

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	BANOVATH SUJATHA
जन्म की तारीख	04-10-1993
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024
बुकिंग संदर्भ सं.	23M114802100093392S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. BANOVATH MOHAN
कर्मचारी की क.कू.संख्या	114802
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	NIZAMABAD, NIZAMABAD MAIN
कर्मचारी के जन्म की तारीख	20-02-1993

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 23-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation





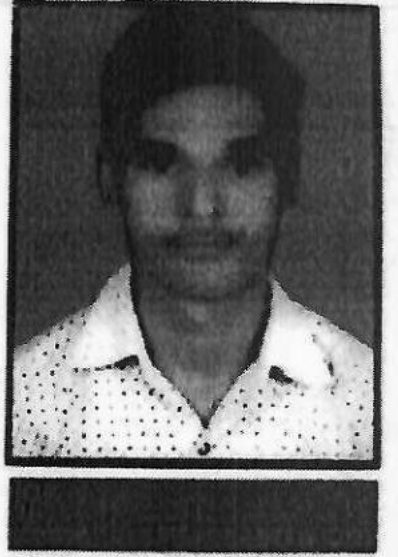
बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम  
Name

बानोवात मोहन  
Banovath Mohan

E.C. No.

114802



*Banovath Mohan*

धारक के हस्ताक्षर

Signature of Holder

*[Handwritten signature]*

जारीकर्ता प्राधिकारी

Issuing Authority

Established Patient: No

**Vitals**

<b>Date</b>	<b>Pulse (Beats/min)</b>	<b>B.P (mmHg)</b>	<b>Resp (Rate/min)</b>	<b>Temp (F)</b>	<b>Height (cms)</b>	<b>Weight (Kgs)</b>	<b>Body Fat Percentage (%)</b>	<b>Visceral Fat Level (%)</b>	<b>Body Age (Years)</b>	<b>BMI</b>	<b>Waist Circum (cms)</b>	<b>Hip (cms)</b>	<b>Waist (cms)</b>	<b>Waist &amp; Hip Ratio</b>	<b>User</b>
24-02-2024 15:10	82 Beats/min	120/70 mmHg	22 Rate/min	98.6 F	163 cms	66 Kgs	%	%	Years	24.84	cms	cms	cms		AHLL06629

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Name: Mrs. Banovath Sujatha  
Age/Gender: 30 Y/F  
Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086258  
Visit ID: CUPPOPV130144  
Visit Date: 24-02-2024 09:08  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Established Patient: No

**Vitals**

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Established Patient: No

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Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000086258  
Visit ID: CUPPOPV130144  
Visit Date: 24-02-2024 09:08  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Patient Name	: Mrs. Banovath Sujatha	Age	: 30 Y/F
UHID	: CUPP.0000086258	OP Visit No	: CUPPOPV130144
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 26-02-2024 11:55
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 102 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

**SINUS TACHYCARDIA**

**ABNORMAL T WAVE SUGGESTIVE OF INFERIOR WALL , ANTERIOR WALL**

**ISCHEMIA.**

**NEEDS ECHO**

**CORRELATE CLINICALLY.**

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

Dr. VINAY KUMAR GUPTA

Name: Mrs. Banovath Sujatha  
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Address: HYD  
Location: HYDERABAD, TELANGANA  
Doctor:  
Department: GENERAL  
Rate Plan: UPPAL\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000086258  
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**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Patient Name : Mrs. Banovath Sujatha Age : 30 Y/F  
UHID : CUPP.0000086258 OP Visit No : CUPPOPV130144  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 24-02-2024 16:58  
Referred By : SELF

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## CARDIOLOGY

### CARDIAC STRESS TEST – (TMT)

Angina Pectoria:  
NO

Previous MI:  
NO

PTCA:  
NO

CABG:  
NO

HTN:  
NO

DM:  
NO

Smoking:  
NO

Obesity:  
NO

Lipidemia:  
NO

Resting ECG Supine:  
120 BPM

Standing:  
118 BPM

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS



Patient Name	: Mrs. Banovath Sujatha	Age	: 30 Y/F
UHID	: CUPP.0000086258	OP Visit No	: CUPPOPV130144
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 24-02-2024 16:58
Referred By	: SELF		

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Grade Achieved:  
96%

% HR / METS:  
190 BPM / 7.0 METS

Reason for Terminating Test:  
MAX HR ATTITANED

Total Exercise Time:  
5:01

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:

Patient Name : Mrs. Banovath Sujatha Age : 30 Y/F  
UHID : CUPP.0000086258 OP Visit No : CUPPOPV130144  
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 24-02-2024 16:58  
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NORMAL

S.T. Segment :  
NORMAL

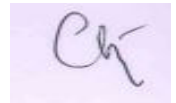
III Blood Pressure Response :  
NORMAL

IV Fitness Response :  
GOOD

Impression:

TMT IS NEGATIVE FOR EXERSICE INDUCED ISCHEMIA.

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



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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

**Patient Name** : Mrs. Banovath Sujatha

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CUPP.0000086258

**OP Visit No** : CUPPOPV130144

**Sample Collected on** :

**Reported on** : 24-02-2024 16:26

**LRN#** : RAD2246802

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 114802/369998

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMMOGRAPHY - SCREENING**

**Real time B–Mode USG of both breasts:**

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**CONCLUSION : No significant abnormality is seen in this study.**

**Consultant Radiologist.**

(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. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology

**Patient Name** : Mrs. Banovath Sujatha

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CUPP.0000086258

**OP Visit No** : CUPPOPV130144

**Sample Collected on** :

**Reported on** : 24-02-2024 16:28

**LRN#** : RAD2246802

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 114802/369998

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size 128 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal in size 79 mm. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Right kidney** : 118 x 42 mm.

**Left kidney** : 100 x 50 mm.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus bulky in size 89 x 55 x 46 mm.** Endometrial echo-complex appears normal and measures 9.3 mm.

**Both ovaries** appear normal in size, shape and echotexture.

**Right ovary** : 34 x 28 mm. **Left ovary** : 35 x 26 mm.

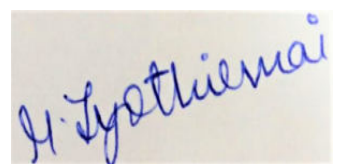
No evidence of any adnexal pathology noted.

### **IMPRESSION:-**

\* **BULKY UTERUS.**

Suggest – clinical correlation.

(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.



H. Sathienai



**Patient Name** : Mrs. Banovath Sujatha

**Age/Gender** : 30 Y/F

---

**Dr. MATTA JYOTHIRMAI**  
MBBS, MDRD  
Radiology



**Patient Name** : Mrs. Banovath Sujatha

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CUPP.0000086258

**OP Visit No** : CUPPOPV130144

**Sample Collected on** :

**Reported on** : 24-02-2024 14:48

**LRN#** : RAD2246802

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 114802/369998

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**DEPARTMENT OF RADIOLOGY**

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**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. MATTA JYOTHIRMAI**  
**MBBS, MDRD**  
Radiology

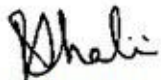
Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
Age/Gender : 30 Y 4 M 20 D/F	Received : 24/Feb/2024 12:48PM
UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 02:17PM
Visit ID : CUPPOPV130144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 114802/369998	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.2	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.1	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,040	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64.2	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>18.8</b>	%	20-40	Electrical Impedance
EOSINOPHILS	<b>9.4</b>	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5161.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1511.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>755.76</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	586.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.12	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.41		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	271000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	11	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC - MILD EOSINOPHILIA				
PLATELETS ARE ADEQUATE ON SMEAR				

RBC NORMOCYTIC NORMOCHROMIC  
WBC - MILD EOSINOPHILIA  
PLATELETS ARE ADEQUATE ON SMEAR



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

SIN No: BED240048471

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



Patient Name : Mrs.BANOVATH SUJATHA  
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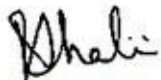
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Reported : 24/Feb/2024 02:17PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA



**Dr.R.SHALINI**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240048471

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

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Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
Age/Gender : 30 Y 4 M 20 D/F	Received : 24/Feb/2024 12:48PM
UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 04:12PM
Visit ID : CUPPOPV130144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 114802/369998	

**DEPARTMENT OF HAEMATOLOGY**

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

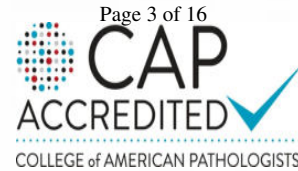
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



**Dr.KASULA SIDDARTHA**  
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Consultant Pathologist

SIN No:BED240048471

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Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
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UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 02:43PM
Visit ID : CUPPOPV130144	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	mg/dL	70-140	HEXOKINASE

Comment:

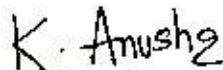
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

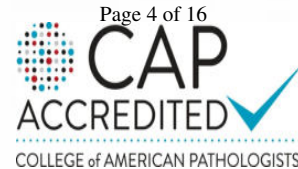
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	126	mg/dL		Calculated



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SIN No:EDT240021800

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Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

(eAG)

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

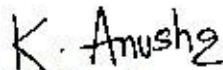
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**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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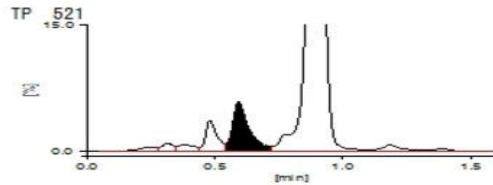
Chromatogram Report

I V5.28 1 2024-02-24 13:57:28  
 ID EDT240021800  
 Sample No. 02240116 SL 0008 - 08  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	7.17
A1B	0.5	0.31	8.66
F	0.6	0.37	9.47
LA1C+	2.0	0.48	32.86
SA1C	6.0	0.59	75.08
AO	92.3	0.89	1489.38
H-V0			
H-V1			
H-V2			

Total Area 1622.62

**HbA1c 6.0 %** **IFCC 42 mmol/mol**  
 HbA1 7.0 % HbF 0.6 %



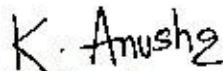
24-02-2024 13:57:29 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1



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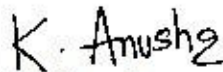
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324



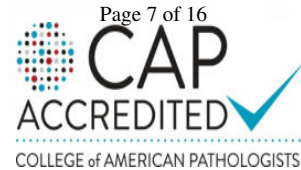
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Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
Age/Gender : 30 Y 4 M 20 D/F	Received : 24/Feb/2024 12:59PM
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	127	mg/dL	<200	CHO-POD
TRIGLYCERIDES	82	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	79	mg/dL	<130	Calculated
LDL CHOLESTEROL	62.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.65		0-4.97	Calculated

**Comment:**

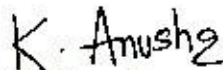
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.



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Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
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UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 02:31PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>37</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>35.0</b>	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.51	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	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 > 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:**

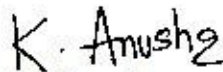
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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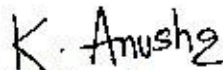
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.51</b>	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	<b>15.00</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.61	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.35	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.67	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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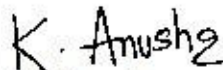
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.00	U/L	<38	IFCC



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Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
Age/Gender : 30 Y 4 M 20 D/F	Received : 24/Feb/2024 12:58PM
UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 03:25PM
Visit ID : CUPPOPV130144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 114802/369998	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.38	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.14	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.643</b>	µIU/mL	0.38-5.33	CLIA

**Comment:**

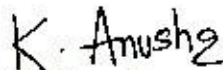
<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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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SIN No:SPL24031966

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Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 114802/369998

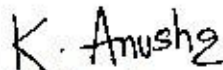
Collected : 24/Feb/2024 09:54AM  
Received : 24/Feb/2024 12:58PM  
Reported : 24/Feb/2024 03:25PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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



**Dr. RAJESH BATTINA**  
PhD.(Biochemistry)  
Consultant Biochemist



**Dr.K.Anusha**  
M.B.B.S.,M.D(Biochemistry)  
Consultant Biochemist



SIN No:SPL24031966

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



Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
Age/Gender : 30 Y 4 M 20 D/F	Received : 24/Feb/2024 04:55PM
UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 08:03PM
Visit ID : CUPPOPV130144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 114802/369998	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
Dr. SRINIVAS N.S. NORI  
M.B.B.S, M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:UR2290564

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

Page 14 of 16  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 12:34PM
Age/Gender : 30 Y 4 M 20 D/F	Received : 24/Feb/2024 04:28PM
UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 08:32PM
Visit ID : CUPPOPV130144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 114802/369998	

**DEPARTMENT OF CLINICAL PATHOLOGY**

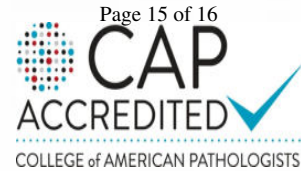
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

*Dr. Srinivas N.S. Nori*  
**Dr.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:UPP016743

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



Patient Name : Mrs.BANOVATH SUJATHA	Collected : 24/Feb/2024 09:54AM
Age/Gender : 30 Y 4 M 20 D/F	Received : 24/Feb/2024 04:29PM
UHID/MR No : CUPP.0000086258	Reported : 24/Feb/2024 06:51PM
Visit ID : CUPPOPV130144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 114802/369998	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr.KASULA SIDDARTHA  
M.B.B.S,DNB(Pathology)  
Consultant Pathologist

SIN No:UF010758

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

