

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SHWETAMBARJI KIRAN LAD

SUDHAKAR HARISHCHANDRA  
NARVEKAR  
07/09/1987

Permanent Account Number

AGKPN7058H

*Shwetakar*  
Signature



13072018

**OUT-PATIENT RECORD**

Date :  
MRNO :  
Name :  
Age/Gender :  
Mobile No :  
Passport No :  
Aadhar number :

13/1/24  
060698  
Mrs. Shwetambini Kad.  
36 y 28 / F

Pulse : 96/min	B.P. : 120/70	Resp : 18/min	Temp : 98
Weight : 69.0 kg	Height : 157 cm	BMI : 28.0	Waist Circum : 84 cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

married, Nonvegetarian  
Sleep: @ B/R @ No Allergy.  
No addiction MC 5-6/28 days.  
FH: Nil.  
Feb 9.9. acute PC 8-10/24 F.  
T. Sofferon gel 1-0-0 x 2 months  
T. Norflex 400 1-0-1 x 10 days  
Physically fit.

Follow up date:

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

Doctor Signature

Patient Name : Mrs.SHWETAMBARI K LAD  
Age/Gender : 36 Y 4 M 6 D/F  
UHID/IMR No : STAR.0000060698  
Visit ID : STAROPV66432  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : AGKPN7058H

Collected : 13/Jan/2024 08:32AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:26PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Hypochromasia(+), Microcyte(+), Anisocyte(+)

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Hypochromasia(+), Microcyte(+), Anisocyte(+) blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY  
SIN No:BED240008980

**Patient Name** : Mrs. SHWETAMBARIK LAD  
**Age/Gender** : 36 Y 4 M 6 D/F  
**UHID/MR No** : STAR.0000060898  
**Visit ID** : STAROPV66432  
**Ref Doctor** : Dr. SELF  
**Emp/Auth/TPA ID** : AGKPN7058H

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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. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>9.9</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	32.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.99	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.2	fL	83-101	Calculated
MCH	24.9	pg	27-32	Calculated
MCHC	31	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,680	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2808	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1497.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	93.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	280.8	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	<b>240000</b>	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Hypochromasia(+), Microcyte(+), Anisocyte(+)

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 13




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

SIN No:BED24008980

**FOUNDING CEO**  
Patient Name : Mrs.SHWETAMBARI K LAD  
Age/Gender : 36 Y 4 M 6 D/F  
UHID/MR No : STAR.0000060698  
Visit ID : STAROPV66432  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : AGKPN7058H

Collected : 13/Jan/2024 08:32AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:26PM  
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**

IMPRESSION : Hypochromasia(+), Microcyte(+), Anisocyte(+) blood picture

Note/Comment : Please Correlate clinically

Page 3 of 13



**DR. APEKSHA MADAN**  
MBBS, DPE,  
PATHOLOGY  
SIN No:BED240008980

Patient Name : Mrs. SHWETAMBARI K LAD Age/Gender : 36 Y 4 M 6 D/F UHID/MR No : STAR.0000060698 Visit ID : STAROPV66432 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : AGKPN7058H	Collected : 13/Jan/2024 06:32AM Received : 13/Jan/2024 12:21PM Reported : 13/Jan/2024 02:04PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>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




DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 SIN No:BED240008980

Patient Name	Mrs. SHWETAMBARIK LAD	Collected	: 13/Jan/2024 03:12PM
Age/Gender	: 36 Y 4 M 6 DF	Received	: 13/Jan/2024 03:55PM
UHID/MR No	: STAR.0000060898	Reported	: 13/Jan/2024 04:15PM
Visit ID	: STAROPV68432	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: AGKPN7056H		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	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  $\geq$  or = 126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL, on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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, DPM  
PATHOLOGY  
SIN No: PLP1408585

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 04:39PM
UHID/MR No : STAR.0000060598	Reported : 13/Jan/2024 07:37PM
Visit ID : STAROPV66432	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AGKPN7058H	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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. Pratibha Kadam  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240003775



TOUCHING LIVES

Patient Name : Mrs.SHWETAMBARIK LAD  
 Age/Gender : 36 Y 4 M 8 D/F  
 UHID/MR No : STAR.0000060696  
 Visit ID : STAROPV86432  
 Ref Doctor : Dr.SELF  
 Empl/Auth/TPA ID : AGKPN7058H

Collected : 13/Jan/2024 08:32AM  
 Received : 13/Jan/2024 12:10PM  
 Reported : 13/Jan/2024 01:59PM  
 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. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	66	mg/dL	<150	
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.15		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithms now include absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04599554

Patient Name : Mrs.SHWETAMBARI K LAD  
 Age/Gender : 38 Y 4 M 6 D/F  
 UHID/MR No : STAR.0000060698  
 Visit ID : STAROPV66432  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : AGKPN7058H

Collected : 13/Jan/2024 08:32AM  
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 Reported : 13/Jan/2024 01:58PM  
 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. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
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)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	56.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**


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

**3. Synthetic function impairment:**

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

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 DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04599554

Patient Name : Mrs.SHWETAMBARI K LAD  
Age/Gender : 36 Y 4 M 6 D/F  
UHID/MR No : STAR.0000060698  
Visit ID : STAROPV66432  
Ref Doctor : Dr.SELF  
Empl/Auth/TPA ID : AGKPN7058H

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DEPARTMENT OF BIOCHEMISTRY

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



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:SE04599554

TOUCHING LIVES

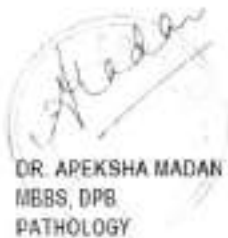
Patient Name : Mrs.SHWETAMBARI K LAD  
 Age/Gender : 36 Y 4 M 5 D/F  
 UHID/MR No : STAR.0000060698  
 Visit ID : STAROPV66432  
 Ref Doctor : Dr.SELF  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	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	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE

DR. APEKSHA MADAN  
 MBBS, DPG  
 PATHOLOGY

SIN No:SE04599554

Patient Name : Mrs. SHWETAMBARI K LAD  
 Age/Gender : 36 Y 4 M 6 D/F  
 LHID/MR No : STAR.0000080696  
 Visit ID : STAROPV66432  
 Ref Doctor : Dr. SELF  
 Empl/Auth/TPA ID : AGKPN7058H

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DEPARTMENT OF BIOCHEMISTRY

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

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




DR. APEKSHA MADAN  
 MBBS, DPB,  
 PATHOLOGY

SIN No:SE04599554

TOUCHING LIVES

Patient Name : Mrs. SHWETAMBARI K LAD  
 Age/Gender : 36 Y 4 M 6 D/F  
 UHID/MR No : STAR.0000060698  
 Visit ID : STAROPV86432  
 Ref Doctor : Dr. SELF  
 Emp/Auth/TPA ID : AGKPN7058H

Collected : 13/Jan/2024 08:32AM  
 Received : 13/Jan/2024 11:22AM  
 Reported : 13/Jan/2024 01:55PM  
 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. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.75	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.890	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY  
 SEN No: SPL24005970

Patient Name : Mrs. SHWETA MBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 02:58PM
UHID/MR No : STAR.0000060688	Reported : 13/Jan/2024 04:04PM
Visit ID : STARDPV88432	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID : AGKPN7058H	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	8-10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	MICROSCOPY
RBC	Occasional	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Bacteria Present (+)			MICROSCOPY
Kindly correlate clinically				

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

Page 13 of 13

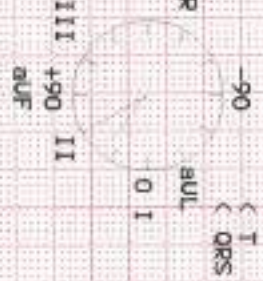



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No: UJR2261729

Measurement Results:

QRS	90 ms	
QT/QTcB	384 / 415 ms	
PR	(220) ms	aUR
P	(54) ms	aUL
PR/PP	856 / 855 ms	
P/QRS/T	/ 60/ 40 degrees	
QTd/QTcBd	16 / 17 ms	III +90
Sokolow	mV	aUF
NK	3	



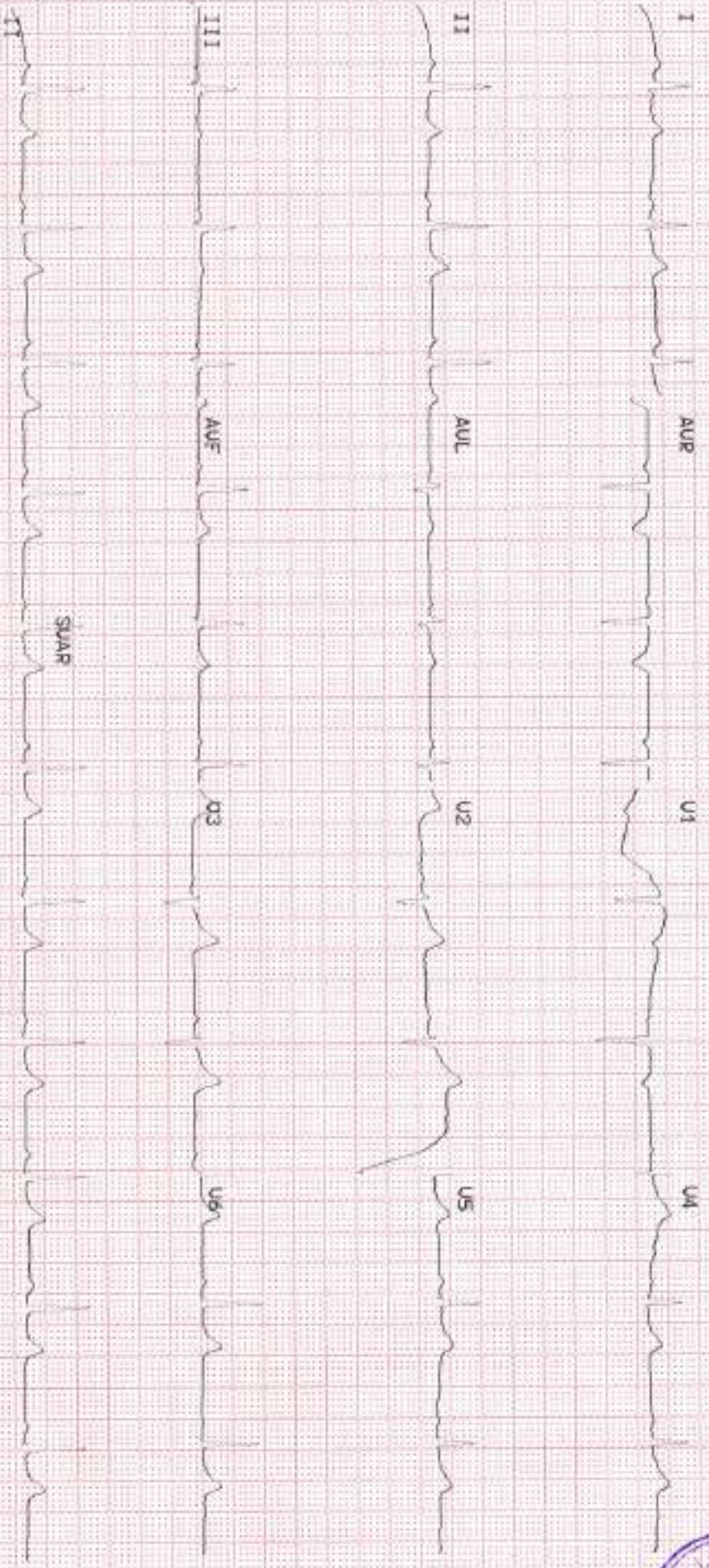
Interpretation:

atrial fibrillation  
 low QRS amplitudes  
 Note: Insufficient similar beats  
 probably abnormal ECG

*within Normal limits*

*Unconfirmed Report.*

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





Patient Name	: Mrs. SHWETAMBARI K LAD	Age	: 36 Y F
UHID	: STAR.0000060698	OP Visit No	: STAROPV66432
Reported on	: 13-01-2024 15:43	Printed on	: 13-01-2024 15:43
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:13-01-2024 15:43

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Patient Name : MRS.SHWETAMBARI LAD  
Ref. By : HEALTH CHECK UP

Date : 13-01-2024  
Age : 36 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 10.6 x 4.6 cms and the **LEFT KIDNEY** measures 11.4 x 4.5 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
- The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.
- URINARY BLADDER** : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.
- UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.7 x 5.0 x 3.4 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.8 mms. No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern.  
Right ovary measures 2.5 x 1.5 cms.  
Left ovary measures 2.5 x 1.6 cms  
There is no free fluid seen in cul de sac.

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

Report with compliments.

DR. VINOD V. SHETTY

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

Name : Mrs.Shwetambari Lad  
Age : 36 Year(s)

Date : 13/01/2024  
Sex : Female  
Visit Type : OPD

### **ECHO Cardiography**

#### **Comments:**

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

#### **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

Name : Mrs. Shwetambari Lad  
Age : 36 Year(s)

Date : 13/01/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope 100mm/sec

EPSS 04mm

LA 24mm

AO 23mm


LVID (d) 42mm

LVID(s) 24mm

IVS (d) 11mm

LVPW (d) 11mm

LVEF 60% (visual)

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

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

**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)

13/1/24.

**OUT-PATIENT RECORD**

Date  
MRNO  
Name  
Age/Gender  
Mobile No  
Passport No  
Aadhar number :

Shwetambeli Dad.

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

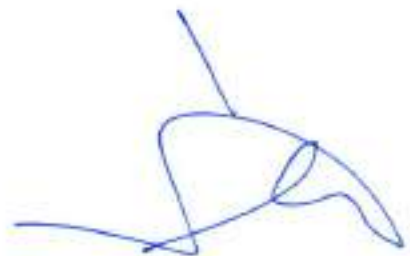
General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

pt. for ENT check up.

E → B/L wax.

N → } LNL  
T → }



Dr. Mitul Bhatt

Follow up date:

Doctor Signature

Shwetambari Lad 36 yrs

13 | 1 | 24

No Gynae complaints

M/H -  $\frac{5-6}{30d}$  - Reg mod - PLL LMP - 6/1/24

O/H - P/H - 0 → 5 yrs USC - oligo.

P/H - NO major past med/ sx illness

F/H - Nil

O/E  
PT bleeding (periods).  
PLU after bleeding stops.

Done

**PAP SMEAR CONSENT FORM**

Patient name: <u>Shwetam <sup>ban</sup></u>	Age: <u>36 yrs</u>	Gender: <u>Female</u>
UHID: <u>60698</u>	Date: <u>13/1/24</u>	

**MENSTRUAL AND REPRODUCTIVE HISTORY**

Age of menarche:	<u>12</u>
Age of menopause, if applicable:	<u>-</u>
Menstrual regularity:	<u>Regular/irregular</u>
Menstrual frequency:	<u>5 days / 30 days</u>
First day of last menstrual period:	Date: <u>6/1/24</u>
Age at marriage:	<u>27</u>
Years of married life:	<u>9</u>
Contraception:	<input type="radio"/> Yes <input checked="" type="radio"/> No ; if yes what kind? _____
Hormonal treatment:	<input type="radio"/> Yes <input checked="" type="radio"/> No ; if yes, what kind? _____
Gravida (no. of times conceived):	<u>1</u>
Para (no. of childbirths > 20 wks):	<u>1</u>
Live (no. of living children):	<u>1</u>
Abortions (no. of miscarriages/abortions):	<u>-</u>
Age of first child:	<u>5</u>
Age of last child:	<u>5</u>
Previous Pap smear report:	

**SPECULUM EXAMINATION FINDINGS**

External genitalia:	
Vagina:	
Cervix:	
Smear taken from:	<input type="radio"/> Ectocervix <input type="radio"/> Endocervix <input type="radio"/> Posterior vaginal fornix

I, \_\_\_\_\_, hereby declare that the above information is true. I have been explained the procedure and give my consent to undergo the same.

Signature of the patient: \_\_\_\_\_

Signature of the doctor: *[Signature]*

Date and place: 13/1/2024

CYTOPATHOLOGY/PAP REQUISITION FORM AD/QF/863

MR. NO. 60638 Referring Doctor DR. Vijay<sup>son</sup> Date 13/1/2024  
 Name Shwetambari Date of Birth 3/4/99 Sex Male / Female   
 Telephone \_\_\_\_\_ Collection Centre Gardes

No of slides collected (conventional PAP)

GYNANE CYTOLOGY

UBC

- Conventional Pap smear  Thin Prep

CLINICAL FEATURES

- Normal  Post Menopausal  
 Suspicious Lesions  Others

SITE OF SAMPLE

- Cervix  Endocervix  Post fornix  
 Lat Vaginal Wall  Vault  Others

History:

- Post Menopausal

Hormone Replacement (HRT)

- Others

Lamp 6/1/24  
 HISTORY/MISCELLANEOUS

NON GYNAE CYTOLOGY

- Ascetic  
 Peritoneal  
 Pleural  
 CSF  
 Urine  
 Pericardial  
 Bronchial  
 Sputum  
 Others  
 FNAC  
 SITE:

RELEVANT DETAILS/CLINICAL



**EYE REPORT**

Name: *Shwetambini Lond*

Date: *13/01/2019*

Age / Sex: *36yr / F*

Ref No.:

Complaint: *Neo w/o 98/100*  
*100 aculm w/o*

**Examination**

Spectacle Rx *U/C 6/6*  
*6/9*

*NCCA Ua fms*

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

Remarks: *Color Ua fms*

Medications: *As fms*

Trade Name	Frequency	Duration

Follow up: *Revised fms*

Consultant:



ID: 060698

Height 157cm

Date 12.1.2024

APOLLO SPECTRA HOSPITAL

Age 36

Gender Female

Time 16:00:25

## Body Composition

	Normal Range
Weight	44.0 ~ 59.5
Muscle Mass <small>Skeletal Muscle Mass</small>	19.5 ~ 23.9
Body Fat Mass	10.4 ~ 16.6
TBW <small>Total Body Water</small>	28.4 kg (26.4 ~ 30.2)
F.F.M. <small>Free Fat Mass</small>	38.4 kg (33.6 ~ 43.0)
Protein	7.6 kg (7.1 ~ 8.1)
Mineral <sup>1)</sup>	2.8 kg (2.44 ~ 2.98)

<sup>1)</sup> Mineral is estimated.

## Segmental Lean

	Lean Mass Evaluation
1.9kg Normal	1.9kg Normal
Trunk 17.8kg Normal	
5.9kg Under	5.9kg Under

## Obesity Diagnosis

BMI <small>Body Mass Index</small>	(kg/m <sup>2</sup> )	26.0	18.5 ~ 25.0
PBF <small>Percent Body Fat</small>	(%)	43.8	18.0 ~ 28.0
WHR <small>Waist-Hip Ratio</small>		0.92	0.75 ~ 0.85
BMR <small>Basal Metabolic Rate</small>	(kcal)	1208	1305 ~ 1632

## Nutritional Evaluation

Protein	✓ Sufficient	Deficient
Mineral	✓ Sufficient	Deficient
Fat	Normal	Deficient / Excessive
<b>Weight Management</b>		
Weight	Normal	Under / Over
Strength	Normal	Under / Strong
Fat	Normal	Under / Over
<b>Obesity Diagnosis</b>		
B.F.I.	Normal	Under / Over
P.B.F.	Normal	Under / Over
W.H.R.	Normal	Under / Over

## Segmental Fat

	Segmental Fat Evaluation
62.3%	61.7%
2.4kg Over	2.4kg Over
Trunk 44.3%	
11.9kg Over	
42.4%	42.4%
4.6kg Over	4.6kg Over

<sup>1)</sup> Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control 1.0kg Fat Control 18.3kg Fitness Score 61

## Impedance

Z	RA	LA	TR	RL	LL
200Hz	402.4	412.1	37.0	276.8	276.8
100Hz	366.1	378.0	33.3	250.8	249.1

<sup>1)</sup> Use your results as reference when consulting with your physician or fitness trainer.

## Exercise Planner

Plan your weekly exercises from the following and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 60 kg) / Duration (minutes)	Walking	Jogging	Cycling	Swimming	Swimming	Swimming	Aerobic
138	114	207	114	207	207	207	242
Table tennis	Tennis	Football	General fitness	Golf ball	Badminton		
156	207	242	315	151	156		
Badminton	Table tennis	Squash	Badminton	Table tennis	Golf		
345	245	445	207	245	121		
Push-ups	Swimming	Weight training	Table tennis	Swimming	Swimming		
121	121	121	121	121	121		

### How to do

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

### Recommended calorie intake per day

1300 kcal

Calculation for expected total weight loss for 4 weeks:  $\text{Total energy expenditure (kcal/week)} \times 4 \text{ weeks} + 7700$

<b>Patient Name</b>	: Mrs. SHWETAMBARI K LAD	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: STAR.0000060698	<b>OP Visit No</b>	: STAROPV66432
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-01-2024 15:43
<b>LRN#</b>	: RAD2207139	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: AGKPN7058H		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. SHWETAMBARI K LAD	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: STAR.0000060698	<b>OP Visit No</b>	: STAROPV66432
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-01-2024 12:12
<b>LRN#</b>	: RAD2207139	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: AGKPN7058H		

## 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 10.6 x 4.6 cms and the **LEFT KIDNEY** measures 11.4 x 4.5 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

## lymphadenopathy seen in the abdomen.

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

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

**UTERUS :** The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.7 x 5.0 x 3.4 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.8 mms. No focal mass lesion is noted within the uterus.

**OVARIES :** Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.5 x 1.5 cms. Left ovary measures 2.5 x 1.6 cms. There is no free fluid seen in cul de.

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

**Patient Name** : Mrs. SHWETAMBARI K LAD

**Age/Gender** : 36 Y/F

---



**Dr. VINOD SHETTY**  
Radiology


Patient Name : Mrs.SHWETAMBARI K LAD  
Age/Gender : 36 Y 4 M 6 D/F  
UHID/MR No : STAR.0000060698  
Visit ID : STAROPV66432  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : AGKPN7058H

Collected : 13/Jan/2024 08:32AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:26PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
RBC : Hypochromasia(+), Microcyte(+), Anisocyte(+)  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION :Hypochromasia(+), Microcyte(+), Anisocyte(+) blood picture  
Note/Comment : Please Correlate clinically

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



SIN No:BED240008980

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.0000060698	Reported : 13/Jan/2024 03:26PM
Visit ID : STAROPV66432	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AGKPN7058H	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>9.9</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>32.00</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.99	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>80.2</b>	fL	83-101	Calculated
MCH	<b>24.9</b>	pg	27-32	Calculated
MCHC	<b>31</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,680	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2808	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1497.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	93.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	280.8	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	240000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic


RBC : Hypochromasia(+), Microcyte(+), Anisocyte(+)

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 13



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



SIN No:BED240008980

**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:**

190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, HSR, Bengaluru  
Ph: 022 4552 4500


Patient Name : Mrs.SHWETAMBARI K LAD  
Age/Gender : 36 Y 4 M 6 D/F  
UHID/MR No : STAR.0000060698  
Visit ID : STAROPV66432  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : AGKPN7058H

Collected : 13/Jan/2024 08:32AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:26PM  
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**

IMPRESSION :Hypochromasia(+), Microcyte(+), Anisocyte(+) blood picture  
Note/Comment : Please Correlate clinically

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



SIN No:BED240008980

**Apollo Speciality Hospitals Private Limited**

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CIN- U85100TG2009PTC099414

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

**Address:**

190, Parnona One Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500




Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.0000060698	Reported : 13/Jan/2024 02:04PM
Visit ID : STAROPV66432	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AGKPN7058H	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	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:BED240008980

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

**Address:**

190, Patanjali One Labs, Behind Everest Building,  
Tandri Junction Central, Mumbai, Maharashtra  
Ph: 022 4552 4500

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 03:12PM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 03:55PM
UHID/MR No : STAR.0000060698	Reported : 13/Jan/2024 04:15PM
Visit ID : STAROPV66432	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AGKPN7058H	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	107	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**


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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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



Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 04:39PM
UHID/MR No : STAR.000060698	Reported : 13/Jan/2024 07:37PM
Visit ID : STAROPV66432	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AGKPN7058H	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



SIN No: EDT240003775

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.0000060698	Reported : 13/Jan/2024 01:59PM
Visit ID : STAROPV66432	Status : Final Report
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Emp/Auth/TPA ID : AGKPN7058H	

**DEPARTMENT OF BIOCHEMISTRY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	66	mg/dL	<150	
HDL CHOLESTEROL	<b>34</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.15		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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



SIN No:SE04599554

**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:**  
190, Panjara Gira Labs, Behind Everest Building,  
Tanaka Junction Central, HMTCL, Maracostina  
Ph: 022-4552 4500

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.0000060698	Reported : 13/Jan/2024 01:59PM
Visit ID : STAROPV66432	Status : Final Report
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Emp/Auth/TPA ID : AGKPN7058H	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	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)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	56.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**


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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



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MBBS, DPB  
PATHOLOGY



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CIN- U85100TG2009PTC099414

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

**Address:**


190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, HMTCL, Maracostina Ph: 022-4552 4500

Patient Name : Mrs.SHWETAMBARI K LAD  
Age/Gender : 36 Y 4 M 6 D/F  
UHID/MR No : STAR.0000060698  
Visit ID : STAROPV66432  
Ref Doctor : Dr.SELF  
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**DEPARTMENT OF BIOCHEMISTRY**

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

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



SIN No:SE04599554

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CIN- U85100TG2009PTC099414  
Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016


**Address:**  
190, Famous Cine Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4000 4500

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 12:10PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	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	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



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MBBS, DPB  
PATHOLOGY



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CIN- U85100TG2009PTC099414  
Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016


**Address:**  
190, Park Road, 5th Floor, Behind Everest Building,  
Tambala (Jubilee Centre), Mumbai, Maharashtra  
Ph: 022-4552 4500

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

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

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MBBS, DPB  
PATHOLOGY

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Begumpet, Hyderabad, Telangana - 500016

**Address:**

190, Parnona One Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500



Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : STAR.0000060698	Reported : 13/Jan/2024 01:55PM
Visit ID : STAROPV66432	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.75	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.890	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 Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No:SPL24005970

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

**Address:**  
190, Panjara Gira Labs, Behind Everest Building,  
Tanaka Junction Central, HMT Nagar, Maracotta  
Ph: 022-4552 4500

Patient Name : Mrs.SHWETAMBARI K LAD	Collected : 13/Jan/2024 08:32AM
Age/Gender : 36 Y 4 M 6 D/F	Received : 13/Jan/2024 02:58PM
UHID/MR No : STAR.0000060698	Reported : 13/Jan/2024 04:04PM
Visit ID : STAROPV66432	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AGKPN7058H	

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	8-10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	MICROSCOPY
RBC	Occasional	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Bacteria Present (+)			MICROSCOPY

Kindly correlate clinically

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

Page 13 of 13



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



SIN No:UR2261729

**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:**  
190, Patanjali One Labs, Behind Everest Building,  
Tanishka Jubilee Centre, HSR, Bangalore  
Ph: 022 4552 4500