

70550



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Prasanthi GVC on 24/4/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 24-02-2024
MR NO : CINR.0000070550

Department : GENERAL
Doctor :

Name : Mrs. Prasanthi G V C
Age/ Gender : 34 Y / Female

Registration No :
Qualification :

Consultation Timing: 10:13

Height : 152.5	Weight : 62.50	BMI :	Waist Circum :
Temp :	Pulse : 91b/mf	Resp :	B.P : 135/84 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT General Check up

ENT WNL

[Signature]

Follow up date:

Doctor Signature

DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>preasanthi . G.V.C</i>	Date: <i>24/02/24</i>
Employee No:	Sex: <i>F</i>
Age: <i>31</i>	Systemic illness:

Examination	RE	LE
Anterior Segment	Normal/Abnormal	Normal/Abnormal
Vision Distance	<i>6/6</i>	<i>6/6</i>
Near vision	<i>N/6</i>	<i>N/6</i>
Colour (Ishihara)	Normal/Abnormal	Normal/Abnormal
Refractive Error	Present/Absent	Present/Absent
New Glass power	<i>- plano -</i>	<i>- plano - 6/6</i>
Add Power	<i>—</i>	<i>—</i>
Glass If any	To Continue / Change	To Continue / Change
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/Presbyopic BE/Others	

Advice/Comments	<i>Blue filter glasses</i>
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Signature of Consultant & Optometrist

U1200 ST PRASANTHI GUG, 00070550, APOLLO
e, 34 Years (17 09 1989)

HR 85 bpm

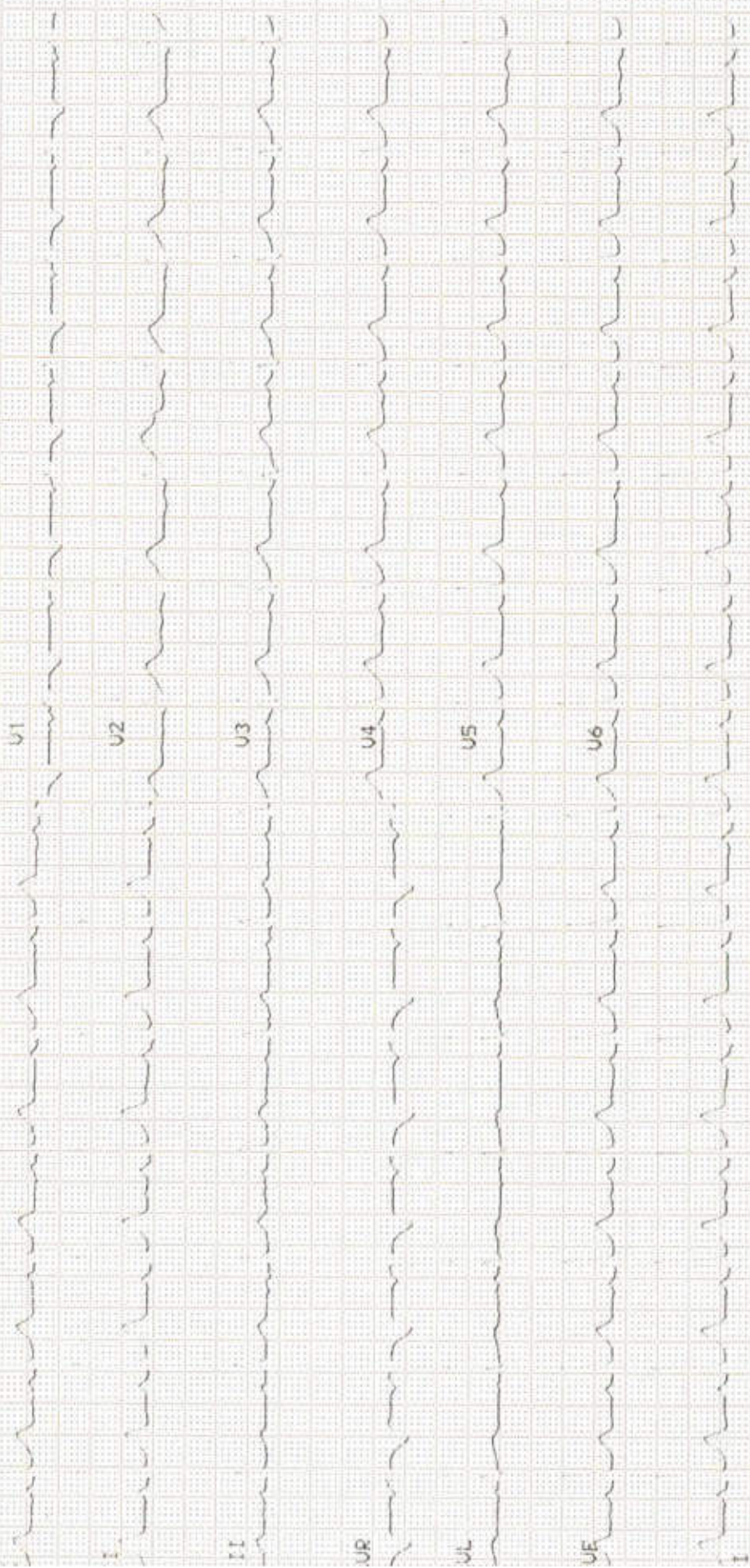
ement Results:

PR	372 /	-90	< P
	445 ms		< T
	134 ms	aUR	< QRS
	108 ms	aUL	
QT	700 /	0 I	
	55 / 50 /		
TCBD	22 /	III +90 II	
	26 ms	aUF	
	2.0 mV		
	12		

Interpretation:

Normal ECG

Unconfirmed report.



Patient Name	: Mrs. Prasanthi G V C	Age	: 34 Y F
UHID	: CINR.0000070550	OP Visit No	: CMAROPV779066
Reported on	: 24-02-2024 13:25	Printed on	: 24-02-2024 13:26
Adm/Consult Doctor	:	Ref Doctor	: SELF

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: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

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 measures 9.6cm and parenchymal thickness measures 1.5cm.

Left kidney measures 10.8cm and parenchymal thickness measures 1.8cm.

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

UTERUS: appears normal in size, measuring 8.1x5.4x3.3cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9.7mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.5x2.3cm.

Left ovary measures 3.2x1.9cm.

No free fluid is seen.

Visualized bowel loops appears normal.

Patient Name	: Mrs. Prasanthi G V C	Age	: 34 Y F
UHID	: CINR.0000070550	OP Visit No	: CMAROPV779066
Reported on	: 24-02-2024 13:25	Printed on	: 24-02-2024 13:26
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 24-02-2024 13:25

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Date : 24-02-2024
 MR NO : CINR.0000031859
 Name : Mr. SUDIPTO SEN
 Age/ Gender : 37 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:32

Height : 176cm	Weight : 86kg	BMI :	Waist Circum :
Temp :	Pulse : 80bpm	Resp :	B.P : 128/86mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

PRASANTHI G V C
ID: 000070550

24-Feb-2024
16:09:51

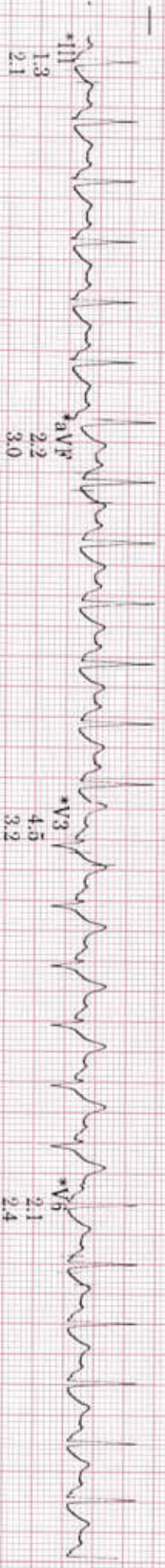
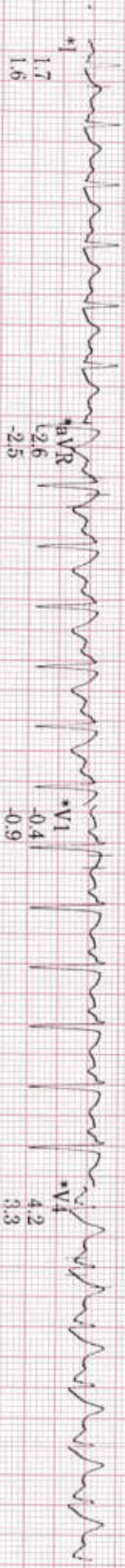
152bpm

RECOVERY
Post
1:00

BRUCE
** *mph
** *%g

ST @ 10mm/mV
80ms postJ

Lead
ST'(mm)
Slope(mV/s)



Raw Rhythm 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

PRASANTHI G V C
ID: 000070550

24-Feb-2024
16:11:51

127bpm

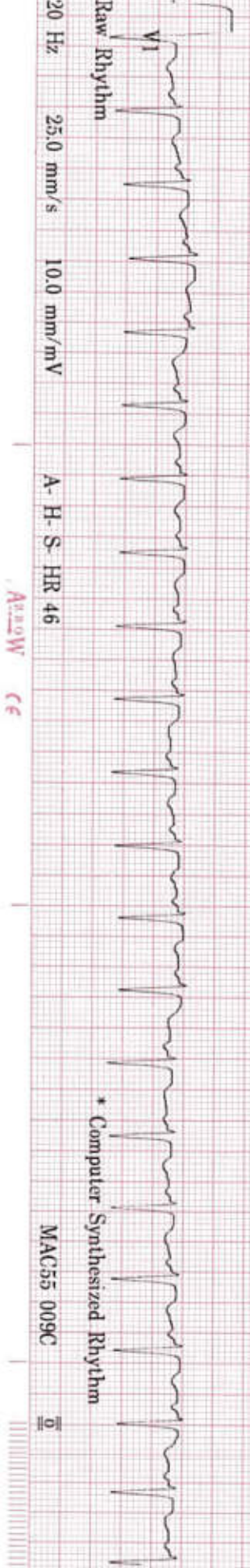
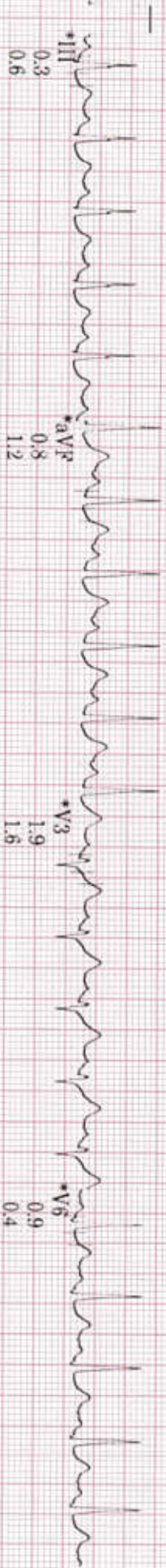
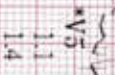
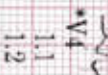
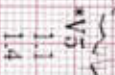
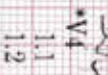
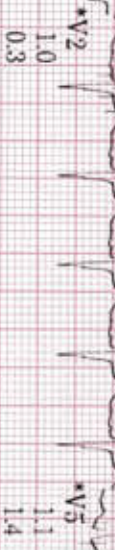
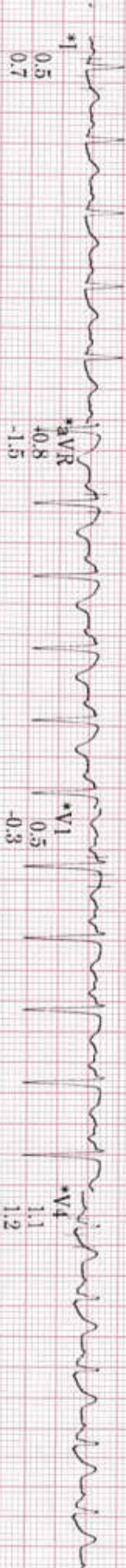
BP: 135/86

RECOVERY
Post
3:00

BRUCE
** *mph
** *%g

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

MAC55 009C

CC

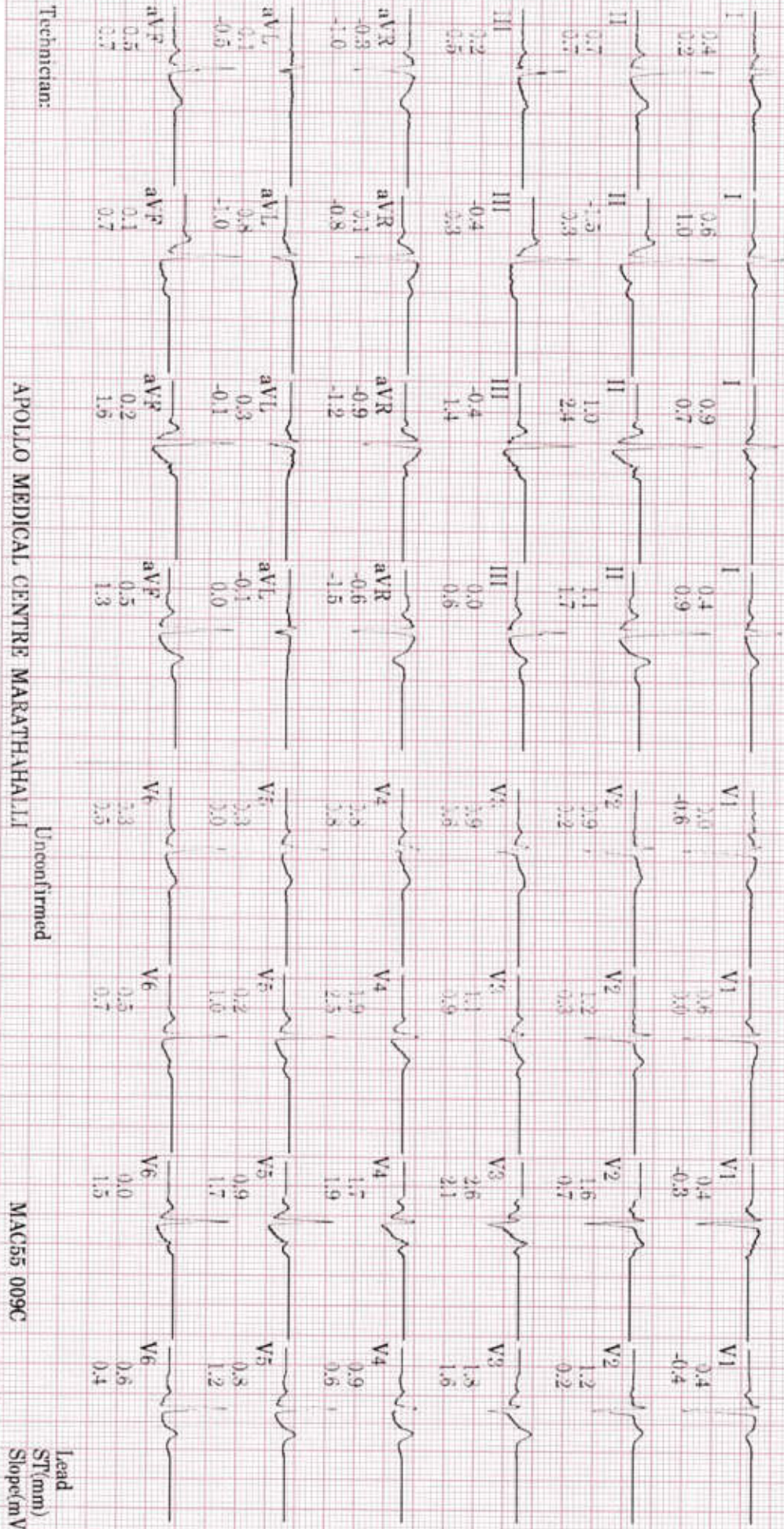
PRASANTHI G V C
ID: 000070550

24-Feb-2024 15:58:10
34years 152cm 62kg
Female

Referred by: ARCOFEMI

BRUC3 Total Exercise time: 9:03
Max HR: 182bpm 97% of max predicted 186bpm
Max BP: 135/86 Maximum workload: 10.1METs
Reason for Termination:
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:30 111bpm BP: 130/80	3:34 153bpm BP: 135/86	9:03 182bpm	3:11 127bpm BP: 135/86	0:00 111bpm BP: 130/80	3:34 153bpm BP: 135/86	9:03 182bpm	3:11 127bpm BP: 135/86



APOLLO MEDICAL CENTRE MARATHAHALLI

MAC55 009C

Lead ST(mm) Slope(mV/s)

PRASANTHI G V C
ID: 000070550

24-Feb-2024
15:38:10

34years
152cm

62kg

Female

BRUCE Total Exercise time: 9:03

Max HR: 182bpm 97% of max predicted 186bpm

Max BP: 135/86 Maximum workload: 10.1METS

Reason for Termination: Max HR attained

Comments: GOOD EFFORT TOLERANCE

NORMAL HR AND BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY

NO ANGINA / ARRHYTHMIA

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

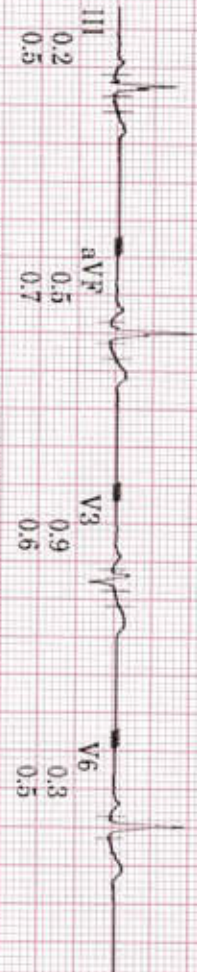
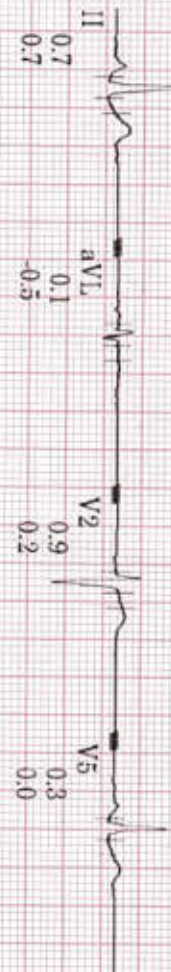
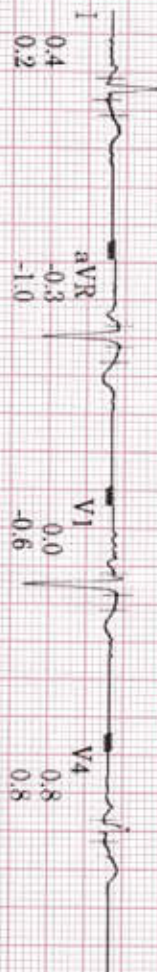
250 mm/s
100 mm/mV
100hz

Referred by: ARCOPEMI

BASELINE

EXERCISE STAGE 1 111bpm ST @ 10mm/mV
0.00 1.2METS BP: 130/80 80ms postJ

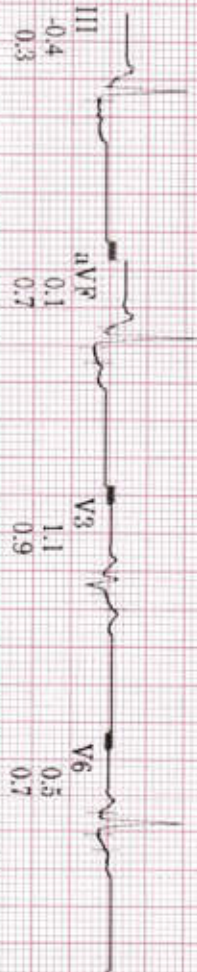
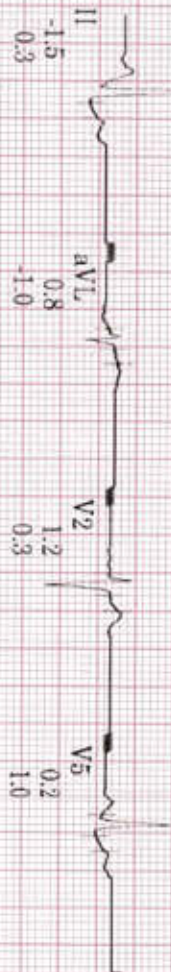
Lead ST(mm) Slope(mV/s)



MAX ST

EXERCISE STAGE 2 153bpm ST @ 10mm/mV
3.34 5.2METS BP: 135/86 80ms postJ

Lead ST(mm) Slope(mV/s)



Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

PASANTHI G V C
 ID: 000070550

24-Feb-2024
 15:58:10

34years
 152cm
 62kg

Female

Referred by: ARCOFEMI

BRUCE
 Max HR: 182bpm 97% of max predicted 186bpm
 Max BP: 135/86
 Maximum workload: 10.1METS
 Reason for Termination: Max HR attained
 Comments: GOOD EFFORT TOLERANCE
 NORMAL HR AND BP RESPONSE
 NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
 NO ANGINA / ARRHYTHMIA
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
 10.0 mm/mV
 100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:01	**	**	1.0	102	130/80	131
	STANDING	0:13	**	**	1.0	99	130/80	129
	HYPERVENT	0:24	1.5	0.0	1.2	112	130/80	144
	STAGE 1	3:00	1.7	10.0	4.8	142		
EXERCISE	STAGE 2	3:00	2.5	12.0	7.0	164	135/86	221
	STAGE 3	3:00	3.4	14.0	10.1	182		
	STAGE 4	0:03	3.9	14.7	10.1	182		
	Post	3:11	**	**	1.0	97	135/86	171

Technician: APOLLO MEDICAL CENTRE MARATHAHALLI Unconfirmed MAC55 009C

34years
Female
152cm
62kg

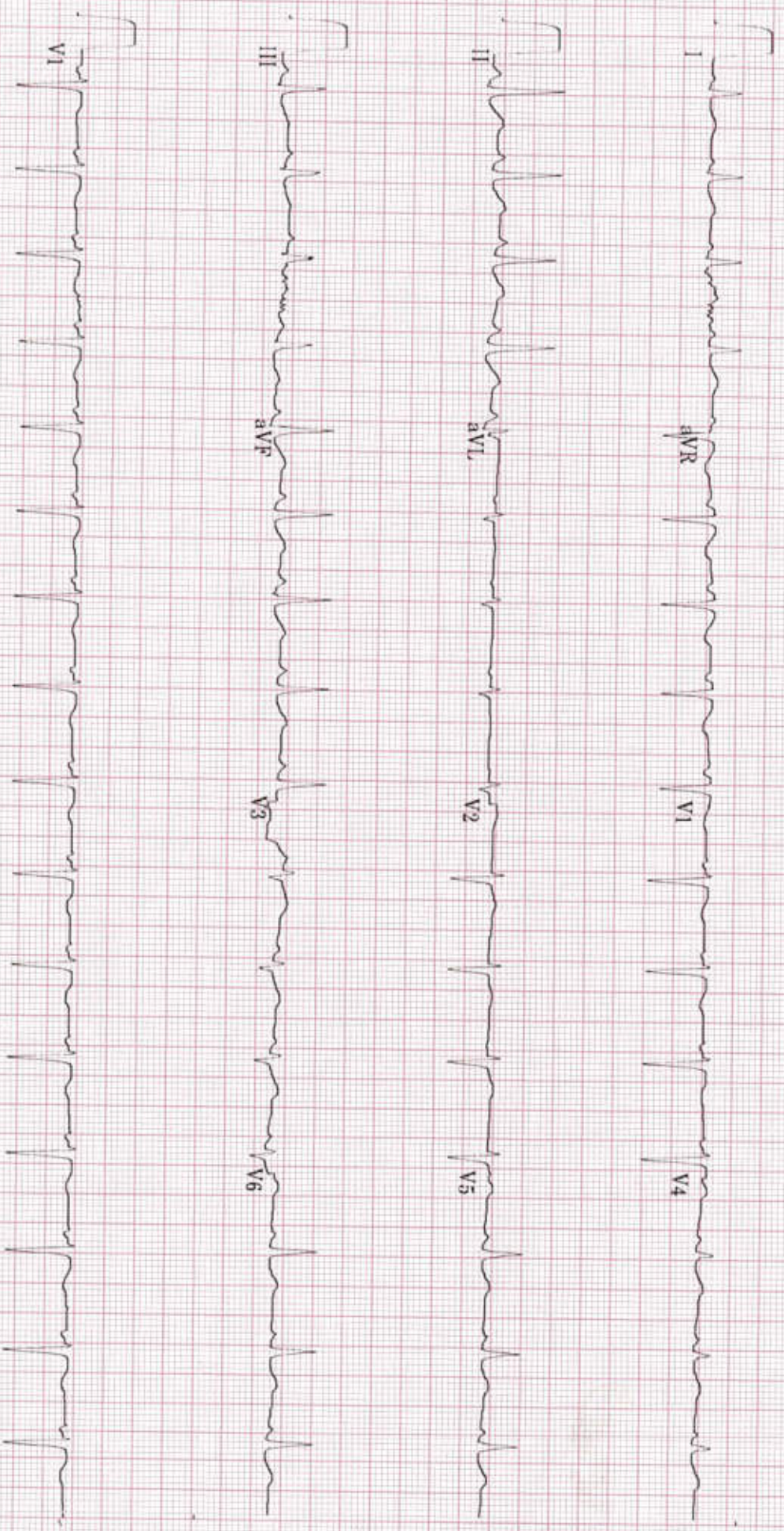
Heart rate 99 bpm
PR interval 128 ms
QRS duration 76 ms
QT/QTc 324/415 ms
P-R-T axes 62 64 58

Technician:

Normal sinus rhythm
Normal ECG

Referred by: ARCOFEMI

Unconfirmed



20 Hz
25.0 mm/s
10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ v233

ARCOFEMI

PRASANTHI G V C
ID: 000070550

24-Feb-2024
15:59:06

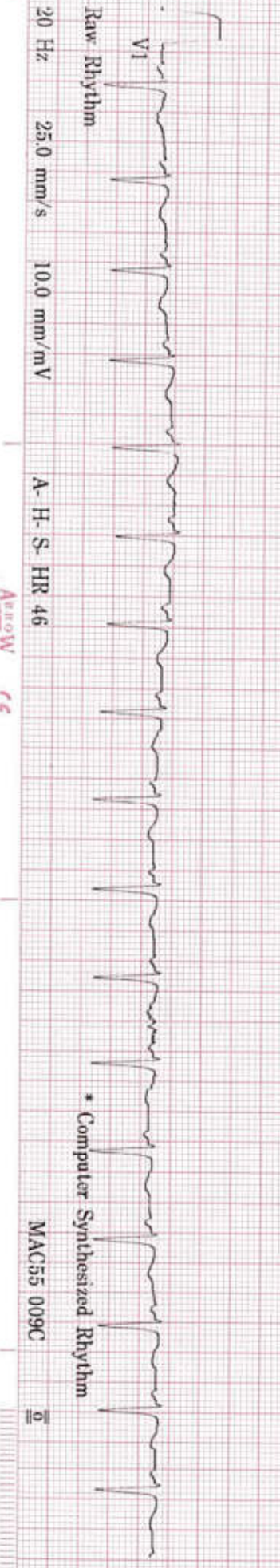
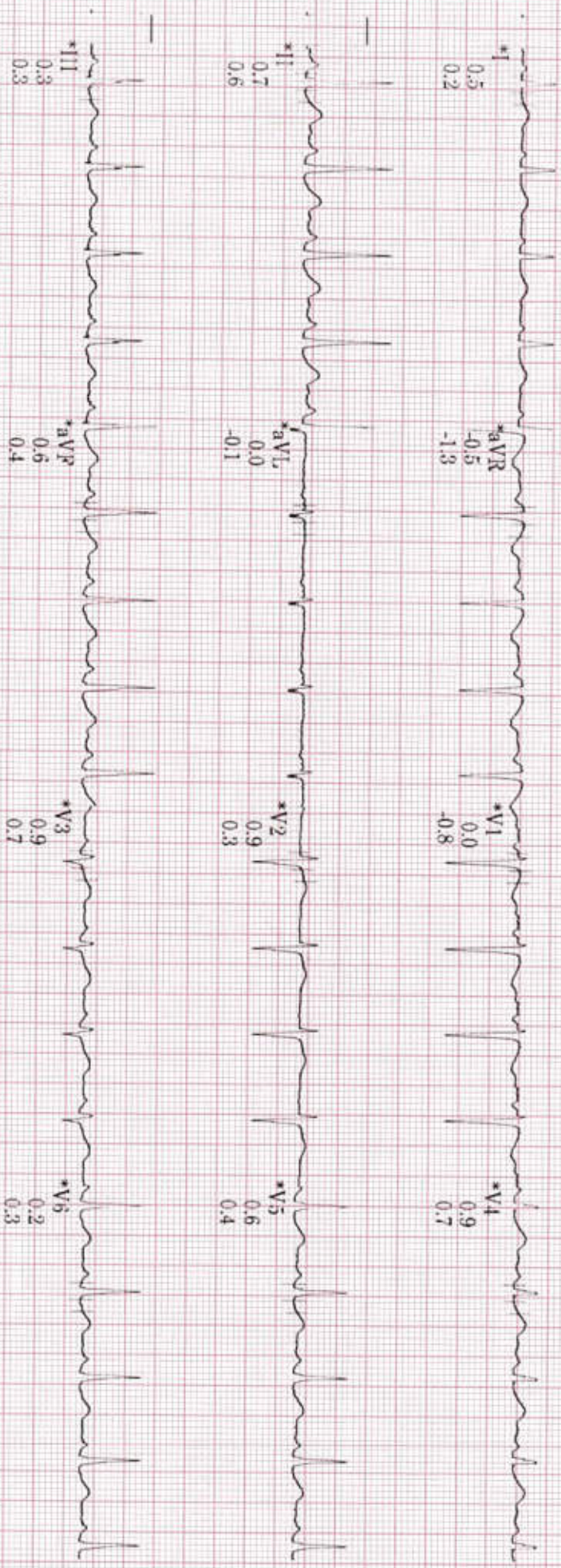
105bpm
BP: 130/80

ST @ 10mm/mV
80ms postJ

PRETEST
SUPINE
0:56

BRUCE
** *mph
** *%

Lead
ST(mm)
Slope(mV/s)



PRASANTHI G V C
ID: 000070550

24-Feb-2024
15:59:20

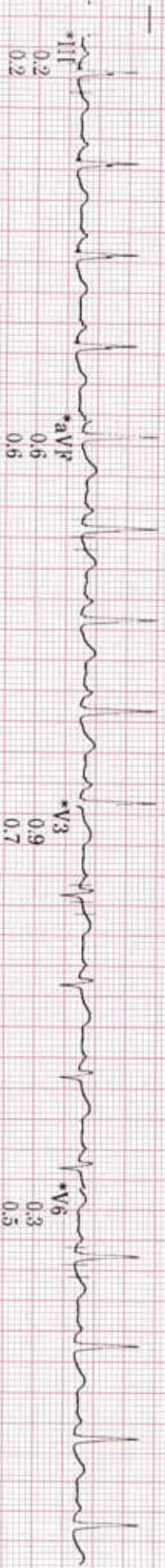
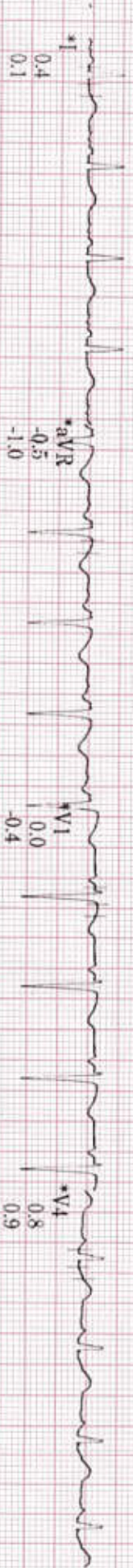
101bpm
BP: 130/80

PRETEST
STANDING
1:10

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

PRASANTHI G V C
ID: 000070550
24-Feb-2024
15:59:32

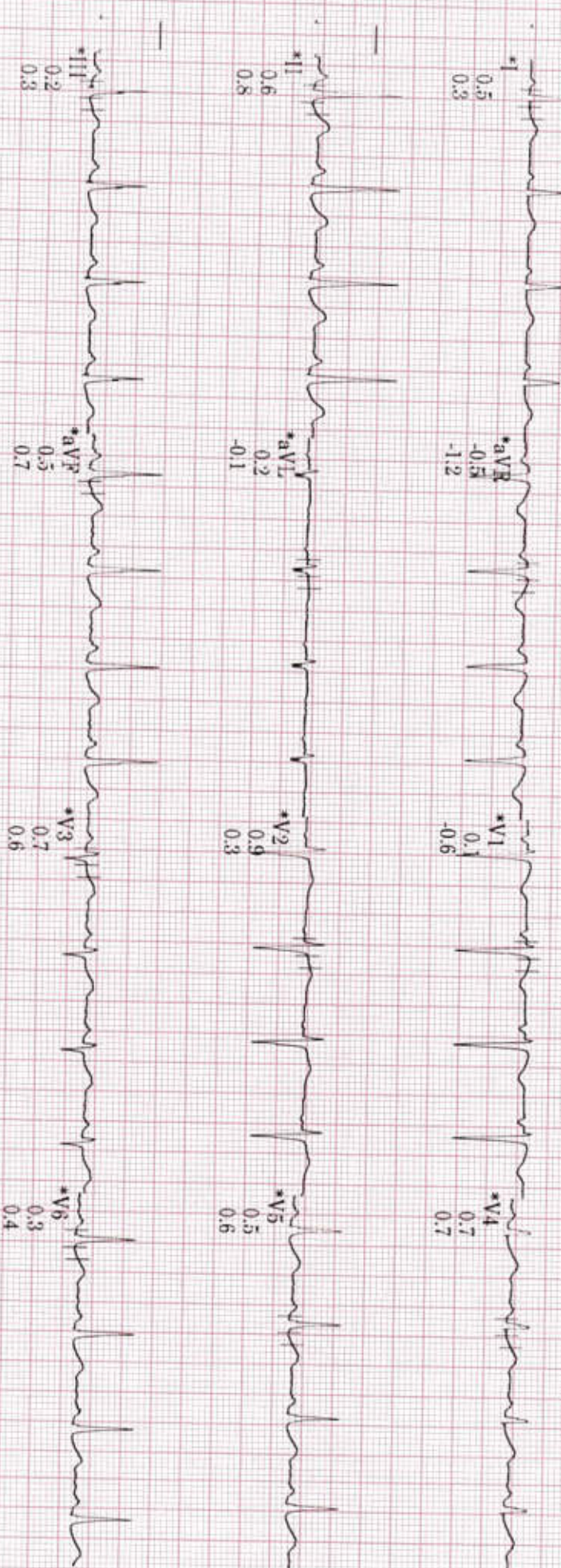
96bpm
BP: 130/80

PRETEST
HYPERVENT
1:23

BRUCE
** *mph
** *%g

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



PRASANTHI G V C
ID: 000070550

24-Feb-2024
16:02:38

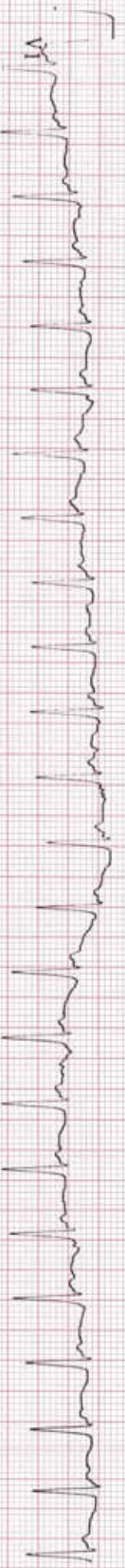
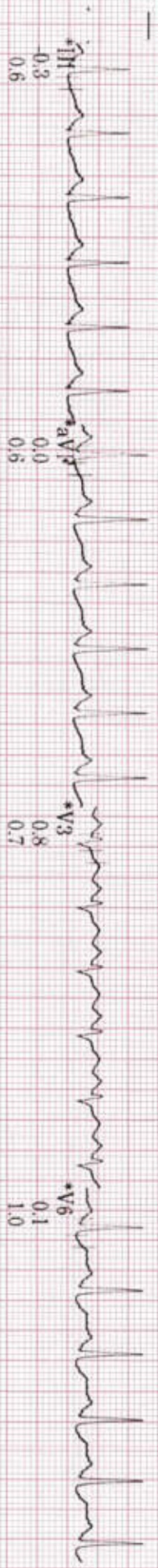
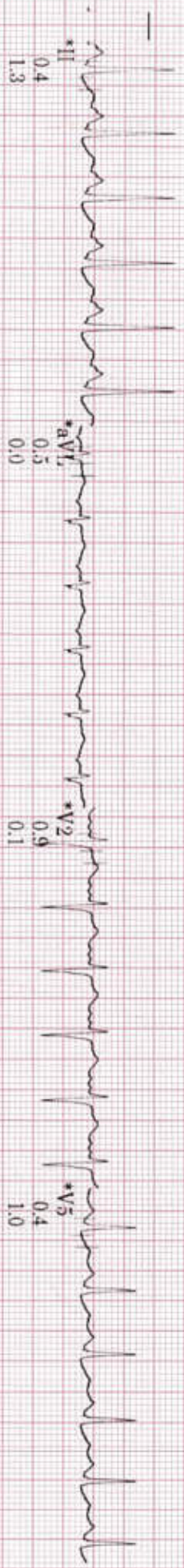
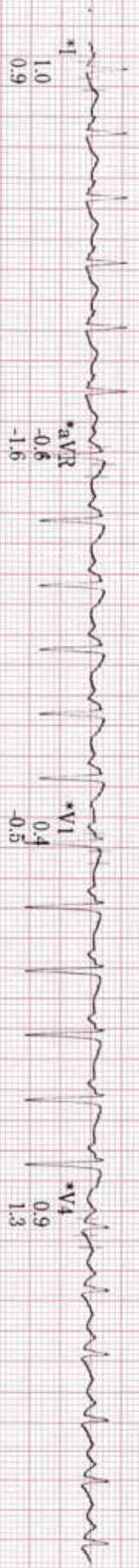
142bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

AccuW CE

PRASANTHI G V C
ID: 000070550

24-Feb-2024
16:05:38

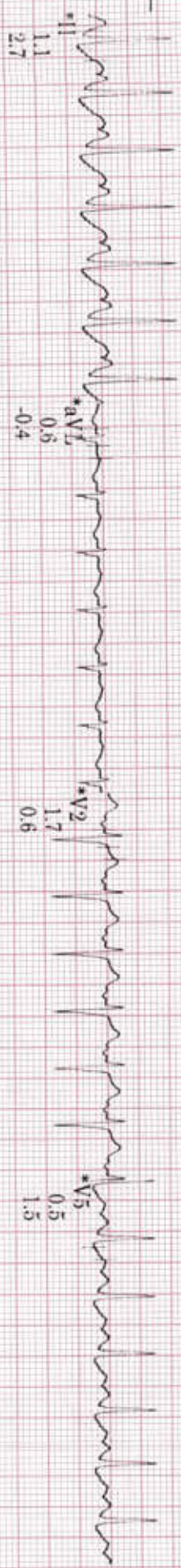
163bpm
BP: 135/86

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

Arrow CE

* Computer Synthesized Rhythm

MAC55 009C

0

PRASANTHI G V C
ID: 000070550

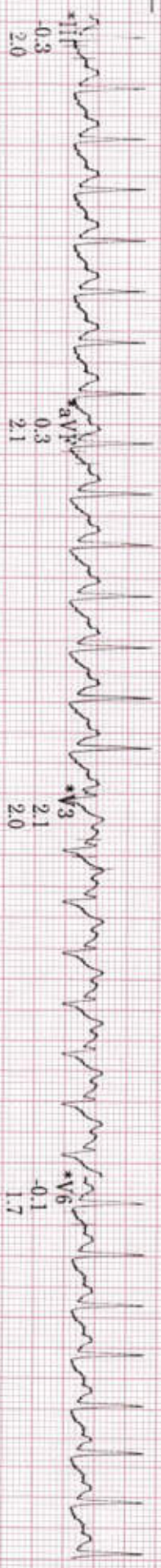
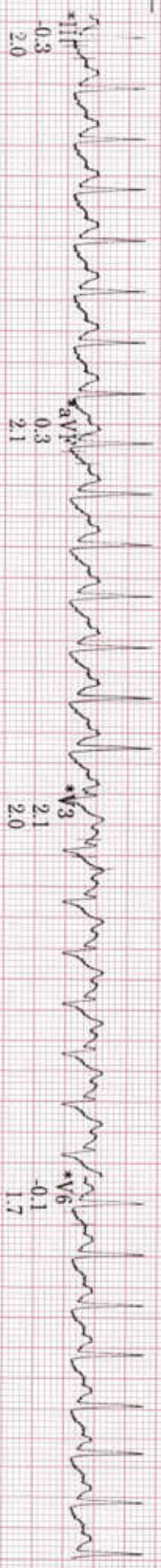
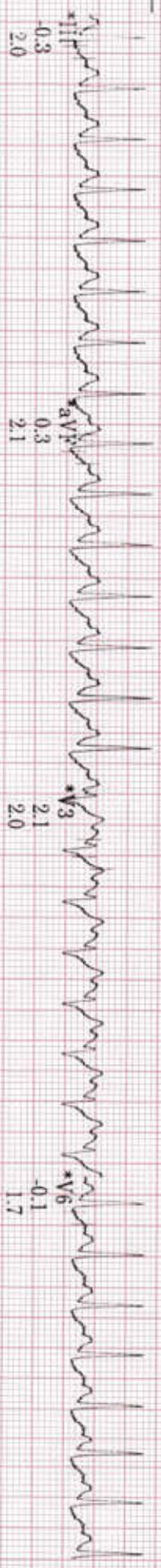
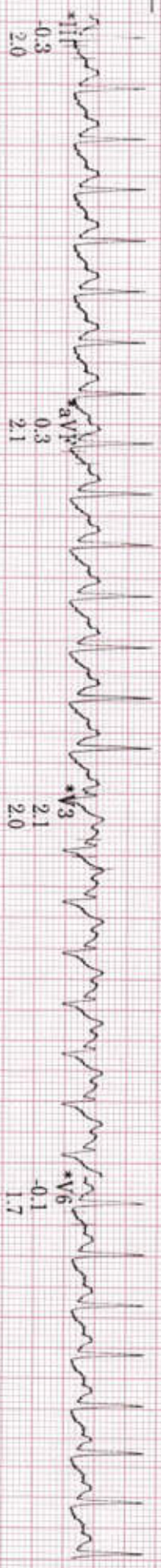
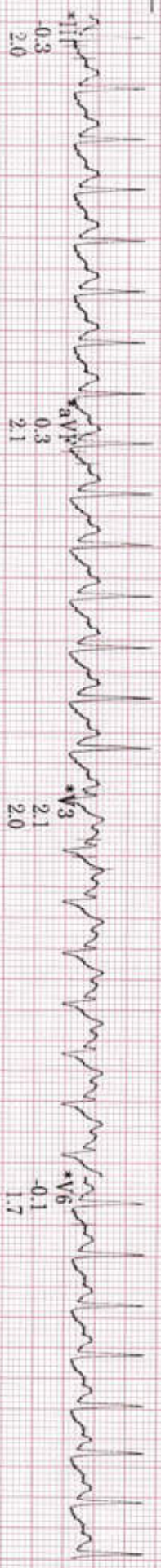
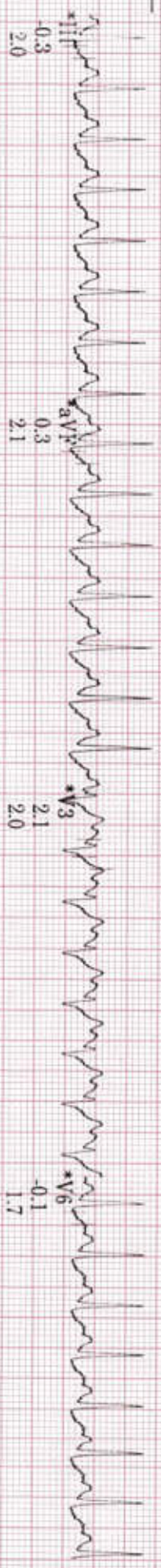
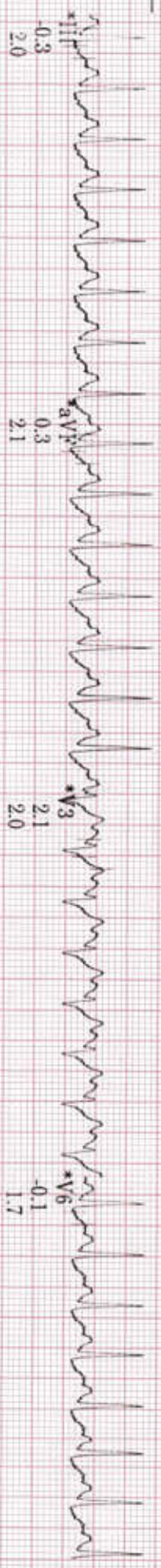
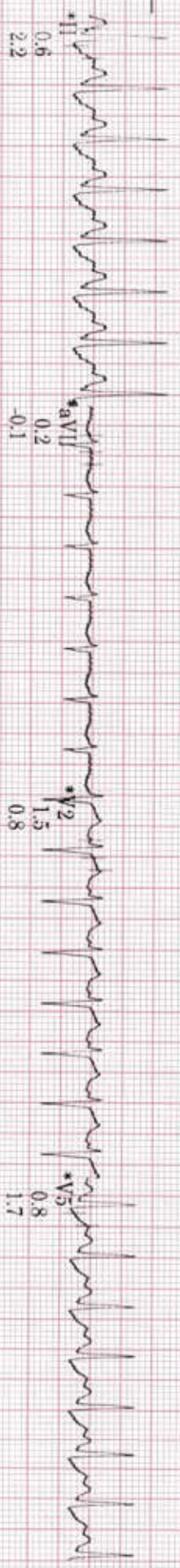
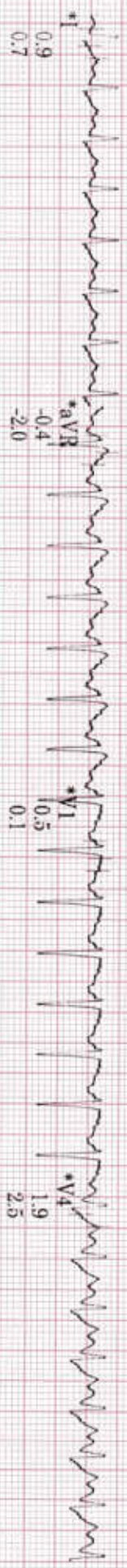
24-Feb-2024
16:08:38

182bpm
EXERCISE
STAGE 3
8:50

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

Patient Name : Mrs. Prasanthi G V C

Age/Gender : 34 Y/F

UHID/MR No. : CINR.0000070550

OP Visit No : CMAROPV779066

Sample Collected on :

Reported on : 24-02-2024 19:46

LRN# : RAD2247379

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8500445727D

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. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. Prasanthi G V C	Age/Gender	: 34 Y/F
UHID/MR No.	: CINR.0000070550	OP Visit No	: CMAROPV779066
Sample Collected on	:	Reported on	: 24-02-2024 13:25
LRN#	: RAD2247379	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8500445727D		

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: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

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 measures 9.6cm and parenchymal thickness measures 1.5cm.

Left kidney measures 10.8cm and parenchymal thickness measures 1.8cm.

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

UTERUS: appears normal in size, measuring 8.1x5.4x3.3cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9.7mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.5x2.3cm.

Left ovary measures 3.2x1.9cm.

No free fluid is seen.

Visualized bowel loops appears normal.

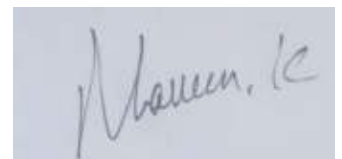
IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose.
3. Printing mistakes should immediately be brought to notice for correction.



Dr. NAVEEN KUMAR K



Patient Name : Mrs. Prasanthi G V C

Age/Gender : 34 Y/F

MBBS, DMRD Radiology, (DNB)
Radiology

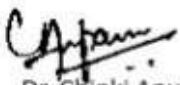
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DEPARTMENT OF HAEMATOLOGY

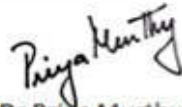
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.9	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,710	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	27.7	%	20-40	Electrical Impedance
EOSINOPHILS	0.7	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5661.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2412.67	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	60.97	Cells/cu.mm	20-500	Calculated
MONOCYTES	548.73	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.13	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.35		0.78- 3.53	Calculated
PLATELET COUNT	324000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	44	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 14



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



Dr Priya Murthy
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SIN No:BED240048864

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Karnataka - 560034

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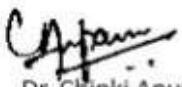
RBCs: are normocytic normochromic

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

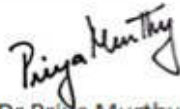
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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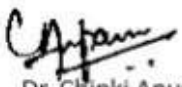
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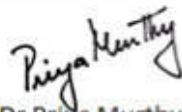
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	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				



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

SIN No:EDT240022037

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HbA1c, GLYCATED HEMOGLOBIN	5.2	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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)




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M.B.B.S,M.D(Biochemistry)
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	63	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	105	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.45		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.22	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.04	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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.




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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.51-0.95	Jaffe's, Method
UREA	31.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.22	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.06	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101-109	ISE (Indirect)



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

SIN No:SE04640758

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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 | HSI 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)

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Karnataka- 560034

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www.apolloclinic.com

Patient Name : Mrs.PRASANTHI G V C	Collected : 24/Feb/2024 10:45AM
Age/Gender : 34 Y 5 M 13 D/F	Received : 24/Feb/2024 12:18PM
UHID/MR No : CINR.0000070550	Reported : 24/Feb/2024 02:05PM
Visit ID : CMAROPV779066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727D	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC



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Patient Name : Mrs.PRASANTHI G V C	Collected : 24/Feb/2024 10:45AM
Age/Gender : 34 Y 5 M 13 D/F	Received : 24/Feb/2024 12:19PM
UHID/MR No : CINR.0000070550	Reported : 24/Feb/2024 01:47PM
Visit ID : CMAROPV779066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727D	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.753	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




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

SIN No:SPL24032265

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Age/Gender : 34 Y 5 M 13 D/F	Received : 24/Feb/2024 12:19PM
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--




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APOLLO CLINICS NETWORK

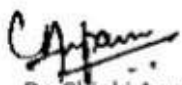
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSI Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Ann Nagar | 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)

Patient Name : Mrs.PRASANTHI G V C	Collected : 24/Feb/2024 10:44AM
Age/Gender : 34 Y 5 M 13 D/F	Received : 24/Feb/2024 01:04PM
UHID/MR No : CINR.0000070550	Reported : 24/Feb/2024 03:50PM
Visit ID : CMAROPV779066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727D	

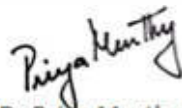
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2290916

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Patient Name : Mrs.PRASANTHI G V C	Collected : 24/Feb/2024 10:44AM
Age/Gender : 34 Y 5 M 13 D/F	Received : 24/Feb/2024 01:04PM
UHID/MR No : CINR.0000070550	Reported : 24/Feb/2024 03:46PM
Visit ID : CMAROPV779066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8500445727D	

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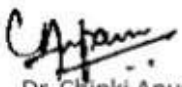
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

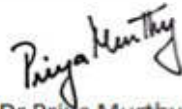
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



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



SIN No:UF010794

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