


Name : Miss. Nirmala C Address : Bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 39 Y Sex : F	UHID :CINR.0000163723  OP Number :CINR0PV220882 Bill No :CINR-OCR-94657 Date : 03.03.2024 08:47
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	HbA1c, GLYCATED HEMOGLOBIN	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	ENT CONSULTATION	
7	FITNESS BY GENERAL PHYSICIAN	
8	GYNAECOLOGY CONSULTATION	
9	DIET CONSULTATION	
10	COMPLETE URINE EXAMINATION	
11	PERIPHERAL SMEAR	
12	ECG - 6	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI) - 6	
16	LBC PAP TEST- PAPSURE - 3	
17	OPHTHAL BY GENERAL PHYSICIAN - 5	
18	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
19	ULTRASOUND - WHOLE ABDOMEN - 9	
20	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
21	DENTAL CONSULTATION - 1	



Date: 03-03-2024
MR NO : CINR.0000163723

Department : GENERAL
Doctor :

Name : Miss. Nirmala C

Registration No :

Age/ Gender : 39 Y / Female

Qualification :

Consultation Timing: 08:47

Height : 153	Weight : 34.5 kg	BMI : 23.3 kg/m ²	Waist Circum : 87 - c
Temp : 98.6 °F	Pulse : 98 bpm	Resp : 18 bpm	B.P : 110 / 80 - mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME: *Miss Nirmala L.*

DATE: *3/3/24*

UHID NO: *163723.*

AGE: *39*

OPTOMETRIST NAME: Ms.Swathi

GENDER: *F*

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<i>—</i>	<i>Plow</i>	<i>—</i>	<i>6/6</i>	<i>—</i>	<i>Plow</i>	<i>—</i>	<i>6/6</i>
Add	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>

PD - RE: *30* - LE: *30* -

Colour Vision: *normal 39*

Remarks: *C/O cold sensation. Since 9 years.*

Apollo clinic Indiranagar

Mrs nirmala
ID: 163723

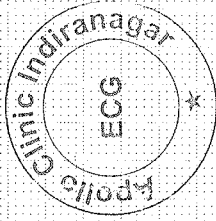
28.01.1985
39 Years

Female

QRS
QT / QTcBaz 382 / 432 ms
PR 142 ms
P 82 ms
RR / PP 778 / 779 ms
P / QRS / T 64 / 58 / 41 degrees

03.03.2024 10:06:36

APOLLO CLINIC
INDIRANAGAR
BANGALORE

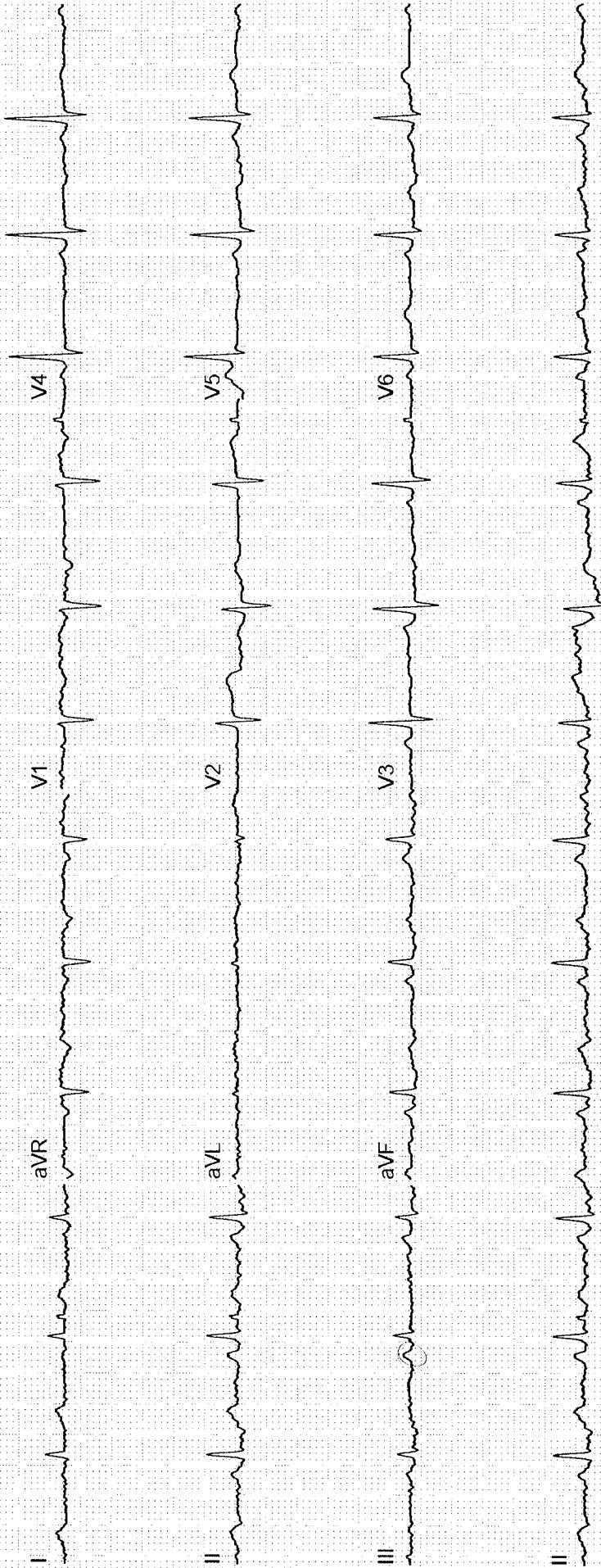


Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

77 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

[Handwritten signature]



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - BANGALORE EAST
NO.1/1, GROUND FLOOR, JEEVAN
SAMPIGE, 2ND MAIN, SAMPIGE ROAD,
MALLESWARAM, - 0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 35-40 Female

Shri/Smt./Kum. NIRMALA,C.

P.F. No. 540637

Designation : Manager-Dy. Branch Head

Checkup for Financial Year 2023-
2024

Approved Charges Rs.

3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned



UNIVERSITY OF SINGAPORE

STAFF IDENTIFICATION CARD

Mr. Srinivasan

Name: SRINIVASAN

Employee No.: 548637

Date of Birth: 28.01.1985

Blood Group: B+

Place of Issue: 10 Singapore

Date of Issue: 02.01.2020

Issuing Authority

Patient Name	: Miss. Nirmala C	Age/Gender	: 39 Y/F
UHID/MR No.	: CINR.0000163723	OP Visit No	: CINROPV220882
Sample Collected on	:	Reported on	: 03-03-2024 12:08
LRN#	: RAD2255404	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8939625826		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measuring 9.6x3.5 cm.

Left kidney measuring 10.9x4.0 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. **A fibroid seen.** The endometrial lining appears intact. Endometrium measures 10 mm.

OVARIES: Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

A FIBROID SEEN IN THE UTERUS MEASURING 2.0x1.3cm.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY


Patient Name : Miss.NIRMALA C	Collected : 03/Mar/2024 09:03AM
Age/Gender : 39 Y 1 M 6 D/F	Received : 03/Mar/2024 01:36PM
UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 03:31PM
Visit ID : CINROPV220882	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8939625826	

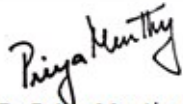
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	38.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.15	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,660	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	26.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.8	%	1-6	Electrical Impedance
MONOCYTES	4.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4825.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2045.22	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	367.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	367.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	53.62	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.36		0.78- 3.53	Calculated
PLATELET COUNT	287000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic


DR. Aditi Parkhe
 MBBS, MD (PATHOLOGY)
 Consultant Pathologist


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



SIN No: BED240056645

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034


 1860 500 7788
 www.apolloclinic.com

Patient Name : Miss.NIRMALA C	Collected : 03/Mar/2024 09:03AM
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UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 03:31PM
Visit ID : CINROPV220882	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8939625826	

DEPARTMENT OF HAEMATOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

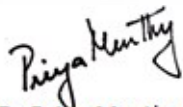
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.


DR. Aditi Parkhe
MBBS, MD(PATHOLOGY)
Consultant Pathologist


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



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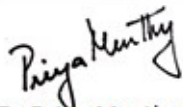
Patient Name : Miss.NIRMALA C	Collected : 03/Mar/2024 09:03AM
Age/Gender : 39 Y 1 M 6 D/F	Received : 03/Mar/2024 01:36PM
UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 03:28PM
Visit ID : CINROPV220882	Status : Final Report
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Emp/Auth/TPA ID : 8939625826	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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


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Patient Name : Miss.NIRMALA C	Collected : 03/Mar/2024 09:03AM
Age/Gender : 39 Y 1 M 6 D/F	Received : 03/Mar/2024 01:54PM
UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 06:00PM
Visit ID : CINROPV220882	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8939625826	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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

Page 4 of 14




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

SIN No:EDT240025559

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

POOR CONTROL

>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240025559

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Karnataka- 560034



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Patient Name : Miss.NIRMALA C	Collected : 03/Mar/2024 09:03AM
Age/Gender : 39 Y 1 M 6 D/F	Received : 03/Mar/2024 01:51PM
UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 05:57PM
Visit ID : CINROPV220882	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	107.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.22		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.




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

SIN No:SE04649007

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Patient Name : Miss.NIRMALA C	Collected : 03/Mar/2024 09:03AM
Age/Gender : 39 Y 1 M 6 D/F	Received : 03/Mar/2024 01:51PM
UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 05:57PM
Visit ID : CINROPV220882	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8939625826	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.69	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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, 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.




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.51-0.95	Jaffe's, Method
UREA	13.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.06	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.69	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



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UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 03:54PM
Visit ID : CINROPV220882	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8939625826	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC



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Patient Name : Miss.NIRMALA C	Collected : 03/Mar/2024 09:03AM
Age/Gender : 39 Y 1 M 6 D/F	Received : 03/Mar/2024 01:48PM
UHID/MR No : CINR.0000163723	Reported : 03/Mar/2024 03:44PM
Visit ID : CINROPV220882	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8939625826	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.761	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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CONSULTANT BIOCHEMIST

SIN No:SPL24037454

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Patient Name : Miss.NIRMALA C
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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Age/Gender : 39 Y 1 M 6 D/F	Received : 03/Mar/2024 02:00PM
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DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

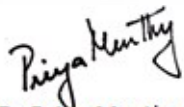
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:

Page 13 of 14


DR. Aditi Parkhe
 MBBS, MD (PATHOLOGY)
 Consultant Pathologist


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



SIN No: UR2296552

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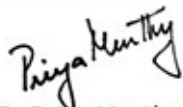
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR


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Consultant Pathologist


Dr Priya Murthy
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