

Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:34AM  
Reported : 27/Sep/2024 03:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

.....



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 11:34AM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:30PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.7</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>34.70</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.3	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,420	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5531.94	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2130.26	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92.62	Cells/cu.mm	20-500	Calculated
MONOCYTES	597.82	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.6		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	339000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	17	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH OCCASIONAL MICROCYTIC HYPOCHROMIC CELLS.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 17



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:34AM  
Reported : 27/Sep/2024 03:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN

Page 3 of 17



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:34AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 05:36PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			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:BED240232774



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:34AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 12:28PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	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:**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLF02208435



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 01:41PM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 02:09PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:11PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	94	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:PLP1486347





Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 04:19PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 06:14PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240091714



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	168	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:SE04829943





Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 11:35AM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:09PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.30	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)	15	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.3</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 9 of 17



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:35AM  
Reported : 27/Sep/2024 03:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Page 10 of 17



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.80	mg/dL	2.5-6.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>10.00</b>	U/L	12-43	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 04:15PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 06:43PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.693	ng/mL	0.41-1.47	CLIA
THYROXINE (T4, TOTAL)	6.863	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.499</b>	mIU/L	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

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

Page 13 of 17



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

SIN No: SPL24141539



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 04:15PM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 06:43PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24141539





Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 02:14PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:18PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 17



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:UR2414177



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 02:14PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:18PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012116



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 01:45PM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 09:04PM
UHID/MR No	: SCHI.0000024295	Reported	: 28/Sep/2024 06:25PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	L/1539/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smear shows sheets of superficial, intermediate squamous cells.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*

Page 17 of 17



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

SIN No:CS085399



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 01:45PM  
Received : 27/Sep/2024 09:04PM  
Reported : 28/Sep/2024 06:25PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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

SIN No:CS085399



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:34AM  
Reported : 27/Sep/2024 03:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

.....



  
Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774

Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:34AM  
Reported : 27/Sep/2024 03:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.7</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>34.70</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.3	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,420	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5531.94	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2130.26	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92.62	Cells/cu.mm	20-500	Calculated
MONOCYTES	597.82	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.6		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	339000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	17	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH OCCASIONAL MICROCYTIC HYPOCHROMIC CELLS.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774





Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:34AM  
Reported : 27/Sep/2024 03:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:34AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 05:36PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			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:BED240232774



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:34AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 12:28PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	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:**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLF02208435



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 01:41PM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 02:09PM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:11PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	94	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:PLP1486347



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 04:19PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 06:14PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240091714



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	168	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:SE04829943





Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 11:35AM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:09PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.30	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)	15	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.3</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 9 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:35AM  
Reported : 27/Sep/2024 03:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Page 10 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 11:35AM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:09PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.80	mg/dL	2.5-6.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>10.00</b>	U/L	12-43	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 04:15PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 06:43PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.693	ng/mL	0.41-1.47	CLIA
THYROXINE (T4, TOTAL)	6.863	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.499</b>	mIU/L	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

Page 13 of 16



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

SIN No: SPL24141539



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 04:15PM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 06:43PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24141539





Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 02:14PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:18PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:UR2414177



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 02:14PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:18PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow:  
LBC PAP SMEAR

Page 16 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012116



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 02:14PM  
Reported : 27/Sep/2024 03:18PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:UF012116



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:34AM  
Reported : 27/Sep/2024 03:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

.....



  
Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774

Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 11:34AM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:30PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.7</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>34.70</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.3	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,420	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5531.94	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2130.26	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92.62	Cells/cu.mm	20-500	Calculated
MONOCYTES	597.82	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.6		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	339000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	17	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH OCCASIONAL MICROCYTIC HYPOCHROMIC CELLS.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

Page 2 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:34AM  
Reported : 27/Sep/2024 03:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240232774





Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:34AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 05:36PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			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:BED240232774



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:34AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 12:28PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	87	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:**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLF02208435



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 01:41PM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 02:09PM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:11PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	94	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:PLP1486347



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 04:19PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 06:14PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240091714



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	168	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.30	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)	15	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.3</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	95.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.  
 \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 9 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:SE04829943





Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 11:35AM  
Reported : 27/Sep/2024 03:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Page 10 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.80	mg/dL	2.5-6.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 11:35AM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:09PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>10.00</b>	U/L	12-43	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04829943



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 04:15PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 06:43PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.693	ng/mL	0.41-1.47	CLIA
THYROXINE (T4, TOTAL)	6.863	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.499</b>	mIU/L	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

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

Page 13 of 16



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

SIN No: SPL24141539



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 04:15PM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 06:43PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr. Tanish Mandal  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24141539



Patient Name	: Mrs.LAVANYA ANKIT AGRAWAL	Collected	: 27/Sep/2024 10:38AM
Age/Gender	: 34 Y 9 M 15 D/F	Received	: 27/Sep/2024 02:14PM
UHID/MR No	: SCHI.0000024295	Reported	: 27/Sep/2024 03:18PM
Visit ID	: SCHIOPV37235	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 545568455		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:UR2414177





Patient Name : Mrs.LAVANYA ANKIT AGRAWAL	Collected : 27/Sep/2024 10:38AM
Age/Gender : 34 Y 9 M 15 D/F	Received : 27/Sep/2024 02:14PM
UHID/MR No : SCHI.0000024295	Reported : 27/Sep/2024 03:18PM
Visit ID : SCHIOPV37235	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 545568455	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow:  
LBC PAP SMEAR

Page 16 of 16



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012116



Patient Name : Mrs.LAVANYA ANKIT AGRAWAL  
Age/Gender : 34 Y 9 M 15 D/F  
UHID/MR No : SCHI.0000024295  
Visit ID : SCHIOPV37235  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 545568455

Collected : 27/Sep/2024 10:38AM  
Received : 27/Sep/2024 02:14PM  
Reported : 27/Sep/2024 03:18PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:UF012116



Name : Mrs. Lavanya Ankit Agrawal  
 Address : 131 A CHATTARPUR  
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

UHD: SCHI.0000024295  
 Sex: F  
 Age: 34 Y

OP Number: SCHIOPV37235  
 Bill No: SCHI-OCR-12505  
 Date : 27.09.2024 10:31

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 D ECHO	
	3 LIVER FUNCTION TEST (LFT)	
	4 GLUCOSE, FASTING	
	5 HEMOGRAM + PERIPHERAL SMEAR	
	6 GYNAECOLOG CONSULTATION	
	7 DIET CONSULTATION	
	8 COMPLETE URINE EXAMINATION	
	9 URINE GLUCOSE (POST PRANDIAL)	
	10 PERIPHERAL SMEAR	
	11 ECG	
	12 CBC 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 DENT CONSULTATION	
	20 FITNESS BY GENERAL PHYSICIAN	
	21 BLOOD GROUP ABO AND RH FACTOR	
	22 LIPID PROFILE	
	23 BODY MASS INDEX (BMI)	
	24 OPTHAL BY GENERAL PHYSICIAN	
	25 ULTRASOUND - WHOLE ABDOMEN	
	26 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Height: 153.5 cm  
 Weight: 74.2 kg  
 B.P.: 100/75  
 Pulse: 80/min  
 SP02: 99%

USA

To be done on 8:30 - 10:30

Aadhaar no. issued: 12/10/2011



भारत सरकार  
Government of India



लवण्या अदकत अग्रवाल  
Lavanya Adkt Agrawal  
जन्म तिथि/DOB: 12/12/1989  
लिंग/ GENDER: FEMALE

सिद्धांत प्रमाण कि प्रमाण है, गोपनीयता वा सत्यापन का नहीं ।  
सर्वोच्च सुरक्षा प्रमाण (सुरक्षा प्रमाण), वा प्रमाण को/सिद्धांत प्रमाण प्रमाण को प्रमाण) के लिए प्राप्त नहीं किया ।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4927 1474 8827

भारत सरकार, नई दिल्ली

Lavanya Agrawal

ankit.agrav ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMEN ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FI



# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Loungye on 27/5

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

Tick		<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	
		<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul>	<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 style="text-align: right;">Review after _____</p>
		<ul style="list-style-type: none"> <li>• Currently Unfit</li> </ul>	<p style="text-align: right;">Review after _____ recommended</p>
		<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. Meena  
 Medical Officer  
 The Apollo Clinic Uppal  
 Apollo Speciality Hospital  
 Hyderabad

*This certificate is not meant for medico-legal purposes*



**PREVENTIVE HEALTH CARE SUMMARY**

NAME :-	Lavanya
AGE / GENDER :-	34/f
PANEL :	Preventive
EXAMINED ON :	21/5/24
RECEIPT No :-	
UHID No :	2428

Chief Complaints:

nil

Healthy

Past History:

DM : Nil  
 Hypertension : Nil  
 CAD : Nil  
 CVA : Nil  
 Cancer : Nil  
 Other : Nil

Personal History:

Alcohol : Nil  
 Smoking : Nil  
 Activity : Active  
 Allergies : Nil

Family History:

General Physical Examination:

Height : 153 cms  
 Weight : 74.8 Kgs  
 Rest of examination was within normal limits.  
 Pulse : 80 bpm  
 BP : 100/70 mmHg

Systemic Examination:

CVS : Normal  
 Respiratory system : Normal  
 Abdominal system : Normal  
 CNS : Normal  
 Others : Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Raymond	UHID No :	
AGE :-	SEX :	RECEIPT No :-	
PANEL :		EXAMINED ON :-	

Investigations:

All the reports of tests and investigations are attached herewith

11.7.19  
TSN.S.Y

Recommendation:

Cap Absolute woman 10234  
My wife 3 60 Konce a week  
2 months

Repeat TSH after 3 months



Dr. Navneet  
Consultant

# Apollo Clinic

## CONSENT FORM

Patient Name: Lavanya Ankit Agrawal  
 Age: 34/F  
 UHID Number: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

I Mr/Mrs/Ms ..... Employee of .....  
 (Company) Want to inform you that I am not interested in getting vs in readings (Dr side)  
 Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]  
 Date: 27-9-24

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: 1-10-60/62, Ashoka Rajgopathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
 www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: 0-38, F - Block, 2nd Avenue, Anna Nagar East, Chennai-600 102.  
 Phone - 044-28234504 / 05

**1860 500 7788**  
 www.apolloclinic.com

APOLLO CLINICS NETWORK  
 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag | Seethamma Peta | Karmataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundlihalli | Koramangla | Sarjapur Road) | Mysore (VV Mohale) | Tamilnadu: Chennai (Anna Nagar | Kotturpuram | MG Road) | Karnataka: Mysore (Vijaya Vittala) | Kerala: Kochi (Palarivayalil) | Odisha: Bhubaneswar (Bhubaneswar) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road) | Uttar Pradesh: Ghaziabad (Indraprastha) | Delhi: Connaught Place



Patient Name : Mrs. Lavanya Ankit Agrawal

UHDID : SCHI.000024295

Conducted By : Dr. MUKESH K GUPTA

Referred By : SELF

Age : 34 Y/F

OP Visit No : SCHIOPV37235

Conducted Date : 27-09-2024 16:09

**MITRAL VALVE**

Morphology : AML-Normal/Thickening/Calcification/Futter/Vegetation/ProLapse/SAM/Doming.

Subvalvular deformity Present/Absent.

Score :  $E > A$

Normal/Abnormal

Mitral Stenosis

EDG \_\_\_\_\_ mmHg

Mitral Regurgitation

Absent/Trivial/Mild/Moderate/Severe.

MDG \_\_\_\_\_ mmHg

Present/Absent

RR Interval \_\_\_\_\_ msec

MVA \_\_\_\_\_  $cm^2$

Present/Absent

EDG \_\_\_\_\_ mmHg

Tricuspid regurgitation : \_\_\_\_\_ mmHg

MDG \_\_\_\_\_ mmHg

Absent/Trivial/Mild/Moderate/Severe Fragmented signals

Pred. RVSP=RAP+ \_\_\_\_\_ mmHg

**PULMONARY VALVE**

Morphology : Normal/Atresia/Thickening/Doming/Vegetation.

Normal/Abnormal.

Pulmonary stenosis

Present/Absent

Level \_\_\_\_\_ mm

PSG \_\_\_\_\_ mmHg

Absent/Trivial/Mild/Moderate/Severe

End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology : Normal/Thickening/Calcification/Restricted opening/Futter/Vegetation

Normal/Abnormal

Aortic stenosis

Present/Absent

Level \_\_\_\_\_ mm

PSG \_\_\_\_\_ mmHg

Absent/Trivial/Mild/Moderate/Severe.

Aortic regurgitation

Normal Values

Aorta 2.8 (2.0 - 3.7cm)

LV es 2.5 (2.2 - 4.0cm)

IVS ed 0.9 (0.6 - 1.1cm)

RV ed (0.7 - 2.6cm)

LVVd (ml) 65% (54%-76%)

EF 65% (54%-76%)

**CHAMBERS :**

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

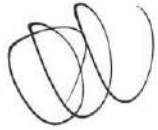
Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Normal Values	Measurements
3.0 (1.9 - 4.0cm)	LA es
4.5 (3.7 - 5.6cm)	LV ed
0.8 (0.6 - 1.1cm)	PW (LV)
	RV Anterior wall
	L VVs (ml)
	IVS motion

Dr. M K Gupta  
 M.B.B.S, MD, FIACM  
 Senior Consultant Cardiologist



**COMMENTS & SUMMARY**  
 ✓ Normal LV systolic function  
 ✓ No RWMA, LVEF=65%  
 ✓ No AR, PR, MR & TR  
 ✓ No I/C clot or mass  
 ✓ Good RV function  
 ✓ Normal pericardium  
 ✓ No pericardial effusion

**PERICARDIUM**

RV	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
LA	Normal/Enlarged/Clear/Thrombus
Regional wall motion abnormality	Absent
Contraction	Normal/Reduced



27-09-2024 13:13:49

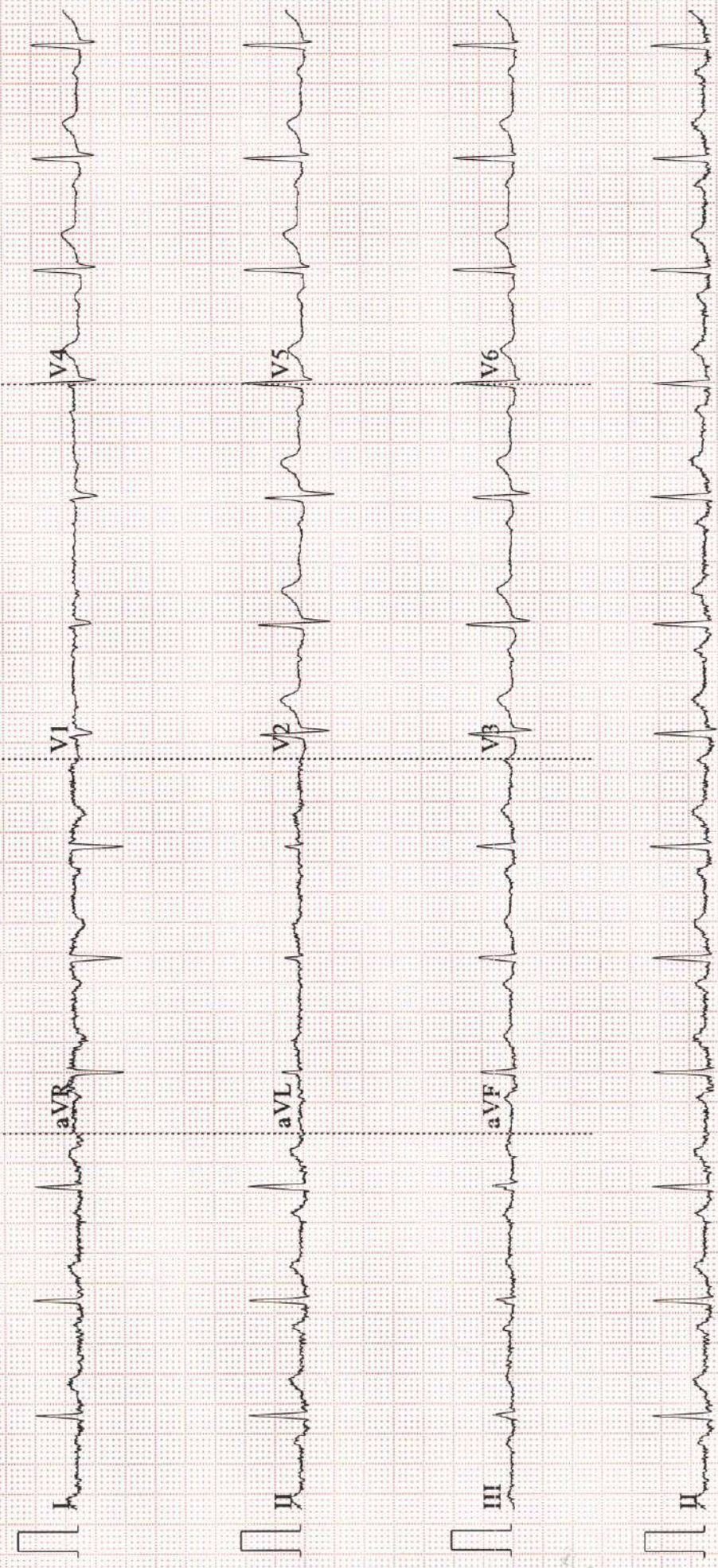
ID: 24295

Lavanya ankit  
Female 34Years  
Req. No. :

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

HR : 79 bpm  
P : 114 ms  
PR : 189 ms  
QRS : 75 ms  
QT/QTcBz : 355/409 ms  
P/QRS/T : 59/46/50 °  
RV5/SVI : 1.008/0.279 mV

Report Confirmed by:





27/09/24



Specialists in Surgery

Mrs. Lavanya Ankit Agarwal  
34/F

Eye checkup

no the uning glass

no the systemic disease

V 6/6

no 16/15

color vision normal

no acceptance of 6/6 - 16

slit lamp exam

AFs normal

refractive reaction normal

fundus normal

Damodhan  
27/09/24

Mrs. Lavanya Ankit Agarwal,  
34 Y/F.

do:- Regular Denton Creek - up

M/H:- N.E.H.

P/DH:- N.E.H.

O/E:-

Calculus +, stain +

Retained Deciduous

Missing / Impacted

Partially Impacted

Impacted:- OPG (Full mouth X-ray)

Scaling

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

**Apollo Specialty Hospitals Pvt. Ltd.**

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 6158, 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | www.apollohhl.com

*Handwritten signature*

*[Handwritten signature]*

PLV - (N)

PLV - (N)

PLV - (N)

Breast + (N)

Vital stable

farmer - DM

FM - Mamma - DM

PIH . nil

PLV - 64n . /cm . /  
 with

LM 8 - 9/9/24 .

- 57

Adv

22/9/24

3A/C

Approved

Karavanya Anur



DR. DEPIKA AGARWAL  
Consultant Radiologist

Please correlate clinically and with lab investigations

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Bony thorax appears normal.

Both the domes of diaphragm are normal.

Heart size is normal.

Both the costophrenic angles are clear.

Both the lung fields show no active parenchymal pathology.

**X-RAY CHEST PA VIEW**

NAME: LAVANYA	UHD NO : 24295
DATE: 27.09.2024	AGE: 34 YRS/ SEX: F

**DIGITAL X-RAY REPORT**

Patient Name : Mrs. Lavanya Ankit Agrawal Age : 34 Y/F  
 UHID : SCHI.0000024295 OP Visit No : SCHIOPV37235  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 27-09-2024 16:12  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_

Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_ msec.  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_ msec. Pred. RVSP=RAP+ \_\_\_\_\_ mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/**3**/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**Measurements**      **Normal Values**                      **Measurements**                      **Normal values**

Patient Name : Mrs. Lavanya Ankit Agrawal Age : 34 Y/F  
 UHID : SCHI.0000024295 OP Visit No : SCHIOPV37235  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 27-09-2024 16:12  
 Referred By : SELF

Aorta	2.8	(2.0 – 3.7cm)	LA es	3.0	(1.9 – 4.0cm)
LV es	2.5	(2.2 – 4.0cm)	LV ed	4.5	(3.7 – 5.6cm)
IVS ed	0.9	(0.6 – 1.1cm)	PW (LV)	0.8	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	65%	(54%-76%)	IVS motion		<b><u>Normal</u></b> /Flat/Paradoxical

**CHAMBERS :**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced

Regional wall motion abnormality **Absent**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

**PERICARDIUM**

**COMMENTS & SUMMARY**

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



Patient Name : Mrs. Lavanya Ankit Agrawal Age : 34 Y/F  
UHID : SCHI.0000024295 OP Visit No : SCHIOPV37235  
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 27-09-2024 16:12  
Referred By : SELF

---

***Dr. M K Gupta***  
***M.B.B.S, MD,FIACM***  
***Senior Consultant Cardiologist***

Patient Name : Mrs. Lavanya Ankit Agrawal  
UHID : SCHI.0000024295  
Conducted By: :  
Referred By : SELF

Age : 34 Y/F  
OP Visit No : SCHIOPV37235  
Conducted Date :

Patient Name : Mrs. Lavanya Ankit Agrawal  
UHID : SCHI.0000024295  
Conducted By :  
Referred By : SELF

Age : 34 Y/F  
OP Visit No : SCHIOPV37235  
Conducted Date :

---