

Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE  
Age/Gender : 40 Y 3 M 10 D/F  
UHID/MR No : STAR.0000031863  
Visit ID : STAROPV57989  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 578452255

Collected : 25/Mar/2023 09:33AM  
Received : 25/Mar/2023 11:44AM  
Reported : 25/Mar/2023 02:42PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically



SIN No:BED230075759

Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE	Collected : 25/Mar/2023 09:33AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD-EDTA**

<b>HAEMOGLOBIN</b>	12.8	g/dL	12-15	Spectrophotometer
PCV	40.50	%	36-46	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>5.05</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>80</b>	fL	83-101	Calculated
MCH	<b>25.3</b>	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2773	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1598	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	94	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	235	Cells/cu.mm	200-1000	Electrical Impedance

<b>PLATELET COUNT</b>	276000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-20	Modified Westergren

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Note/Comment : Please Correlate clinically



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(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

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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
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE	Collected : 25/Mar/2023 03:02PM
Age/Gender : 40 Y 3 M 10 D/F	Received : 25/Mar/2023 03:57PM
UHID/MR No : STAR.0000031863	Reported : 25/Mar/2023 05:11PM
Visit ID : STAROPV57989	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
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>105</b>	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	<b>99</b>	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.VEENA SANTOSHJI GAJBHIYE	Collected : 25/Mar/2023 09:33AM
Age/Gender : 40 Y 3 M 10 D/F	Received : 25/Mar/2023 04:06PM
UHID/MR No : STAR.0000031863	Reported : 25/Mar/2023 07:54PM
Visit ID : STAROPV57989	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA</b>	<b>6.5</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA</b>	140	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:EDT230031150

Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE	Collected : 25/Mar/2023 09:33AM
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UHID/MR No : STAR.0000031863	Reported : 25/Mar/2023 04:00PM
Visit ID : STAROPV57989	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
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	171	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	117	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.17		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	<b>123.00</b>	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated



SIN No:SE04331159

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

CREATININE	0.51	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.60</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



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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>15.00</b>	U/L	16-73	Glycylglycine Kinetic method



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UHID/MR No : STAR.0000031863	Reported : 25/Mar/2023 03:27PM
Visit ID : STAROPV57989	Status : Final Report
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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
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**THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	1.65	ng/mL	0.67-1.81	ELFA
Thyroxine (T4, TOTAL)	7.62	µg/dL	4.66-9.32	ELFA
Thyroid Stimulating Hormone (TSH)	2.050	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

**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



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Visit ID : STAROPV57989	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**COMPLETE URINE EXAMINATION , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	FEW BACTERIA SEEN.			MICROSCOPY



SIN No:UR2085270

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**DEPARTMENT OF CYTOLOGY**

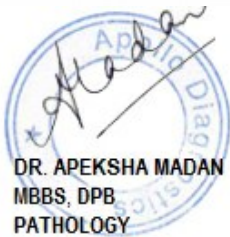
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

**LBC PAP TEST- PAPSURE , LBC FLUID**

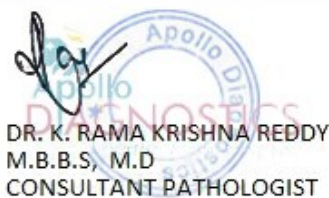
	<b>CYTOLOGY NO.</b>	5913/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

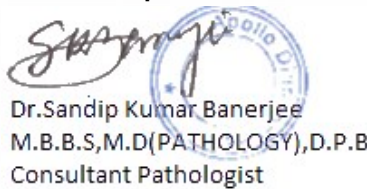
\*\*\* End Of Report \*\*\*



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



**DR. K. RAMA KRISHNA REDDY**  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



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



SIN No:CS061769

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

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TO SAVING LIVES


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DEPARTMENT OF CYTOLOGY

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LBC PAP TEST- PAPSURE , LBC FLUID		
	CYTOLOGY NO.	5913/23
<b>I</b>	<b>SPECIMEN</b>	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
a	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY
Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised		

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



DR. K. RAMA KRISHNA REDDY  
M.B.B.S., M.D  
CONSULTANT PATHOLOGIST

Page 1 of 1



SIN No:CS061769

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

Name: Veena S. Gaybhiye

Present Complaints: No

Date: 25/3/23

Age: 40/F.

Present Medications: No

Personal History:

Unmarried/Married

Diet: Veg/Mixed

Sleep: Normal/Disturbed/Snoring

Alcohol: No

Tobacco: Chews/Smokes No

Bowel: (N)

Bladder: (N)

Physical Activities: Active/Moderate/Sedentary

Allergy: No

Menstrual History: 3 days / 26 days

Past Medical History: No

Family History: Father: DM Mother: JEG

Physical Examination findings

Investigations:

Pulse: 61 /min

BP: 120/80 mm/hg

HBA1C 6.5 A/GS 140 UA 7.60.

No Pallor/icterus/cyanosis/clubbing/edema

Advice:

RS: (N)

① Avoid Sugar/sweets/High protein diet

CVS: (N)

② Morning walk 45 minutes

P/Abdo: (N)

③ Repeat Sugar/HA1c 2 months.

CNS: (N)

Musculoskeletal: (N)



Dr. (Mrs.) CHHAYA P. VAJA  
M. D. (MUM)  
Physician & Cardiologist  
Reg. No. 56642

Dr. Chhaya Vaja

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

Patient Name	: Mrs.VEENA SANTOSHJI GAJBHIYE	Collected	: 25/Mar/2023 09:33AM
Age/Gender	: 40 Y 3 M 10 D/F	Received	: 25/Mar/2023 11:44AM
UHID/MR No	: STAR.0000031863	Reported	: 25/Mar/2023 02:42PM
Visit ID	: STAROPV57989	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 578452255		

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, morphology and distribution. No abnormal cells seen  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen  
 IMPRESSION : Normocytic normochromic blood picture  
 Note/Comment : Please Correlate clinically



Patient Name <sup>s</sup> : Mrs.VEENA SANTOSHJI GAJBHIYE	Collected : 25/Mar/2023 09:33AM
Age/Gender : 40 Y 3 M 10 D/F	Received : 25/Mar/2023 11:44AM
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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
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HEMOGRAM , WHOLE BLOOD-EDTA				
<b>HAEMOGLOBIN</b>	12.8	g/dL	12-15	Spectrophotometer
PCV	40.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>5.05</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>80</b>	fL	83-101	Calculated
MCH	<b>25.3</b>	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2773	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1598	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	94	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	235	Cells/cu.mm	200-1000	Electrical Impedance
<b>PLATELET COUNT</b>	276000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
**IMPRESSION :** Normocytic normochromic blood picture  
**Note/Comment :** Please Correlate clinically



SIN No:BED230075759



Patient Name	: Mrs.VEENA SANTOSHJI GAJBHIYE	Collected	: 25/Mar/2023 09:33AM
Age/Gender	: 40 Y 3 M 10 D/F	Received	: 25/Mar/2023 11:44AM
UHID/MR No	: STAR.0000031863	Reported	: 25/Mar/2023 04:32PM
Visit ID	: STAROPV57989	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 578452255		

**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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE	Collected : 25/Mar/2023 03:02PM
Age/Gender : 40 Y 3 M 10 D/F	Received : 25/Mar/2023 03:57PM
UHID/MR No : STAR.0000031863	Reported : 25/Mar/2023 05:11PM
Visit ID : STAROPV57989	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 578452255	

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
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GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	99	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.VEENA SANTOSHJI GAJBHIYE	Collected : 25/Mar/2023 09:33AM
Age/Gender : 40 Y 3 M 10 D/F	Received : 25/Mar/2023 04:06PM
UHID/MR No : STAR.0000031863	Reported : 25/Mar/2023 07:54PM
Visit ID : STAROPV57989	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 578452255	

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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	140	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name <sup>s</sup> : Mrs.VEENA SANTOSHJI GAJBHIYE Age/Gender : 40 Y 3 M 10 D/F UHID/MR No : STAR.0000031863 Visit ID : STAROPV57989 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 578452255	Collected : 25/Mar/2023 09:33AM Received : 25/Mar/2023 11:31AM Reported : 25/Mar/2023 04:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	171	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	117	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.17		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE Age/Gender : 40 Y 3 M 10 D/F UHID/MR No : STAR.0000031863 Visit ID : STAROPV57989 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 578452255	Collected : 25/Mar/2023 09:33AM Received : 25/Mar/2023 11:31AM Reported : 25/Mar/2023 04:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	<b>123.00</b>	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated



Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE Age/Gender : 40 Y 3 M 10 D/F UHID/MR No : STAR.0000031863 Visit ID : STAROPV57989 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 578452255	Collected : 25/Mar/2023 09:33AM Received : 25/Mar/2023 11:31AM Reported : 25/Mar/2023 04:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.51	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.60</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



Patient Name : Mrs.VEENA SANTOSHJI GAJBHIYE Age/Gender : 40 Y 3 M 10 D/F UHID/MR No : STAR.0000031863 Visit ID : STAROPV57989 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 578452255	Collected : 25/Mar/2023 09:33AM Received : 25/Mar/2023 11:31AM Reported : 25/Mar/2023 04:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	15.00	U/L	16-73	Glycylglycine Kinetic method
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Patient Name <sup>S</sup> : Mrs.VEENA SANTOSHJI GAJBHIYE Age/Gender : 40 Y 3 M 10 D/F UHID/MR No : STAR.0000031863 Visit ID : STAROPV57989 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 578452255	Collected : 25/Mar/2023 09:33AM Received : 25/Mar/2023 11:26AM Reported : 25/Mar/2023 03:27PM Status : Final Report 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
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.65	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.050	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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





Patient Name	: Mrs.VEENA SANTOSHJI GAJBHIYE	Collected	: 25/Mar/2023 09:33AM
Age/Gender	: 40 Y 3 M 10 D/F	Received	: 25/Mar/2023 01:42PM
UHID/MR No	: STAR.0000031863	Reported	: 25/Mar/2023 03:53PM
Visit ID	: STAROPV57989	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 578452255		

**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
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**COMPLETE URINE EXAMINATION , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	FEW BACTERIA SEEN.			MICROSCOPY

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


Result/s to Follow:  
LBC PAP TEST- PAPSURE

Patient Name <sup>S</sup> : Mrs.VEENA SANTOSHJI GAJBHIYE Age/Gender : 40 Y 3 M 10 D/F UHID/MR No : STAR.0000031863 Visit ID : STAROPV57989 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 578452255	Collected : 25/Mar/2023 09:33AM Received : 25/Mar/2023 01:42PM Reported : 25/Mar/2023 03:53PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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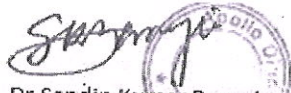
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. 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



mrbs Yeema Gaybhyar 61 bpm  
25/3/2023

Dr. (Mrs.) CHIKVA PVAJ  
M.D. (MB)  
Physician & Cardiologist  
Res. Nephrology

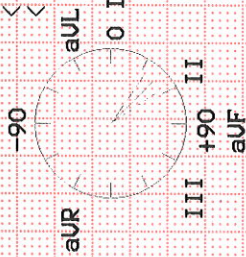
Measurement Results:

QRS 86 ms  
QT/QTcB 404 / 411 ms  
PR 122 ms  
P 92 ms  
RR/PP 966 / 955 ms  
P/QRS/T 55 / 45 / 35 degrees  
QTd/QTcBd 28 / 28 ms  
Sokolow 1.3 mV  
NK 9

Interpretation:

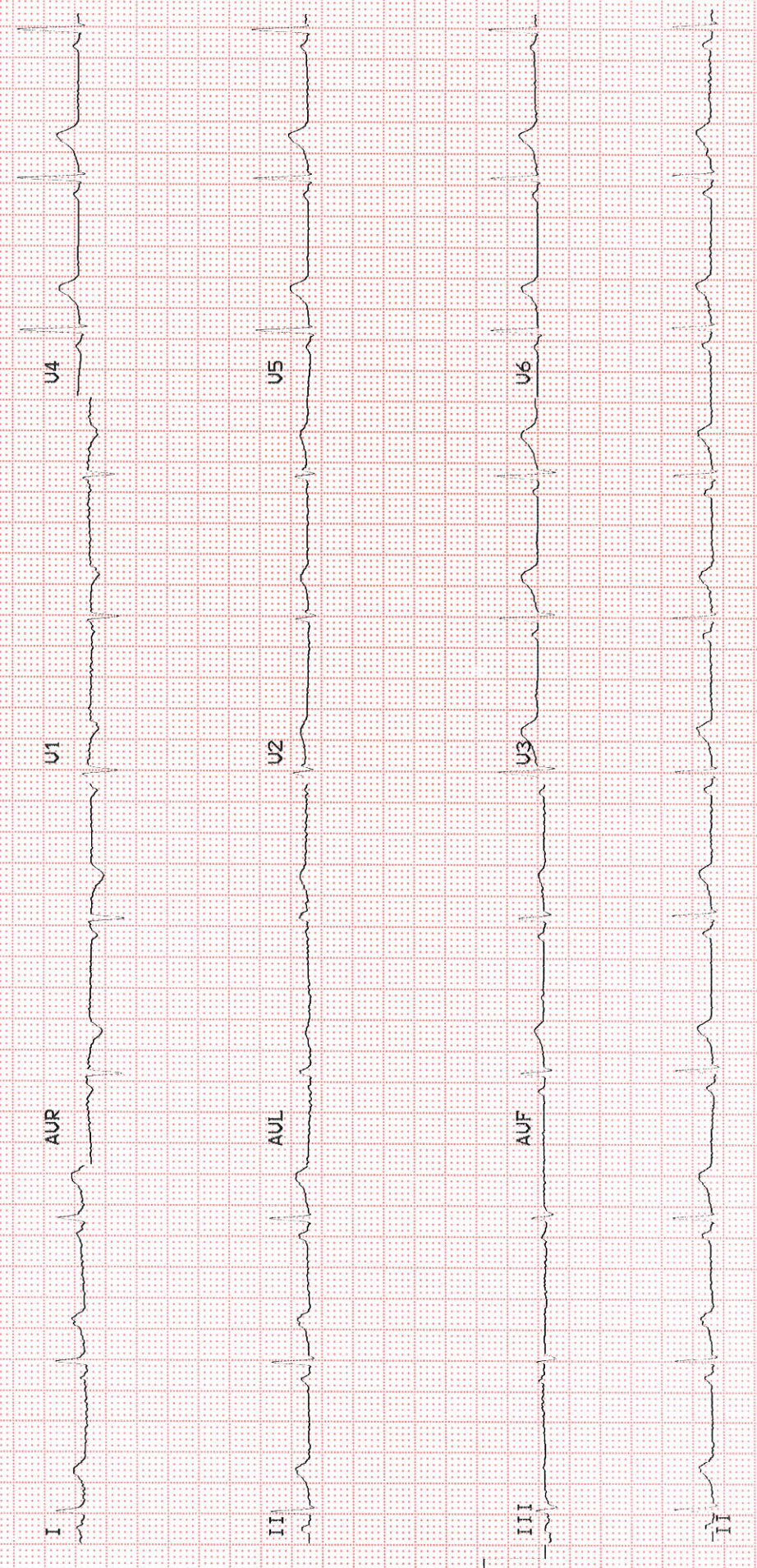
RSR' pattern  
R/S inversion area between U1 and U2  
probably normal ECG

< P  
< T  
< QRS



*mother Normal Sinus*

Unconfirmed report.



Patient Name	: Mrs. VEENA SANTOSHJI GAJBHIYE	Age	: 40 Y F
UHID	: STAR.0000031863	OP Visit No	: STAROPV57989
Reported on	: 25-03-2023 11:09	Printed on	: 25-03-2023 11:09
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 .

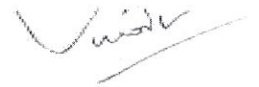
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.

Printed on:25-03-2023 11:09

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mrs.Veena Gajbhiye  
Age : 40 Year(s)

Date : 25/03/2023  
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=35mmHg.  
IVC 17mm collapsing with respiration.

**Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

Name : Mrs.Veena Gajbhiye  
Age : 40 Year(s)

Date : 25/03/2023  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	120mm/sec
EPSS	04mm
LA	21mm
AO	29mm
LVID (d)	41mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

**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**

**Specialists in Surgery**  
Patient Name : **MRS. VENA GAJBHIYE**  
Ref. by : **HEALTH CHECK UP**

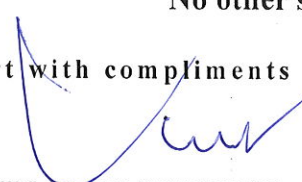
Date : **25-03-2023**  
Age : **40 year**

**SONOGRAPHY OF ABDOMEN & PELVIS**

- LIVER :** The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. 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 well distended and reveals normal wall thickness. There is no evidence of calculus 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 11.5 x 4.4 cms and the **LEFT KIDNEY** measures 11.0 x 4.9 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side. There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.
- URINARY BLADDER :** The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.
- UTERUS :** The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 6.4 x 4.4 x 3.2 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.5 mm. No focal mass lesion is noted within the uterus.
- OVARIES :** Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.4 x 1.7 cms. Left ovary measures 2.7 x 1.5 cms. There is no free fluid seen in cul de sac.

**IMPRESSION:** The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected

Report with compliments

  
**DR VINOD V SHETTY**  
M.D.,D.M.R.D.  
CONSULTANT SONOLOGIST

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

Vena Gajbhaye 60yrs 28/03/23

periods regular.  
No gynaec complaints.

MH -  $\frac{3d}{26d}$  - leg  
- mod  
- PLU LMP - 20/3/23

OH - P<sub>1</sub> - P<sub>1</sub> - ♀ 6 1/2 yrs C/S  
Non progress of labour.

PH - Hypothyroid in 2008. → Now not detected.  
Δtic Lap for infertility. in 2017.

PH - Father - HTN / DM  
Mother - HTN.

OL  
Cp - (H)  
Vog (H) LBC taken.




Name: Mrs Veena Santhoshji  
Gajbhiye

Age: 40/F


- For Health Check up
- C/o Pain (L) side of neck

O/E - Ears -  B/L TM intact, mobile  
R L

Nose - Mild DNS to (R)  
Mucosa healthy  
Airblast Equal both sides 

Throat - NAD

A - ENT - NAD

  
MAJ. (DR.) SHREYANI SHARMA  
M.S. (ENT) PGD HRM, PG DMLS  
MMC. 2019096177

ID  
Age 40

Height 147cm  
Gender Female

Date 25. 3. 2023  
Time 10:26:32

APOLLO SPECTRA HOSPITAL

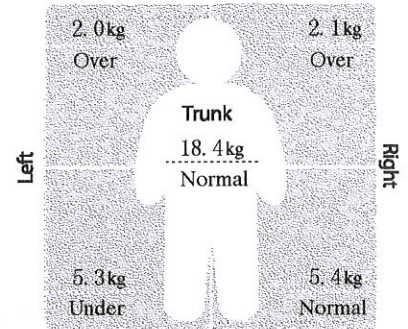
BP-120/80 mmHg

## Body Composition

	Under	Normal	Over	UNIT%	Normal Range
<b>Weight</b>	40 55 70 85	100 115 130 145	160 175 190 205		38.6 ~ 52.2
<b>Muscle Mass</b> Skeletal Muscle Mass	60 70 80 90	100 110 120 130	140 150 160 170		16.9 ~ 20.6
<b>Body Fat Mass</b>	20 40 60 80	100 160 220 280	340 400 460 (562.5)		9.1 ~ 14.5
<b>TBW</b> Total Body Water	27.4 kg (23.1 ~ 28.3)		<b>FFM</b> Fat Free Mass		37.2 kg (29.5 ~ 37.7)
<b>Protein</b>	7.4 kg (6.2 ~ 7.6)		<b>Mineral*</b>		2.41 kg (2.14 ~ 2.61)

\*Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
<b>BMI</b> Body Mass Index (kg/m <sup>2</sup> )	36.6	18.5 ~ 25.0
<b>PBF</b> Percent Body Fat (%)	53.0	18.0 ~ 28.0
<b>WHR</b> Waist-Hip Ratio	0.98	0.75 ~ 0.85
<b>BMR</b> Basal Metabolic Rate (kcal)	1173	1554 ~ 1817

## 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

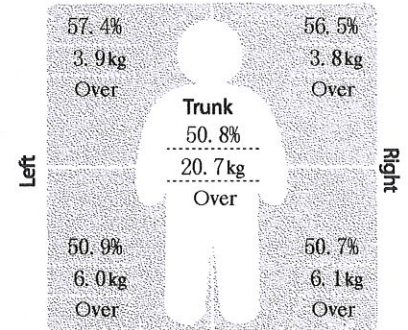
## Weight Management

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 type="checkbox"/> Over	<input checked="" 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 Fat



\*Segmental Fat is estimated.

## Muscle-Fat Control

<b>Muscle Control</b>	0.0 kg	<b>Fat Control</b>	- 30.8 kg	<b>Fitness Score</b>	51
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## Impedance

Z	RA	LA	TR	RL	LL
20kHz	352.2	380.6	28.4	256.3	266.4
100kHz	314.2	340.7	24.6	231.9	241.2

\*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: 79.1 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
158	277	237	277	258	277		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
179	237	277	396	150	179		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
396	396	396	237	277	139		
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

1200 kcal

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

आयकर विभाग  
INCOME TAX DEPARTMENT

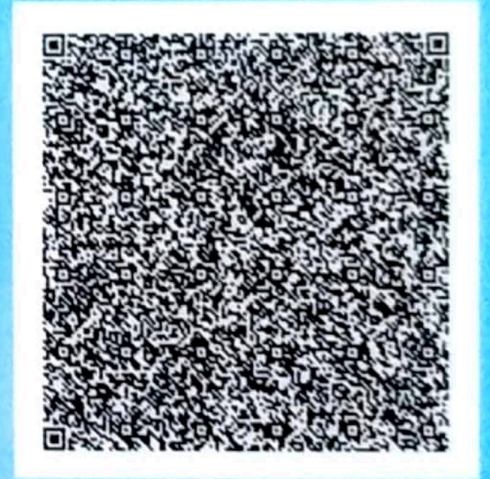


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

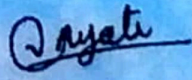
**AHKPA8212H**



नाम / Name  
VEENA SANTOSHJI GAJBHIYE

पिता का नाम / Father's Name  
DNYANESHWAR GOVIND AYATE

जन्म की तारीख /  
Date of Birth  
15/12/1982

  
हस्ताक्षर / Signature

03022020



Santosh Gajbiye &lt;santoshgajbiye@gmail.com&gt;

**Health Check up Booking Confirmed Request(bobS34829),Package Code-PKG10000317, Beneficiary Code-60168**

Mediwheel <wellness@mediwheel.in>  
To: santoshgajbiye@gmail.com  
Cc: customercare@mediwheel.in

Wed, Mar 22, 2023 at 4:37 PM



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear **Veena Santoshji Gajbiye,**

Please find the confirmation for following request.

**Booking Date** : 21-03-2023  
**Package Name** : Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D  
ECHO (Metro)  
**Name of Diagnostic/Hospital** : Apollo Spectra  
**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** : 25-03-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-8:30am  
**Comment** : APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

<b>Patient Name</b>	: Mrs. VEENA SANTOSHJI GAJBHIYE	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: STAR.0000031863	<b>OP Visit No</b>	: STAROPV57989
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-03-2023 15:31
<b>LRN#</b>	: RAD1959097	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 578452255		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. 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 well distended and reveals normal wall thickness. There is no evidence of calculus 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 11.5 x 4.4 cms and the **LEFT KIDNEY** measures 11.0 x 4.9 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.  
There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.

**URINARY: BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 6.4 x 4.4 x 3.2 cms.  
Normal myometrial & endometrial echoes are seen.  
Endometrial thickness is 8.5 mm.  
No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern.  
Right ovary measures 2.4 x 1.7 cms.  
Left ovary measures 2.7 x 1.5 cms.  
There is no free fluid seen in cul de sac.

**IMPRESSION** : The Ultrasound examination reveals mild fatty infiltration of the Liver.  
No other significant abnormality is detected



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. VEENA SANTOSHJI GAJBHIYE	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: STAR.0000031863	<b>OP Visit No</b>	: STAROPV57989
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-03-2023 11:09
<b>LRN#</b>	: RAD1959097	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 578452255		

**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