

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 02:16PM
Age/Gender : 42 Y 2 M 24 D/F	Received : 10/Sep/2023 09:10PM
UHID/MR No : STAR.0000058518	Reported : 12/Sep/2023 02:53PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

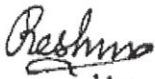
DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	15277/23
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. 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.Reshmi Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist

Page 1 of 1



SIN No:CS067682

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

Fwd: Health Check up Booking Confirmed Request(bobS45128),Package Code-
PKG10000305, Beneficiary Code-7812

sangeeta khapariye <sangeetakhapariye81@gmail.com>

Fri 08/09/2023 15:16

To:Fort Univer. Branch, Mumbai, Mumbai Metro(S) <FORTUN@bankofbaroda.com>

न: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक प
ION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLIC

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Mon, 4 Sept, 2023, 3:25 pm

Subject: Health Check up Booking Confirmed Request(bobS45128),Package Code-PKG10000305,
Beneficiary Code-7812

To: <sangeetakhapariye81@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Email:wellness@mediwheel.in

Dear Anil khapariye,

Please find the confirmation for following request.

Booking Date : 25-08-2023
Package Name : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D
ECHO (Metro)
Name of Diagnostic/Hospital : Apollo Spectra - Tardeo
Address of Diagnostic/Hospital : Famous Cine Labs,156, Pt.M.M.Malviya Road ,Tardeo - 400034
Contact Details : 022 - 4332 4500/550
City : Mumbai
State : Maharashtra
Pincode : 400034
Appointment Date : 09-09-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name : **Sangeeta Khapariye**
कर्मचारी कूट क्र
E.C.No : **74336**

Sangeeta Khapariye
जारीकर्ता प्राधिकारी
Issuing Authority
C M (Co-ord/Security)
M & G Zone

Sangeeta Khapariye
धारक के हस्ताक्षर
Signature of Holder

Specialists in Surgery

OUT-PATIENT RECORD

Date : 9/9/2023
 MRNO :
 Name : Mrs Sangeeta Khapariye
 Age/Gender : 42 yrs / Female
 Mobile No :
 Passport No :
 Aadhar number :

Pulse : 94/min	B.P : 120/70	Resp : 16/min	Temp : (N)
Weight : 69.4	Height : 158	BMI : 27.8	Waist Circum : 103

General Examination / Allergies
History

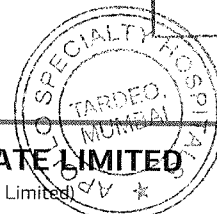
Clinical Diagnosis & Management Plan

SpO2 = 99-1.
 Married, Nonvegetarian
 Sleep: N B/B: (N)
 No Allergy No Spine Headache +ve
 Moderately Active mc: 5days/28days.
 No-education
 Operated Fishela 2015
 FH: Mother: HTDM Father: HT.
 USG: Bulky Uterus.
 Feb 7gm Sugar Fed
 ① Avoid Sugar/sweets
 ② Morning walk 45 min daily
 ③ Refer to gynaecologist
 ④ Repeat Sugar/CBE after 2 months
 ⑤ T. softener gold H-O x 2 months

Follow up date:

Dr. (Mrs.) CHHAYA P. VAJA
 M. D. (MUM)
 Physician & Cardiologist
 Reg. No. 56842

Doctor Signature



APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

EYE REPORT

Name: *Sangeeta Khapavign*

Date: *09/09/2013*

Age / Sex: *42 yr / F*

Ref No.:

Complaint: *? clo 200 sec.*
no m/o 887 DA

Examination

Spectacle Rx *UCL 6P* *Mean UCL 6*

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

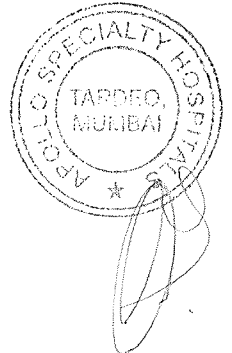
Remarks: *Colours UCL 6m*

Medications: *As 6m*

Trade Name	Frequency	Duration

Follow up: *Free vision 6m*

Consultant:



Specialists in Surgery

OUT- PATIENT RECORD

Date : 9/9/2023
 MRNO :
 Name : Sangeeta Khapariye
 Age/Gender : 42yrs / F
 Mobile No :
 Passport No :
 Aadhar number :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

- For Health Check up

- Offers no complaints

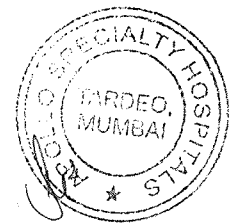
O/E- Ears



B/LTM intact, mobile

Throat } NAD
 Nose }

Imp: ENT-NAD



Follow up date:

Doctor Signature

TOUCHING LIVES

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
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Emp/Auth/TPA ID : 74336	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells, Mild Elliptocyte

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells, Mild Elliptocyte blood picture.

Note/Comment : Please Correlate clinically

Advice :- Serum Iron studies, Serum Ferritin level & Hb HPLC to rule out Hb variant.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	7	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	24.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.09	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	58.7	fL	83-101	Calculated
MCH	17.1	pg	27-32	Calculated
MCHC	29.1	g/dL	31.5-34.5	Calculated
R.D.W	16.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,950	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	22	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6965	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2189	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	199	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	597	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	380000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Result is rechecked. Kindly correlate clinically



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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



TOUCHING LIVES

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 12:44PM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 02:12PM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 03:07PM
Visit ID : STAROPV62960	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-100	GOD - POD
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	143	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



TOUCHING LIVES

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 03:49PM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 06:09PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , <i>WHOLE BLOOD EDTA</i>	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , <i>WHOLE BLOOD EDTA</i>	103	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Test Name	Result	Unit	Bio. Ref. Range	Method



TO SAVING LIVES

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:46AM
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Visit ID : STAROPV62960	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	153	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	111	mg/dL	<150	
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.10		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

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
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)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.48	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	14.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	8.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	16-73	Glycylglycine Kinetic method



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Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:48AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 01:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

Expertise. Empowering you.

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.81	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.04	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.130	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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

TOUCHING LIVES

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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TOUCHING LIVES

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	FEW BACTERIA PRESENT.			MICROSCOPY

Kindly Correlate Clinically.

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)


TOUCHING LIVES

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



Patient Name	: Mrs. SANGEETA KHAPARIYE	Age	: 42 Y F
UHID	: STAR.0000058518	OP Visit No	: STAROPV62960
Reported on	: 11-09-2023 08:32	Printed on	: 11-09-2023 08:32
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: 11-09-2023 08:32

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MRS. SANGEETA KHAPARIYE
Ref. By : HEALTH CHECK UP

Date : 09-09-2023

Age : 42 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 10.5 x 4.0 cms and the **LEFT KIDNEY** measures 11.2 x 5.1 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 appears bulky in size measures 11.9 x 9.2 x 7.5 cms. And reveals a very large posterior intramural fibroid measuring 11.0 x 8.9 x 7.3 cms compressing and displacing the endometrial cavity anteriorly. The Endometrial thickness measures 7.2 mms.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.4 x 2.0 cms.
Left ovary measures 3.0 x 1.7 cms
There is no free fluid seen in cul de sac.

IMPRESSION : The Ultrasound examination reveals bulky uterus associated with a very large posterior intramural fibroid measuring 11.0 x 8.9 x 7.3 cms compressing and displacing the endometrial cavity anteriorly

Report with compliments.

DR. VINOD V. SHETTY MD, D.M.P.D.
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: 040 - 4904 7777 | www.apollohl.com

Patient Name : MRS. SANGEETA KHAPARIYE
Ref. By : HEALTH CHECK UP

Date : 09-09-2023
Age : 42 years

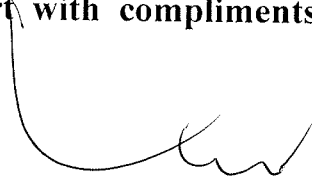
SONOGRAPHY OF BREAST

Real time ultrasound of the Breast was performed with a 11 mHz transducer.

The breast on either side shows normal parenchymal echotexture.
Retroareolar region on either side appear normal. No duct dilatation is noted.
No parenchymal focal solid or cystic mass lesion is noted on either side.
No obvious focal calcification is seen within the breast.
No evidence of axillary lymph nodes seen.

IMPRESSION: Normal Ultrasound examination of the Breast .

Report with compliments.



DR VINOD V SHETTY
M.D,D.M.R.D
CONSULTANT RADIOLOGIST

Name : Ms. Sangeeta Khapariye
Age : 42 Year(s)

Date : 09/09/2023
Sex : Female
Visit Type : OPD

ECHO Cardiography

Comments:

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

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


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

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

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

Name : Ms. Sangeeta Khapariye
Age : 42 Year(s)

Date : 09/09/2023
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	110mm/sec
EPSS	04mm
LA	32mm
AO	26mm
LVID (d)	47mm
LVID(s)	27mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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

ID: _____ Height: 158cm Date: 9.9.2023 APOLLO SPECTRA HOSPITAL
 Age: 42 Gender: Female Time: 09:01:39

Body Composition

	Normal	Over	UNIT	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	69.4 kg		44.6 ~ 60.3
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	21.4 kg		19.8 ~ 24.2
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	29.8 kg		10.5 ~ 16.8
TBW Total Body Water	29.0 kg (26.7 ~ 32.6)		FFM Fat Free Mass	39.6 kg (34.1 ~ 43.5)
Protein	7.8 kg (7.2 ~ 8.7)		Mineral*	2.84 kg (2.47 ~ 3.02)

* Mineral is estimated.

Obesity Diagnosis

	Normal Range
BMI Body Mass Index (kg/m ²)	27.8 18.5 ~ 25.0
PBF Percent Body Fat (%)	42.9 18.0 ~ 28.0
WHR Waist-Hip Ratio	0.99 0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1226 1409 ~ 1640

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

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

Segmental Lean

	Lean Mass Evaluation
2.1kg Normal	2.2kg Normal
Trunk 19.0kg Normal	
5.8kg Under	5.8kg Under

Segmental Fat

	Fat Mass Evaluation
50.8%	50.1%
2.4kg Over	2.3kg Over
Trunk 43.5%	
15.6kg Over	
40.0%	40.0%
4.1kg Over	4.1kg Over

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 0.7 kg Fat Control - 17.7 kg Fitness Score 62

Impedance

Z	RA	LA	TR	RL	LL
20kHz	376.0	391.2	26.1	298.4	298.3
100kHz	340.4	356.8	23.2	270.6	270.9

* 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: 69.4 kg / Duration: 30min. / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	139	243	208	243	226	243
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	157	208	243	347	132	157
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	347	347	347	208	243	122
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

1300 kcal

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

GE MAC1200 ST

MB Sangeeta 14th June 88 bpm
42 yrs 1fe

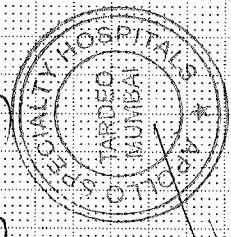
Measurement Results:

QRS : 78 ms
QT/QTcB : 344 / 416 ms
PR : 140 ms
P : 100 ms
RR/PP : 680 / 680 ms
P/QRS/T : 57 / 6 / -2 degrees

Interpretation:

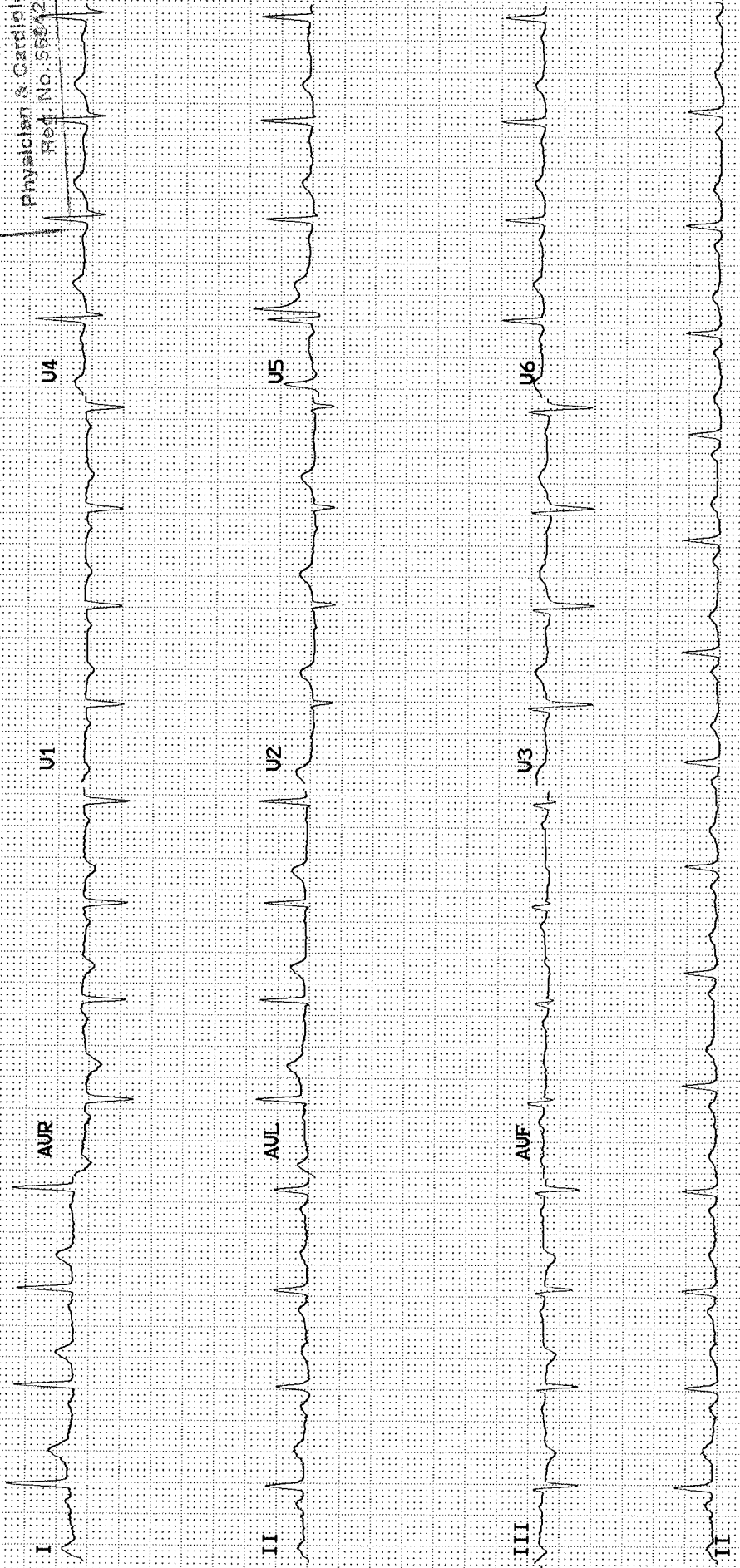
12SL - Interpretation:
Normal sinus rhythm
Normal ECG

Indicates Normal limits



Unconfirmed report

Dr. (Mrs.) CHHAYA P. VAJRA
M.D. (MUM)
Physician & Cardiologist
Reg. No. 56242



Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 11:00AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 12:24PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells , Mild Elliptocyte
WBC : Normal in number , morphology and distribution . No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells , Mild Elliptocyte blood picture.
Note/Comment : Please Correlate clinically
Advice :- Serum Iron studies , Serum Ferritin level & Hb HPLC to rule out Hb variant.



SIN No:BED230216919

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 11:00AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 12:24PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	24.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.09	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	58.7	fL	83-101	Calculated
MCH	17.1	pg	27-32	Calculated
MCHC	29.1	g/dL	31.5-34.5	Calculated
R.D.W	16.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,950	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	70	%	40-80	Electrical Impedence
LYMPHOCYTES	22	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6965	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2189	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	199	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	597	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	380000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR				
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Methodology : Microscopic

RBC : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells , Mild Elliptocyte

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells , Mild Elliptocyte blood picture.

Note/Comment : Please Correlate clinically

Advice :- Serum Iron studies, Serum Ferritin level & Hb HPLC to rule out Hb variant.

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 11:00AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Result is rechecked. Kindly correlate clinically



SIN No:BED230216919

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230216919

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 12:44PM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 02:12PM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 03:07PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-100	GOD - POD
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	143	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 03:49PM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 06:09PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 03:49PM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 06:09PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:EDT230082779

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 12:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	153	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	111	mg/dL	<150	
HDL CHOLESTEROL	30	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.10		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

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

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 12:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04475994

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 12:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



SIN No:SE04475994

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:

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

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 12:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.48	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	14.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	8.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



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Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 12:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	16-73	Glycylglycine Kinetic method



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Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:48AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 01:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.81	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.04	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.130	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 10:48AM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 01:18PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL23128250

Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 08:24AM
Age/Gender : 42 Y 2 M 24 D/F	Received : 09/Sep/2023 01:22PM
UHID/MR No : STAR.0000058518	Reported : 09/Sep/2023 02:40PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	FEW BACTERIA PRESENT.			MICROSCOPY

Kindly Correlate Clinically.



SIN No:UR2180640

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Patient Name : Mrs.SANGEETA KHAPARIYE	Collected : 09/Sep/2023 02:16PM
Age/Gender : 42 Y 2 M 24 D/F	Received : 10/Sep/2023 09:10PM
UHID/MR No : STAR.0000058518	Reported : 12/Sep/2023 02:53PM
Visit ID : STAROPV62960	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74336	

DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	15277/23
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. 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. APEKSHA MADAN
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PATHOLOGY



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Consultant Pathologist



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



SIN No:CS067682

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

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