

Name : Mrs. Shyamala Devi

Age: 49 Y

UHID: CINR.0000161473

Sex: F



Address : Bangalore

OP Number: CINR0PV216219

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : CINR-OCR-92931

Date : 15.01.2024 09:31

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

Date : 15-01-2024  
MR NO : CINR.0000161473

Department : GENERAL

Doctor :

Name : Mrs. Shyamala Devi

Registration No :

Qualification :

Age/ Gender : 49 Y / Female

Consultation Timing: 09:31

Height: 160 cm	Weight: 94.8	BMI: 37 kg/m <sup>2</sup>	Waist Circum: 109 cm
Temp: 98.6 F	Pulse: 100 bpm	Resp: 18 bpm	B.P: 110/80 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Shyamala  
ID: 161473

15.01.2024 11:13:01

28.10.1974

Female

APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

Location:

Room:

Order Number:

Indication:

Medication 1:

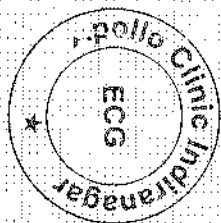
Medication 2:

Medication 3:

105 bpm

- / - mmHg

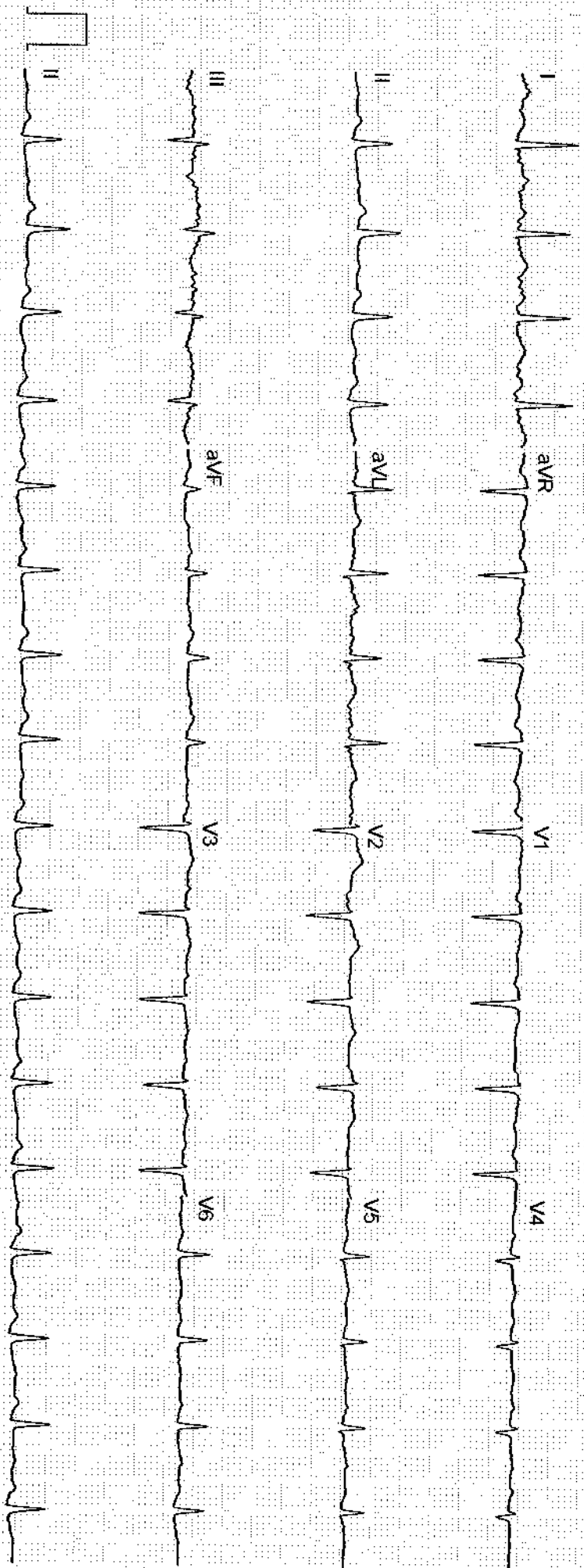
QRS	74 ms
QT / QTcBaz	352 / 465 ms
PR	148 ms
P	86 ms
RR / PP	572 / 571 ms
P / QRS / T	37 / 23 / 5 degrees



*Murali*

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

**Dr. M. SUDHAKAR RAO**  
MBBS, MD, DM (Card), FRCC, ESC, FRCG  
Consulting Cardiologist  
KMC, Raichur  
KMC, Raichur



GE MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4X2.5X3.25\_R1

Unconfirmed

1/1

**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

**Sent:** 05 January 2024 15:36

**To:** Corporate Apollo Clinic <corporate@apolloclinic.com>

**Cc:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

**Subject:** Re: Health Check-up Bookings No. 29 (Annual)

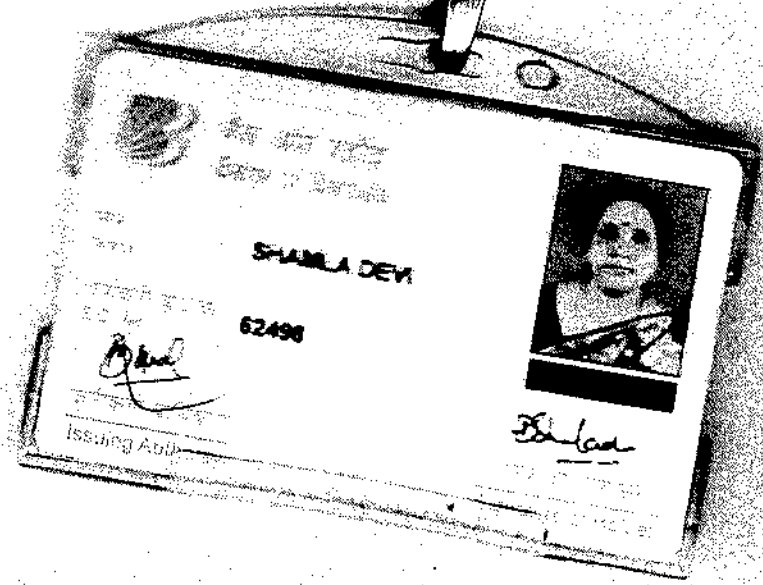
Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Arcofemi Mediwheel Full Body Annual Plus Above 50 Male 2D ECHO	bob54265	PAUL SIMON DASS	58 year
Arcofemi Mediwheel Full Body Annual Plus Check Advanced - Female 2D ECHO	bobE4264	MRS. SHAMALA DEVI	49 year

Thanks & Regards

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030  
Ph No. 011-41195959



SHAMLA DEVI

62498

*[Signature]*

Issuing Auth



*[Signature]*

**Patient Name** : Mrs. Shyamala Devi

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CINR.0000161473

**OP Visit No** : CINROPV216219

**Sample Collected on** :

**Reported on** : 17-01-2024 18:16

**LRN#** : RAD2208657

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9341890035

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

**NOT DONE.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology

**Patient Name** : Mrs. Shyamala Devi

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CINR.0000161473

**OP Visit No** : CINROPV216219

**Sample Collected on** :

**Reported on** : 15-01-2024 14:37

**LRN#** : RAD2208657

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9341890035

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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. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**

<b>Patient Name</b>	: Mrs. Shyamala Devi	<b>Age/Gender</b>	: 49 Y/F
<b>UHID/MR No.</b>	: CINR.0000161473	<b>OP Visit No</b>	: CINROPV216219
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 13:35
<b>LRN#</b>	: RAD2208657	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9341890035		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

**GALLBLADDER:** Partially contracted. No definite calculi identified. No evidence of abnormal wall thickening noted.

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

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

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

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

**UTERUS:** Anteverted and appears normal in size. **A subserosal fibroid noted in the fundal region measuring 3.3x3.0cm and one more fibroid seedling noted in posterior wall.** The endometrial lining appears intact. Endometrium measures 7 mm.

**OVARIES:** Right ovary not visualized due to bowel gas.

Left ovary appearing normal in size and echopattern.

No free fluid is seen.

#### IMPRESSION:

**1. GRADE I FATTY LIVER.**

**2. UTERINE FIBROID.**

**Dr DHANALAKSHMI**  
Consultant Radiologist



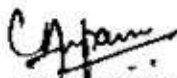
Patient Name : Mrs.SHYAMALA DEVI	Collected : 15/Jan/2024 09:35AM
Age/Gender : 49 Y 2 M 18 D/F	Received : 15/Jan/2024 12:04PM
UHID/MR No : CINR.0000161473	Reported : 15/Jan/2024 01:26PM
Visit ID : CINROPV216219	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9341890035	

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>				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79.5	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,910	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.2	%	40-80	Electrical Impedance
LYMPHOCYTES	38.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3676.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2667.26	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	165.84	Cells/cu.mm	20-500	Calculated
MONOCYTES	380.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.73	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	337000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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



SIN No:BED240010586

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

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

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

APOLLO CLINICS NETWORK

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

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

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

Patient Name : Mrs.SHYAMALA DEVI	Collected : 15/Jan/2024 09:35AM
Age/Gender : 49 Y 2 M 18 D/F	Received : 15/Jan/2024 12:04PM
UHID/MR No : CINR.0000161473	Reported : 15/Jan/2024 01:26PM
Visit ID : CINROPV216219	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9341890035	

DEPARTMENT OF HAEMATOLOGY

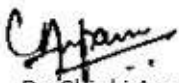
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



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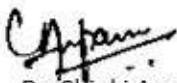
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www.apolloclinic.com

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Age/Gender : 49 Y 2 M 18 D/F	Received : 15/Jan/2024 12:04PM
UHID/MR No : CINR.0000161473	Reported : 15/Jan/2024 02:11PM
Visit ID : CINROPV216219	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9341890035	

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:BED240010586

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Karnataka - 560034

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Patient Name : Mrs.SHYAMALA DEVI	Collected : 15/Jan/2024 09:35AM
Age/Gender : 49 Y 2 M 18 D/F	Received : 15/Jan/2024 12:04PM
UHID/MR No : CINR.0000161473	Reported : 15/Jan/2024 12:57PM
Visit ID : CINROPV216219	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9341890035	

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	99	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)	168	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	6.4	%		HPLC



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

SIN No:EDT240004471

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	137	mg/dL	Calculated
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**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)



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

SIN No:EDT240004471

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Karnataka- 560034



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Patient Name : Mrs.SHYAMALA DEVI	Collected : 15/Jan/2024 09:35AM
Age/Gender : 49 Y 2 M 18 D/F	Received : 15/Jan/2024 12:38PM
UHID/MR No : CINR.0000161473	Reported : 15/Jan/2024 01:32PM
Visit ID : CINROPV216219	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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	177	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	84	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.54		0-4.97	Calculated

**Comment:**

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

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

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




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

SIN No:SE04601164

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

Patient Name : Mrs.SHYAMALA DEVI	Collected : 15/Jan/2024 09:35AM
Age/Gender : 49 Y 2 M 18 D/F	Received : 15/Jan/2024 12:38PM
UHID/MR No : CINR.0000161473	Reported : 15/Jan/2024 01:32PM
Visit ID : CINROPV216219	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.49	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>130.00</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**



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

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.61	mg/dL	0.51-0.95	Jaffe's, Method
UREA	26.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.58	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	<38	IFCC



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**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)	1.37	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.42	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.170	µIU/mL	0.35-4.94	CMIA

**Comment:**

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

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

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



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

SIN No:SPL24007087

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**CONSULTANT BIOCHEMIST**

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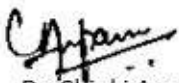


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DEPARTMENT OF CLINICAL PATHOLOGY

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	5.5		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UR2262912

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

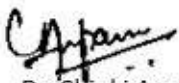
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

Page 15 of 15



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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



SIN No:UF010221

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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

 1860 500 7788  
www.apolloclinic.com