

Patient Name : M/s MADHULIKA BHARTI Age/Gender : 33 Y/F

 UHID/MR No.
 : STAR.0000061770
 OP Visit No
 : STAROPV67900

 Sample Collected on
 : 02-03-2024 12:05

Ref Doctor : SELF **Emp/Auth/TPA ID** : 114152

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The

intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD $\,$

appear normal.

GALL: The gall bladder is normal in size with a normal wall thickness and there are no

BLADDER calculi seen in it.

PANCREAS: The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN :The spleen is normal in size and echotexture. No focal parenchymal mass lesion

is seen. The splenic vein is normal.

KIDNEYS: The **RIGHT KIDNEY** measures 9.8 x 4.0 cms and the **LEFT KIDNEY** measures

10.0 x 4.3 cms in size. Both kidneys are normal in shape and echotexture. There is

no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or and

lymphadenopathy seen in the abdomen.

URINARY The urinary bladder distends well and is normal in shape and contour No intrinsic

BLADDER: lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS: The uterus is anteverted & it appears normal in size, shape and echotexture.

It measures $7.0 \times 4.2 \times 3.1 \text{ cms}$.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 8.5 mms.

No focal mass lesion is noted within the uterus.

OVARIES: Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 2.6 x 1.8 cms. Left ovary measures 2.9 x 1.8 cms. There is no free fluid seen in cul de.

IMPRESSION: Normal Ultrasound examination of the Abdomen and Pelvis.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Patient Name : M/s MADHULIKA BHARTI Age/Gender : 33 Y/F

Dr. VINOD SHETTYRadiology



Patient Name : M/s MADHULIKA BHARTI Age/Gender : 33 Y/F

UHID/MR No.: STAR.0000061770OP Visit No: STAROPV67900Sample Collected on: 02-03-2024 11:35

: RAD2254370 **Specimen** :

Ref Doctor : SELF **Emp/Auth/TPA ID** : 114152

LRN#

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Dr. VINOD SHETTY

Radiology



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: Dr.SELF : 114152

Collected

: 02/Mar/2024 09:48AM

Received

: 02/Mar/2024 11:32AM

Reported

: 02/Mar/2024 01:46PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Methodology: Microscopic

RBC: Normocytic normochromic

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

Platelets : Adequate in Number

Parasites: No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

DR. APEKSHA MADAN MBBS, DPB PATHOLOGY

Page 1 of 12



Apollo Speciality Hospitals Private Limited

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Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

Tardeo (Mumbai Central), Mumbai, Maharashtra Ph: 022 4332 4500



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: ARCOFEMI HEALTHCARE 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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.4	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	36.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.99	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.1	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,570	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT	(DLC)			
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4996.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1892.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	151.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	529.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.64		0.78- 3.53	Calculated
PLATELET COUNT	282000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology: Microscopic

RBC: Normocytic normochromic

Page 2 of 12



MBBS, DPB PATHOLOGY

DR. APEKSHA MADAN

SIN No:BED240055732

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DEPARTMENT OF HAEMATOLOGY

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

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

Platelets : Adequate in Number

Parasites: No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment: Please Correlate clinically

DR. APEKSHA MADAN MBBS. DPB

PATHOLOGY

SINI No: DED240055722

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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 FACT	OR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	В		1	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

DR. APEKSHA MADAN MBBS. DPB

SIN No:BED240055732

PATHOLOGY

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: Dr.SELF : 114152 Collected

: 02/Mar/2024 01:40PM

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: 02/Mar/2024 01:52PM

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: 02/Mar/2024 03:04PM

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	92	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

ris per rimerican Diabetes Guidennes, 2025	
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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	111	mg/dL	70-140	GOD - POD

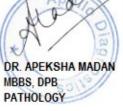
Comment:

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.

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SIN No:PLP1426608

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Visit ID Ref Doctor : STAROPV67900

Emp/Auth/TPA ID

: Dr.SELF : 114152 Collected

: 02/Mar/2024 09:48AM

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: 02/Mar/2024 05:41PM

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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
IBA1C (GLYCATED HEMOGLOBIN) , V	VHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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 12

Dr.Sandip Kumar Banerjee M.B.B.S,M.D(PATHOLOGY),D.P.B Consultant Pathologist

SIN No:EDT240025160



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: 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	192	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	148	mg/dL	<150	
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.27		0-4.97	Calculated

Comment:

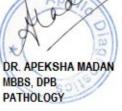
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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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
IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	109.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

DR. APEKSHA MADAN MBBS. DPB

CINI NIA-CEO4649007

PATHOLOGY

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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), SEF	RUM		
CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	11.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	5.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	10.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

DR. APEKSHA MADAN MBBS, DPB PATHOLOGY Page 9 of 12



CIN No CE04649007

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DEPARTMENT OF BIOCHEMISTRY

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Result	Unit	Bio. Ref. Range	Method
21.00	U/L	16-73	Glycylglycine Kinetic method
			3

DR. APEKSHA MADAN MBBS, DPB PATHOLOGY

PATHOLOGI

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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)	1.05	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.95	μg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.400	μIU/mL	0.25-5.0	ELFA

Comment:

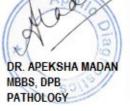
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)	
First trimester	0.1 - 2.5	
Second trimester	0.2 - 3.0	
Third trimester	0.3 – 3.0	

- 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	Т3	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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SIN No:SPL24036777

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



: M/sMADHULIKA BHARTI

Age/Gender

: 33 Y 2 M 28 D/F

UHID/MR No

: STAR.0000061770

Visit ID Ref Doctor : STAROPV67900 : Dr.SELF

Emp/Auth/TPA ID

: 114152

Collected

: 02/Mar/2024 09:48AM

Received

: 02/Mar/2024 11:04AM

Reported

: 02/Mar/2024 12:48PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

*** End Of Report ***

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE)

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SIN No SDI 24026777

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Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra Ph: 022 4332 4500