



Corporate Health Checks **9/20**

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Search with Mobile No. or Appointment ID

Choose Date

12-12-2023



SEARCH

Patient Details

Patient First Name

S

Patient Last Name

AISHWARYA

Patient Mobile Number

9790860954

Patient E-mail ID

raa12056@yahoo.com

Date of Birth

11-06-1992

Gender

female

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name


ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN IND

Package Name

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUA



email id - Aishwarya1190@gmail.com

Name : Mrs. AISHWARYA SAMPATHKUMAR	Age : 33 Y	UHID :CJPN.0000090039
Address : BLR	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CJPNOPV182972
		Bill No :CJPN-OCR-67680
		Date : 12.12.2023 08:39

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE-GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	D ECHO <i>OB TMT</i>	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	DENT CONSULTATION - 5	
10	FITNESS BY GENERAL PHYSICIAN	
11	Gynaecology CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	ABC PAP-TEST- PAPSURE - <i>pending</i>	
21	OPHTHAL BY GENERAL PHYSICIAN - 3	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 27	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:30AM	

Vitamin D3
Vitamin B12
Niramai
Audio - 21 *(initials)*

BP - 110/72 mmHg
WB - 98.7 kg
Hb - 16.8 gm
Waist - 111 cm
Hip - 124 cm
PR - 78 bpm

Name - Aishwarya Sampathkumar

Age - 33y/F

Date - 12/12/2022

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

C/O - Keratitis

Eye checked

H/O PUP - No

H/O Eye Sw - No

UNVU
 6/6 NB
 6/6 NB

Emmetropia

Colour vision is normal in RP

Follow up date:

after 6 months

Doctor Signature

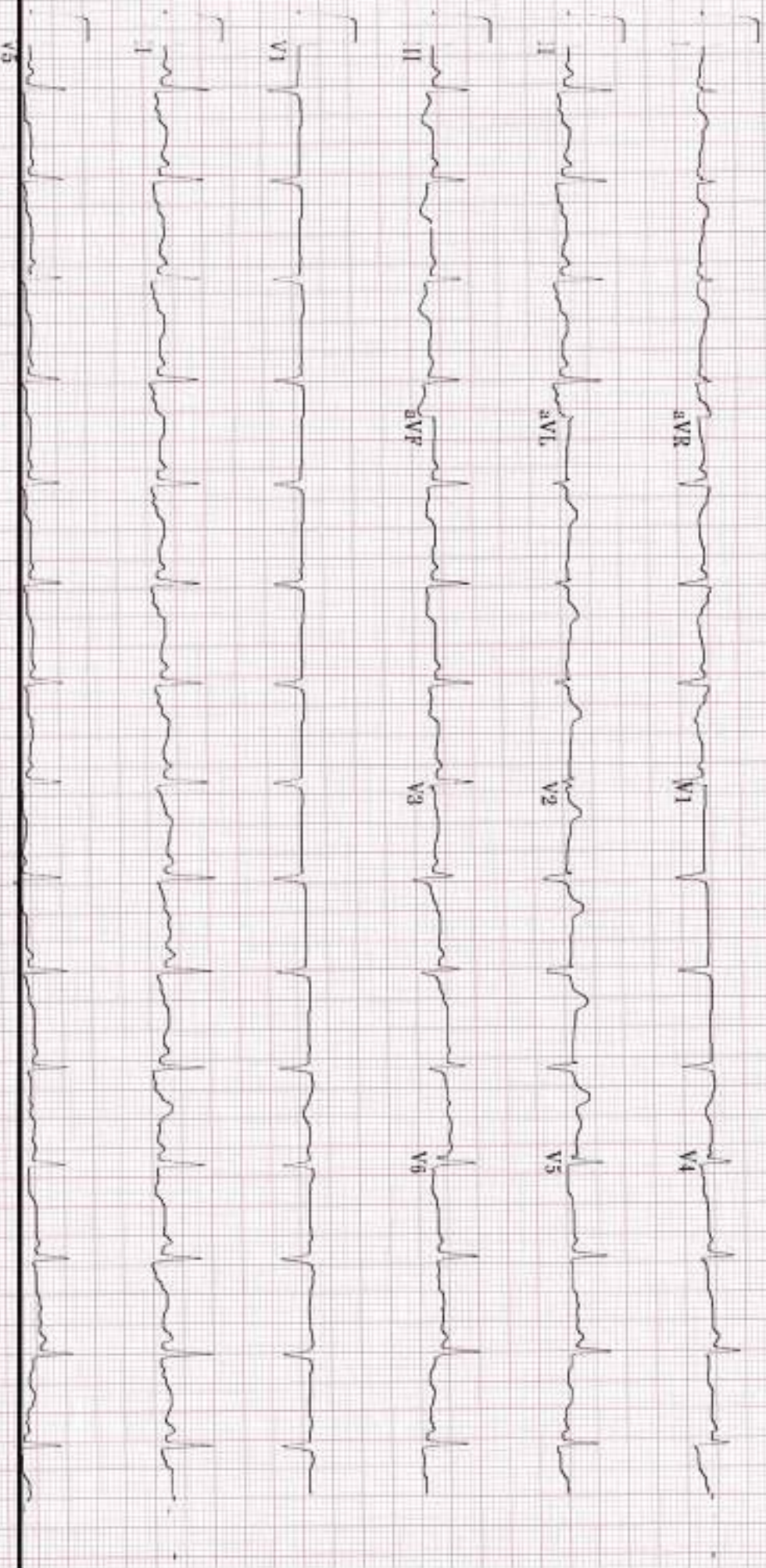
33years
Female
168cm
Asian
98kg

Vent. rate 92 bpm
PR interval 124 ms
QRS duration 74 ms
QT/QTc 334/413 ms
P-R-T axes 71 72 -20

Normal sinus rhythm
ST & T wave abnormality, consider inferior ischemia
Abnormal ECG

Technician: RAJESHWARI
Test ind: CAD SCREENING

Visit: AHC
Referred by: SELF
Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm tabs

MAC55 010A

19SL™ 241

ID: CJPN90039

Visit: AHC

12-Dec-2023

10-29-16

33years

168cm

Asian

98kg

Female

BRUCE Total Exercise time: 6:30

Max HR: 202bpm 108% of max predicted 157bpm

Max BP: 140/72 Maximum workload: 7.7METS

Reason for Termination: Max HR attained

Comments: GOOD EFFORT AND TOLERANCE

NORMAL BP/HR RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Referred by: SELF
Test ind: CAD SCREENING

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SU/PINR	0:59	0.8	0.0	1.2	109	110/72	120
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	146	120/72	175
	STAGE 2	3:00	2.5	12.0	7.0	202	130/72	263
	STAGE 3	0:30	3.4	14.0	7.7	190	140/72	270
RECOVERY	Post	2:15	0.8	0.0	1.0	106	110/72	117

25.0 mm/s
10.0 mm/mV
100hz

MRS AISHWARYA S

12 LEAD REPORT

ID: CJPIN90039

Visit: AHC

12-Dec-2023

10:30:21

105bpm

BP: 110/72

PRETEST
SUPINE

0.36

BRUCE
**mph
**%g



ID: CJP/N90039

Visit: AHC

12-Dec-2023

10:33:34

136bpm

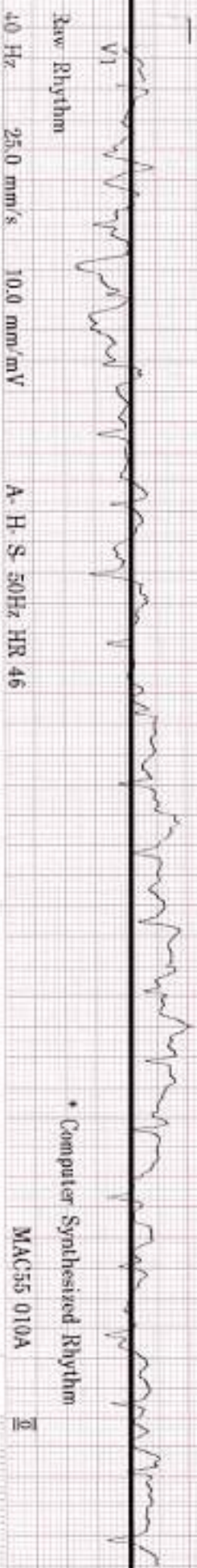
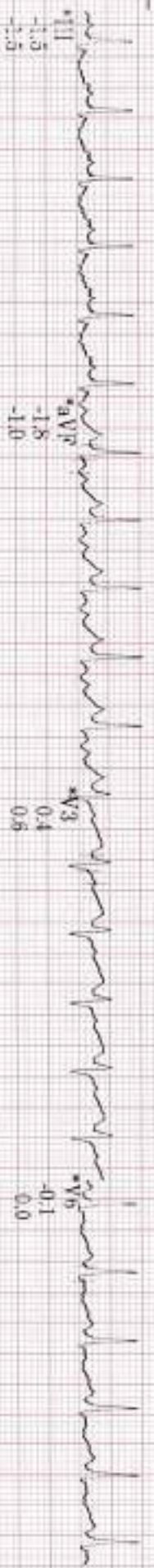
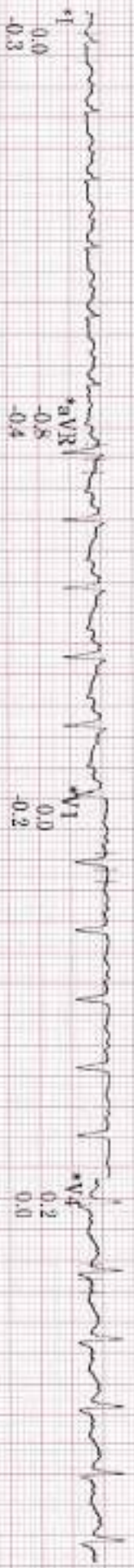
BP: 120/72

EXERCISE
STAGE 1
2:51

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV A. H. S. 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010A

ID: CJPIN90039

Visit: AHC

12-Dec-2023

10:36:35

192bpm

BP: 130/72

EXERCISE
STAGE 2

5:51

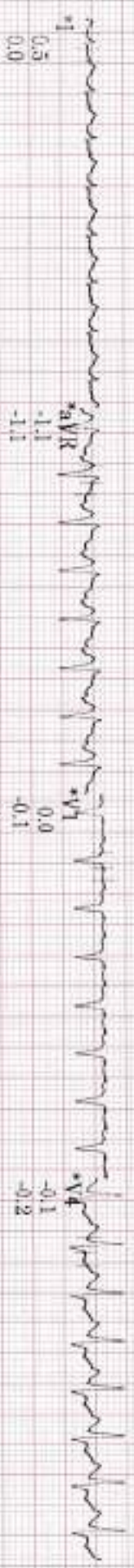
BRUCE

2.5mph

12.0%

Lead
ST(mV)
Slope(mV/s)

ST @ 10mm/mV
80ms post J



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

Raw Rhythm

Computer Synthesized Rhythm

MAC55 010A

II

ID: CAPPN90039

Visit: AHC

12-Dec-2023
10:37:15

191bpm

BP: 140/72

ST @ 10mm/mV
80ms postd

EXERCISE
STAGE 3

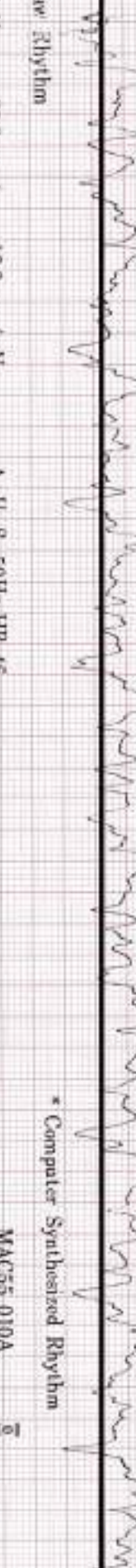
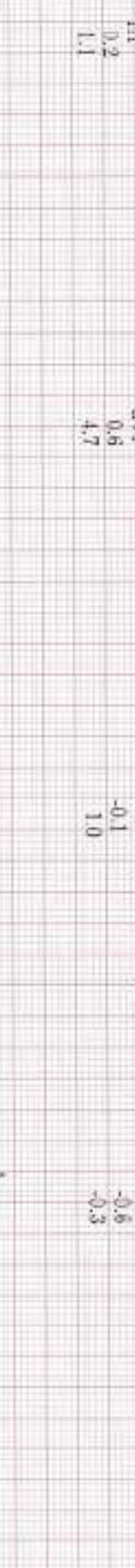
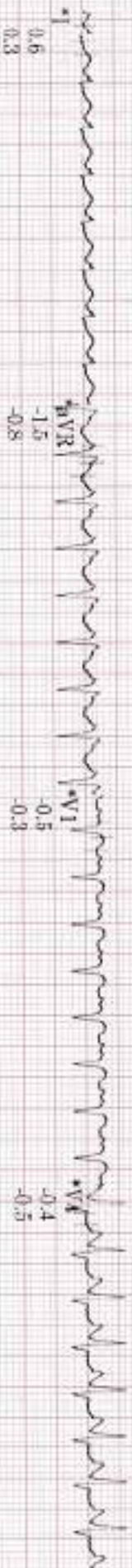
6:30

BRUCE

3.4mph

14.0%

Lead
ST(mV)
Slope(mV/s)



* Computer Synthesized Rhythm

ID: C1PN90039

Visit: AHC

12-Dec-2023

10:38:14

118bpm

BP: 130/72

RECOVERY

Post

1:00

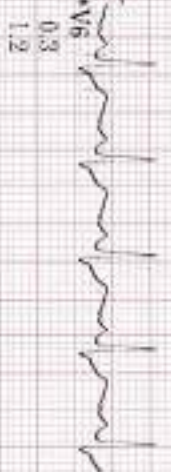
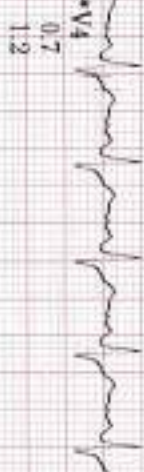
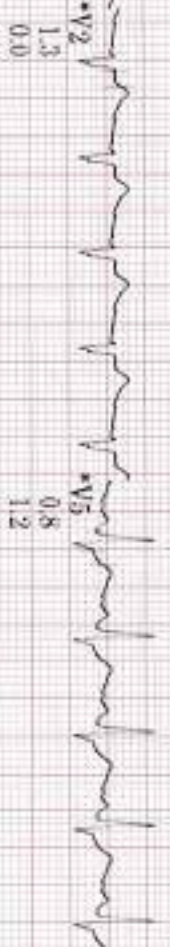
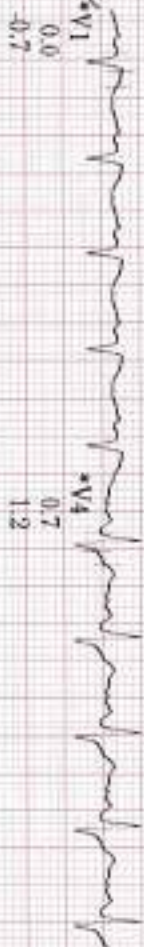
BRUCE

** *mph

** *%

ST @ 10mm/mV
80ms postJ

Lead
ST'(mm)
Slope(mV/s)



40 Hz 250 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010A

ID: CAPN90039

Total Exercise time: 6:30

25.0 mm/s

Weight: AHC

Max HR: 502bpm/108% of max predicted 187bpm

10.0 mm/mV

Date: 10/23/23

Max EP: 140/72

100hz

10/23/48

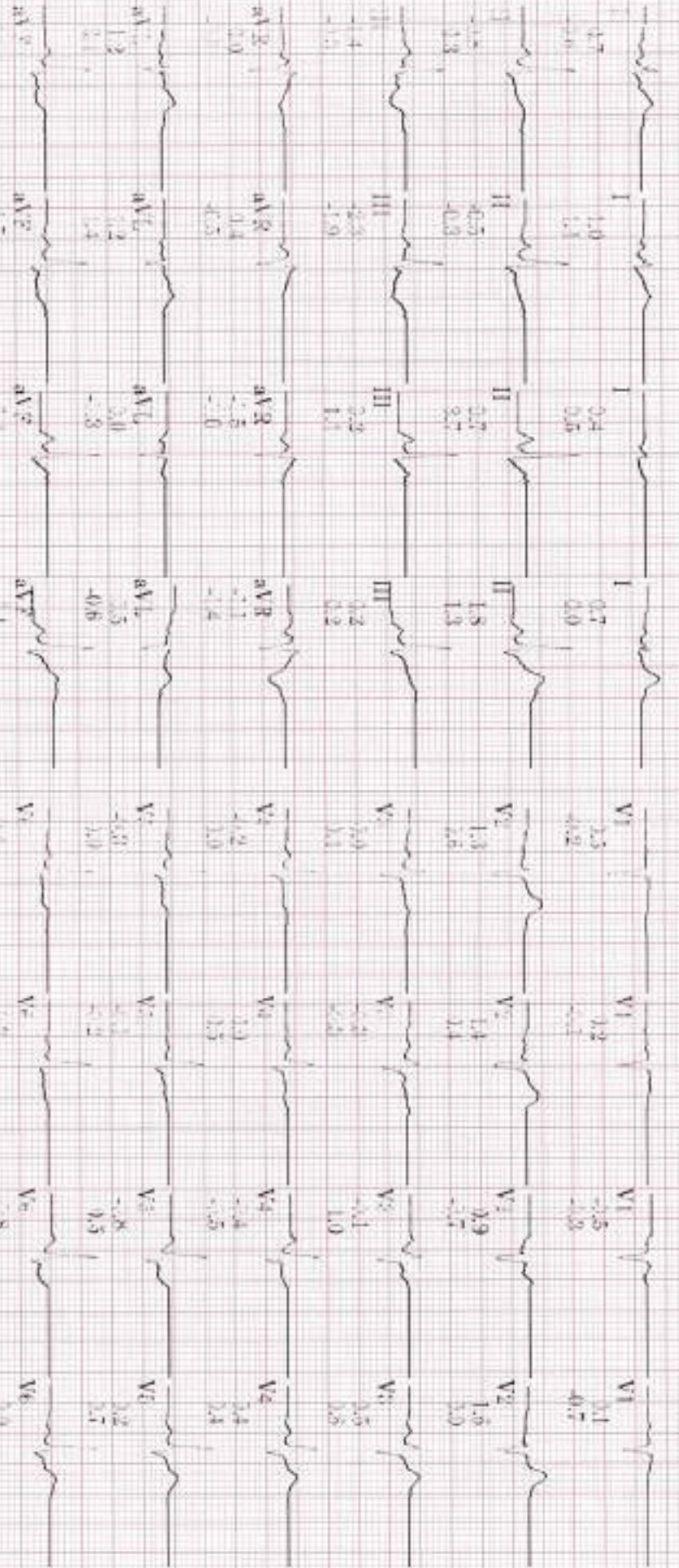
34 years
168cm
98kg

Female

Referred by: SELF
Test rd: CAD SCREENING

Reason for Test/Referral:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL BP/HR RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN
*
TMT IS NEGATIVE FOR INDICIBLE ISCHEMIA

34SELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
HR: 110/72	HR: 120bpm BP: 110/72	HR: 6:30 BP: 140/72	HR: 2:15 BP: 110/72	HR: 110 BP: 110/72	HR: 6:36 BP: 110/72	HR: 6:30 BP: 140/72	HR: 2:15 BP: 110/72



Technician: RAJESHWARI

Unconfirmed

MAC35 010A

Lead ST(mm) Slope(mV/s)

Total Exercise time: 6:30

BRUCE Max HR: 202bpm 108% of max predicted 187bpm 25.0 mm/s

Max BP: 140/72 Maximum workload: 7.7METTS 10.0 mm/mV

Reason for Termination: Max HR attained 100hz

Comments: GOOD EFFORT AND TOLERANCE

NORMAL BP/HR RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

TNT IS NEGATIVE FOR INDUCIBLE ISCHERMIA

ID: GJPN96039
Visit: AHC

33years 168cm Asian Female
12-Dec-2023 10:29:46 98kg

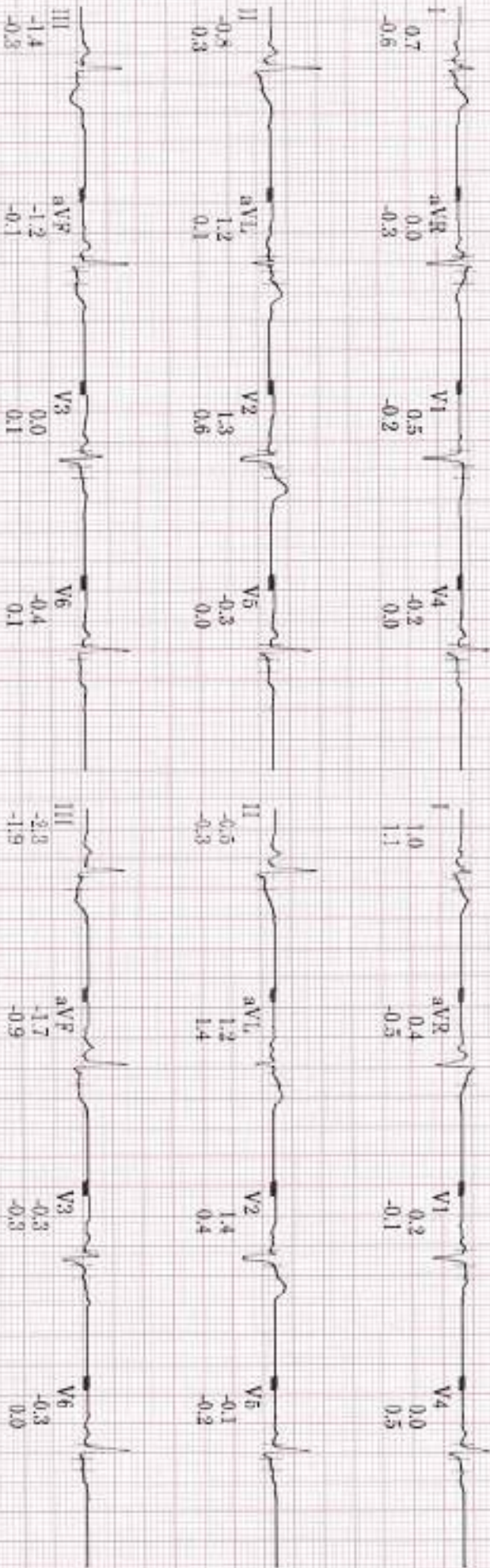
Referred by: SELF
Test ind: CAD SCREENING

BASELINE EXERCISE STAGE 1 109bpm ST @ 10mm/mV
0:00 12METTS BP: 110/72 80ms postJ

Lead ST(mm) Slope(mV/s)

MAX ST EXERCISE STAGE 1 120bpm ST @ 10mm/mV
0:36 22METTS BP: 110/72 80ms postJ

Lead ST(mm) Slope(mV/s)





Patient Name : Mrs. AISHWARYA SAMPATHKUMAR

Age/Gender : 33 Y/F

UHID/MR No. : CJPN.0000090039

OP Visit No : CJPNOPV182972

Sample Collected on :

Reported on : 12-12-2023 11:24

LRN# : RAD2176174

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9790860954

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. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name	: Mrs. AISHWARYA SAMPATHKUMAR	Age/Gender	: 33 Y/F
UHID/MR No.	: CJPN.0000090039	OP Visit No	: CJPNOPV182972
Sample Collected on	:	Reported on	: 12-12-2023 11:06
LRN#	: RAD2176174	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9790860954		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.PV- 12mm.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Appeared normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures: 11.0 x 2.2cm.

Left kidney measures : 12.2 x 2.4cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures : 7.9 x 3.6 x 4.9cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 9 mm.

No focal lesion was noted.

OVARIES : Both ovaries are normal in size.

Right ovary measures : 3.3 x 2.2cm.

Left ovary measures : 3.0 x 2.0cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.



Patient Name : Mrs. AISHWARYA SAMPATHKUMAR

Age/Gender : 33 Y/F

IMPRESSION : NORMAL STUDY.

Please Note :No preparation done before scanning.

(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.

Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name : Mrs.AISHWARYA SAMPATHKUMAR	Collected : 12/Dec/2023 08:55AM
Age/Gender : 33 Y 11 M 11 D/F	Received : 12/Dec/2023 01:20PM
UHID/MR No : CJPN.0000090039	Reported : 12/Dec/2023 03:57PM
Visit ID : CJPNOPV182972	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9790860954	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	37.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.25	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.1	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,680	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.2	%	40-80	Electrical Impedance
LYMPHOCYTES	34.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4469.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2618.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	407.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.68	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No: BED230306699

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 - U85110TG2000PLC1158111
Regd. Office: 1-10-82/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 843-4884 7777, Fax No: 4884 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | U.S. Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag (Sriramanna Petal) | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Heera Town | HSR Layout | Indira Nagar | JP Nagar | Kandrajohli | Koramangala | Sarajpur Road | Mysore (W. Wettable) | Tamil Nadu: Chennai | Anna Nagar | Kotturupalli | Moolappair | T. Nagar | Vellore/Kollegal | Kerala: Kochi | Maharashtra: Pune (Aundh) | Rigdi Pathakapur | Waran Nagar | Maharashtra: Ahmedabad (Satellite) | Panaji | Karnataka: Mysore (Court Road) | Karnataka: Bangalore (Railway Station Road)

Address:
33/316/122, Dodda Lakshmi Nagar Village, Woodhall Main Road,
Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560038

1860 500 7788
www.apolloclinic.com

Patient Name	: Mrs.AISHWARYA SAMPATHKUMAR	Collected	: 12/Dec/2023 08:55AM
Age/Gender	: 33 Y 11 M 11 D/F	Received	: 12/Dec/2023 01:20PM
UHID/MR No	: CJPN.0000090039	Reported	: 12/Dec/2023 03:57PM
Visit ID	: CJPNOPV182972	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9790860954		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: BED230306699

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 www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 043-4884 7777, Fax No: 4884 7744

Address:
 32/196/123, Doddaballapur Village, Woodlath Main Road,
 Newlands Nagar, Electronic City, Bangalore,
 Karnataka - 560038

 **1860 500 7788**
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APOLLO CLINICS NETWORK
 Telangana: Hyderabad | RS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal | **Andhra Pradesh: Vijay** | Swarnamma Petal | **Karnataka: Bangalore** | Basavanagudi | Bellandur | Electronic City | Hebbal Town | HSR Layout | Indira Nagar | JP Nagar | Kandraholli | Koramangala | Sarjapur Road | **Mysore** | W. Whitefield | **Tamil Nadu: Chennai** | Anna Nagar | Kotturupuzhi | Moolappai | T Nagar | **West Bengal: Kolkata** | **Maharashtra: Pune** | Aurang | Nigdi | Pashchim | Viman Nagar | **Kerala: Kochi** | **Uttar Pradesh: Ghaziabad** | **Odisha: Bhubaneswar** | **Gujarat: Ahmedabad** | **Rajasthan: Jaipur** | **Haryana: Faridkot** | **Railway Station Road**

Patient Name : Mrs.AISHWARYA SAMPATHKUMAR	Collected : 12/Dec/2023 08:55AM
Age/Gender : 33 Y 11 M 11 D/F	Received : 12/Dec/2023 01:20PM
UHID/MR No : CJPN.0000090039	Reported : 12/Dec/2023 05:00PM
Visit ID : CJPNOPV182972	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9790860954	

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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



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 www.apollohli.com | Email ID: enquiry@apollohli.com, Ph No: 043-4884 7777, Fax No: 4884 7744

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 Karnataka - 560038

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Patient Name : Mrs.AISHWARYA SAMPATHKUMAR	Collected : 12/Dec/2023 08:55AM
Age/Gender : 33 Y 11 M 11 D/F	Received : 12/Dec/2023 01:23PM
UHID/MR No : CJPN.0000090039	Reported : 12/Dec/2023 02:22PM
Visit ID : CJPNOPV182972	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9790860954	

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	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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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SIN No:EDT230112929

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Patient Name : Mrs.AISHWARYA SAMPATHKUMAR	Collected : 12/Dec/2023 08:55AM
Age/Gender : 33 Y 11 M 11 D/F	Received : 12/Dec/2023 01:18PM
UHID/MR No : CJPN.0000090039	Reported : 12/Dec/2023 03:19PM
Visit ID : CJPNOPV182972	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9790860954	

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	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.14		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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DEPARTMENT OF BIOCHEMISTRY

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



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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	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:



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DEPARTMENT OF BIOCHEMISTRY

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

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




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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	0.71	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.06	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.36	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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Visit ID : CJPNOPV182972	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
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC




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Patient Name : Mrs.AISHWARYA SAMPATHKUMAR	Collected : 12/Dec/2023 08:55AM
Age/Gender : 33 Y 11 M 11 D/F	Received : 12/Dec/2023 01:17PM
UHID/MR No : CJPN.0000090039	Reported : 12/Dec/2023 02:21PM
Visit ID : CJPNOPV182972	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9790860954	

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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.10	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.445	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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Patient Name	: Mrs.AISHWARYA SAMPATHKUMAR	Collected	: 12/Dec/2023 08:55AM
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DEPARTMENT OF IMMUNOLOGY

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




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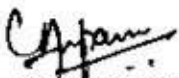
Patient Name : Mrs.AISHWARYA SAMPATHKUMAR	Collected : 12/Dec/2023 08:55AM
Age/Gender : 33 Y 11 M 11 D/F	Received : 12/Dec/2023 01:00PM
UHID/MR No : CJPN.000090039	Reported : 12/Dec/2023 02:57PM
Visit ID : CJPNOPV182972	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 14 of 16



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Age/Gender : 33 Y 11 M 11 D/F	Received : 13/Dec/2023 02:51PM
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DEPARTMENT OF CYTOLOGY

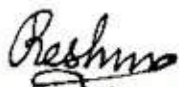
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	20799/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist



SIN No:CS071271

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

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

Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC115811
Regd. Office: 1-10-82/63, Anshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 040-4884 7777, Fax No: 4884 7744

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