


Name : Mrs. REKHA	Age : 35 Y	UHID :SCHI.0000017944
Address : DELHI	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCHIOPV25908
		Bill No :SCHI-OCR-9350
		Date : 10.02.2024 09:56

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	2 D ECHO <i>Hand</i>	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	GYNAECOLOGY CONSULTATION ✓	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION ✓	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG ✓	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
14	DENTAL CONSULTATION ✓	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
16	URINE GLUCOSE(FASTING) ✓	
17	HbA1c, GLYCATED HEMOGLOBIN ✓	
18	X-RAY CHEST PA ✓	
19	ENT CONSULTATION ✓	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE ✓	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN <i>Part</i>	
25	ULTRASOUND - WHOLE ABDOMEN ✓	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height: 154
Weight: 153.5
B.P.: 110/60
Pulse: 86

Sno 9911

आयकर विभाग

INCOME TAX DEPARTMENT

REKHA



भारत सरकार

GOVT. OF INDIA

VIJAY PAL

12/06/1988

Permanent Account Number

BWKPR5769J

REKHA
Signature



Client Name
ARCOFEMI HEALTHCARE LIMITED

Patient Name
REKHA

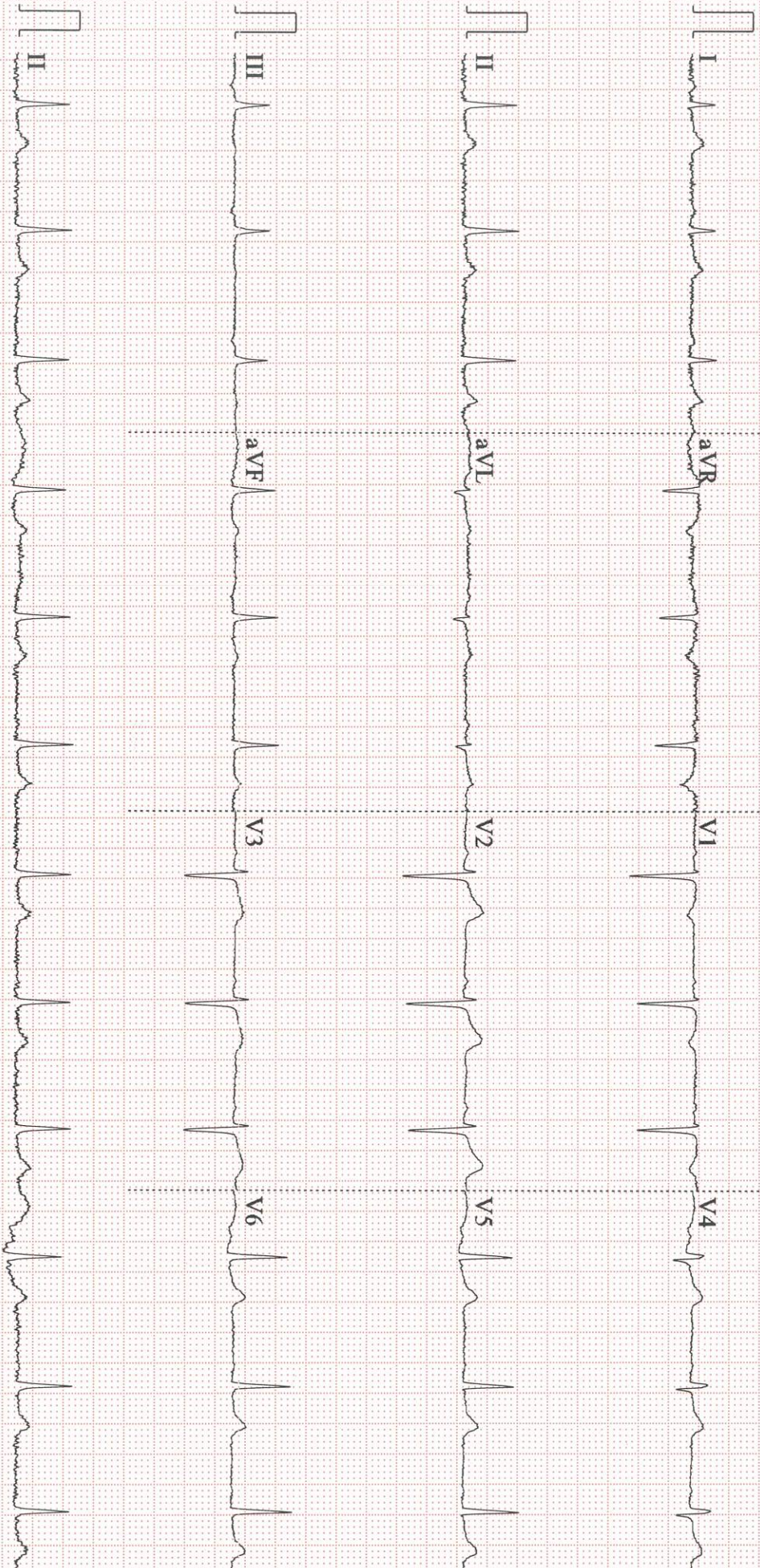
ID: 17944
Rekha
Female 35Years
Req. No. :

10-02-2024 13:08:52
HR : 71 bpm
P : 86 ms
PR : 137 ms
QRS : 80 ms
QT/QTcBz : 374/407 ms
P/QRST : -12/65/37 °
RV5/SV1 : 0.893/1.004 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

WNL

Report Confirmed by:



NAME :	REKHA	AGE/SEX	35	YRS/ F
UHID :	17944			
REF BY :	APOLLO SPECTRA	DATE:-	10.02.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No mass lesion is seen. Ureter is not dilated.

A 3.5 mm echogenic focus seen in the mid pole of the right kidney suggestive of calculus. Right renal calculus.

A 3 mm echogenic focus seen in the mid pole of the left kidney suggestive of calculus. left renal calculus.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Uterus is antverted and normal in size . It measures 6.4 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 2.4 mm

Both ovaries are normal in size ,shape and echotexture.

Right ovary: 1.8 x 2.4 cm

Left ovary: 2.0 x 1.9 cm

No obvious adenexal mass is seen. No free fluid seen.

IMPRESSION: BILATERAL SILENT RENAL CALCULI.

Please correlate clinically and with lab. Investigations.


 DR. PRADEEP DUTTA
 Consultant Radiologist

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048
 Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
 Ph No: 040-4904 7777 | www.apollohl.com

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

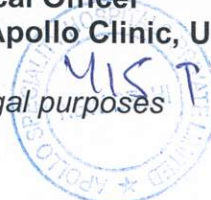
of R. ekhi on 10/2/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Near
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Rekha</u>	UHID No : <u>17944</u>
AGE / GENDER :- <u>35y F</u>	RECEIPT No :-
PANEL : <u>Agr cofem</u>	EXAMINED ON :- <u>10/2/24</u>

H/o of renal calculi
LSCS

Chief Complaints:

Past History:

DM	:	<u>Nil</u>	CVA	:	<u>Nil</u>
Hypertension	:	<u>Nil</u>	Cancer	:	<u>Nil</u>
CAD	:	<u>Nil</u>	Other	:	<u>Nil</u>

Personal History:

Alcohol	:	<u>Nil</u>	Activity	:	<u>Active</u>
Smoking	:	<u>Nil</u>	Allergies	:	<u>Nil</u>

Family History:

DM/HT

General Physical Examination:

Height	<u>154</u>	:	cms	Pulse	<u>86/m</u>	bpm
Weight	<u>53.5</u>	:	Kgs	BP	<u>110/80</u>	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	<u>Normal</u>
Respiratory system	:	<u>Normal</u>
Abdominal system	:	<u>Normal</u>
CNS	:	<u>Normal</u>
Others	:	<u>Normal</u>

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Kelly</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith
116-102

Recommendation:

- *→ Plenty of fluid*
- *→ Cap Absolute women 102 x 1-2 months*
- *My vito D₃ 60k once a week*
- *6-12 weeks*
- *uro consults*

N. Kaur
Dr. Navneet Kaur
Consultant Physician



LMP - 19.1.24.

Rekha

10.2.24

35y / F

(R) cycle .

Adv

P/L - syn / cm

- T. SUPR ACAC x7

PH - kidney stones

? Backache / slip disc .

on + g2

FM - Jaundice - H/W + DM .

breast +

P/A

P/S

P/V

(N)

done

DR. WCM

DIGITAL X-RAY REPORT

NAME: REKHA	DATE: 10.02.2024
UHID NO : 17944	AGE: 35YRS/ SEX: F

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations



DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Patient Name	: Mrs.REKHA	Collected	: 10/Feb/2024 09:58AM
Age/Gender	: 35 Y 7 M 28 D/F	Received	: 10/Feb/2024 10:32AM
UHID/MR No	: SCHI.0000017944	Reported	: 10/Feb/2024 05:18PM
Visit ID	: SCHIOPV25908	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ATGsewyh		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240033690



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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	10.2	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	34.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.74	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	73.4	fL	83-101	Calculated
MCH	21.4	pg	27-32	Calculated
MCHC	29.2	g/dL	31.5-34.5	Calculated
R.D.W	16	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.5	%	40-80	Electrical Impedance
LYMPHOCYTES	33.9	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4350.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2610.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	231	Cells/cu.mm	20-500	Calculated
MONOCYTES	485.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	305000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240033690



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DEPARTMENT OF HAEMATOLOGY

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



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Consultant Pathology
SIN No:BED240033690



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Age/Gender : 35 Y 7 M 28 D/F	Received : 10/Feb/2024 10:32AM
UHID/MR No : SCHI.0000017944	Reported : 10/Feb/2024 11:52AM
Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240033690



Patient Name : Mrs.REKHA	Collected : 10/Feb/2024 12:41PM
Age/Gender : 35 Y 7 M 28 D/F	Received : 10/Feb/2024 01:34PM
UHID/MR No : SCHI.0000017944	Reported : 10/Feb/2024 04:49PM
Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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	93	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 > 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLP1417729



Patient Name : Mrs.REKHA	Collected : 10/Feb/2024 09:58AM
Age/Gender : 35 Y 7 M 28 D/F	Received : 10/Feb/2024 12:38PM
UHID/MR No : SCHI.0000017944	Reported : 10/Feb/2024 01:32PM
Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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)

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Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



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



SIN No:EDT240014881

Patient Name : Mrs.REKHA	Collected : 10/Feb/2024 09:58AM
Age/Gender : 35 Y 7 M 28 D/F	Received : 10/Feb/2024 10:31AM
UHID/MR No : SCHI.0000017944	Reported : 10/Feb/2024 11:39AM
Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	106	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	99	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.11		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04625273



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	82.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	3.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	4.00	g/dL	2.0-3.5	Calculated
A/G RATIO	0.95		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
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SIN No:SE04625273



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Visit ID : SCHIOPV25908	Status : Final Report
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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	0.5-1.04	Creatinine amidohydrolase
UREA	16.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	2.5-6.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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	13.00	U/L	12-43	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04625273



Patient Name : Mrs.REKHA	Collected : 10/Feb/2024 09:58AM
Age/Gender : 35 Y 7 M 28 D/F	Received : 10/Feb/2024 10:31AM
UHID/MR No : SCHI.0000017944	Reported : 10/Feb/2024 05:00PM
Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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)	1.2	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.570	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	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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SPL24022191



Patient Name : Mrs.REKHA	Collected : 10/Feb/2024 09:58AM
Age/Gender : 35 Y 7 M 28 D/F	Received : 10/Feb/2024 11:48AM
UHID/MR No : SCHI.0000017944	Reported : 10/Feb/2024 04:55PM
Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	3-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2279651



Patient Name : Mrs.REKHA	Collected : 10/Feb/2024 09:58AM
Age/Gender : 35 Y 7 M 28 D/F	Received : 10/Feb/2024 11:50AM
UHID/MR No : SCHI.0000017944	Reported : 10/Feb/2024 04:57PM
Visit ID : SCHIOPV25908	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ATGsewyh	

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

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

***** End Of Report *****

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

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF010532

