WHOLE BLOOD	EDTA		,	
HBA1C, GLYCATED HEMOGLOBIN	5.8		%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120		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.

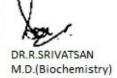
- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. 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.
- 5. 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)

Page 6 of 16





SIN No:EDT240008204

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05







Patient Name : Mrs.SUCHARITHA M

Age/Gender : 29 Y 5 M 22 D/F

UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 965336470697

Collected : 27/Jan/2024 08:50AM

Received : 27/Jan/2024 11:36AM Reported : 27/Jan/2024 01:15PM

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	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	149	Normal	mg/dL	<200	CHO-POD
TRIGLYCERIDES	124	Normal	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	Low	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	Normal	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.2	Normal	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.8	Normal	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38	Normal		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

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** 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.
- **5.** 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.
- **6.** 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 7 of 16



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

SIN No:SE04610453

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Address: D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05







Patient Name : Mrs.SUCHARITHA M

Age/Gender : 29 Y 5 M 22 D/F UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 965336470697 Collected : 27/Jan/2024 08:50AM

Received : 27/Jan/2024 11:36AM Reported : 27/Jan/2024 01:15PM

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	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUI	М				
BILIRUBIN, TOTAL	0.69	Normal	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	Normal	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56	Normal		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- 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:

Page 8 of 16



SIN No:SE04610453

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

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

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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	0.60	Low	mg/dL	0.72 – 1.18	JAFFE METHOD		
UREA	8.00	Low	mg/dL	17-43	GLDH, Kinetic Assay		
BLOOD UREA NITROGEN	3.7	Low	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	3.10	Normal	mg/dL	2.6-6.0	Uricase PAP		
CALCIUM	9.10	Normal	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	3.70	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	136	Normal	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	4.1	Normal	mmol/L	3.5–5.1	ISE (Indirect)		
CHLORIDE	104	Normal	mmol/L	101–109	ISE (Indirect)		

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

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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
GAMMA GLUTAMYL	14.00	Normal	U/L	<38	IFCC
TRANSPEPTIDASE (GGT), SERUM					

Page 11 of 16



SIN No:SE04610453

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Visit ID : CTNAOPV191895

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Emp/Auth/TPA ID : 965336470697 Collected

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Reported : 27/Jan/2024 03:24PM

: Final Report : ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF IMMUNOLOGY

Status

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)	1.4	Normal	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	9.80	Normal	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	4.393	Normal	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

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

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

SIN No:SPL24012707

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Certificate 14

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DEPARTMENT OF IMMUNOLOGY

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

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

SIN No:SPL24012707

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Certificate iv

: Mrs.SUCHARITHA M

Age/Gender : 29 Y 5 M 22 D/F UHID/MR No : CTNA.0000204875

Visit ID : CTNAOPV191895

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 965336470697 Collected

: 27/Jan/2024 08:49AM Received : 27/Jan/2024 12:31PM Reported : 27/Jan/2024 02:00PM

: Final Report Status

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION	N (CUE) , URINE				
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	CLOUDY			CLEAR	Visual
рН	6.5	Normal		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005	Normal		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE			NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE			NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE			NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE			NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL			NORMAL	MODIFED EHRLIC REACTION
BLOOD	POSITIVE			NEGATIVE	Peroxidase
NITRITE	NEGATIVE			NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE			NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET	MOUNT AND MICRO	OSCOPY			
PUS CELLS	1-2	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3		/hpf	<10	MICROSCOPY
RBC	8-10		/hpf	0-2	MICROSCOPY
CASTS	ABSENT	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY

Result is rechecked. Kindly correlate clinically

Page 14 of 16

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

SIN No:UR2269000

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Patient Name : Mrs.SUCHARITHA I Age/Gender : 29 Y 5 M 22 D/F

UHID/MR No : CTNA.0000204875

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Emp/Auth/TPA ID : 965336470697

Certificate No. MC-2439

Collected : 27/Jan/2024 08:49AM

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

SIN No:UR2269000

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

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

Page 16 of 16



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

SIN No:UF010336

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