

Patient Name	: Mrs.SAVITA .	Collected	: 09/Nov/2024 09:31AM
Age/Gender	: 36 Y 7 M 25 D/F	Received	: 09/Nov/2024 10:05AM
UHID/MR No	: SCHI.0000025214	Reported	: 09/Nov/2024 01:45PM
Visit ID	: SCHIOPV38929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SFSDFGS		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245657

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.3</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>33.60</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>78.4</b>	fL	83-101	Calculated
MCH	<b>24</b>	pg	27-32	Calculated
MCHC	<b>30.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>18.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,550	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63.1	%	40-80	Electrical Impedance
LYMPHOCYTES	25.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6026.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2473.45	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	334.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	658.95	Cells/cu.mm	200-1000	Calculated
BASOPHILS	57.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>334000</b>	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>25</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.

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

Page 2 of 15



Dr. SHWETA GUPTA  
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**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245657



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Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 10:05AM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 01:51PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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



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SIN No:BED240245657



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 01:51PM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 02:55PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 04:41PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	106	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	133	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.



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SIN No:PLP1488010



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 12:57PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 03:22PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

*Nidhi*

Dr Nidhi Sachdev  
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SIN No:EDT240094067





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	184	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	140	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>143</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>115</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.49		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.17</b>		<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



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	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	78.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.30</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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

2. Cholestatic Patten:\*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.



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SIN No:SE04843250





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.60	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.5-6.2	Uricase
CALCIUM	<b>10.90</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	<b>5.2</b>	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>112</b>	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.30</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04843250



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	32.00	U/L	12-43	Glycylglycine Nitoranalide



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SIN No:SE04843250



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 12:58PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 02:40PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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)	1.1	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.49	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.512</b>	µIU/mL	0.38-5.33	CLIA

**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
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



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SIN No:SPL24146223




Patient Name	: Mrs.SAVITA .	Collected	: 09/Nov/2024 09:32AM
Age/Gender	: 36 Y 7 M 25 D/F	Received	: 09/Nov/2024 12:58PM
UHID/MR No	: SCHI.0000025214	Reported	: 09/Nov/2024 02:40PM
Visit ID	: SCHIOPV38929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SFSDFGS		

**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
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SIN No:SPL24146223



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 01:44PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 01:53PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	1.030		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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.



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SIN No:UR2419305



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD



Dr. SHWETA GUPTA  
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SIN No:UF012152





Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 03:23PM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 07:49PM
UHID/MR No : SCHI.0000025214	Reported : 11/Nov/2024 10:05AM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	L/1769/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	NOT ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	COMMENTS	UNSATISFACTORY FOR EVALUATION
<b>d</b>	REASON FOR UNSATISFACTORY SMEAR	SQUAMOUS CELLS ARE OBSCURED BY INFLAMMATION.
<b>II</b>	<b>MICROSCOPY</b>	Smears are unsatisfactory for evaluation, >75% squamous cells are obscured by inflammation.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
<b>IV</b>	<b>RECOMMENDATIONS</b>	CONSIDER CERVICAL CYTOLOGY RE-EVALUATION AFTER TREATMENT OF INFECTION

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 \*\*\*



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

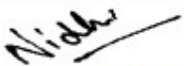
SIN No:CS085763



Patient Name	: Mrs.SAVITA .	Collected	: 09/Nov/2024 03:23PM
Age/Gender	: 36 Y 7 M 25 D/F	Received	: 09/Nov/2024 07:49PM
UHID/MR No	: SCHI.0000025214	Reported	: 11/Nov/2024 10:05AM
Visit ID	: SCHIOPV38929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SFSDFGS		

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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

SIN No:CS085763



Consultation

11

Name: Mrs. SAVITA	Age: 36 Y	UHID: SCHL0000025214
Address: DAKSHINPURI	Sex: F	*SCHL0000025214*
Plan: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number: SCHIOPV38929
		Bill No: SCHL-CCR-12903
		Date: 09.11.2024 09:25

Sno	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
	GAMMA GLUTAMYL TRANSFERASE (GGT)	
	2D ECHO	
	LIVER FUNCTION TEST (LFT)	
	GLUCOSE, FASTING	
	HEMOGRAM - PERIPHERAL SMEAR	
	GYNAECOLOGY CONSULTATION	Dr. Yuvaaksha
	DIET CONSULTATION	
	COMPLETE URINE EXAMINATION	
	URINE GLUCOSE (POST PRANDIAL)	
	PERIPHERAL SMEAR	
	HCG	
	LBC PAP TEST - PAPSURE	Dr. Yuvaaksha
	RENAL PROFILE - RENAL FUNCTION TEST (RF/RT)	
	DENTAL CONSULTATION	Dr. OPP-12
	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
	URINE GLUCOSE (FASTING)	
	HBA1C, GLYCATED HEMOGLOBIN	
	X-RAY CHEST PA	
	ENT CONSULTATION	
	FITNESS BY GENERAL PHYSICIAN	
	BLOOD GROUP ABO AND RH FACTOR	
	LIPID PROFILE	
	BODY MASS INDEX (BMI)	
	OPHAL BY GENERAL PHYSICIAN	
	ULTRASOUND - WHOLE ABDOMEN	
	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Hb 10.3      E-S-2 cl 112

Height:	1.47 m
Weight:	52.6 kg
B.P.:	124/80 mmHg
Pulse:	102 /min
SpO2:	99%



**PHC Desk**

**From:** noreply@apolloclinics.info  
**Sent:** 08 November 2024 15:03  
**To:** manojmahamna105@gmail.com  
**Cc:** phc.klc@apollospectra.com; syamsunder.m@apollohl.com; cc.klc@apollospectra.com  
**Subject:** Your appointment is confirmed



**Dear Savita K,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA NEHRU ENCLAVE** clinic on **2024-11-09 at 09:15-09:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

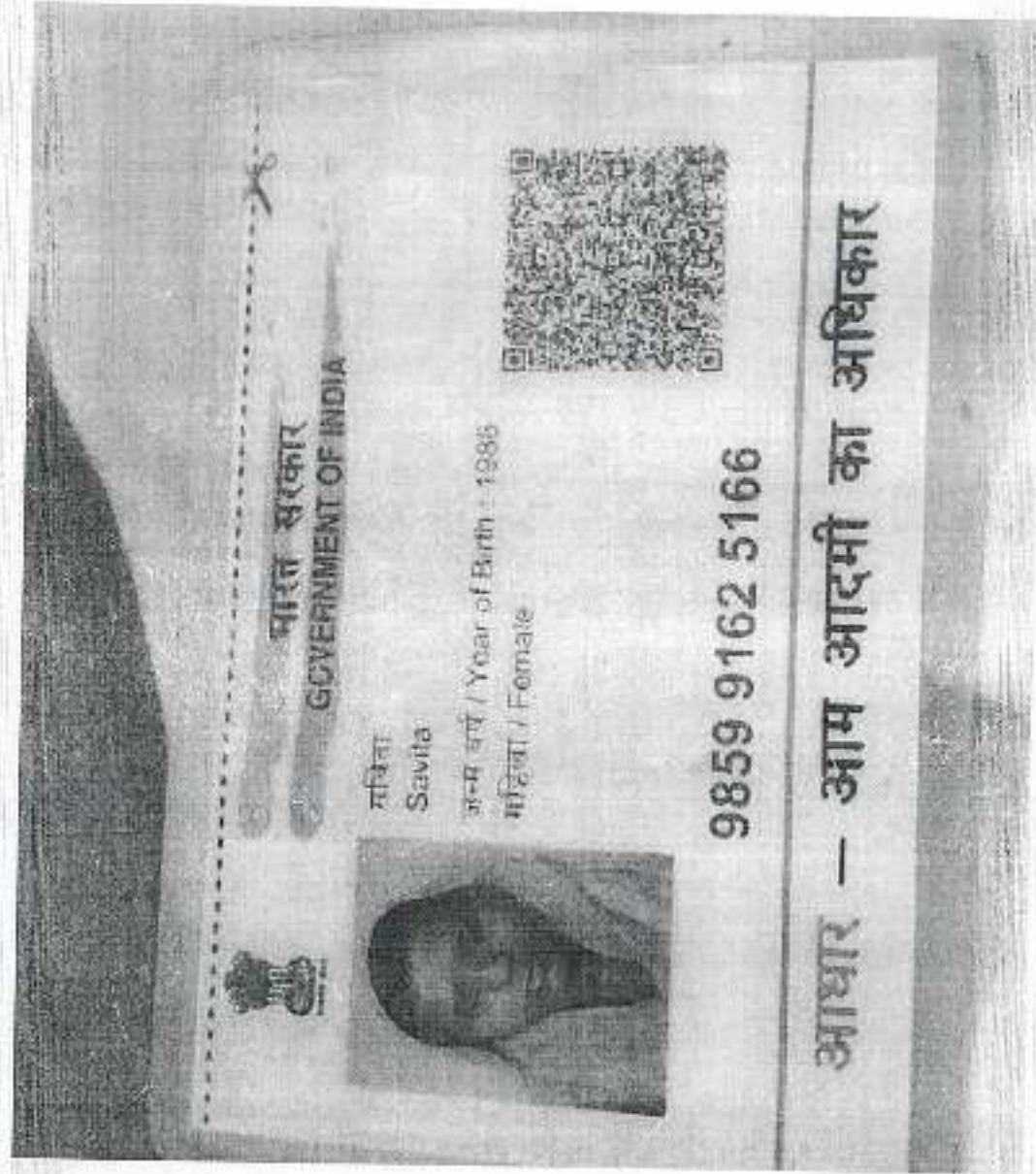
Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

**Instructions to be followed for a health check:**

+91 80108 52593 ~ Nzmmms

Today at 9:21 am



3 of 4

3 of 4



<b>Name :</b>	<b>SAVITA</b>	<b>Age/Sex:</b>	<b>36 Yrs./F</b>
<b>UHID :</b>	<b>25211</b>		
<b>Ref By :</b>	<b>APOLLO SPECTRA</b>	<b>Date:-</b>	<b>09.11.2024</b>

Specialists in Surgery

**ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** is not seen – Post operative status.

**Pancreas and Spleen:** Appears normal in size and echotexture.

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

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


**Uterus** is antverted and normal in size. It measures 7 x 3.8 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 7 mm

Both ovaries are normal in size.

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

**IMPRESSION: FATTY CHANGES IN LIVER GRADE 1**

**Please correlate clinically and with lab. Investigations.**



**DR. DEEPIKA AGARWAL**  
 CONSULTANT RADIOLOGIST

Dr. DEEPIKA AGARWAL  
 Consultant Radiologist  
 DMC No. 56777  
 Apollo Speciality Hospitals (P) Ltd.  
 A-2, Chirag Enclave, Greater Kailash-1  
 New Delhi-110048



Mrs. Savita 9/11/24  
36/F

Eye checked  
clo. DOV  
No H/O injury glass  
H/O Thyroid (medication)

VA  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

WCT  $\left\{ \begin{array}{l} 22 \\ 22 \end{array} \right.$  up colour vision (normal)  
3/c

BoV  $\left\{ \begin{array}{l} \text{No Acceptance 6/6 B/A - NC} \\ \text{Slit lamp exam} \end{array} \right.$

A/S normal B/A

Pupil reaction normal B/A

Fundus (w/IL) B/A

Adv

~~Adv~~  
- old Refresh TEARTOS B/A XI month

Danalekhan  
9/11/24

**DR. (Pof.) Ameet Kishore**  
SENIOR CONSULTANT SURGEON  
MBBS,(AFMC), FRCS(Glass), FRCS(Edin), FRCS-ORL(UK)  
Ear, Nose, Throat & Neuro-Otology

For Appointment: +91 1140465555  
M: +91 9910995018

**DR. Sharad Nair**  
MBBS,MS,(ENT),FHNORS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Head, Neck & Cancer Surgery

For Appointment: +91 1140465555  
M: +91 9910995018

**DR. Ashwani Kumar**  
MBBS,DNB, MNAMS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Surgery  
Allergy Specialist

For Appointment: +91 1140465555  
M: +91 9910995018



Specialists in Surgery

09/11/24

Santa 36/F

yo Routine check up

Ear  
Nose  
Throat

|

(N)

Adm  
No medical issues

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

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

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

**DIGITAL X-RAY REPORT**

NAME: SAVITA	DATE: 09.11.2024
LHID NO : 25214	AGE: 36YRS/ SEX: F

**X-RAY CHEST PA VIEW**

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

Please correlate clinically and with lab investigations

  
**DR. DEEPIKA AGARWAL**  
Consultant Radiologist

**DR. DEEPIKA AGARWAL**  
Consultant Radiologist  
DMC No. 61777  
Apollo Specialty Hospitals (P) Ltd.  
A-2, Chirag Enclave, Greater Kailash-1  
New Delhi-110048



ID: 25214

SAVITA

Female 36Years

Req. No. :

09-11-2024 14:03:06

HR : 108 bpm

P : 95 ms

PR : 123 ms

QRS : 89 ms

QT/QTcBz : 314/422 ms

P-QRS<sup>T</sup> : 53/56/8 °

RV5/SV1 : 1.421/1.016 mV

Diagnosis Information:  
Sinus Tachycardia

Report Confirmed by:





Patient Name	Mrs. SAVITA	Age	36 Yr
UHID	SCIE 000025214	OP Visit No	SCHEGPV38929
Conducted By	Dr. MUKESH K GUPTA	Conductal Date	09-11-2021 17:00
Referred By	SELF		

#### MITRAL VALVE

Morphology: AML-**Normal**/Thickening/Calcification/Fusion/Vegetation/Prolaps/SAM/Domring.  
PML-**Normal**/Thickening/Calcification/Atropse/Presistolal motion/Fixed.  
Subvalvular deformity Present/**Absent**. Score \_\_\_\_\_

Doppler: Normal/Abnormal **EzA** A>E  
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/Prolaps/Vegetation/Domring  
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. Prod. RVSP=RAP= \_\_\_\_\_ mmHg

#### PULMONARY VALVE

Morphology: **Normal**/Atresia/Thickening/Domring/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/Fusion/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
Aorta	2.5 (2.0-3.7cm)	LA cs	2.7 (1.9-4.0cm)
LV cs	2.9 (2.2-4.0cm)	LV ed	4.2 (3.7-5.6cm)
IVS ed	0.7 (0.6-1.1cm)	PW (LV)	0.7 (0.6-1.1cm)
RV ed	(0.7-2.6cm)	RV Anterior wall	(upto 5mm)
LVVd (%)		LVVs (ml)	
EF	60% (54%-76%)	IVS motion	<b>Normal</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

**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.**

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Ph No: 040-49047777 | www.apollohl.com

## PERICARDIUM

### COMMENTS & SUMMARY

- ✓ Normal LV systolic function
- ✓ No RWMA, LVEF=60%
- ✓ No AR, PR, MR & TR
- ✓ No IC clot or mass
- ✓ Good RV function
- ✓ Normal pericardium
- ✓ No pericardial effusion

*Dr. M K Gupta*  
*M.B.B.S. MD, F1ACM*  
*Senior Consultant Cardiologist*





09.11.2024

Mrs. Savita

36 Yrs / Female

C/C - Regular Check-up

D/H - NRH

M/H - Pt. is on medication for Thyroid.

O/E - Stains<sup>++</sup>, Calculus<sup>++</sup>

Advised - Oral Prophylaxis Full Mouth  
in. Maxillary + Mandibular teeth.

1  
Dr. Anamika

Mrs Savita / 26yrs

- Routine health checkup
- Para 2 / 2 FTND
- Periods regular
- Lmp 20/10/24

of the P/LCA happen  
prephid.  
d/s of d.  
bleeding on  
such t.  
P/v cre is in  
we are to  
m/s to  
bulky  
to find

adv.

gynae - vaginal  
tablet at  
bed time x 7 days.  
Do with report


Princy

Patient Name	: Mrs.SAVITA .	Collected	: 09/Nov/2024 09:31AM
Age/Gender	: 36 Y 7 M 25 D/F	Received	: 09/Nov/2024 10:05AM
UHID/MR No	: SCHI.0000025214	Reported	: 09/Nov/2024 01:45PM
Visit ID	: SCHIOPV38929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SFSDFGS		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

-----



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245657

Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:31AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 10:05AM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 01:45PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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>10.3</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>33.60</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>78.4</b>	fL	83-101	Calculated
MCH	<b>24</b>	pg	27-32	Calculated
MCHC	<b>30.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>18.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,550	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63.1	%	40-80	Electrical Impedance
LYMPHOCYTES	25.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6026.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2473.45	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	334.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	658.95	Cells/cu.mm	200-1000	Calculated
BASOPHILS	57.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	334000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>25</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.

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

PLATELETS ARE ADEQUATE.

Page 2 of 14



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

SIN No:BED240245657



Patient Name	: Mrs.SAVITA .	Collected	: 09/Nov/2024 09:31AM
Age/Gender	: 36 Y 7 M 25 D/F	Received	: 09/Nov/2024 10:05AM
UHID/MR No	: SCHI.0000025214	Reported	: 09/Nov/2024 01:45PM
Visit ID	: SCHIOPV38929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SFSDFGS		

**DEPARTMENT OF HAEMATOLOGY**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240245657





Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:31AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 10:05AM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 01:51PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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:BED240245657



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 01:51PM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 02:55PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 04:41PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	106	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	133	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:PLP1488010



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 12:57PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 03:22PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

*Nidhi*

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

SIN No:EDT240094067



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 10:02AM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 01:23PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	184	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	140	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>143</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>115</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.49		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.17</b>		<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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04843250





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	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	78.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.30</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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

2. Cholestatic Patten:\*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.



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

SIN No:SE04843250



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.60	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.5-6.2	Uricase
CALCIUM	<b>10.90</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	<b>5.2</b>	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>112</b>	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.30</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04843250



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 10:02AM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 10:51AM
Visit ID : SCHIOPV38929	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	32.00	U/L	12-43	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:SE04843250



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 12:58PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 02:40PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**DEPARTMENT OF IMMUNOLOGY**

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

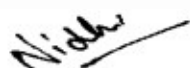
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.49	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.512</b>	µIU/mL	0.38-5.33	CLIA

**Comment:**

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

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 Treatment.
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



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

SIN No:SPL24146223





Patient Name	: Mrs.SAVITA .	Collected	: 09/Nov/2024 09:32AM
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UHID/MR No	: SCHI.0000025214	Reported	: 09/Nov/2024 02:40PM
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**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
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Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:SPL24146223



Patient Name : Mrs.SAVITA .	Collected : 09/Nov/2024 09:32AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 01:44PM
UHID/MR No : SCHI.0000025214	Reported : 09/Nov/2024 01:53PM
Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	1.030		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UR2419305



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Age/Gender : 36 Y 7 M 25 D/F	Received : 09/Nov/2024 01:44PM
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Visit ID : SCHIOPV38929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : SFSDFGS	

**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	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

Result/s to Follow:  
LBC PAP SMEAR



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012152



Patient Name	: Mrs.SAVITA .	Collected	: 09/Nov/2024 09:32AM
Age/Gender	: 36 Y 7 M 25 D/F	Received	: 09/Nov/2024 01:44PM
UHID/MR No	: SCHI.0000025214	Reported	: 09/Nov/2024 01:53PM
Visit ID	: SCHIOPV38929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: SFSDFGS		

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF012152





Patient Name : Mrs. SAVITA . Age : 36 Y/F  
 UHID : SCHI.0000025214 OP Visit No : SCHIOPV38929  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-11-2024 17:00  
 Referred By : SELF

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**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** A>E  
 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.

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.5	(2.0 – 3.7cm)	LA es 2.7	(1.9 – 4.0cm)

Patient Name : Mrs. SAVITA . Age : 36 Y/F  
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LV es	2.9	(2.2 – 4.0cm)	LV ed	4.2	(3.7 – 5.6cm)
IVS ed	0.7	(0.6 – 1.1cm)	PW (LV)	0.7	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	60%	(54%-76%)	IVS motion		<u>Normal</u> /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=60%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

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Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-11-2024 17:00  
Referred By : SELF

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

Patient Name : Mrs. SAVITA .  
UHID : SCHI.0000025214  
Conducted By: :  
Referred By : SELF

Age : 36 Y/F  
OP Visit No : SCHIOPV38929  
Conducted Date :

Patient Name : Mrs. SAVITA .  
UHID : SCHI.0000025214  
Conducted By :  
Referred By : SELF

Age : 36 Y/F  
OP Visit No : SCHIOPV38929  
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