



भारत सरकार

GOVERNMENT OF INDIA



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Femina T T

ജനന തീയതി / DOB: 28/01/1984

സ്ത്രീ / FEMALE

Mobile No.: 8592065499

**4530 4298 6157**

· VID : 9178 4135 1322 5845

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## Health Check up Booking Request(bobS4446), Beneficiary Code-164844

Mediwheel <wellness@mediwheel.in>

Fri 05-01-2024 15:46

To:JOEMON ANTO <JOEMON.ANTO@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)



011-41195959

Dear MR. ANTO JOEMON,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

**Booking Date** : 05-01-2024  
**User Package Name** : Mediwheel Full Body Health Checkup Female Below 40  
**Hospital Package Name** : Mediwheel Full Body Health Annual Plus Check  
**Health Check Code** : PKG10000377  
**Name of Diagnostic/Hospital** : Apollo Spectra - Tardeo  
**Address of Diagnostic/Hospital-** : Famous Cine Labs,156, Pt.M.M.Malviya Raod,Tardeo,Mumbai - 400034  
**Appointment Date** : 24-02-2024  
**Preferred Time** : 8:00am-8:30am

Member Information		
Booked Member Name	Age	Gender
FEMINA T T joemon	39 year	Female

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Tests included in this Package** :

- Bmi Check
- Pap Smear
- Ent Consultation
- Dietician Consultation
- Gynae Consultation
- Thyroid Profile
- ESR

- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Gynac Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. This email is recieved because you are register with us [Click here to unsubscribe](#).



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	FEMINA T T
DATE OF BIRTH	28-01-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-02-2024
BOOKING REFERENCE NO.	23M159734100082448S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. ANTO JOEMON
EMPLOYEE EC NO.	159734
EMPLOYEE DESIGNATION	CLEARING HUB
EMPLOYEE PLACE OF WORK	MUMBAI,RO MUMBAI EAST
EMPLOYEE BIRTHDATE	08-11-1978

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-01-2024** till **31-03-2024**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



## SUGGESTIVE LIST OF MEDICAL TESTS

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

**OUT- PATIENT RECORD**

Date : 24/12/24  
MRNO : 040827  
Name : Mrs. Femina TT.  
Age/Gender : 40m / Female  
Mobile No :  
Passport No :  
Aadhar number :

Pulse : 74/min	B.P : 120/70	Resp : 22/min	Temp : (N)
Weight : 82.7	Height : 154cm.	BMI : 34.9	Waist Circum : 90cm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
Sleep/BPB @ Prior Allergy.  
No addiction me: 3-4/20-30days  
FH: Father: CABG  
Mother: Hypertension.

Dr. (Mrs.) CHHAYA P. VAJA  
M.D. (MUM)  
Physician & Cardiologist  
Reg No. 56942

Follow up date:



Doc. Signature

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | www.apollospectra.com

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

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

TOUCHING LIVES

Patient Name : Mrs.FEMINA T T.  
Age/Gender : 40 Y 0 M 27 D/F  
UHID/MR No : STAR.0000040827  
Visit ID : STAROPV67656  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8592065499

Collected : 24/Feb/2024 08:32AM  
Received : 24/Feb/2024 11:02AM  
Reported : 24/Feb/2024 01:07PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 12




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:BED240047729

<b>TOUCHING LIVES</b> Patient Name : Mrs.FEMINA T T. Age/Gender : 40 Y 0 M 27 D/F UHID/MR No : STAR.0000040827 Visit ID : STAROPV67656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8592065499	Collected : 24/Feb/2024 08:32AM Received : 24/Feb/2024 11:02AM Reported : 24/Feb/2024 01:07PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

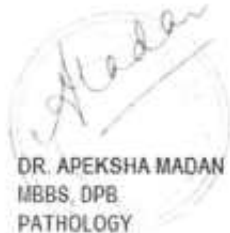
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	39.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.48	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.3	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,210	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	69	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4974.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1730.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	144.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.87		0.78- 3.53	Calculated
PLATELET COUNT	339000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 12

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240047729



TOUCHING LIVES

Patient Name : Mrs.FEMINA T T.  
Age/Gender : 40 Y 0 M 27 D/F  
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**DEPARTMENT OF HAEMATOLOGY**

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

WBC : Normal in number, morphology and distribution. No abnormal cells seen


Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

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**DR. APEKSHA MADAN**  
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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. Range	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. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 SIN No:BED240047729

<b>TOUCHING LIVES</b> Patient Name : Mrs.FEMINA T T. Age/Gender : 40 Y 0 M 27 D/F UHID/MR No : STAR.0000040827 Visit ID : STAROPV67656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8592065499	Collected : 24/Feb/2024 02:17PM Received : 24/Feb/2024 04:36PM Reported : 24/Feb/2024 05:31PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	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:**

- 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)	118	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. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:PLP1423754



<b>TO PATIENT ANALYSES</b> Patient Name : Mrs.FEMINA T.T. Age/Gender : 40 Y 0 M 27 D/F UHID/MR No : STAR.0000040827 Visit ID : STAROPV67656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8592065499	Collected : 24/Feb/2024 08:32AM Received : 24/Feb/2024 03:59PM Reported : 24/Feb/2024 06:25PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

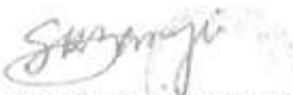
**Comment:**

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. Sandip Kumar Banerjee  
 M.B.B.S.,M.D(PATHOLOGY),D.P.B  
 Consultant Pathologist



SIN No:EDT240021300

<b>TOUCHING LIVES</b> Patient Name : Mrs.FEMINA T T. Age/Gender : 40 Y 0 M 27 D/F UHID/MR No : STAR.0000040827 Visit ID : STAROPV67656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8592065499	Collected : 24/Feb/2024 08:32AM Received : 24/Feb/2024 03:59PM Reported : 24/Feb/2024 04:35PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	139	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	95	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.16		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL, LDL cholesterol is a direct measurement.



Dr. Sandip Kumar Banerjee  
 M.B.B.S, M.D(PATHOLOGY), D.P.B  
 Consultant Pathologist

SIN No: BH18462008



<b>Patient Name</b> : Mrs.FEMINA T T. <b>Age/Gender</b> : 40 Y 0 M 27 D/F <b>UHID/MR No</b> : STAR.0000040827 <b>Visit ID</b> : STAROPV67656 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 8592065499	<b>Collected</b> : 24/Feb/2024 08:32AM <b>Received</b> : 24/Feb/2024 11:58AM <b>Reported</b> : 24/Feb/2024 03:27PM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	87.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

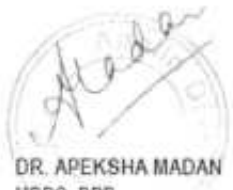
SIN No:SE04639570

<b>TOUCHING LIVES</b> Patient Name : Mrs.FEMINA T T. Age/Gender : 40 Y 0 M 27 D/F UHID/MR No : STAR.0000040827 Visit ID : STAROPV67656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8592065499	Collected : 24/Feb/2024 08:32AM Received : 24/Feb/2024 11:58AM Reported : 24/Feb/2024 03:27PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>14.60</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE



DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04639570



Patient Name : Mrs.FEMINA T T. Age/Gender : 40 Y 0 M 27 D/F UHID/MR No : STAR.0000040827 Visit ID : STAROPV67656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8592065499	Collected : 24/Feb/2024 08:32AM Received : 24/Feb/2024 11:58AM Reported : 24/Feb/2024 03:27PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	15.00	U/L	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04639570





<b>TOUCHING LIVES</b> Patient Name : Mrs.FEMINA T T. Age/Gender : 40 Y 0 M 27 D/F UHID/MR No : STAR.0000040827 Visit ID : STAROPV67656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8592065499	Collected : 24/Feb/2024 08:32AM Received : 24/Feb/2024 12:08PM Reported : 24/Feb/2024 02:44PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.22	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.14	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.820	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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



*Madan*  
**DR. APEKSHA MADAN**  
 MBBS, DPB  
 PATHOLOGY

SIN No:SPL24031352

TO: Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 08:32AM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 01:34PM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 03:27PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

DEPARTMENT OF CLINICAL PATHOLOGY

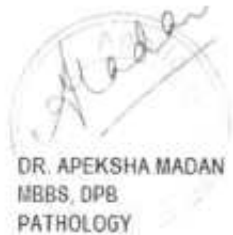
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)

Page 12 of 12



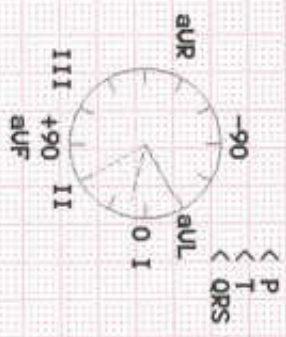
DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:UR2289869



Measurement Results:

QRS	:	96	ms
QT/QTcB	:	406 /	450 ms
PR	:	176	ms
P	:	110	ms
RR/PP	:	814 /	800 ms
P/QRS/T	:	58 / -28 /	15 degrees

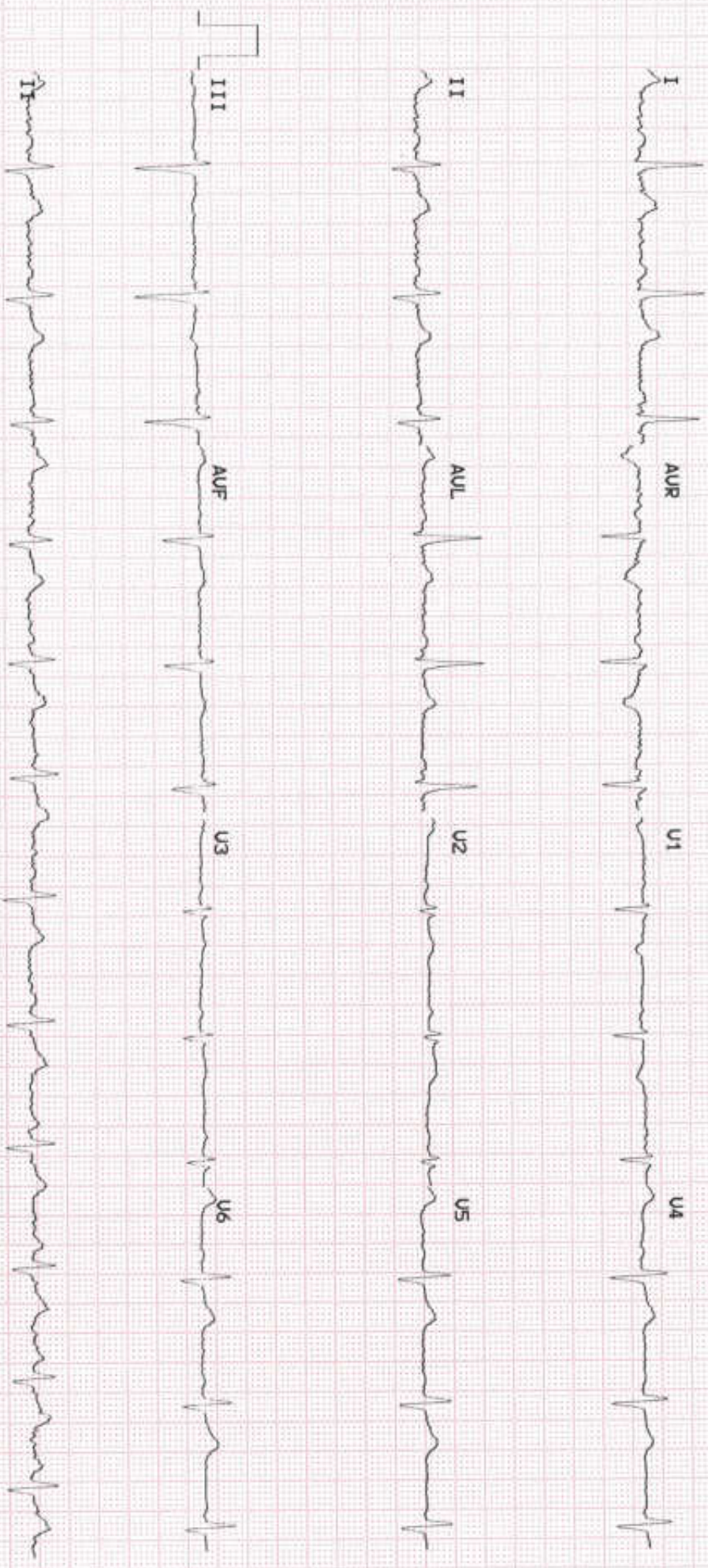


Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Incomplete right bundle branch block  
 Borderline ECG

*LATB wai fuampet RBBB*

Dr. (Mrs.) CHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg. No 56942

Unconfirmed report.



Patient Name	: Mrs. FEMINA T T.	Age	: 40 Y F
UHID	: STAR.0000040827	OP Visit No	: STAROPV67656
Reported on	: 24-02-2024 13:37	Printed on	: 24-02-2024 13:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**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

Printed on:24-02-2024 13:37

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Patient Name : MRS. FEMINA T T  
Ref. By : HEALTH CHECK UP

Date : 24-02-2024  
Age : 40 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.8 x 4.4 cms and the **LEFT KIDNEY** measures 11.0 x 4.5 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**URINARY BLADDER** : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.6 x 4.2 x 3.6 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 10.0 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.8 x 1.4 cms. Left ovary measures 2.6 x 2.0 cms. There is no free fluid seen in cul de.

**IMPRESSION** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

  
DR. VINOD V. SHETTY

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | www.apollospectra.com  
CONSULTANT SONOLOGIST.

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)

(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mrs. Femina T T  
Age : 40 Year(s)

Date : 24/02/2024  
Sex : Female  
Visit Type : OPD

### ECHO Cardiography

#### Comments:

Normal cardiac dimensions.  
Structurally normal valves.  
No evidence of LVH.  
Intact IAS/IVS.  
No evidence of regional wall motion abnormality.  
Normal LV systolic function (LVEF 60%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

#### Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.

  
**DR.CHHAYA P.VAJA. M. D.(MUM)**  
**NONINVASIVE CARDIOLOGIST**

Name : Mrs. Femina T T  
Age : 40 Year(s)

Date : 24/02/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	110mm/sec
EPSS	06mm
LA	28mm
AO	29mm
LVID (d)	51mm
LVID(s)	24mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**DR. CHHAYA P. VAJA. M. D. (MUM)**  
**NONINVASIVE CARDIOLOGIST**

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Mrs Femina T.J. 60yrs 24/2/24.

NO Gynaec problems

MH -  $\frac{3-4}{28-30}$  - Reg  
- mod  
- PIL LMP - 26/1/24.

OH - P2L2  $\left[ \begin{array}{l} \text{♀ 12yrs FTND} \\ \text{♂ 11yrs FTND.} \end{array} \right.$

PH - No major med / illness

FH - Father - DM  
Grand father - ? Ca.

OLE  
Cervical erosion + , bleeds on touch.  
discharge +

LBC taken

*T.Soni*



**EYE REPORT**

Name: Mrs. Femina J.J.

Date: 22/02/2024

Age / Sex: 40y / F

Ref No.:

Complaint: No ocular do  
No n/o SB/ax

**Examination**

Spectacle Rx: U.C 6/6  
Near U.C 6/6

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								

Remarks: Color U.C 6/6

Medications: As & m

Trade Name	Frequency	Duration

Follow up: Pseudos K

Consultant:



## DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

### FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
<b>Cereals</b>	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
<b>pulses</b>	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
<b>Milk</b>	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
<b>Vegetable</b>	All types of vegetable.
<b>Fruits</b>	All types of Fruits.
<b>Nuts</b>	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
<b>Non Veg</b>	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

MBJ. Femina J.T.  
ID 0 40827  
Age 40

Height 154cm | Date 24. 2. 2024  
Gender Female | Time 09:12:41

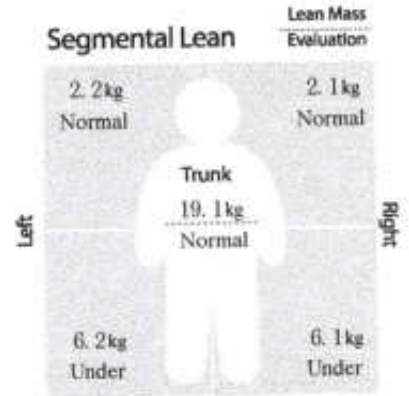
APOLLO SPECTRA HOSPITAL

## Body Composition

	Under	Normal	Over	UNIT	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205			kg	42.3 ~ 57.3
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170			kg	18.7 ~ 22.9
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520 540 560 580 600 620 640 660 680 700 720 740 760 780 800 820 840 860 880 900 920 940 960 980 1000			kg	10.0 ~ 15.9
TBW Total Body Water	30.0 kg (25.4 ~ 31.0)		FFM Fat Free Mass	40.9 kg (32.4 ~ 41.3)	
Protein	8.0 kg (6.8 ~ 8.3)		Mineral*	2.92 kg (2.35 ~ 2.87)	

\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	34.9	18.5 ~ 25.0
PBF Percent Body Fat (%)	50.5	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.94	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1254	1608 ~ 1883

## Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

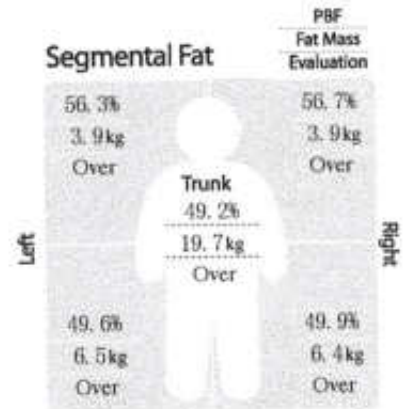
## Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

## Obesity Diagnosis

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over	<input checked="" type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	
WHR	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	

## Segmental Fat



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 29.6 kg	Fitness Score	53
----------------	--------	-------------	-----------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	384.7	372.6	23.9	250.2	241.4
100kHz	352.1	340.1	21.0	225.4	215.4

\* Use your results as reference when consulting with your physician or fitness trainer.

## Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity(base weight: 82.7 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
165	289	248	289	270	289		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
187	248	289	414	157	187		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
414	414	414	248	289	146		
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle		

### • How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

### • Recommended calorie intake per day

1300 kcal

\*Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4weeks ÷ 7700**

<b>Patient Name</b>	: Mrs. FEMINA T T.	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: STAR.0000040827	<b>OP Visit No</b>	: STAROPV67656
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 13:37
<b>LRN#</b>	: RAD2246355	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8592065499		

**DEPARTMENT OF RADIOLOGY**

**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. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. FEMINA T T.	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: STAR.0000040827	<b>OP Visit No</b>	: STAROPV67656
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 12:24
<b>LRN#</b>	: RAD2246355	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8592065499		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL** : The gall bladder is normal in size with a normal wall thickness and there are no **BLADDER** calculi seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.8 x 4.4 cms and the **LEFT KIDNEY** measures 11.0 x 4.5 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any

**lymphadenopathy seen in the abdomen.**

**URINARY**     **The urinary bladder distends well and is normal in shape and contour No intrinsic**

**BLADDER**: lesion or calculus is seen in it. The bladder wall is normal in thickness.

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.6 x 4.2 x 3.6 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 10.0 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.8 x 1.4 cms. Left ovary measures 2.6 x 2.0 cms. There is no free fluid seen in cul de.

**IMPRESSION** : **Normal Ultrasound examination of the Abdomen and Pelvis.**

**Patient Name** : Mrs. FEMINA T T.

**Age/Gender** : 40 Y/F

---



**Dr. VINOD SHETTY**  
Radiology

Patient Name : Mrs.FEMINA T T.  
Age/Gender : 40 Y 0 M 27 D/F  
UHID/MR No : STAR.0000040827  
Visit ID : STAROPV67656  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8592065499

Collected : 24/Feb/2024 08:32AM  
Received : 24/Feb/2024 11:02AM  
Reported : 24/Feb/2024 01:07PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

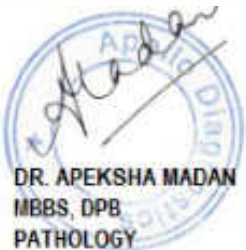
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



SIN No:BED240047729

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

156, Famous Cine Labs, Behind Everest Building,  
Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 08:32AM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 11:02AM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 01:07PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>39.10</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.48	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.3	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,210	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	69	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4974.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1730.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	144.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.87		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	339000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 13



SIN No:BED240047729

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500



Patient Name : Mrs.FEMINA T T.  
Age/Gender : 40 Y 0 M 27 D/F  
UHID/MR No : STAR.0000040827  
Visit ID : STAROPV67656  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8592065499

Collected : 24/Feb/2024 08:32AM  
Received : 24/Feb/2024 11:02AM  
Reported : 24/Feb/2024 01:07PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY




Patient Name	: Mrs.FEMINA T T.	Collected	: 24/Feb/2024 08:32AM
Age/Gender	: 40 Y 0 M 27 D/F	Received	: 24/Feb/2024 11:02AM
UHID/MR No	: STAR.0000040827	Reported	: 24/Feb/2024 01:54PM
Visit ID	: STAROPV67656	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8592065499		

**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
<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. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

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Ph: 022 4332 4500

Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 02:17PM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 04:36PM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 05:31PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

**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	93	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:**

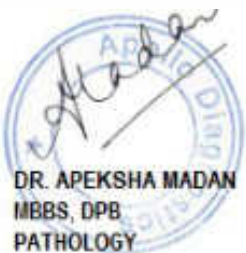
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	118	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.



Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 08:32AM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 03:59PM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 06:25PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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. Sandip Kumar Banerjee**  
M.B.B.S., M.D (PATHOLOGY), D.P.B  
Consultant Pathologist



SIN No:EDT240021300

Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 08:32AM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 03:59PM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 04:35PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	139	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	95	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.16		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



**Dr. Sandip Kumar Banerjee**  
M.B.B.S, M.D (PATHOLOGY), D.P.B  
Consultant Pathologist



SIN No:BI18462008

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**Address:**

156, Famous Cine Labs, Behind Everest Building,  
Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 08:32AM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 11:58AM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 03:27PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

**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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	87.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



SIN No:SE04639570

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Patient Name : Mrs.FEMINA T T.  
Age/Gender : 40 Y 0 M 27 D/F  
UHID/MR No : STAR.0000040827  
Visit ID : STAROPV67656  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8592065499

Collected : 24/Feb/2024 08:32AM  
Received : 24/Feb/2024 11:58AM  
Reported : 24/Feb/2024 03:27PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>14.60</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SE04639570

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Emp/Auth/TPA ID	: 8592065499		

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>15.00</b>	U/L	16-73	Glycylglycine Kinetic method

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SE04639570

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Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 08:32AM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 12:08PM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 02:44PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.14	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.820	µIU/mL	0.25-5.0	ELFA

**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



SIN No: SPL24031352

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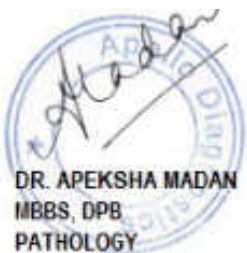
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Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 08:32AM
Age/Gender : 40 Y 0 M 27 D/F	Received : 24/Feb/2024 01:34PM
UHID/MR No : STAR.0000040827	Reported : 24/Feb/2024 03:27PM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2289869

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Ph: 022 4332 4500

Patient Name : Mrs.FEMINA T T.	Collected : 24/Feb/2024 02:05PM
Age/Gender : 40 Y 0 M 27 D/F	Received : 25/Feb/2024 09:36PM
UHID/MR No : STAR.0000040827	Reported : 28/Feb/2024 10:07AM
Visit ID : STAROPV67656	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8592065499	

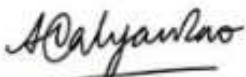
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	4022/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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



Dr.A. Kalyan Rao  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

Page 13 of 13  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS075118

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

**Apollo Speciality Hospitals Private Limited**  
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