


|  |  |
|--|--|
| Patient Name : Mrs.SIPRA                   | Collected : 31/Mar/2024 08:14AM            |
| Age/Gender : 44 Y 2 M 21 D/F               | Received : 31/Mar/2024 01:47PM             |
| UHID/MR No : CBAS.0000036305               | Reported : 31/Mar/2024 03:39PM             |
| Visit ID : CINROPV223975                   | Status : Final Report                      |
| Ref Doctor : Dr.SELF                       | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobS19060 EMPLO ID116617 |  |

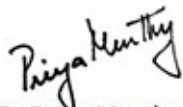
DEPARTMENT OF HAEMATOLOGY

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

| Test Name                                  | Result | Unit                    | Bio. Ref. Range | Method                         |
|--|--------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |        |                         |                 |                                |
| HAEMOGLOBIN                                | 12.5   | g/dL                    | 12-15           | Spectrophotometer              |
| PCV  | 37.70  | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                  | 4.19   | Million/cu.mm           | 3.8-4.8         | Electrical Impedance           |
| MCV  | 89.9   | fL                      | 83-101          | Calculated                     |
| MCH  | 29.7   | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 33.1   | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 14.2   | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 4,600  | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b> |        |                         |                 |                                |
| NEUTROPHILS                                | 51.1   | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 38     | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 1      | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 9.2    | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.7    | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |        |                         |                 |                                |
| NEUTROPHILS                                | 2350.6 | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 1748   | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 46     | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 423.2  | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 32.2   | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 1.34   |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 232000 | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 28     | mm at the end of 1 hour | 0-20            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                    |        |                         |                 |                                |

RBCs: are normocytic normochromic

  
**DR. Aditi Parkhe**  
 MBBS, MD (PATHOLOGY)  
 Consultant Pathologist

  
**Dr Priya Murthy**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



SIN No: BED240090200

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

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

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

APOLLO CLINICS NETWORK

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

Address:  
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 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

  
 1860 500 7788  
 www.apolloclinic.com

|                 |                            |              |                               |
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**DEPARTMENT OF HAEMATOLOGY**


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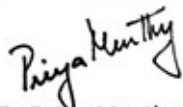
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

  
DR. Aditi Parkhe  
MBBS, MD(PATHOLOGY)  
Consultant Pathologist

  
Dr Priya Murthy  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



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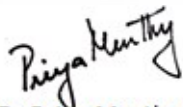
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| UHID/MR No : CBAS.0000036305               | Reported : 31/Mar/2024 04:25PM             |
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**DEPARTMENT OF HAEMATOLOGY**

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| Test Name   | Result   | Unit | Bio. Ref. Range | Method                      |
|---|----------|------|-----------------|-----------------------------|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |                             |
| BLOOD GROUP TYPE  | O        |      |                 | Microplate Hemagglutination |
| Rh TYPE   | Positive |      |                 | Microplate Hemagglutination |

  
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**MBBS, MD (PATHOLOGY)**  
**Consultant Pathologist**

  
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| Patient Name : Mrs.SIPRA                   | Collected : 31/Mar/2024 08:14AM            |
| Age/Gender : 44 Y 2 M 21 D/F               | Received : 31/Mar/2024 02:15PM             |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 95     | mg/dL | 70-100          | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name  | Result | Unit  | Bio. Ref. Range | Method     |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 127    | mg/dL | 70-140          | HEXOKINASE |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

| Test Name                                      | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |      |                 |        |
| HBA1C, GLYCATED HEMOGLOBIN                     | 5.4    | %    |                 | HPLC   |

Page 4 of 13

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist



SIN No:EDT240042026

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**DEPARTMENT OF BIOCHEMISTRY**

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|                                 |     |       |            |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|

**Comment:**

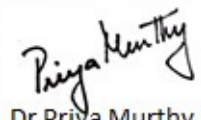
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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)

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D(Pathology)  
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SIN No:EDT240042026

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| Test Name                    | Result | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 218    | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 97     | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 58     | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 160    | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 141    | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 19.4   | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 3.77   |       | 0-4.97          | Calculated                 |
| ATHEROGENIC INDEX (AIP)      | < 0.01 |       | <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      |
| ATHEROGENIC INDEX(AIP) | <0.11                               | 0.12 – 0.20     | >0.21     |           |

**Note:**

1) Measurements in the same patient on different days can show physiological and analytical variations.

Page 6 of 13

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist



SIN No:SE04683745

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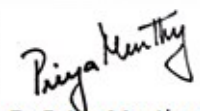
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**DEPARTMENT OF BIOCHEMISTRY**

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



SIN No:SE04683745

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 Karnataka - 560034

  
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|  |  |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.73   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.10   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.63   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 21     | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 25.0   | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 59.00  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.28   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.30   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.98   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.44   |       | 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.

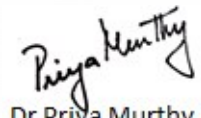
**2. Cholestatic Pattern:**

- 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.

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name   | Result       | Unit   | Bio. Ref. Range | Method                   |
|---|--------------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |              |        |                 |                          |
| CREATININE  | 0.64         | mg/dL  | 0.51-0.95       | Jaffe's, Method          |
| UREA  | <b>13.40</b> | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | <b>6.3</b>   | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 5.47         | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | 8.90         | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 2.81         | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 138          | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 3.9          | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 103          | mmol/L | 101-109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 7.28         | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.30         | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
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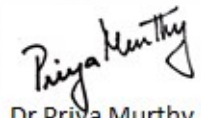
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DEPARTMENT OF BIOCHEMISTRY

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| Test Name                                   | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 14.00  | U/L  | <38             | IFCC   |

  
Govinda Raju N L  
MSc, MPhil, (Phd)  
Consultant Biochemist

  
Dr Priya Murthy  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



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DEPARTMENT OF IMMUNOLOGY

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


| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 0.89   | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 7.67   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 3.797  | 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   |

- 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  |

  
**Govinda Raju N L**  
 MSc, MPhil, (PhD)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D (Pathology)  
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SIN No: SPL24061469

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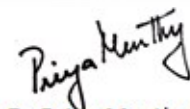
  
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DEPARTMENT OF CLINICAL PATHOLOGY

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


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

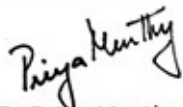
\*\*\* End Of Report \*\*\*

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), PERIPHERAL SMEAR

Page 13 of 13

  
**DR. Aditi Parkhe**  
 MBBS, MD(PATHOLOGY)  
 Consultant Pathologist

  
**Dr Priya Murthy**  
 M.B.B.S, M.D(Pathology)  
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SIN No:UF011594

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

  
 1860 500 7788  
 www.apolloclinic.com

Name : Mrs. SIPRA

Age: 44 Y

Sex: F

UHID:CBAS.0000036305



OP Number:CINROPV223975

Bill No :CINR-OCR-95972

Date : 31.03.2024 08:08

Address : BANGALORE

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

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

|                 |                  |                  |
|-----------------|------------------|------------------|
| NAME: MRS SIPRA | AGE/SEX: 44/F    | OP NUMBER: 36305 |
| Ref By : SELF   | DATE: 31-03-2024 |                  |

**M mode and doppler measurements:**

| CM      | CM            | M/sec         |                 |
|---------|---------------|---------------|-----------------|
| AO:2.5  | IVS(D): 0.9   | MV: E Vel:0.7 | MV: A Vel : 0.5 |
| LA: 3.0 | LVIDD(D): 4.3 | AV Peak: 1.2  |                 |
|         | LVPW(D):1.1   | PV peak: 1.2  |                 |
|         | IVS(S): 1.2   |               |                 |
|         | LVID(S): 2.6  |               |                 |
|         | LVEF: 60%     |               |                 |
|         | LVPW(S): 1.2  |               |                 |
|         |               |               |                 |

**Descriptive findings:**

|                  |        |
|------------------|--------|
| Left Ventricle   | Normal |
| Right Ventricle: | Normal |
| Left Atrium:     | Normal |
| Right Atrium:    | Normal |
| Mitral Valve:    | Normal |
| Aortic Valve:    | Normal |
| Tricuspid Valve: | Normal |
| IAS:             | Normal |
| IVS:             | Normal |
| Pericardium:     | Normal |

|        |        |
|--------|--------|
|        | Normal |
| Others | ---    |
|        |        |

**IMPRESSION :**

Normal Chambers Dimension & Valves

No Regional wall motion abnormality

Normal PA Pressure

No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST

*(Signature)*





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  | SIPRA                    |
| DATE OF BIRTH                                       | 10-01-1980               |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 31-03-2024               |
| BOOKING REFERENCE NO.                               | 23M116617100106728S      |
| <b>SPOUSE DETAILS</b>                               |                          |
| EMPLOYEE NAME                                       | MR. KUMAR RAKESH         |
| EMPLOYEE EC NO.                                     | 116617                   |
| EMPLOYEE DESIGNATION                                | SINGLE WINDOW OPERATOR A |
| EMPLOYEE PLACE OF WORK                              | BENGALURU,ZO BENGALURU   |
| EMPLOYEE BIRTHDATE                                  | 01-03-1977               |

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 **28-03-2024** 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))



Check up Booking Confirmed Request(bobS19060),Package Code-PKG10000376, Benefits -290632

Mediwheel (wellness@mediwheel.in)

nitikunu@yahoo.com

customercare@mediwheel.in

Date: Saturday, 30 March 2024 at 11:05 am GMT+5:30

For your security, we have disabled all images and links in this email. If you believe it is safe to use, mark this message as not spam. Show images

011-41195959

```
payment_mode == 'Credit' || $bookingDetails->payment_mode == 'Cashless' }';  
}-->
```

Dear **Rakesh Kumar**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Annual Plus Check Advanced - Female  
**Patient Package Name** : Mediwheel Full Body Health Checkup Female Above 40  
**Name of Diagnostic/Hospital** : Apollo Clinic - Indiranagar  
**Address of Diagnostic/Hospital** : 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038  
**City** : Bangalore  
**State** : Karnataka  
**Pincode** : 560038  
**Appointment Date** : 31-03-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:00am  
**Booking Status** : Booking Confirmed

| Member Information |         |        |
|--------------------|---------|--------|
| Booked Member Name | Age     | Gender |
| Sipra              | 44 year | Female |

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

the Health Check centre).

- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Note- Please do not pay any amount at the time of check up.

Thanks,

Mediwheel Team

Please Download Mediwheel App

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

Please visit to our Terms & Conditions for more informaion. Click here to unsubscribe.


@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Unmatched  
inspired by you.

ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಆಧಾರ್

Issue Date: 22/1/2013



ಸಿಪ್ರಾ  
Sipra  
ಜನ್ಮ ದಿನಾಂಕ / DOB: 10/01/1980  
ಸ್ತ್ರೀ / Female

4098 9384 1725

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

|                            |                            |                    |                    |
|----------------------------|----------------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. SIPRA               | <b>Age/Gender</b>  | : 44 Y/F           |
| <b>UHID/MR No.</b>         | : CBAS.0000036305          | <b>OP Visit No</b> | : CINROPV223975    |
| <b>Sample Collected on</b> | :                          | <b>Reported on</b> | : 31-03-2024 16:01 |
| <b>LRN#</b>                | : RAD2289497               | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                     |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobS19060 EMPLO ID116617 |                    |                    |

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

**GALLBLADDER:** Moderately distended. **Multiple gall stones seen.**

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

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

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

Right kidney measuring 9.9x4.4 cm.

Left kidney measuring 9.4 x 6.6 cm.

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

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9 mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

### IMPRESSION:

**MULTIPLE GALL STONES SEEN WITHIN THE GALL BLADDER LARGEST MEASURING 9mm.**

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

**Patient Name** : Mrs. SIPRA

**Age/Gender** : 44 Y/F

**UHID/MR No.** : CBAS.0000036305

**OP Visit No** : CINROPV223975

**Sample Collected on** :

**Reported on** : 31-03-2024 14:37

**LRN#** : RAD2289497

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS19060 EMPLO ID116617

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMMOGRAPHY - SCREENING**

**THERMAL SONO MAMMOGRAPHY DONE.**



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

|                            |                            |                    |                    |
|----------------------------|----------------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. SIPRA               | <b>Age/Gender</b>  | : 44 Y/F           |
| <b>UHID/MR No.</b>         | : CBAS.0000036305          | <b>OP Visit No</b> | : CINROPV223975    |
| <b>Sample Collected on</b> | :                          | <b>Reported on</b> | : 31-03-2024 13:21 |
| <b>LRN#</b>                | : RAD2289497               | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                     |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobS19060 EMPLO ID116617 |                    |                    |

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