

Echocardiography Report

Name: Babita
Age/Sex: 44Yrs/F
Date: 16.09.2024

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement seen.
- No RWMA.
- LVEF - 60%
- Normal Diastolic function (E>A)
- Good RV function
- No MR
- Trace TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse

Observations:-Dimensions

LVID d=	28.8	(35-55mm)
LV IVS=	9.2	(06-11mm)
Pwd =	10.0	(06-11mm)
Ao =	22.6	(20-37mm)
LA =	23.8	(21-37mm)
LVEF =	60%	(55 +6.2%)

Apollo One (Unit of Apollo Health and Lifestyle Ltd)

Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

Mitral Valve - Normal

No MR

Aortic valve- Normal, Central closing in PLAX

Trace AR

Tricuspid Valve -


Trace TR

Pulmonary Valve-Norm

No PR

Impression:

- Normal Chamber dimensions & Valves
- Trace AR
- No RWMA
- Normal LV systolic function (EF= 60%)
- Normal Diastolic function
- No PAH

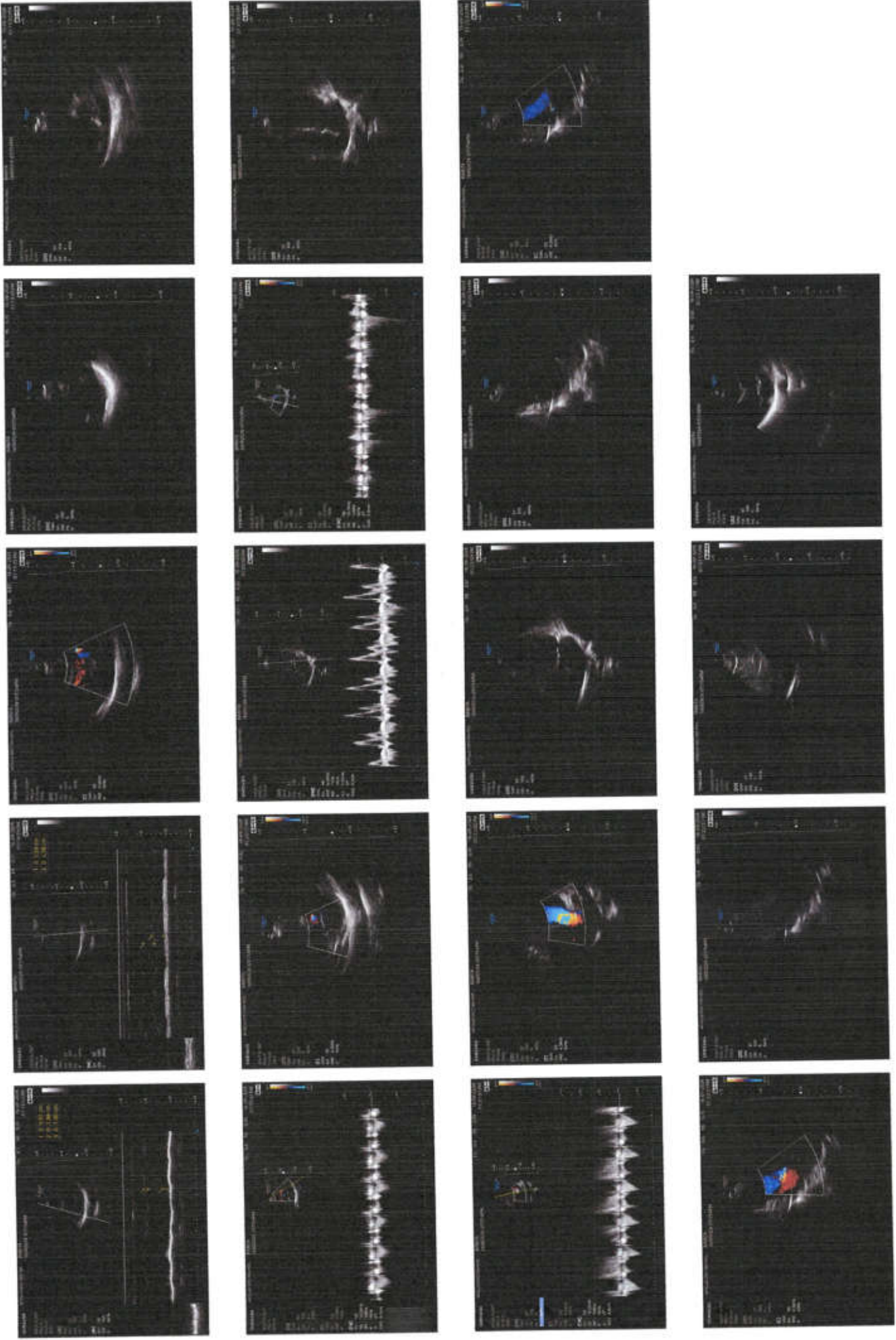

Dr. RAJNI SHARMA
MBBS, MD, DM Cardiology
Senior Consultant- Cardiology
Apollo One, Plot No 34, Pusa Road
New Delhi, India - 110029
Regn. No. DMC-22672
DR. RAJNI SHARMA (DM CARDIOLOGY)
SR. CONSULTANT

Patient
ID
Name
Birth Date
Gender

16082024-011754PM
BMBITA

Accession #
Exam Date
Description
Operator

16-09-2024



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Babita on 14/9/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<p>Medically Fit</p> <p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<p>Current Unfit.</p> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<p>Unfit</p>	<input type="checkbox"/>

Height: 154 cm

Weight: 64 kg

Blood Pressure: 138/70 mmHg

APOLLO HEALTH AND LIFESTYLE LTD.
Dr. [Signature]
Medical Officer
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005

This certificate is not meant for medico-legal purposes

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Mrs. Babita

Age - 44y/f

Height : 154 cm	Weight : 60 kg	BMI : 26.9	Waist Circum :
Temp : 98.1°F	Pulse : 73/mt	Resp : 20/mt	B.P : 138/70

General Examination / Allergies History

SP2 - 99%
Clinical Diagnosis & Management Plan

General Health Checkup

Past H/o → No previous H/o
↳ Recurrent H/o of Cold.

Surgical H/o - Previous C-section 5 years back

Allergy → Dust allergen. ~~no relevant~~
cough reflex after eating Onit.

Family H/o → F/M - No Rheumatoid H/o.

Addiction → NO ~~relevance~~
as such.

Menstruation - 8/9/24.
H/o Regular.

CNS → Pt. Conscious & oriented to T/P/P
CVS → S₂ Heard.
P/A → Soft & Non tender.
RS → B/L AE adequate -

Rx - 1

- ① Acid Red.
- ② Cough Reflex. → Refer to ENT Doctor for further evaluation
- ③ Review after Reports

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APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar
Pusa Road, WEA Karol Bagh
14/9/24

Follow up date:

Doctor Signature

Dr. Pakhee Aggarwal

MS, MIPHA, FICOG, MRCOG (UK), PGPMRCH

Commonwealth Fellow Gynae-Oncology (Oxford, UK)
UICC Fellow Robotic Gynae-Oncology (McGill, Canada)
ESGO-SERGS trained in Robotic Gynae & Oncology (ORSI, Belgium)
Former Senior Resident, AIIMS, Former Assistant Professor, LHMC
Senior Consultant, Gynae-Oncology & Robotic Surgery
Contact: 9868602466, DMC No.-R/2512



BABITA YUJIF 16/9/24

for health check

~~Not done~~

Last IUCD - Syngro (5yr cut) @ LHMC. (cut-375)

LMP - 8 & 9.24. - Nms this cycle.

P2L2, UD - 5yr. (LUS)

Sonogram - @

USG Pdo

Wt AIVNS

IUCD in situ

Blw @

LBC awaited.

A

- ~~consider the IUCD to be changed as~~

Syngro are up.

- PVSOS.

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www.apolloclinic.com

DR. ALVEEN KAUR

Senior Consultant - Dental
BDS, MIDA, REG NO- A-12249
Specialized in Surgical, & Cosmetic procedures & Trauma
For Booking Call on - 9817966537
Days: - Mon to Sat
10AM to 5PM



Ms. Babita

44/F

o/c:- Stained PP
attrition

Adv.

- fillings
- oral prophylaxis

Dr. Alveen Kaur
Signature
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www.apolloclinic.com

DR. RAJEEV NANGIA

MBBS, MS (ENT)

Senior Consultant

Contact: 8929440195

BABITA

Glyc F

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

H/o cold / cough
for past ENT
check up
ENT - NAD

General Health checkups

Adv

Past H/o →

Surgical → C-section
H/o (5 years ago)

Rajiv
14/9/24
APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh

Follow up date:

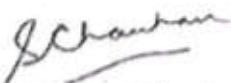
Doctor Signature

Patient Name	: Ms.BABITA BABITA	Collected	: 14/Sep/2024 11:06AM
Age/Gender	: 44 Y 2 M 9 D/F	Received	: 14/Sep/2024 12:36PM
UHID/MR No	: CAOP.0000001236	Reported	: 14/Sep/2024 02:17PM
Visit ID	: CAOPOPV01622	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32758		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation

Dr.Shivangi Chauhan
M.B.B.S,M.D(Pathology)
Consultant Pathologist


SIN No:AOP240900232

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	33.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.89	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.0	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4970	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1846	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	71	Cells/cu.mm	20-500	Calculated
MONOCYTES	213	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.69		0.78- 3.53	Calculated
PLATELET COUNT	229000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				


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 Consultant Pathologist

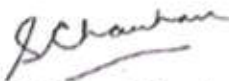


TOUCHING LIVES Patient Name : Ms.BABITA BABITA Age/Gender : 44 Y 2 M 9 D/F UHID/MR No : CAOP.0000001236 Visit ID : CAOPOPV01622 Ref Doctor : Self Emp/Auth/TPA ID : 22S32758	Collected : 14/Sep/2024 11:06AM Received : 14/Sep/2024 12:36PM Reported : 14/Sep/2024 07:27PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

Dr. Shivangi Chauhan
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

SIN No: AOP240900232

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD

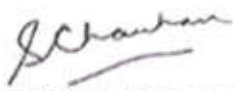
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



SIN No: AOP240900235

TOUCHING LIVES
 Patient Name : Ms.BABITA BABITA
 Age/Gender : 44 Y 2 M 9 D/F
 UHID/MR No : CAOP.0000001236
 Visit ID : CAOPOPV01622
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S32758

Collected : 16/Sep/2024 10:47AM
 Received : 16/Sep/2024 12:54PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

Comment:

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



Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



SIN No: AOP240900400

TOUCHING LIVES Patient Name : Ms.BABITA BABITA Age/Gender : 44 Y 2 M 9 D/F UHID/MR No : CAOP.0000001236 Visit ID : CAOPOPV01622 Ref Doctor : Self Emp/Auth/TPA ID : 22S32758	Collected : 14/Sep/2024 11:06AM Received : 14/Sep/2024 02:30PM Reported : 14/Sep/2024 03:40PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

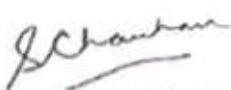
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No: AOP240900234

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

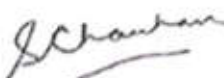
Comment:

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

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

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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	83.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

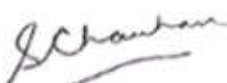
2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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


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 Consultant Pathologist



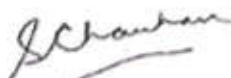
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	27.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	3.0-5.5	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated


 Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist




TOUCHING LIVES Patient Name : Ms.BABITA BABITA Age/Gender : 44 Y 2 M 9 D/F UHID/MR No : CAOP.0000001236 Visit ID : CAOPOPV01622 Ref Doctor : Self Emp/Auth/TPA ID : 22S32758		Collected : 14/Sep/2024 11:06AM Received : 14/Sep/2024 02:40PM Reported : 14/Sep/2024 03:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	16-73	Glycylglycine Kinetic method


 Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



SIN No: AOP240900236

MC- 6048

Patient Name : Ms.BABITA BABITA	Collected : 14/Sep/2024 11:06AM
Age/Gender : 44 Y 2 M 9 D/F	Received : 14/Sep/2024 07:36PM
UHID/MR No : CAOP.0000001236	Reported : 14/Sep/2024 09:34PM
Visit ID : CAOPOPV01622	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32758	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.11	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.04	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.023	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

Nidhi

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:AOP240900238



TOUCHING LIVES

Patient Name : Ms.BABITA BABITA
 Age/Gender : 44 Y 2 M 9 D/F
 UHID/MR No : CAOP.0000001236
 Visit ID : CAOPOPV01622
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S32758

Collected : 14/Sep/2024 11:06AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr Nidhi Sachdev
 M.B.B.S,MD(Pathology)
 Consultant Pathologist

SIN No:AOP240900238



Patient Name : Ms.BABITA BABITA	Collected : 14/Sep/2024 11:06AM
Age/Gender : 44 Y 2 M 9 D/F	Received : 14/Sep/2024 04:14PM
UHID/MR No : CAOP.0000001236	Reported : 14/Sep/2024 04:25PM
Visit ID : CAOPOPV01622	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32758	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

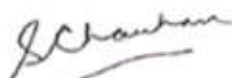
Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY TURBID		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	Microscopy
RBC	0-1	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Result is rechecked. Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.


 Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



Patient Name : Ms.BABITA BABITA
Age/Gender : 44 Y 2 M 9 D/F
UHID/MR No : CAOP.0000001236
Visit ID : CAOPOPV01622
Ref Doctor : Self
Emp/Auth/TPA ID : 22S32758

Collected : 16/Sep/2024 10:47AM
Received : 16/Sep/2024 01:11PM
Reported : 16/Sep/2024 01:26PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: AOP240900401

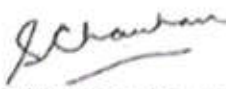


TOUCHING LIVES Patient Name : Ms.BABITA BABITA Age/Gender : 44 Y 2 M 9 D/F UHID/MR No : CAOP.0000001236 Visit ID : CAOPOPV01622 Ref Doctor : Self Emp/Auth/TPA ID : 22S32758	Collected : 14/Sep/2024 11:06AM Received : 14/Sep/2024 04:14PM Reported : 14/Sep/2024 04:25PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Dr. Shivangi Chauhan
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: AOP240900233

Patient Name : Ms.BABITA BABITA	Collected : 14/Sep/2024 03:10PM
Age/Gender : 44 Y 2 M 9 D/F	Received : 14/Sep/2024 07:30PM
UHID/MR No : CAOP.0000001236	Reported : 16/Sep/2024 12:48PM
Visit ID : CAOPOPV01622	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32758	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL SAMPLE

	CYTOLOGY NO.	L/1456/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial, intermediate squamous cells.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:AOP240900329



Patient Name : Ms.BABITA BABITA
Age/Gender : 44 Y 2 M 9 D/F
UHID/MR No : CAOP.0000001236
Visit ID : CAOPPV01622
Ref Doctor : Self
Emp/Auth/TPA ID : 22S32758

Collected : 14/Sep/2024 03:10PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:AOP240900329



NAME:-BABITA	AGE: 44Y/ SEX: F
DATE: September 14, 2024	REF.BY:- HEALTH CHECKUP
S.NO.:-	UHID NO.:- CAOP.0000001236

SONOMAMMOGRAPHY

Ultrasound of both the breasts performed with high frequency probe using radial, antiradial, transverse and longitudinal scanning planes.

Right breast shows normal parenchymal pattern.
No evidence of any focal solid or cystic mass lesion seen.
No evidence of any ductal dilatation.
No evidence of axillary lymphadenopathy.

Left breast shows normal parenchymal pattern.
No evidence of any focal solid or cystic mass lesion seen.
No evidence of any ductal dilatation.
No evidence of axillary lymphadenopathy.

IMPRESSION: NORMAL STUDY

Please correlate clinically.



DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIOAIGNOSIS

This report is only a professional opinion and it is not valid for medico-legal purposes.

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pilar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

www.apolloclinic.com

NAME:-BABITA	AGE: 44Y/ SEX: F
DATE: September 14, 2024	REF.BY:- HEALTH CHECKUP
S.NO.:-	UHID NO.:- CAOP.0000001236

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(13.5cm) and shows normal in echotexture. No focal lesion seen in the liver.

Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially distended, does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 9.3x 3.8cm, LK 8.9x5.0cm in length), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (6.0cm) and echotexture.

Pancreas visualized part appears normal.

Urinary bladder is partially filled and shows no mural or intraluminal pathology.

Uterus is anteverted, normal in size(7.7x2.8x4.1cm), shape and echo pattern.

IUCD in situ

Bilateral ovaries appear normal in size, shape, and echo. Pattern

Bilateral adnexa are clear

Please correlate clinically.

DR. SEEMA PRAJAPATI

SENIOR RESIDENT

RADIO-DIAGNOSIS

Apollo Health and Lifestyle Ltd)

Plot no. 34, Block 34, Connaught Place, New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788

Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,

Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

=====

NAME: BABITA	AGE : 44Y/SEX/M
DATE: 14.09.2024	MR. NO:- CAOP.0000001236
REF. BY:- HEALTH CHECKUP	S.NO. :- 2410

=====

X-RAY CHEST PA VIEW

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

Please correlate clinically and with lab. Investigations


DR. KAWAL DEEP DHAM
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
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Eye Checkup

NAME: - Mrs Babita Babita

Age: - 44

Date: 14/9/24

SELF / CORPORATE: -

	Right Eye	Left Eye
Distant Vision	+1.00 sph (G/C)	+0.50 x 105° (G/C)
Near vision	G/C	G/C
Color vision	OK	OK
Fundus examination	/	/
Intraocular pressure	/	/
Slit lamp exam	/	/

Signature
 APOLLO HEALTH AND LIFESTYLE LTD.
 APOLLO ONE
 Plot No. 3, Block No. 34, Metro Pillar No. 77
 Pusa Road, WEA Karol Bagh
 New Delhi-110005

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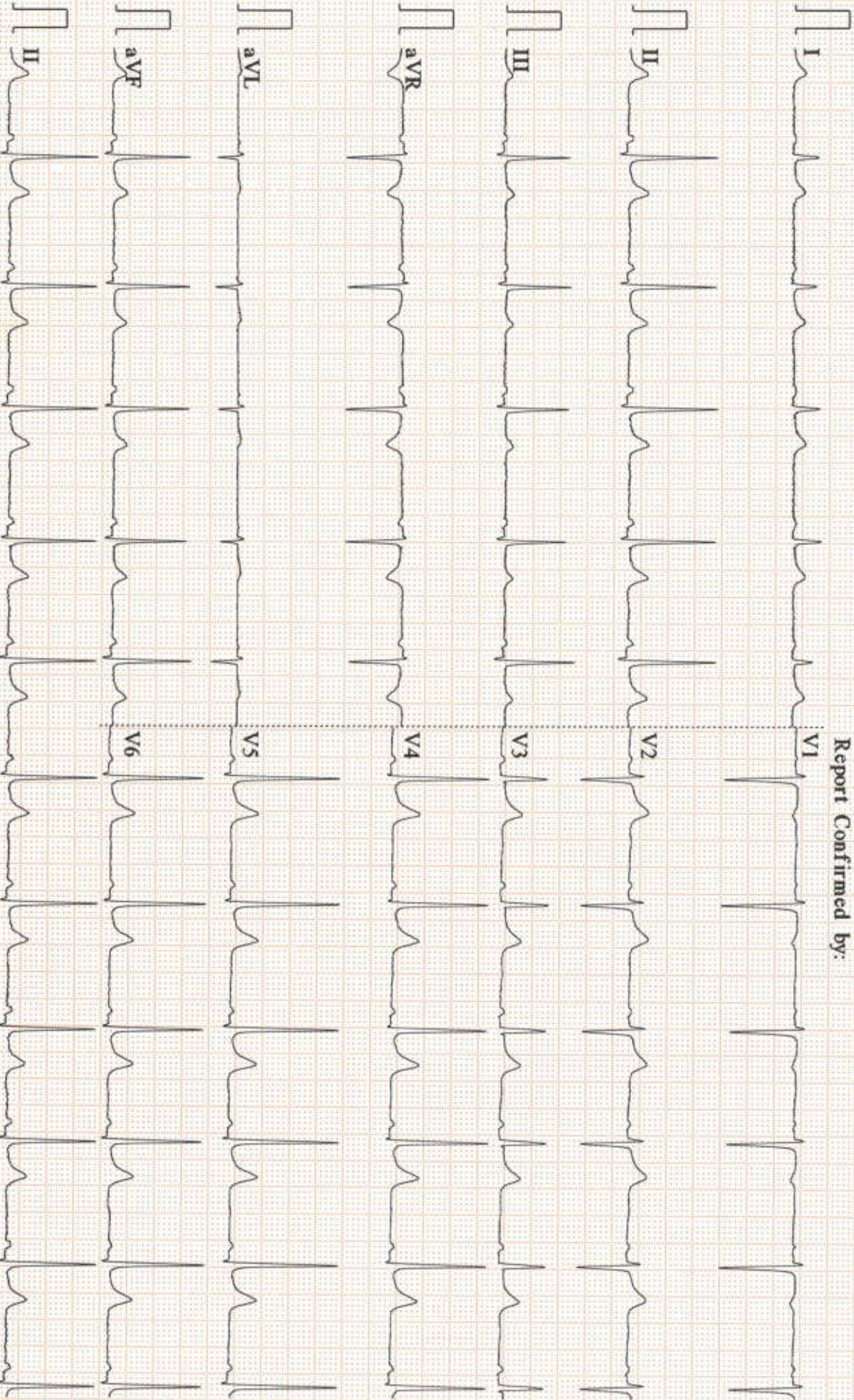
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MS BABITA
Female 44Years
Req. No. :

HR : 65 bpm
P : 76 ms
PR : 135 ms
QRS : 87 ms
QT/QTc/Bz : 388/406 ms
P/QRS/T : 59/73/55 °
RV5/SV1 : 2.018/1.294 mV

Diagnosis Information:
Sinus Arrhythmia

Report Confirmed by:



ID	Height	Age	Gender	Test Date / Time
caop0000001236	154cm	44	Female	14.09.2024. 10:45

Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	27.1 (25.4~31.0)	27.1	34.7 (32.6~39.8)	36.9 (34.5~42.2)	63.9 (42.3~57.3)
Protein (kg)	7.3 (6.8~8.4)				
Minerals (kg)	2.54 (2.35~2.87)	non-osseous			
Body Fat Mass (kg)	27.0 (10.0~15.9)				

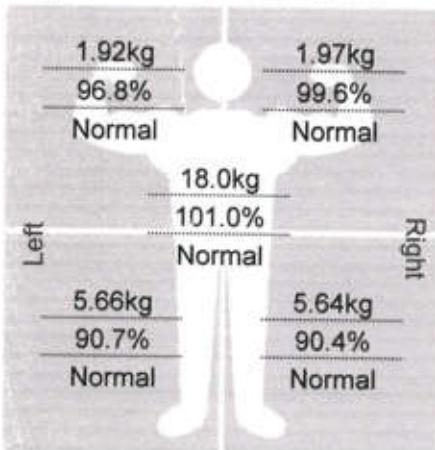
Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	19.9	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		27.0

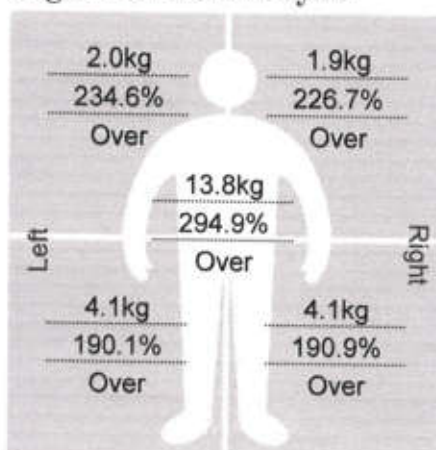
Obesity Analysis

	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		26.9
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0		42.2

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

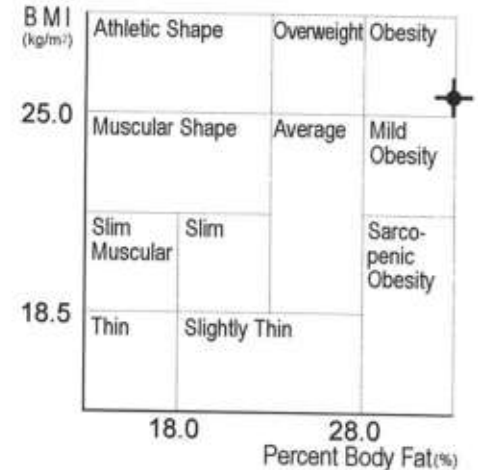
	Weight (kg)	SMM (kg)	PBF (%)	Recent	Total
	63.9	19.9	42.2	14.09.24.	10:45

InBody Score

63/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Body Type



Weight Control

Target Weight	49.8 kg
Weight Control	- 14.1 kg
Fat Control	- 15.5 kg
Muscle Control	+ 1.4 kg

Obesity Evaluation

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

Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1167 kcal	(1327~1539)
Waist-Hip Ratio	0.94	(0.75~0.85)
Visceral Fat Level	14	(1~9)
Obesity Degree	128 %	(90~110)
Bone Mineral Content	2.15 kg	(1.94~2.37)
SMI	6.4 kg/m ²	
Recommended calorie intake	1472 kcal	

Impedance

	RA	LA	TR	RL	LL
Z _{1Hz}	450.8	457.9	28.2	334.1	329.7
50 kHz	398.0	413.3	24.6	301.1	298.3
250 kHz	352.5	367.8	20.7	268.4	266.3