

APOLLO CLINIC

CONSENT FORM

PATIENT NAME Ms. Ritesh Singh AGE 37 years

UHID NUMBER 411721A COMPANY NAME Arjuna's medical school

I MR/MRS/MS Ritesh Singh EMPLOYEE OF Arjuna's medical school

COMPANY WANT TO INFORM YOU THAT I AM NOT INTERESTED

GETTING Pap Smear

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK UP.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE Ritesh

DATE: 6/2/24

Name Mrs. Ritu Singh
 Age 33y
 Male Female
 Ref. Diagnosis _____

Date 06.12.24
 UHID No. 414217
 Ref. Physician _____


Echocardiogram Report


Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____


DIMENSIONS		NORMAL
Ao (ed) <u>3.1</u>	cm	(1.5cm / m ²)
LA (es) <u>3.5</u>	cm	(1.5cm / m ²)
RVID (ed) _____	cm	(0.9 cm / m ²)
LVID (ed) <u>4.0</u>	cm	(2.6 - 3.4 cm / m ²)
LVID (es) <u>2.7</u>		


DIMENSIONS		NORMAL
IVS (Ed) <u>0.8</u>	cm	(0.6 - 1.2 cm)
LVPW (Ed) <u>0.7</u>	cm	(0.6 - 1.1 cm)
EF <u>64%</u>		(0.62 - 0.85)
% FD <u>38%</u>		(2.8% - 42%)

MORPHOLOGICAL DATA

Mitral Valve
 AML 
 PML _____

Interatrial septum 
 Interventricular septum _____

Aortic Valve _____
 Tricuspid valve _____
 Pulmonary valve 
 Right ventricle _____

Pulmonary artery _____
 Aorta _____
 Right atrium 
 Left atrium _____

Patient Name	: Mrs. Ritu Singh	Age	: 33 Y/F
UHID	: CKON0600454217	OP Visit No	: CKONOPV635731
Conducted By:	: Dr. VENKATA RAYUDU NERKANITHI	Conducted Date	: 06-02-2024 16:20
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cc)	3.1 CM
LA (cs)	3.5 CM
LVID (cd)	4.0 CM
LVID (cs)	2.7 CM
IVS (Cd)	0.8 CM
LVPW (Ed)	0.7 CM
EF	61.00%
%ED	38.00%

MITRAL VALVE: NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

NORMAL FLOW

Apollo Health and Lifestyle Limited

(CIN - L851101G2000PLC0460891 Regd. Office: 7-1-617/A, 7th Floor, Imperia Towers, Ameerpet, Hyderabad 500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: **Tirupati** (Sankarambadi Circle) **Vizag** (Seethamma Peta)

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur, Nallakunta | Nizampur | SR Nagar | Vanasthaliourem)

Online appointments: www.apollo.co.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860-500-7788

IMPRESSION:-
NORMAL STUDY



Dr. VENKATA
RAYUDU
NEKKANTI

S. No.				
1	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Check Advanced - Female - 2D ECHO	bobS7524	Parameshwari VP
2	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Above 50 Male - 2D ECHO	bobE7523	MR. M SRINIVASA
3	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Check Advanced - Female - 2D ECHO	bobE7509	MRS GAIKWAD AF
4	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Check Advanced - Female - 2D ECHO	bobE7501	MS. TRIPURANA S.
5	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobS7500	Ritu Singh
6	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobS7482	Ritu Jaiswal
7	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	bobE7481	MR. JAISWAL SAN
8	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobE7472	MS. SAMANT BIDI
9	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Above 50 Male - 2D ECHO	bobS7466	UMA SHANKAR CI
10	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Check Advanced - Female - 2D ECHO	bobE7162	MS. MHASKI KALA
11	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobE7442	MS. DASH NIBFDC
12	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobS7438	Pushpa devi
13	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Check Advanced - Female - 2D ECHO	bobS7437	Stuti Srivastava
14	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Annual Plus Above 50 Male - 2D ECHO	bobE7436	MR. SRIVASTAVA I
15	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobS7423	REKHA

भारत निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
भारत निर्वाचन आयोग, ELECTION COMMISSION OF INDIA

ANIK2642312



नाम
NAME: RITUL SINGH
पिता का नाम
FATHER'S NAME: GHANSHYAM SINGH

Customer Pending Tests
OPHAL TEST PENDING.(RECENTLY DONE)

Customer Pending Tests

PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION.

x-ray,ecg,pft,urine,post prandial test pending.



Patient Name	: Mrs. Ritu Singh	Age/Gender	: 33 Y/F
UHID/MR No.	: CKON.0000414217	OP Visit No	: CKONOPV635731
Sample Collected on	:	Reported on	: 07-02-2024 14:19
LRN#	: RAD2227674	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 624695		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

SKIP THE X RAY EXAMINATION.

Patient Name	: Mrs. Ritu Singh	Age/Gender	: 33 Y/F
UHID/MR No.	: CKON.0000414217	OP Visit No	: CKONOPV635731
Sample Collected on	:	Reported on	: 06-02-2024 15:13
LRN#	: RAD2227674	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 624695		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver Mild Hepatomegaly with increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

Right kidney measures 103 x 40 mm. Left kidney measures 97 x 41 mm.

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

Uterus appears normal in size measures 85 x 40 x 32 mm. It shows normal shape & echo pattern.Endometrial echo-complex appears normal and measures 7 mm.No intra/extra uterine gestational sac seen.

Both ovaries Multiple small follicles are noted in the periphery of both the ovaries,with central echogenic stroma--S/O ? Polycystic ovaries.

Right ovary measures 32 x 27 x 32 mm,Volume--11 cc.

Left ovary measures 33 x 24 x 27 mm,Volume--9 cc.

IMPRESSION:-

****MILD HEPATOMEGALY WITH FATTY CHANGES IN LIVER.**

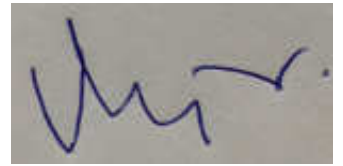
Patient Name : Mrs. Ritu Singh

Age/Gender : 33 Y/F

****MULTIPLE SMALL FOLLICLES ARE NOTED IN THE PERIPHERY OF BOTH THE OVARIES, WITH CENTRAL ECHOGENIC STROMA--S/O ? POLYCYSTIC OVARIES.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:23PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 01:29PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	35.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	39	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4732	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3549	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	364	Cells/cu.mm	20-500	Calculated
MONOCYTES	455	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC :Normocytic Normochromic.

WBC : TLC and DLC With in normal limits.

PLATELETS :Adequate on the smear.




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name	: Mrs.RITU SINGH	Collected	: 06/Feb/2024 11:50AM
Age/Gender	: 33 Y 8 M 27 D/F	Received	: 06/Feb/2024 12:23PM
UHID/MR No	: CKON.0000414217	Reported	: 06/Feb/2024 01:29PM
Visit ID	: CKONOPV635731	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 624695		

DEPARTMENT OF HAEMATOLOGY

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



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:23PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 12:43PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 04:08PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 04:54PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

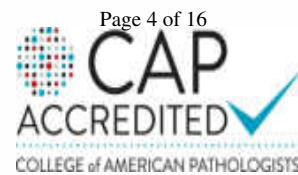
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

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.

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Patient Name : Mrs.RITU SINGH	Collected : 16/Feb/2024 12:21PM
Age/Gender : 33 Y 9 M 6 D/F	Received : 16/Feb/2024 02:35PM
UHID/MR No : CKON.0000414217	Reported : 16/Feb/2024 02:54PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	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. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 03:34PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 05:02PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

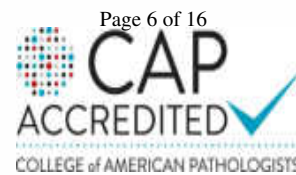
- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:EDT240012772

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



Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 03:34PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 05:02PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

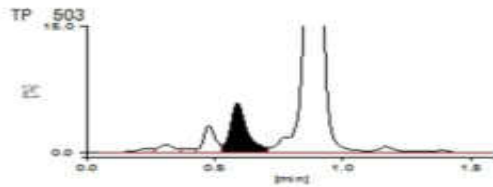
Chromatogram Report

HLC72388 V5.28.1 2024-02-06 16:26:19
 ID EDT240012772
 Sample No. 02060151 SL 0002 - 06
 Patient ID
 Name
 Comment:

CALIB	Y = 1.1689X + 0.6048		
Name	%	Time	Area
ATA	0.4	0.24	8.68
A1B	0.8	0.31	15.39
F	0.3	0.40	6.18
LA1C+	1.8	0.48	37.68
SA1C	5.9	0.59	94.56
A0	92.4	0.88	1892.30
H-V0			
H-V1			
H-V2			

Total Area 2054.79

HbA1c 5.9 % IFCC 41 mmol/mol
HbA1 7.1 % HbF 0.3 %



06-02-2024 16:26:20 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

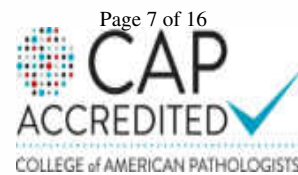
1 / 1



Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist

SIN No:EDT240012772

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



Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:23PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 01:08PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	121	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.30		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. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:23PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 01:08PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	102.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 05:01PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 07:32PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.36	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:BI18171499

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



Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:23PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 01:08PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	47.00	U/L	12-43	Glycylglycine Nitoranalide




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:23PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 01:40PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	23.517	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:39PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 01:12PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



Patient Name : Mrs.RITU SINGH	Collected : 16/Feb/2024 12:21PM
Age/Gender : 33 Y 9 M 6 D/F	Received : 16/Feb/2024 02:35PM
UHID/MR No : CKON.0000414217	Reported : 16/Feb/2024 04:49PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.RITU SINGH	Collected : 06/Feb/2024 11:50AM
Age/Gender : 33 Y 8 M 27 D/F	Received : 06/Feb/2024 12:39PM
UHID/MR No : CKON.0000414217	Reported : 06/Feb/2024 01:11PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mrs.RITU SINGH	Collected : 16/Feb/2024 02:00PM
Age/Gender : 33 Y 9 M 6 D/F	Received : 17/Feb/2024 11:16AM
UHID/MR No : CKON.0000414217	Reported : 19/Feb/2024 08:13PM
Visit ID : CKONOPV635731	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 624695	

DEPARTMENT OF CYTOLOGY

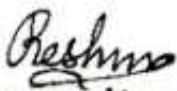
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	3242/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

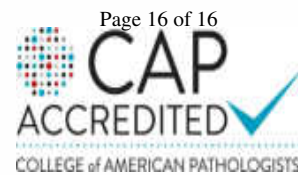
Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



SIN No:CS074544

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