

Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
Visit ID : STAROPV74816
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 507866083205

Collected : 15/Nov/2024 09:45AM
Received : 15/Nov/2024 10:26AM
Reported : 15/Nov/2024 12:51PM
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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

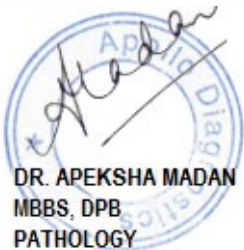
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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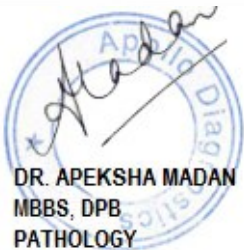
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	37.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.6	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3332	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2584	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	408	Cells/cu.mm	20-500	Calculated
MONOCYTES	476	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.29		0.78- 3.53	Calculated
PLATELET COUNT	234000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240247428

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CIN- U85100TG2009PTC099414

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Address:

156, Famous Cine Labs, Behind Everest Building,
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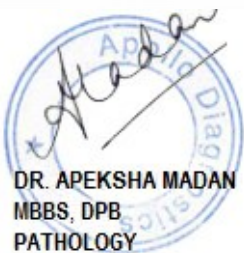


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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name	: Mrs.NAYANA SANJAY MAPARI	Collected	: 15/Nov/2024 01:43PM
Age/Gender	: 27 Y 7 M 8 D/F	Received	: 15/Nov/2024 02:06PM
UHID/MR No	: STAR.0000066400	Reported	: 15/Nov/2024 04:07PM
Visit ID	: STAROPV74816	Status	: Final Report
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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	95	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

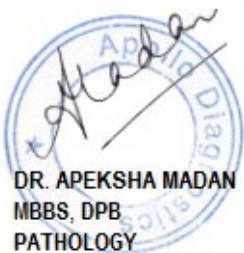
Note:

- 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	mg/dL	70-140	GOD - POD

Comment:

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



Patient Name	: Mrs.NAYANA SANJAY MAPARI	Collected	: 15/Nov/2024 09:45AM
Age/Gender	: 27 Y 7 M 8 D/F	Received	: 15/Nov/2024 03:36PM
UHID/MR No	: STAR.0000066400	Reported	: 15/Nov/2024 03:59PM
Visit ID	: STAROPV74816	Status	: Final Report
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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:EDT240094382

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DEPARTMENT OF BIOCHEMISTRY

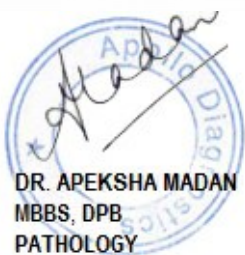
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	92	mg/dL	<150	
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	53.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		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 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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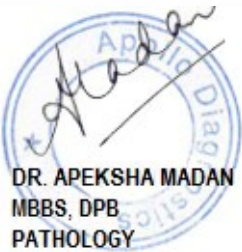
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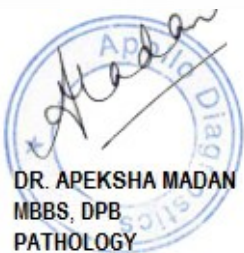
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	21.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated



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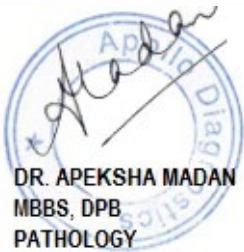
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	16-73	Glycylglycine Kinetic method

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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.26	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.54	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	6.890	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically.

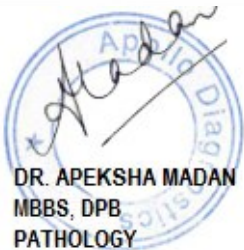
Comment:

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

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

Address:

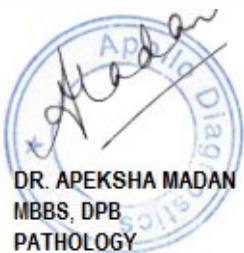
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name	: Mrs.NAYANA SANJAY MAPARI	Collected	: 15/Nov/2024 09:45AM
Age/Gender	: 27 Y 7 M 8 D/F	Received	: 15/Nov/2024 10:58AM
UHID/MR No	: STAR.0000066400	Reported	: 15/Nov/2024 02:35PM
Visit ID	: STAROPV74816	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 507866083205		

DEPARTMENT OF IMMUNOLOGY

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

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No: SPL24146879

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Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
Visit ID : STAROPV74816
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 507866083205

Collected : 15/Nov/2024 09:45AM
Received : 15/Nov/2024 02:19PM
Reported : 15/Nov/2024 04:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

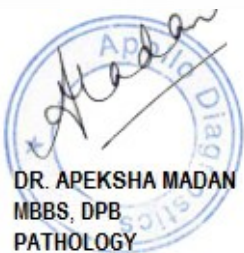
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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 14 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2419967

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Address:

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

Patient Name : Mrs.NAYANA SANJAY MAPARI	Collected : 15/Nov/2024 09:45AM
Age/Gender : 27 Y 7 M 8 D/F	Received : 16/Nov/2024 04:16PM
UHID/MR No : STAR.0000066400	Reported : 18/Nov/2024 08:12PM
Visit ID : STAROPV74816	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 507866083205	

DEPARTMENT OF CYTOLOGY

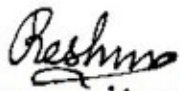
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	24964/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

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



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

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS085796

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

Apollo Speciality Hospitals Private Limited

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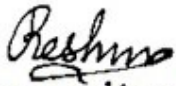
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TERMS AND CONDITIONS GOVERNING THIS REPORT

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



SIN No: CS085796

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Patient Name : Mrs.NAYANA SANJAY MAPARI
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DEPARTMENT OF CYTOLOGY

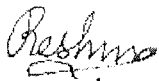
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

CYTOLOGY NO.	24964/24
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a SPECIMEN ADEQUACY	ADEQUATE
b SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d COMMENTS	SATISFACTORY FOR EVALUATION
II MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
III RESULT	
a EPITHELIAL CELL	
SQUAMOUS CELL ABNORMALITIES	NOT SEEN
GLANDULAR CELL ABNORMALITIES	NOT SEEN
b ORGANISM	NIL
IV INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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Page 1 of 1
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TOUCHING LIVES
Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
Visit ID : STAROPV74816
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 507866083205

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

SIN No:CS085796

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



Mrs. Nayana Sanjay Mapari

DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

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

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

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

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

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

FOOD ALLOWED

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

FOODS TO AVOID

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.

Fauziya Ansari
Clinical Nutritionist/ Dietician
E: diet.trd@apollospectra.com
Cont.: 8452884100



भारत सरकार

Government of India



नयना संजय मापारी
Nayana Sanjay Mapari
जन्म तारीख / DOB : 07/04/1997
स्त्री / Female



5078 6608 3205

माझे आधार, माझी ओळख

DR. TEJAL SONI
MBBS, MD, DGO, DFP, FCPS,
OBSTETRICIAN & GYNAECOLOGIST
REG. NO. 2005/02/01015

9930767667


Apollo Spectra
HOSPITALS
Specialists in Surgery

Mrs. Nayana Mapari 2 yrs

15/11/20.

... clo- repeated UTI
painful micturition.

W/H - $\frac{6-5}{30-35}$ Reg
mod
PUC

CMP - 3/11/20.

P/H - Nil.

F/H - Father - HTN
Mother - DM.

OLE

Cx vag | (H)

discharge +
fungal +



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, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 010 - 4004 7777

EYE REPORT

Name: *Nayana Mapari*

Date: *15/11/24*

Age / Sex: *27/F*

Ref No.:

Complaint: *R occ. itching;*

Ant. Seg: Papillae, rest wnl

Examination

*- 0.5:1 -
RWR ~~R~~
FR +*

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	<i>6/6</i>	<i>Ng</i>	<i>Plano.</i>					
Read								

Remarks:

Medications:

Trade Name	Frequency	Duration
<i>Mearax eye drops</i>	<i>i — i</i>	<i>x 1 month</i>

Follow up:

Consultant:



ID 0 *Nayana Mopani* | Height 152cm | Date 15. 11. 2024 | APOLLO SPECTRA HOSPITAL
 Age 27 | Gender Female | Time 10:21:26

Body Composition

	Under	Normal	Over	UNIT:kg	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				41.2 ~ 55.8
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				18.2 ~ 22.2
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520				9.7 ~ 15.5
TBW Total Body Water	25.7 kg (24.7 ~ 30.2)		FFM Fat Free Mass	35.0 kg (31.5 ~ 40.3)	
Protein	7.0 kg (6.6 ~ 8.1)		Mineral*	2.34 kg (2.29 ~ 2.79)	

*Mineral is estimated.

Segmental Lean		Lean Mass Evaluation
Left	1.6kg Normal	1.8kg Normal
Trunk		
	16.3kg Normal	
Right	5.3kg Normal	5.5kg Normal

Segmental Fat		PBF Fat Mass Evaluation
Left	31.5% 0.8kg Normal	28.2% 0.7kg Normal
Trunk		
	25.5% 5.9kg Normal	
Right	27.1% 2.1kg Normal	26.8% 2.1kg Normal

*Segmental Fat is estimated.

Obesity Diagnosis

	UNIT	Value	Normal Range
BMI Body Mass Index	(kg/m ²)	20.6	18.5 ~ 25.0
PBF Percent Body Fat	(%)	26.5	18.0 ~ 28.0
WHR Waist-Hip Ratio		0.84	0.75 ~ 0.85
BMR Basal Metabolic Rate	(kcal)	1126	1083 ~ 1241

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

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

Muscle-Fat Control

Muscle Control + 2.4 kg Fat Control - 1.5 kg Fitness Score 76

Impedance

Z	RA	LA	TR	RL	LL
20kHz	400.9	431.0	32.5	315.3	336.7
100kHz	355.4	386.7	27.2	274.5	296.7

* 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: 47.6 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
95	167	143	167	155	167		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
108	143	167	238	90	108		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
238	238	238	143	167	84		
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

1500 kcal

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

Date: 15/11/2024 OUT-PATIENT RECORD
 MRNO: 66400
 Name: MRS. Nayana Mapan
 Age/Gender: 27y / Female
 Mobile No:
 Passport No:
 Aadhar number:

Pulse: 62/min	BP: 110/70	Resp: 22/min	Temp: (N)
Weight: 47.6	Height: 152	BMI: 20.6	Waist Circum: 74/cm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

MENS - (N)

Married, Nonvegetarian
 Sleep: (N) Allergic rhinitis / Dust allergy.
 No addiction
 FH: Father: JET Mother: DM.
 Normal Reports
 Physically fit.

Dr. [Signature]
 M.D. (MUMBAI)
 Cardiology
 No. 56942



[Signature]

Follow up date:

Doctor Signature

Patient Name : Mrs.NAYANA SANJAY MAPARI
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Visit ID : STAROPV74816
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Collected : 15/Nov/2024 09:45AM
Received : 15/Nov/2024 10:26AM
Reported : 15/Nov/2024 12:51PM
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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	37.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.6	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3332	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2584	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	408	Cells/cu.mm	20-500	Calculated
MONOCYTES	476	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.29		0.78- 3.53	Calculated
PLATELET COUNT	234000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 15



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: BIED240247428

Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
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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

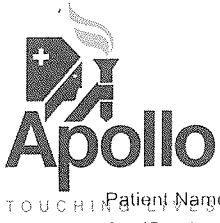
Note/Comment : Please Correlate clinically

Page 3 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240247428



Patient Name : Mrs.NAYANA SANJAY MAPARI
 Age/Gender : 27 Y 7 M 8 D/F
 UHID/MR No : STAR.0000066400
 Visit ID : STAROPV74816
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 507866083205


Collected : 15/Nov/2024 09:45AM
 Received : 15/Nov/2024 10:26AM
 Reported : 15/Nov/2024 12:50PM
 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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			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:BED240247428

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Collected : 15/Nov/2024 01:43PM
 Received : 15/Nov/2024 02:06PM
 Reported : 15/Nov/2024 04:07PM
 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	95	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	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:PI.P1488219

Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
Visit ID : STAROPV74816
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 507866083205

Collected : 15/Nov/2024 09:45AM
Received : 15/Nov/2024 03:36PM
Reported : 15/Nov/2024 03:59PM
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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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: EDT240094382



Patient Name : Mrs.NAYANA SANJAY MAPARI
 Age/Gender : 27 Y 7 M 8 D/F
 UHID/MR No : STAR.0000066400
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	92	mg/dL	<150	
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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:SE04845118

Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	53.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		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 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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Handwritten Signature
DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04845118



Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
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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:SF04845118



Patient Name : Mrs.NAYANA SANJAY MAPARI
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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	21.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated



(Signature)
 DR. APEKSHA MADAN
 MBBS. DPB
 PATHOLOGY

SIN No:SF04845118



Patient Name : Mrs.NAYANA SANJAY MAPARI
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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) , <i>SERUM</i>	14.00	U/L	16-73	Glycylglycine Kinetic method

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04845118



Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
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Visit ID : STAROPV74816
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 507866083205

Collected : 15/Nov/2024 09:45AM
Received : 15/Nov/2024 10:58AM
Reported : 15/Nov/2024 02:35PM
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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.26	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.54	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	6.890	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically.

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

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No: SPL24146879

Patient Name : Mrs.NAYANA SANJAY MAPARI
 Age/Gender : 27 Y 7 M 8 D/F
 UHID/MR No : STAR.0000066400
 Visit ID : STAROPV74816
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DEPARTMENT OF IMMUNOLOGY

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

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




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No: SPL24146879

Patient Name : Mrs.NAYANA SANJAY MAPARI
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Collected : 15/Nov/2024 09:45AM
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

*** End Of Report ***

Page 14 of 15



(Signature)
DR. APEKSHA MADAN
MBBS. DPB
PATHOLOGY

SIN No:UR2419967



Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 D/F
UHID/MR No : STAR.0000066400
Visit ID : STAROPV74816
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:
LBC PAP SMEAR

Page 15 of 15

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2419967





Patient Name : Mrs.NAYANA SANJAY MAPARI
Age/Gender : 27 Y 7 M 8 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:UR2419967



Patient Name : MRS.NAYANA MAPARI
Ref. By : HEALTH CHECK UP

Date : 15-11-2024
Age : 27 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 9.4 x 3.8 cms and the **LEFT KIDNEY** measures 9.6 x 4.1 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 6.6 x 3.9 x 3.3 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.1 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.3 x 1.8 cms. Left ovary measures 2.9 x 1.6 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


DR. VINOD V. SHETTY

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034

MD, D.M.R.D. Ph No: 022 - 4332 4500 | www.apollospectra.com

CONSULTANT SONOLOGIST.

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

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

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

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

Patient Name	: Mrs. NAYANA SANJAY MAPARI	Age	: 27 Y F
UHID	: STAR.0000066400	OP Visit No	: STAROPV74816
Reported on	: 15-11-2024 13:16	Printed on	: 15-11-2024 13:16
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: 15-11-2024 13:16

---End of the Report---



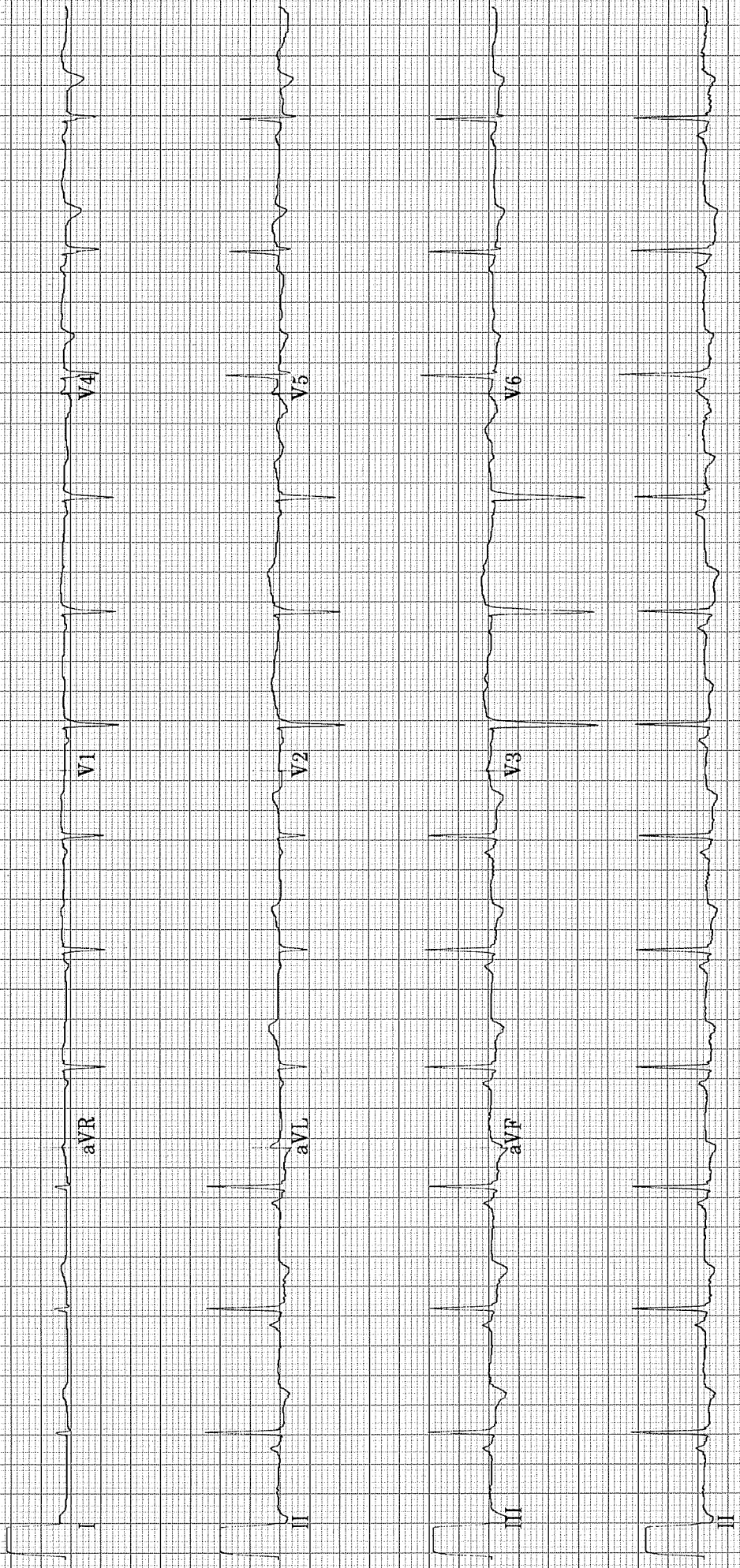
Dr. VINOD SHETTY
Radiology

MAPARI, NAYANA
ID: 000065400
15-Nov-2024
12:21:16

74bpm

PRETEST
STANDING
1:33

BRUCE
** *mph
** *%

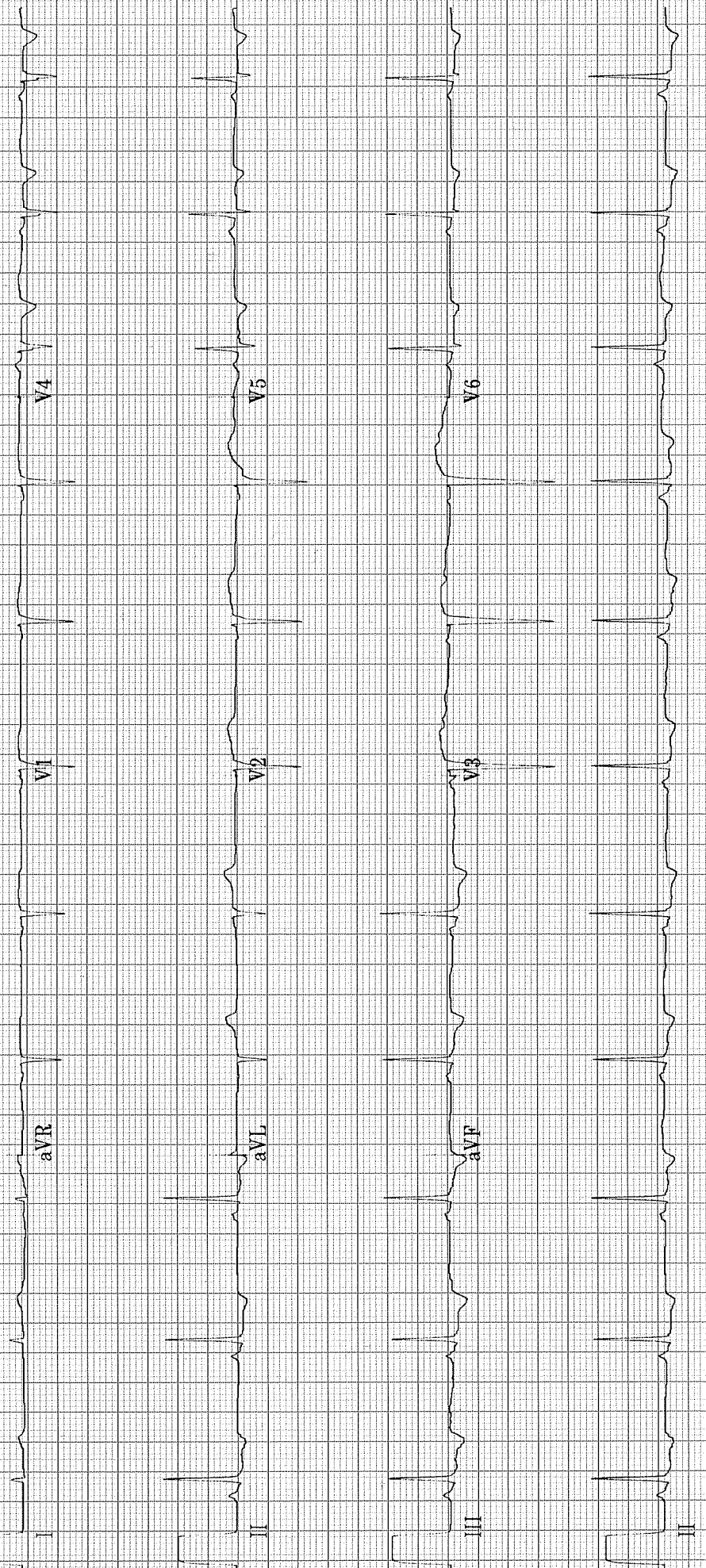


MAPABI, NAYANA
ID: 000066400
15-Nov-2024
12:21:31

68bpm

PRETEST
HYPERVENT
1:49

BRUCE
** *mph
** *%



MAPARI, NAYANA
ID: 000066400
15-Nov-2024
12:25:46

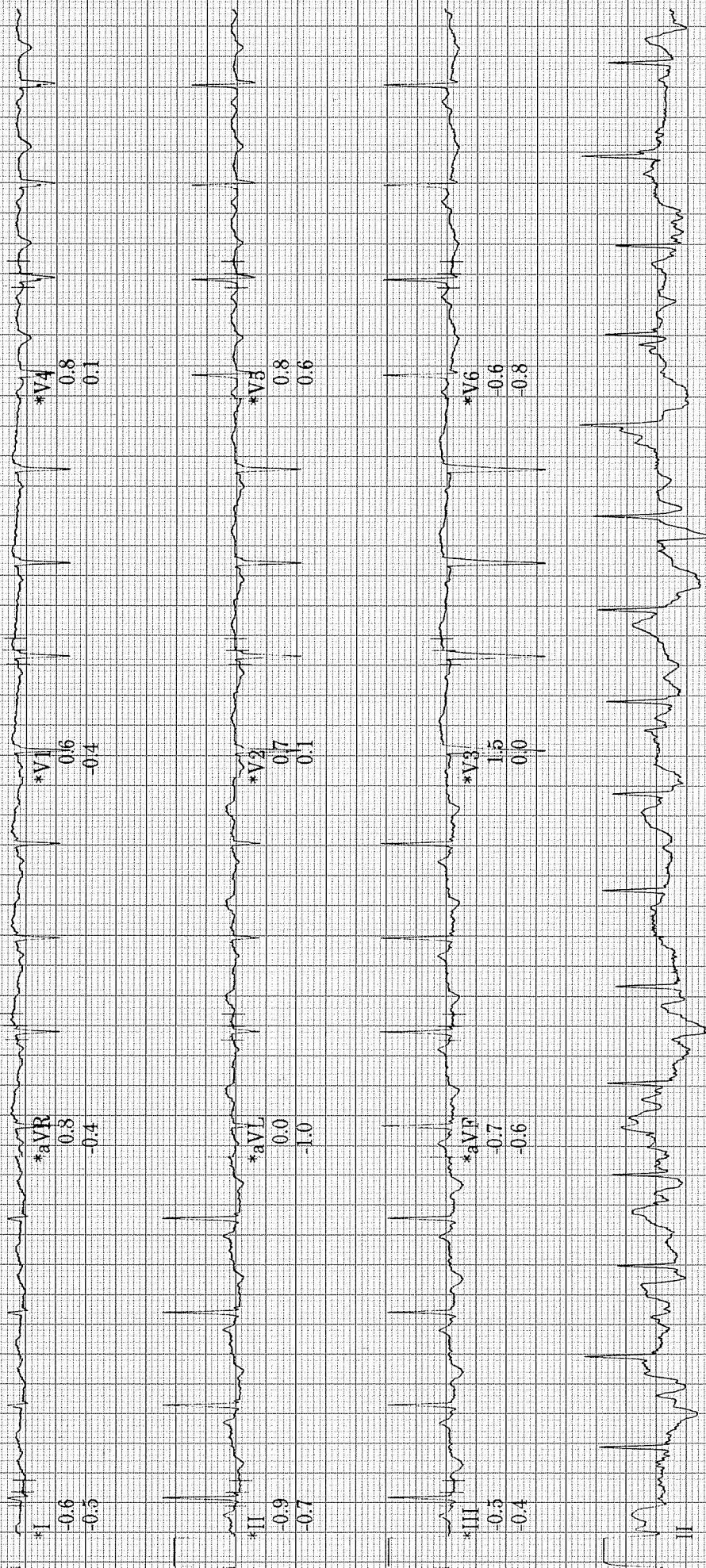
97bpm

EXERCISE
STAGE 1
2:48

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 009C

G.A.H

MAPARI, NAYANA
ID: 000066400
15 Nov 2024
12:28:46

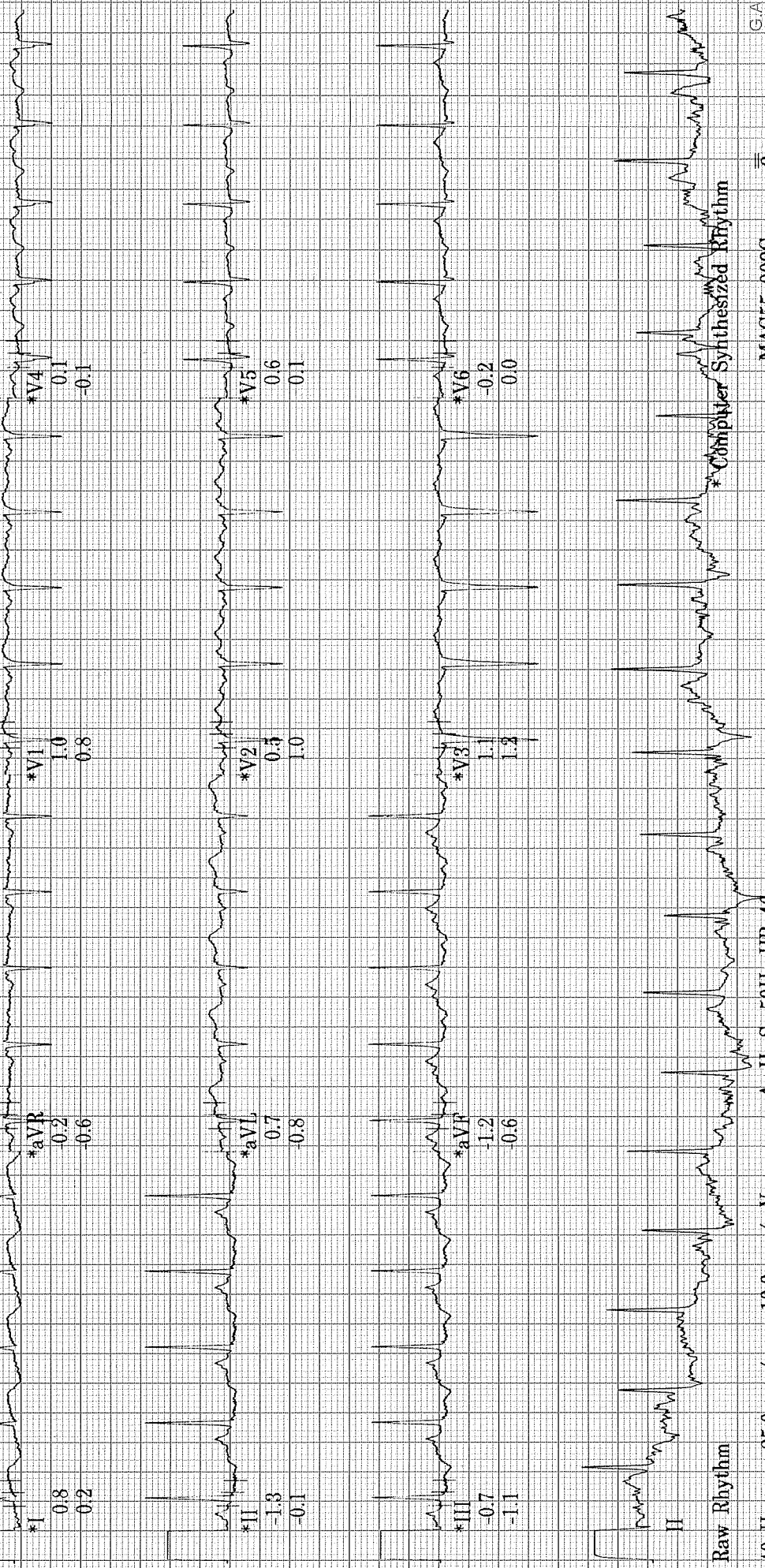
119bpm
BP: 120/70

EXERCISE
STAGE 2
5:49

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 40

AAedigraph

MAC55-009C

G.A.H

*Computer Synthesized Rhythm

MAPARI, NAYANA
D: 000066400
15-Nov-2024
12:31:46

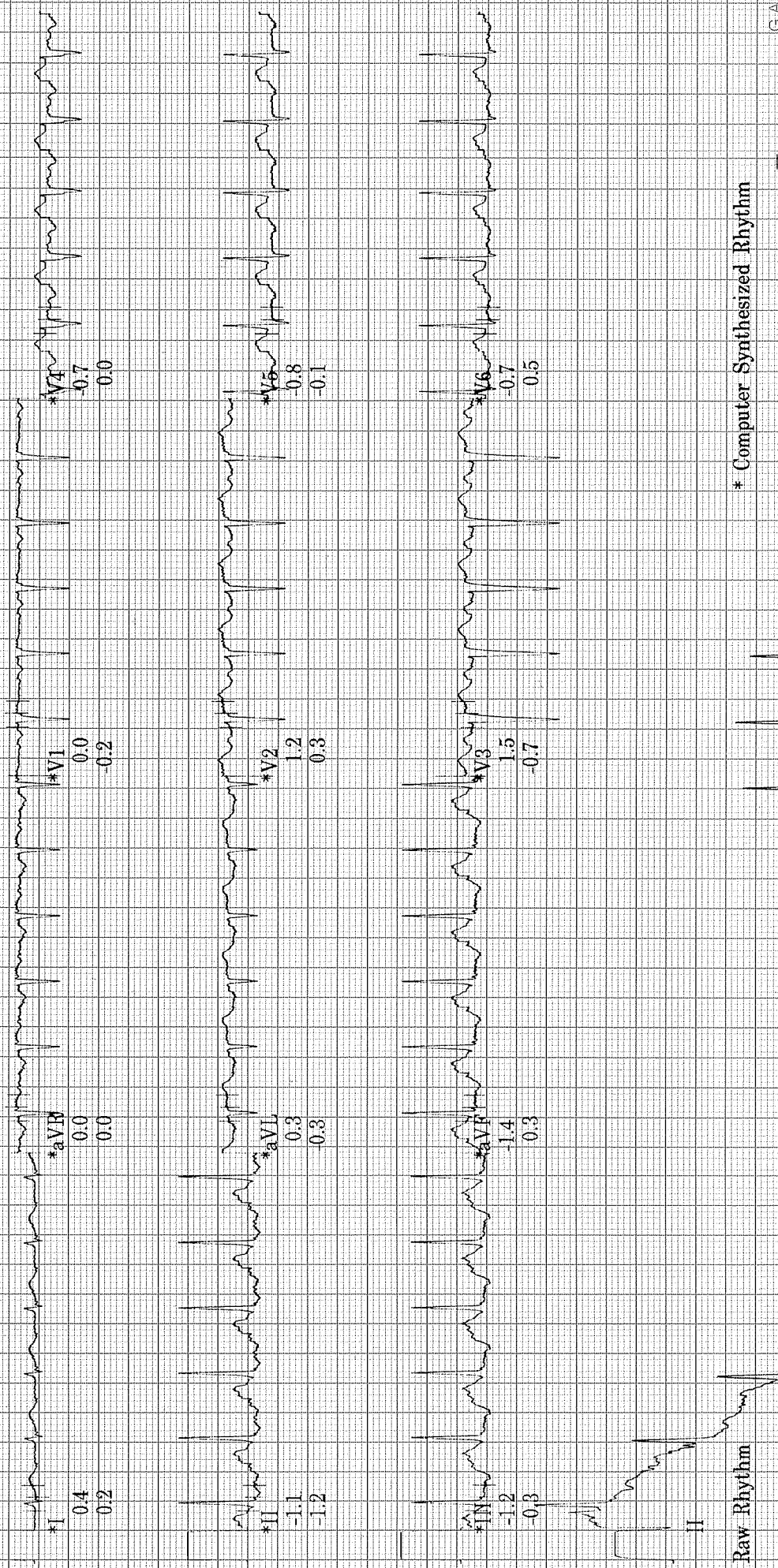
138bpm

EXERCISE
STAGE 3
8:48

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55-009C

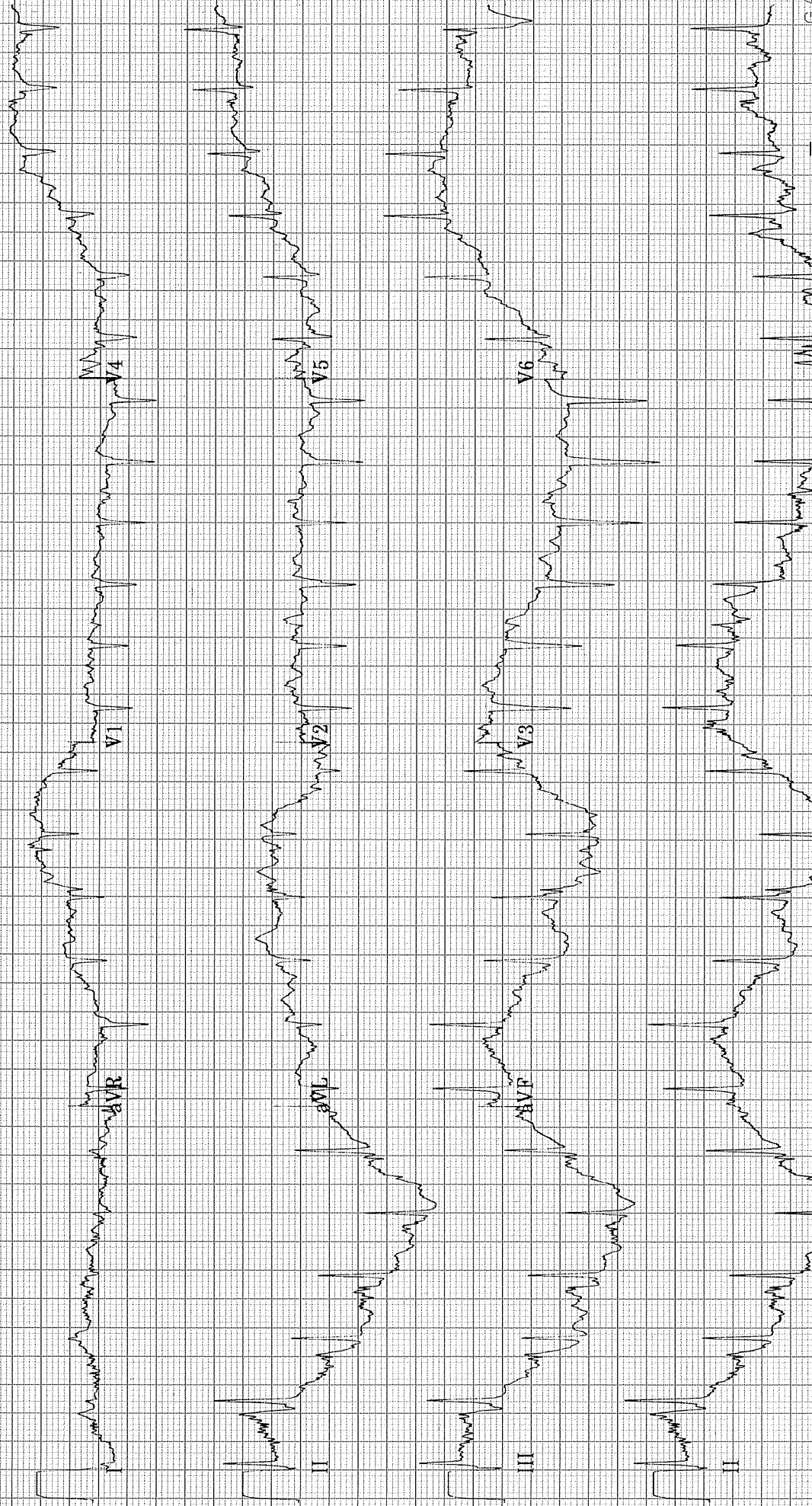
G.A.H

MAPARI, NAYANA
ID: 000066400
15-Nov-2024
12:32:03

147bpm

RECOVERY
Post
0:00

BRUCE
4.3mph
16.0%



40 Hz

25.0 mm/s

16.0 mm/mV

A-H-S-50Hz HR 147

4 by 2.5s + 1 rhythm ld

MAC55-009C

G.A.H

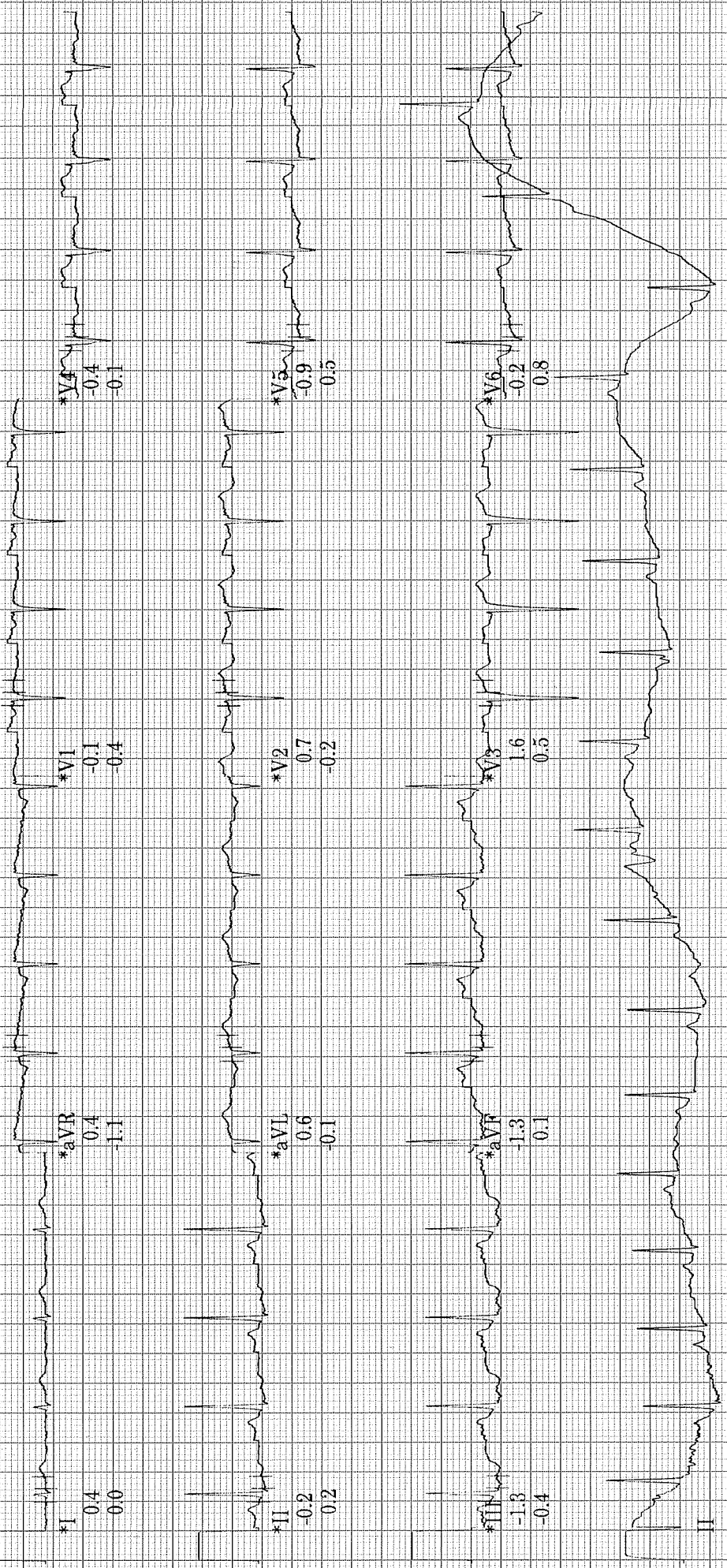
MAPARI, NAYANA
ID: 000066400
15-Nov-2024
12:33:03

102bpm
ST @ 10mm/mV
80ms postJ

RECOVERY
Post
1:00

BRUCE
**,*mph
**,*%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz-IR-46

* Computer Synthesized Rhythm

MAC55-009C

G.A.H.

MAPARI, NAYANA
ID: 000066400
15-Nov-2024
12:34:03

84bpm
RECOVERY
Post
2:00

BRUCE
** *mph
** *%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ

*I
0.1
0.0

*aVR
0.0
-0.8

*V1
0.4
-0.1

*V4
0.1
0.1

*II
-0.8
-0.1

*aVL
0.5
0.0

*V2
0.9
0.2

*V5
-0.1
0.3

*III
-1.1
-0.3

*aVF
-1.4
-0.3

*V3
1.4
0.6

*V6
-0.4
1.0

Raw Rhythm

Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55-009C

G/4H

GRADED EXERCISE SUMMARY

MAPARI, NAYANA
 ID: 000066400
 27 years
 Asian
 Female
 BRUCE
 Max HR: 147bpm
 Max BP: 120/70
 Reason for Termination: Target HR Achieved
 Comments:

Total Exercise time: 9:05
 76% of max predicted 193bpm
 Maximum workload: 10.2 METS

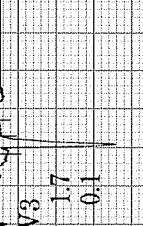
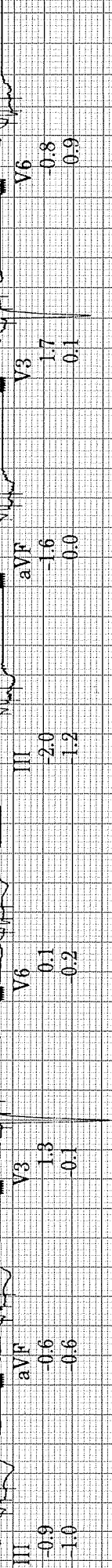
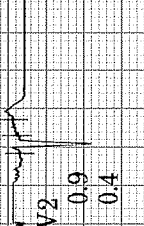
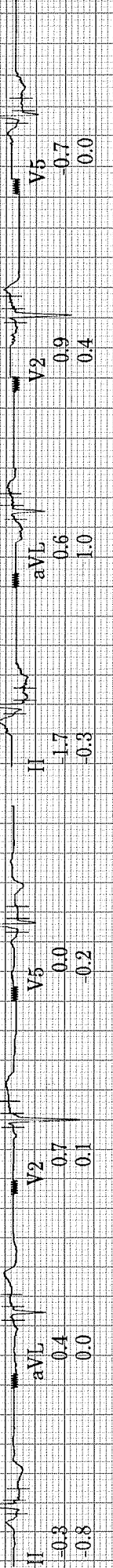
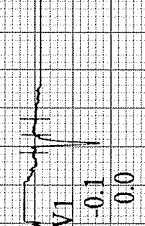
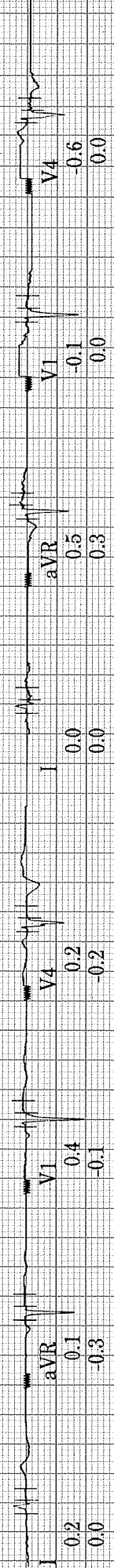
25.0 mm/s
 10.0 mm/mV
 100hz

Referred by:
 Test ind:

BASELINE
 EXERCISE STAGE I
 0:00 1.4 METS

RECOVERY Post
 0:12 9.6 METS

MAX ST
 150bpm
 ST @ 10mm/mV
 80ms postJ



GRADED EXERCISE SUMMARY

MAPARI, NAYANA
 ID: 000066400
 27 years
 15-Nov-2024
 12:19:43

Asian

Female

BRUCE
 Max HR: 147bpm 76% of max predicted 193bpm
 Max BP: 120/70
 Maximum workload: 10.2 METS

25.0 mm/s
 10.0 mm/mV
 100hz

Reason for Termination: Target HR Achieved
 Comments: STRESS TEST IS NEGATIVE.

Referred by:
 Test ind:

BASELINE
 EXERCISE STAGE I
 0:00 1.4 METS

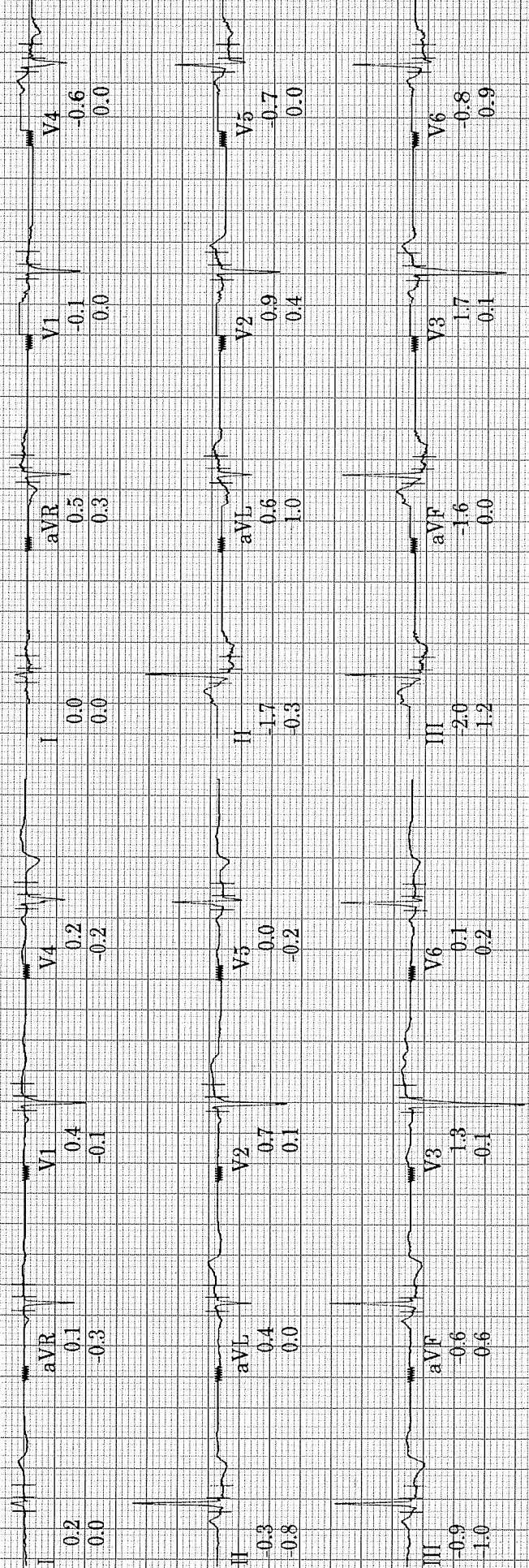
78bpm
 ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)

RECOVERY Post
 0:12 9.6 METS

MAX ST
 150bpm
 ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)



Technician:

Unconfirmed

APOLLO SPECTRA TARDEO MUMBAI

MAC55 009C

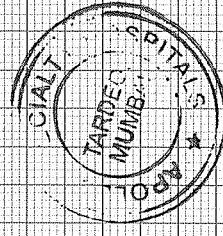
G.A.H

TABULAR SUMMARY REPORT

MAPARI, NAYANA
 ID: 000066400
 27years
 Asian
 Female
 BRUCE
 Max HR: 147bpm 76% of max predicted 193bpm
 Max BP: 120/70
 Total Exercise time: 9:05
 Maximum workload: 10.2METS
 Reason for Termination: Target HR Achieved
 Comments: STRESS TEST IS NEGATIVE.

15-Nov-2024
 12:19:43

Referred by:
 Test ind:



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

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Work Load (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:32	***	***	1.0	74	110/70	81
EXERCISE	STANDING	0:15	***	***	1.0	68		
	HYPERVENT	1:28	0.5	0.0	1.4	78		
	STAGE 1	3:00	1.7	10.0	4.6	100		
	STAGE 2	3:00	2.5	12.0	7.0	114	120/70	137
RECOVERY	STAGE 3	3:00	3.4	14.0	10.1	141		
	STAGE 4	0:05	4.2	15.4	10.2	146		
	Post	2:02	***	***	1.0	85		

Unconfirmed

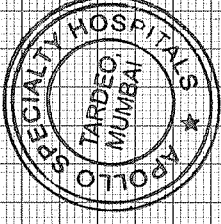
Technician:

MAPARI, NAYANA
ID: 000066400
15-Nov-2024
12:21:02

73bpm
BP: 110/70

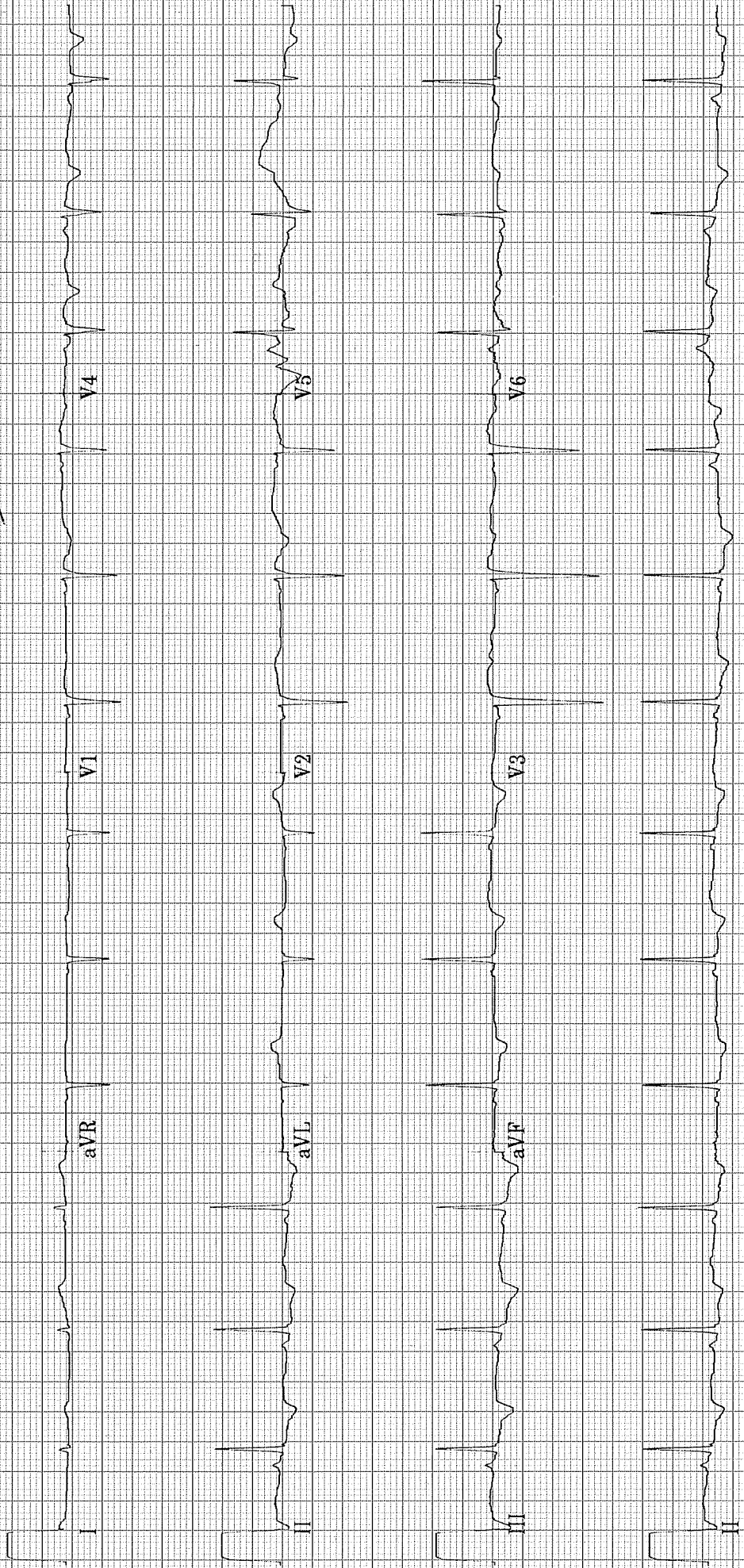
PRETEST
SUPINE
119

BRUCE
** *mph
***%



DR. (MRS.) CHHAYA P. VAHA
M.D. (MUM)
Physician & Cardiologist
Reg. No. 55842

Gen soft changes



Customer Care

From: noreply@apolloclinics.info
Sent: 14 November 2024 16:03
To: prahad08@gmail.com
Cc: cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed



Dear Nayana Sanjay Mapari,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-11-15** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .

Contact No: 022 - 4332 4500.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Patient Name	: Mrs. NAYANA SANJAY MAPARI	Age/Gender	: 27 Y/F
UHID/MR No.	: STAR.0000066400	OP Visit No	: STAROPV74816
Sample Collected on	:	Reported on	: 15-11-2024 13:16
LRN#	: RAD2434991	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 507866083205		

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

Patient Name	: Mrs. NAYANA SANJAY MAPARI	Age/Gender	: 27 Y/F
UHID/MR No.	: STAR.0000066400	OP Visit No	: STAROPV74816
Sample Collected on	:	Reported on	: 15-11-2024 12:01
LRN#	: RAD2434991	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 507866083205		

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 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 9.4 x 3.8 cms and the **LEFT KIDNEY** measures 9.6 x 4.1 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 6.6 x 3.9 x 3.3 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.1 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.3 x 1.8 cms. Left ovary measures 2.9 x 1.6 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

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

Patient Name : Mrs. NAYANA SANJAY MAPARI

Age/Gender : 27 Y/F



Dr. VINOD SHETTY
Radiology