

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
Received : 26/Oct/2024 10:45AM  
Reported : 26/Oct/2024 12:12PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

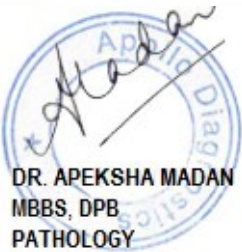
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically



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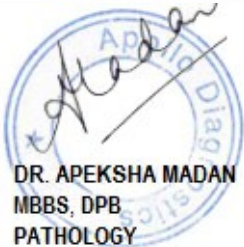
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.6	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>38.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.9	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3114	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1557	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	415.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	255000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	20	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 16



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



SIN No:BED240241797

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CIN- U85100TG2009PTC099414

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**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

  
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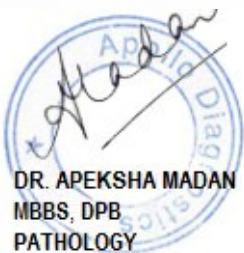


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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

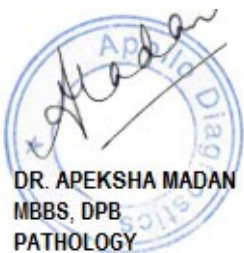
**Comment:**

**As per American Diabetes Guidelines, 2023**

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

**Note:**

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



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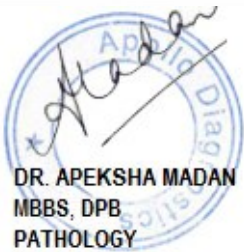
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	99	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		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)



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



SIN No:EDT240093449

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	73	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.26		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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	82.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

**Comment:**

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


1. Hepatocellular Injury:

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

2. Cholestatic Pattern:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>13.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	4.0-7.0	URICASE
CALCIUM	<b>10.40</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated



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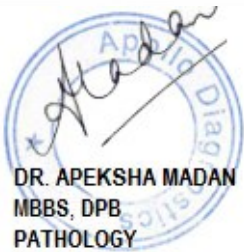
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	32.00	U/L	16-73	Glycylglycine Kinetic method



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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. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.12	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.340	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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies



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



SIN No: SPL24144859

**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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

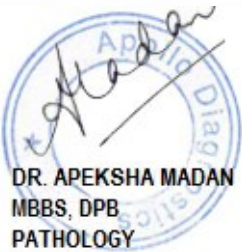
Patient Name : Mrs.RAJSHREE JOSHI  
 Age/Gender : 32 Y 7 M 17 D/F  
 UHID/MR No : STAR.0000066086  
 Visit ID : STAROPV74389  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
 Received : 26/Oct/2024 11:13AM  
 Reported : 26/Oct/2024 12:12PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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 MBBS, DPB  
 PATHOLOGY



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Patient Name : Mrs.RAJSHREE JOSHI  
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Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
Received : 26/Oct/2024 12:14PM  
Reported : 26/Oct/2024 01:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

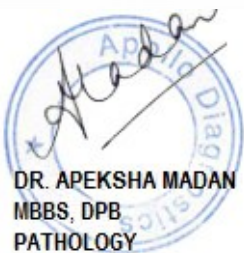
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	Few Bacteria Present			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 16



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



SIN No:UR2417882

**Apollo Speciality Hospitals Private Limited**

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CIN- U85100TG2009PTC099414

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Begumpet, Hyderabad, Telangana - 500016

**Address:**

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Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name	: Mrs.RAJSHREE JOSHI	Collected	: 26/Oct/2024 02:28PM
Age/Gender	: 32 Y 7 M 17 D/F	Received	: 27/Oct/2024 07:32PM
UHID/MR No	: STAR.0000066086	Reported	: 29/Oct/2024 02:58PM
Visit ID	: STAROPV74389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 473686664966		

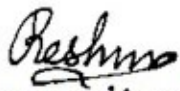
**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	23832/24
<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.  Negative for intraepithelial lesion/malignant cells.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL 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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

Page 16 of 16  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS085669

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

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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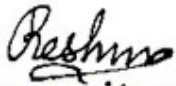


Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 47368664966

Collected : 26/Oct/2024 02:28PM  
Received : 27/Oct/2024 07:32PM  
Reported : 29/Oct/2024 02:58PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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



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



SIN No:CS085669

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

#### Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

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#### Address:

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

**OUT- PATIENT RECORD**

Date : 26/10/24  
 MRNO :  
 Name : 066086  
 Age/Gender : M.F. Rajshree Joshi  
 Mobile No :  
 Passport No :  
 Aadhar number : 32mife

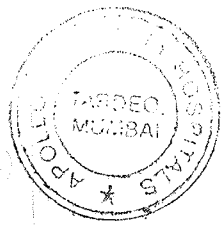
Pulse : 62/min	B.P : 110/70	Resp : 18/min	Temp : (N)
Weight : 62.8kg	Height : 166cm	BMI : 22.8	Waist Circum : 32"

General Examination / Allergies History

Clinical Diagnosis & Management Plan

MFW → a  
 married, Egyptian  
 Sleep : (N) Dust Allergy Pollen/mould Allergy.  
 No addiction  
 FH: Father: Hypertension  
 Normal Reports

Physician  
Reg.



Doctor 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.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966



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Received : 26/Oct/2024 10:45AM  
Reported : 26/Oct/2024 12:12PM  
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 on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
Received : 26/Oct/2024 10:45AM  
Reported : 26/Oct/2024 12:12PM  
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**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.6	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	<b>38.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.9	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3114	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1557	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	415.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	255000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	20	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC : Normocytic normochromic



*(Signature)*  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797



TOUCHING LIVES

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966

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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 on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

Page 3 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797



TOUCHING LIVES

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
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Collected : 26/Oct/2024 08:55AM  
Received : 26/Oct/2024 10:45AM  
Reported : 26/Oct/2024 12:12PM  
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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	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.

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:PLF02210522

Patient Name : Mrs.RAJSHREE JOSHI  
 Age/Gender : 32 Y 7 M 17 D/F  
 UHID/MR No : STAR.0000066086  
 Visit ID : STAROPV74389  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 02:28PM  
 Received : 26/Oct/2024 03:19PM  
 Reported : 26/Oct/2024 03:24PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

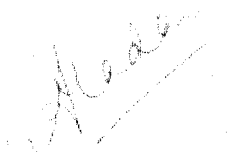
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	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:PLP1487580



Patient Name	: Mrs.RAJSHREE JOSHI	Collected	: 26/Oct/2024 08:55AM
Age/Gender	: 32 Y 7 M 17 D/F	Received	: 26/Oct/2024 04:04PM
UHID/MR No	: STAR.0000066086	Reported	: 26/Oct/2024 05:48PM
Visit ID	: STAROPV74389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 473686664966		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		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)



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

SIN No:EDT240093449



Patient Name	: Mrs.RAJSHREE JOSHI	Collected	: 26/Oct/2024 08:55AM
Age/Gender	: 32 Y 7 M 17 D/F	Received	: 26/Oct/2024 10:45AM
UHID/MR No	: STAR.0000066086	Reported	: 26/Oct/2024 12:39PM
Visit ID	: STAROPV74389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 473686664966		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	73	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.26		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




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
Received : 26/Oct/2024 10:45AM  
Reported : 26/Oct/2024 12:39PM  
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. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	82.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:


\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264



TOUCHING LIVES

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
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DEPARTMENT OF BIOCHEMISTRY

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

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264

Patient Name : Mrs.RAJSHREE JOSHI  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>13.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	4.0-7.0	URICASE
CALCIUM	<b>10.40</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264



TOUCHING LIVES  
 Patient Name : Mrs.RAJSHREE JOSHI  
 Age/Gender : 32 Y 7 M 17 D/F  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.00	U/L	16-73	Glycylglycine Kinetic method



*Handwritten signature of Dr. Apeksha Madan*

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04839264

Patient Name : Mrs.RAJSHREE JOSHI  
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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. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.12	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.340	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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SPL24144859



TOUCHING LIVES



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Patient Name : Mrs.RAJSHREE JOSHI  
 Age/Gender : 32 Y 7 M 17 D/F  
 UHID/MR No : STAR.0000066086  
 Visit ID : STAROPV74389  
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DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SPL24144859



Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

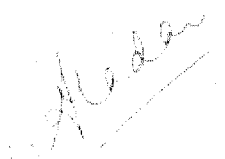
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	Few Bacteria Present			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:UR2417882



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Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Result/s to Follow:  
LBC PAP SMEAR

Page 16 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2417882

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:UR2417882



RAJSHREE  
Unknown

32Years

Rate: 62 . Sinus Rhythm  
BaseLine wander in lead(s) I II III aVL aVF V1 V2 V3 V4 V6

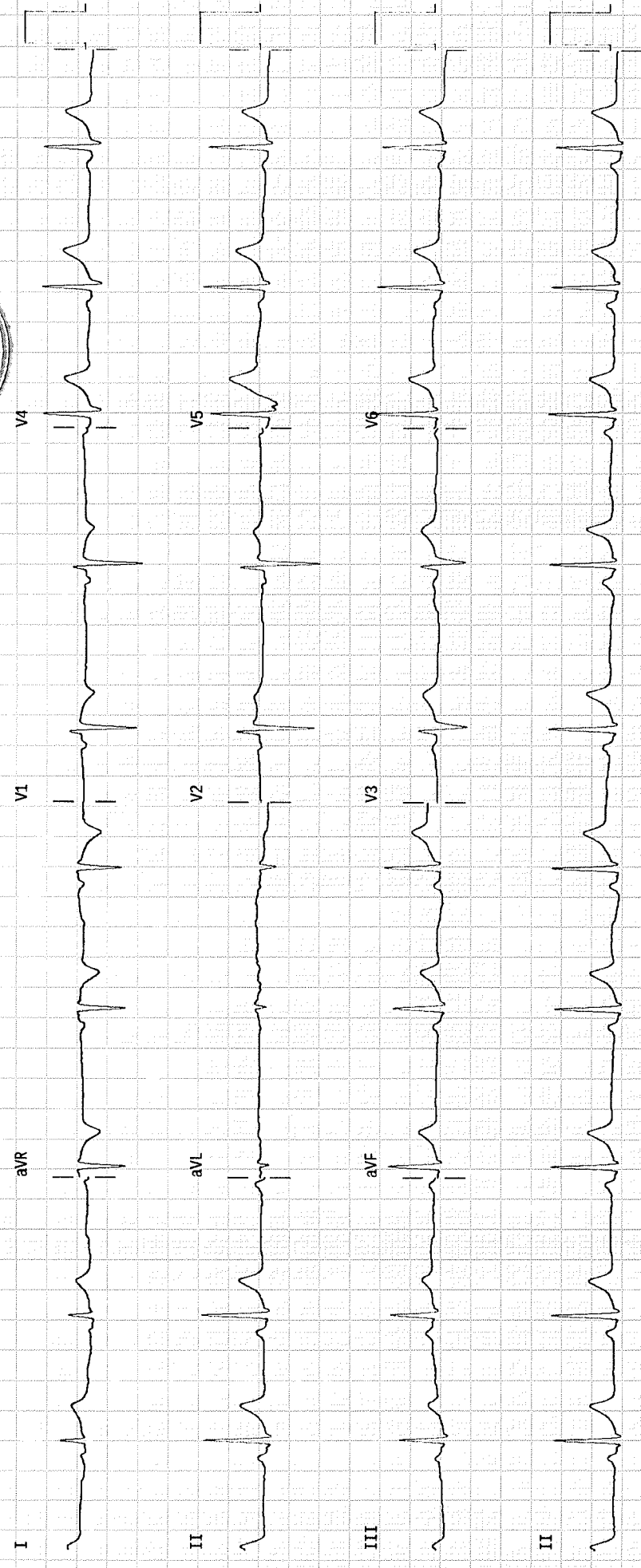
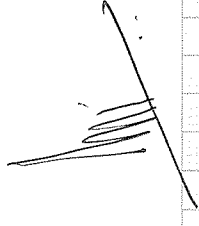
PR 134  
QRS 97  
QT 365  
QTcB 373

--AXIS--  
P 72  
QRS 59  
T 48

12 Leads; Standard Placement

*Wides Normal limb*

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



Device: Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50-0.50-40 Hz W

110C CL

P?

Name : Mrs.Rajshree Joshi  
Age : 32 Year(s)

Date : 26/10/2024  
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**

**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)

**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](http://www.apollohl.com)

Name : Mrs.Rajshree Joshi  
Age : 32 Year(s)

Date : 26/10/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	110mm/sec
EPSS	05mm
LA	20mm
AO	26mm
LVID (d)	46mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

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

Patient Name : MRS. RAJSHREE JOSHI  
Ref. By : HEALTH CHECK UP

Date : 26-10-2024  
Age : 32 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 10.5 x 4.5 cms and the **LEFT KIDNEY** measures 10.6 x 5.2 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears 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 7.2 x 4.2 x 3.0 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 7.1 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.9 x 1.7 cms. Left ovary measures 2.5 x 1.7 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. SHEKTY

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

Patient Name : Mrs. RAJSHREE JOSHI Age : 32 Y F  
UHID : STAR.0000066086 OP Visit No : STAROPV74389  
Reported on : 26-10-2024 12:18 Printed on : 26-10-2024 12:18  
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:26-10-2024 12:18

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology



26/10/2024

**DR. (MRS.) LAILA R. DAVE**

M.D., M.B.B.S. (Bom)

Consulting Gynecologist Obstetrician & Endoscopist

Ms Rajshree Joshi

Age: 32 M - 2 yrs

M.H. 2-4 - R  
30-34 Med to Scar  
Painful at times

UPT: 20/10/2024.

Contraception - NIL

PT for Gynec check + LBC.

O/E Breast - N

PA: NAD

PP  
m/MAD

LBC done

Am Dave

**PARIKH NURSING HOME**

Ramodiya Mansion, Opp. Century Bazar,  
Mumbai - 25. Tel.: 2422 3885 / 2436 9035  
Time : 1.00 p.m. to 4.00 p.m.  
Monday to Friday Except Wednesday  
For Appointment Call : 98200 88024.

**SHREE DIAGNOSTIC CENTRE**

A.R. House, Opp. Portuguese Church,  
Ghokle Rd. (N), Dadar, Mumbai - 28  
Tel. : 2422 7455 / 2422 4892  
Time : 5.00 p.m. to 7.00 p.m.  
Monday, Tuesday, Thursday

**APOLLO SPECTRA HOSPITALS**

Famous Lab, 156, Behind Everest Bldg.,  
pt. M. M. Malviya Road, Tardeo, Mumbai - 400 034.  
For Appointment : +91 22 4332 4500, 4332 4550, 4332 4532  
(TIME : 10.00 a.m. to 12.00 noon - Tues, Thurs, Sat.)

**WOCKHARDT HOSPITALS LTD.**

1877, Dr. Anand Rao Nair Marg (Opp. Nair Hospital)  
Mumbai Central, Mumbai - 400 011.  
Appointments : 022 6178 4444

**EYE REPORT**

Name: *Rajshree Shoshi*

Date: *26/10/24.*

Age / Sex: *32 / F*

Ref No.:

Complaint: *- 5.0*  
*Pre LASIK - 4.0*

*underwent LASIK 2 yrs back.*  
*1/alt Dust / pollen :- many yrs.*

**Examination**

*Vn < 6/6 (P)*  
*6/6 N6*

*— Ant. Seg: WNL —*

*— 0.5:1 —*  
*FR +*

**Spectacle Rx**

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

**Remarks:**

*Rev. for fundoscopy*

**Medications:**

Trade Name	Frequency	Duration
<i>* Comfortz M.A.</i>	<i>i - i - i</i>	<i>cont</i>
<i>Olopat. Max eye drops</i>	<i>i ————— 0</i>	<i>x 1 month</i>

**Follow up:**

**Consultant:**



MR. Rajshree Joshi  
ID

Age 32

Height 166cm

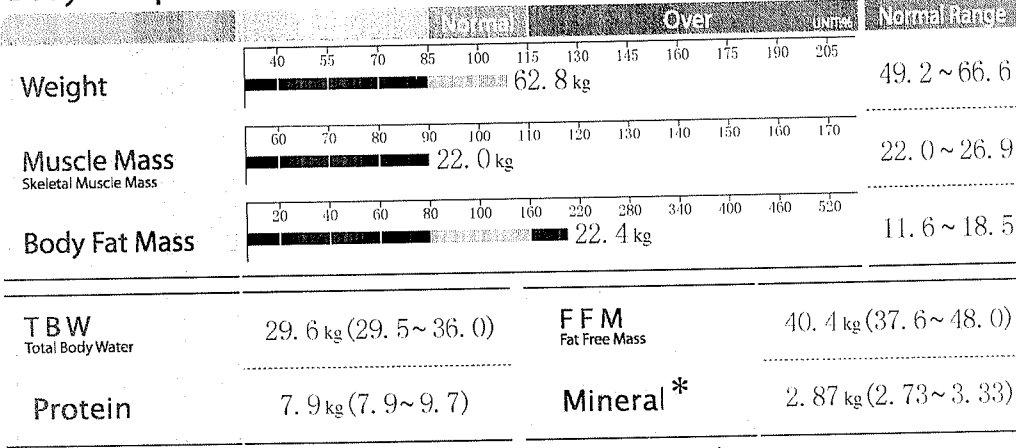
Gender Female

Date 26. 10. 2024

Time 09:19:27

APOLLO SPECTRA HOSPITAL

## Body Composition



## Segmental Lean

2.1kg Normal

Lean Mass Evaluation  
2.1kg Normal

Left Trunk 19.5kg Normal Right

6.5kg Normal

6.5kg Normal

TBW Total Body Water 29.6 kg (29.5 ~ 36.0)

FFM Fat Free Mass 40.4 kg (37.6 ~ 48.0)

Protein 7.9 kg (7.9 ~ 9.7)

Mineral\* 2.87 kg (2.73 ~ 3.33)

\* Mineral is estimated.

## Segmental Fat

40.5%

PBF Fat Mass Evaluation  
40.9%

1.5kg Normal

1.5kg Normal

Left Trunk 36.1% 11.8kg Over Right

31.6%

31.8%

3.2kg Normal

3.2kg Normal

\* Segmental Fat is estimated.

## Obesity Diagnosis

Measurement	Value	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	22.8	18.5 ~ 25.0
PBF Percent Body Fat (%)	35.6	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.98	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1244	1310 ~ 1519

## Nutritional Evaluation

Protein  Normal  Deficient  
Mineral  Normal  Deficient  
Fat  Normal  Deficient  Excessive

## Weight Management

Weight  Normal  Under  Over  
SMM  Normal  Under  Strong  
Fat  Normal  Under  Over

## Obesity Diagnosis

BMI  Normal  Under  Over  Extremely Over  
PBF  Normal  Under  Over  
WHR  Normal  Under  Over

## Muscle-Fat Control

Muscle Control + 4.1 kg Fat Control - 9.0 kg Fitness Score 67

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	437.0	433.6	31.3	362.3	358.2
100kHz	394.7	390.2	27.1	324.2	322.4

\* 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: 62.8 kg / Duration: 30min. / unit: kcal)											
Walking 126	Jogging 220	Bicycle 188	Swim 220	Mountain Climbing 205	Aerobic 220						
Table tennis 142	Tennis 188	Football 220	Oriental Fencing 314	Gate ball 119	Badminton 142						
Racket ball 314	Tae-kwon-do 314	Squash 314	Basketball 188	Rope jumping 220	Golf 111						
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

1600 kcal

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



Specialists in Surgery

## CONSENT FORM

Client Name: Rajshree Joshi Age: 32

UHID Number: ..... Company Name: Bank of Baroda

I Mr/Mrs/Ms Rajshree Joshi <sup>spouse</sup> Employee of Bank of Baroda employee

(Company) Want to inform you that I am not interested in getting ENT

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Rajshree Date: 26/10/2024



**OUT- PATIENT RECORD**

Date : 26/10/24  
 MRNO :  
 Name : 066086  
 Age/Gender : M.F. Rajshree Joshi  
 Mobile No :  
 Passport No :  
 Aadhar number : 32mife

Pulse : 62/min	B.P : 110/70	Resp : 18/min	Temp : 37
Weight : 62.8kg	Height : 166cm	BMI : 22.8	Waist Circum : 32"

General Examination / Allergies History

Clinical Diagnosis & Management Plan

MFW → a  
 married, Egyptian  
 Sleep : (w) Dust Allergy Pollen/mould Allergy.  
 No addiction  
 FH: Father: Hypertension  
 Normal Reports

Physician  
Reg.



Doctor 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.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966



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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 on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.6	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>38.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.9	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3114	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1557	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	415.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	255000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	20	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC : Normocytic normochromic



*(Signature)*  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797



TOUCHING LIVES



Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
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**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 on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

Page 3 of 16

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797







TOUCHING LIVES

Patient Name : Mrs.RAJSHREE JOSHI  
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DEPARTMENT OF HAEMATOLOGY

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

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



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240241797

TOUCHING LIVES

Patient Name : Mrs.RAJSHREE JOSHI  
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Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
Received : 26/Oct/2024 10:45AM  
Reported : 26/Oct/2024 12:12PM  
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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

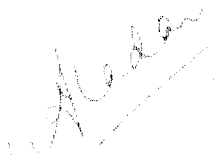
**Comment:**

**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.

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:PLF02210522

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 02:28PM  
Received : 26/Oct/2024 03:19PM  
Reported : 26/Oct/2024 03:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

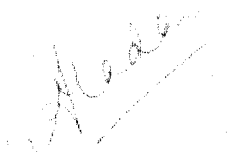
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	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:PLP1487580



Patient Name	: Mrs.RAJSHREE JOSHI	Collected	: 26/Oct/2024 08:55AM
Age/Gender	: 32 Y 7 M 17 D/F	Received	: 26/Oct/2024 04:04PM
UHID/MR No	: STAR.0000066086	Reported	: 26/Oct/2024 05:48PM
Visit ID	: STAROPV74389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 473686664966		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		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)



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

SIN No:EDT240093449



Patient Name	: Mrs.RAJSHREE JOSHI	Collected	: 26/Oct/2024 08:55AM
Age/Gender	: 32 Y 7 M 17 D/F	Received	: 26/Oct/2024 10:45AM
UHID/MR No	: STAR.0000066086	Reported	: 26/Oct/2024 12:39PM
Visit ID	: STAROPV74389	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 473686664966		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	73	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.26		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




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	82.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 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. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 9 of 16




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264



TOUCHING LIVES

Patient Name : Mrs.RAJSHREE JOSHI  
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DEPARTMENT OF BIOCHEMISTRY

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

Page 10 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>13.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	4.0-7.0	URICASE
CALCIUM	<b>10.40</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04839264





TOUCHING LIVES  
 Patient Name : Mrs.RAJSHREE JOSHI  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.00	U/L	16-73	Glycylglycine Kinetic method



*Handwritten signature of Dr. Apeksha Madan*

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04839264

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
Visit ID : STAROPV74389  
Ref Doctor : Dr.SELF  
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Received : 26/Oct/2024 11:13AM  
Reported : 26/Oct/2024 12:12PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.12	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.340	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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SPL24144859



TOUCHING LIVES



Expertise. Empowering you.

Patient Name : Mrs.RAJSHREE JOSHI  
 Age/Gender : 32 Y 7 M 17 D/F  
 UHID/MR No : STAR.0000066086  
 Visit ID : STAROPV74389  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
 Received : 26/Oct/2024 11:13AM  
 Reported : 26/Oct/2024 12:12PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SPL24144859

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Emp/Auth/TPA ID : 473686664966

Collected : 26/Oct/2024 08:55AM  
Received : 26/Oct/2024 12:14PM  
Reported : 26/Oct/2024 01:28PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	Few Bacteria Present			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.




DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2417882



TOUCHING LIVES



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Result/s to Follow:  
LBC PAP SMEAR

Page 16 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2417882

Patient Name : Mrs.RAJSHREE JOSHI  
Age/Gender : 32 Y 7 M 17 D/F  
UHID/MR No : STAR.0000066086  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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



DR. APEKSHA MADAN  
MBBS. DPB  
PATHOLOGY  
SIN No:UR2417882



RAJSHREE  
Unknown

32Years

Rate: 62 . Sinus Rhythm  
BaseLine wander in lead(s) I II III aVL aVF V1 V2 V3 V4 V6

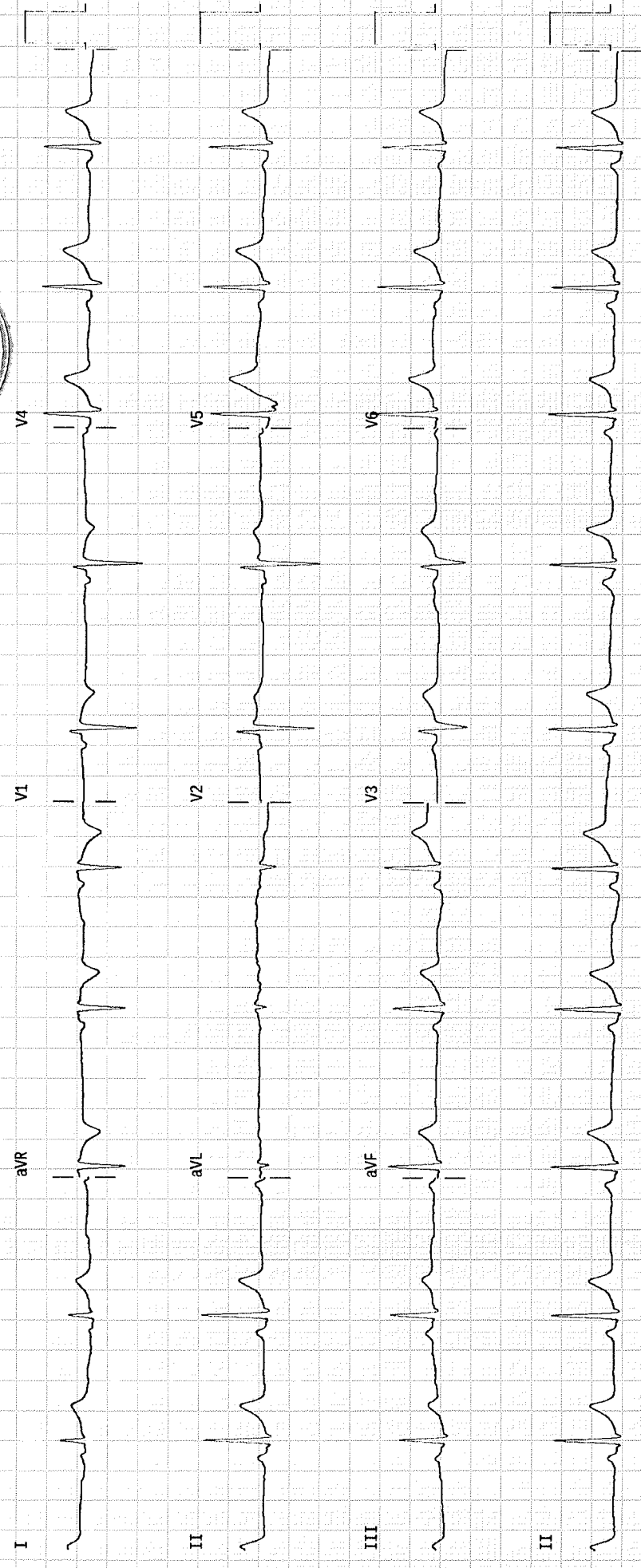
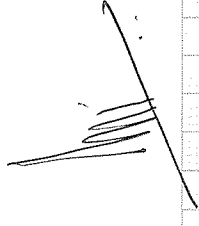
PR 134  
QRS 97  
QT 365  
QTcB 373

--AXIS--  
P 72  
QRS 59  
T 48

12 Leads; Standard Placement

*Wides Normal limb*

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



Device: Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50-0.50-40 Hz W

110C CL

P?

Name : Mrs.Rajshree Joshi  
Age : 32 Year(s)

Date : 26/10/2024  
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**

**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)

**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](http://www.apollohl.com)



Name : Mrs.Rajshree Joshi  
Age : 32 Year(s)

Date : 26/10/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	110mm/sec
EPSS	05mm
LA	20mm
AO	26mm
LVID (d)	46mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

Patient Name : MRS. RAJSHREE JOSHI  
Ref. By : HEALTH CHECK UP

Date : 26-10-2024  
Age : 32 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 10.5 x 4.5 cms and the **LEFT KIDNEY** measures 10.6 x 5.2 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears 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 7.2 x 4.2 x 3.0 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 7.1 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.9 x 1.7 cms. Left ovary measures 2.5 x 1.7 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. SHEKTY

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

Patient Name : Mrs. RAJSHREE JOSHI Age : 32 Y F  
UHID : STAR.0000066086 OP Visit No : STAROPV74389  
Reported on : 26-10-2024 12:18 Printed on : 26-10-2024 12:18  
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:26-10-2024 12:18

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology

26/10/2024

**DR. (MRS.) LAILA R. DAVE**

M.D., M.B.B.S. (Bom)

Consulting Gynecologist Obstetrician & Endoscopist

Ms Rajshree Joshi

Age: 32 M - 2 yrs

M.H. 2-4 - R  
30-34 Med to Scar  
Painful at times

U/P: 20/10/2024.

Contraception - NIL

PT for Gynec check + LBC.

O/E Breast - N

PA: NAD

PP  
m/MAD

LBC done

Am Dave

**PARIKH NURSING HOME**

Ramodiya Mansion, Opp. Century Bazar,  
Mumbai - 25. Tel.: 2422 3885 / 2436 9035  
Time : 1.00 p.m. to 4.00 p.m.  
Monday to Friday Except Wednesday  
For Appointment Call : 98200 88024.

**SHREE DIAGNOSTIC CENTRE**

A.R. House, Opp. Portuguese Church,  
Ghokle Rd. (N), Dadar, Mumbai - 28  
Tel. : 2422 7455 / 2422 4892  
Time : 5.00 p.m. to 7.00 p.m.  
Monday, Tuesday, Thursday

**APOLLO SPECTRA HOSPITALS**

Famous Lab, 156, Behind Everest Bldg.,  
pt. M. M. Malviya Road, Tardeo, Mumbai - 400 034.  
For Appointment : +91 22 4332 4500, 4332 4550, 4332 4532  
(TIME : 10.00 a.m. to 12.00 noon - Tues, Thurs, Sat.)

**WOCKHARDT HOSPITALS LTD.**

1877, Dr. Anand Rao Nair Marg (Opp. Nair Hospital)  
Mumbai Central, Mumbai - 400 011.  
Appointments : 022 6178 4444

**EYE REPORT**

Name: *Rajshree Shoshi*

Date: *26/10/24.*

Age / Sex: *32 / F*

Ref No.:

Complaint: *- 5.0*  
*Pre LASIK - 4.0*

*underwent LASIK 2 yrs back.*  
*1/alt Dust / pollen : many yrs.*

**Examination**

*Vn < 6/6 (P)*  
*6/6 N6*

*— Ant. Seg: WNL —*

*— 0.5:1 —*

*FR +*

**Spectacle Rx**

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

**Remarks:**

*Rev. for fundoscopy*

**Medications:**

Trade Name	Frequency	Duration
<i>Comfortz M.A.</i>	<i>i - i - i</i>	<i>cont.</i>
<i>Olopat. Max eye drops</i>	<i>i ————— 0</i>	<i>x 1 month</i>

**Follow up:**

**Consultant:**



MR. Rajshree Joshi  
ID

Age 32

Height 166cm

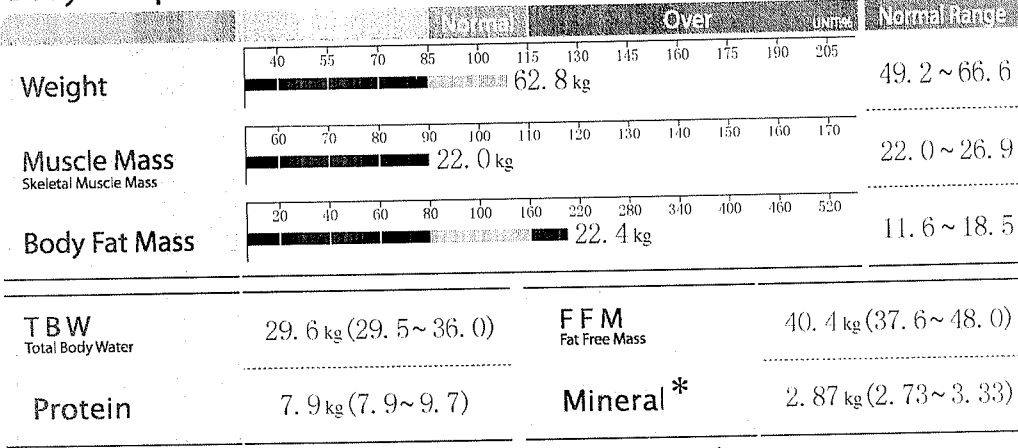
Gender Female

Date 26. 10. 2024

Time 09:19:27

APOLLO SPECTRA HOSPITAL

## Body Composition



## Segmental Lean

2.1kg Normal

Lean Mass Evaluation  
2.1kg Normal

Left Trunk 19.5kg Normal Right

6.5kg Normal

6.5kg Normal

TBW Total Body Water 29.6 kg (29.5 ~ 36.0)

FFM Fat Free Mass 40.4 kg (37.6 ~ 48.0)

Protein 7.9 kg (7.9 ~ 9.7)

Mineral\* 2.87 kg (2.73 ~ 3.33)

\* Mineral is estimated.

## Segmental Fat

40.5% Normal

PBF Fat Mass Evaluation  
40.9% Normal

Left Trunk 36.1% 11.8kg Over Right

31.6% Normal

31.8% Normal

3.2kg Normal

3.2kg Normal

\* Segmental Fat is estimated.

## Obesity Diagnosis

Measurement	Value	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	22.8	18.5 ~ 25.0
PBF Percent Body Fat (%)	35.6	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.98	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1244	1310 ~ 1519

## Nutritional Evaluation

Protein  Normal  Deficient  
Mineral  Normal  Deficient  
Fat  Normal  Deficient  Excessive

## Weight Management

Weight  Normal  Under  Over  
SMM  Normal  Under  Strong  
Fat  Normal  Under  Over

## Obesity Diagnosis

BMI  Normal  Under  Over  Extremely Over  
PBF  Normal  Under  Over  
WHR  Normal  Under  Over

## Muscle-Fat Control

Muscle Control + 4.1 kg Fat Control - 9.0 kg Fitness Score 67

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	437.0	433.6	31.3	362.3	358.2
100kHz	394.7	390.2	27.1	324.2	322.4

\* 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: 62.8 kg / Duration: 30min. / unit: kcal)											
Walking 126	Jogging 220	Bicycle 188	Swim 220	Mountain Climbing 205	Aerobic 220						
Table tennis 142	Tennis 188	Football 220	Oriental Fencing 314	Gate ball 119	Badminton 142						
Racket ball 314	Tae-kwon-do 314	Squash 314	Basketball 188	Rope jumping 220	Golf 111						
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

1600 kcal

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



Specialists in Surgery

## CONSENT FORM

Client Name: Rajshree Joshi Age: 32

UHID Number: ..... Company Name: Bank of Baroda

I ~~Mr~~/Mrs/Ms Rajshree Joshi <sup>spouse</sup> Employee of Bank of Baroda employee

(Company) Want to inform you that I am not interested in getting ENT


Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Rajshree Date: 26/10/2024





 **बैंक ऑफ़ बड़ौदा**  
**Bank of Baroda**



नाम **अंशुमान पंत**  
Name **Anshuman Pant**

कर्मचारी कूट क्र  
E.C. No. **105038**

   
जारीकर्ता प्राधिकारी **धारक के हस्ताक्षर**  
Issuing Authority **Signature of Holder**

 **भारत सरकार**  
**Government of India**



राजश्री जोशी  
Rajshree Joshi  
जन्म तिथि/DOB: 09/03/1992  
महिला/ FEMALE



**4736 8666 4966**  
VID: 9119 8521 5962 9824

**मेरा आधार, मेरी पहचान**



<b>Patient Name</b>	: Mrs. RAJSHREE JOSHI	<b>Age/Gender</b>	: 32 Y/F
<b>UHID/MR No.</b>	: STAR.0000066086	<b>OP Visit No</b>	: STAROPV74389
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-10-2024 12:53
<b>LRN#</b>	: RAD2429339	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 473686664966		

**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 10.5 x 4.5 cms and the **LEFT KIDNEY** measures 10.6 x 5.2 cms in size.Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears 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 7.2 x 4.2 x 3.0 cms.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 7.1 mms.

No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 2.9 x 1.7 cms.

Left ovary measures 2.5 x 1.7 cms

There is no free fluid seen in cul de.

**Patient Name** : Mrs. RAJSHREE JOSHI

**Age/Gender**

: 32 Y/F

---

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



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. RAJSHREE JOSHI	<b>Age/Gender</b>	: 32 Y/F
<b>UHID/MR No.</b>	: STAR.0000066086	<b>OP Visit No</b>	: STAROPV74389
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<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 473686664966		

**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