

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:09PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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



SIN No:BED230231397

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:09PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.5	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.1	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	68.7	fL	83-101	Calculated
MCH	20.5	pg	27-32	Calculated
MCHC	29.9	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,080	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	71	%	40-80	Electrical Impedence
LYMPHOCYTES	20	%	20-40	Electrical Impedence
EOSINOPHILS	05	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6446.8	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1816	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	454	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	363.2	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	405000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
-----------------------	--------	-------------	---------------	----------------------

ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
---	----	-------------------------	------	---------------------

PERIPHERAL SMEAR				
-------------------------	--	--	--	--

Methodology : Microscopic

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

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

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

Note/Comment : Please Correlate clinically



SIN No:BED230231397

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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 11:59AM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

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:BED230231397

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 01:44PM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 02:04PM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 02:17PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

GLUCOSE, FASTING , NAF PLASMA	154	mg/dL	70-100	GOD - POD
-------------------------------	-----	-------	--------	-----------

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	214	mg/dL	70-140	GOD - POD
--	-----	-------	--------	-----------

Kindly Correlate Clinically.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 04:55PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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	7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	154	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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 04:55PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

--	--	--	--	--



SIN No:EDT230087587

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	126	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	76	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	74.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

--	--	--	--	--



SIN No:SE04490536

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	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	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.

- Bilirubin may be elevated.

- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen

to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.

- Bilirubin may be elevated.

- ALP elevation also seen in pregnancy, impacted by age and sex.

- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

Patient Name	: Mrs.RAJNI TIKARAM SOMKUWAR	Collected	: 23/Sep/2023 10:06AM
Age/Gender	: 35 Y 1 M 28 D/F	Received	: 23/Sep/2023 11:03AM
UHID/MR No	: STAR.0000030700	Reported	: 23/Sep/2023 12:10PM
Visit ID	: STAROPV63406	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 262408809402		

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
-----------	--------	------	-----------------	--------

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



SIN No:SE04490536

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.45	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	9.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	4.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



SIN No:SE04490536

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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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	13.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04490536

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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:04PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.99	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.870	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

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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:04PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



SIN No:SPL23135852

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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:19AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/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



SIN No:UR2189637

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.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 01:19PM
Age/Gender : 35 Y 1 M 28 D/F	Received : 24/Sep/2023 08:38PM
UHID/MR No : STAR.0000030700	Reported : 26/Sep/2023 11:44AM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE


	CYTOLOGY NO.	16153/23
I	SPECIMEN	
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
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

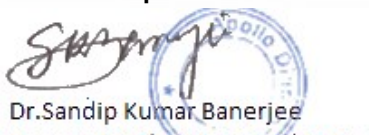
*** End Of Report ***



DR. APEKSHA MADAN
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:CS068248



भारत सरकार
GOVERNMENT OF INDIA



रजनी योगेश मेश्राम
Rajni Yogesh Meshram
जन्म तिथि/DOB: 26/07/1988
महिला/ FEMALE
Mobile No: 9833824597



2624 0880 9402
VID : 9180 1998 0659 1775

मेरा आधार, मेरी पहचान

OUT- PATIENT RECORD

Date: 23/9/23
MRNO: 30700
Name: Mrs. Rayni Somkuwar
Age/Gender: 35yrs | Female
Mobile No:
Passport No:
Aadhar number:

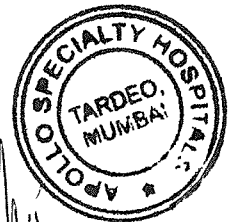
Pulse: 88	B.P: 110/80	Resp: 24	Temp: (N)
Weight: 75.2kg.	Height: 153cm.	BMI: 32.1	Waist Circum: 88cm.

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian
Sleep: @ B/B @ No Allergy.
No addiction. MC 5 days/30 to 40 days.
KICLO Program included DM.
FH: Father/mother: DM.
Feb 10.5 Sugar Fasted
- Avoid Sugar / sweets
- Morning walk 45 minutes daily
- Repeat Sugar after 2 months
- T. Sofferon gold 1-0-0
x 2 months

Dr. (Mrs.) CHHAYA P. VAJA
M. B. (MUMBAI)
Physician & Cardiologist
Reg. No. 56842



Follow up date:

Doctor Signature

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

Rajni Somkwar 85 yrs. 23/9/23

Burning + Painful vaginal discharge.
- - 1 week.

MIH - $\frac{5d}{40-45}$ - Irreg
- mod
- PIC Cmf - 22/8/23

OIH - P.I.L. - ♀ 24 yrs LSCS - DM + breech.

PIH - DM on OHA.
- No Sx in past.

PIH - Mother - DM
Father - DM

Cx $\frac{ole}{erosion}$ ++
bleeds on touch.

Vag (P)

CBL

faken



Rajni

EYE REPORT

Name: *Rajin Sonikumar*

Date: *23/09/2013*

Age / Sex: *35y / M*

Ref No.:

Complaint: *NO ocular etc
K.C/O AM - 2 yr L.R.*

Examination

*6/6
V.C. 6/6*

Neon U.KING

Spectacle Rx

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

Remarks: *Colour C. fine*

Medications: *As fine*

Trade Name	Frequency	Duration

Follow up: *As fine*

Consultant:



TOUCHING LIVES

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:09PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:09PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.5	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.1	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	68.7	fL	83-101	Calculated
MCH	20.5	pg	27-32	Calculated
MCHC	29.9	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,080	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	71	%	40-80	Electrical Impedance
LYMPHOCYTES	20	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6446.8	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1816	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	454	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	363.2	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	405000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

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

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

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

Note/Comment : Please Correlate clinically



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 11:59AM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

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



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 01:44PM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 02:04PM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 02:17PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

GLUCOSE, FASTING , NAF PLASMA	154	mg/dL	70-100	GOD - POD
-------------------------------	-----	-------	--------	-----------

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	214	mg/dL	70-140	GOD - POD
--	-----	-------	--------	-----------

Kindly Correlate Clinically.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 04:55PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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	7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	154	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.RAJNI TIKARAM SOMKUWAR Age/Gender : 35 Y 1 M 28 D/F UHID/MR No : STAR.0000030700 Visit ID : STAROPV63406 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 262408809402	Collected : 23/Sep/2023 10:06AM Received : 23/Sep/2023 03:15PM Reported : 23/Sep/2023 04:55PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	126	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	76	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	74.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		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.RAJNI TIKARAM SOMKUWAR Age/Gender : 35 Y 1 M 28 D/F UHID/MR No : STAR.0000030700 Visit ID : STAROPV63406 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 262408809402	Collected : 23/Sep/2023 10:06AM Received : 23/Sep/2023 11:03AM Reported : 23/Sep/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	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	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen

to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR Age/Gender : 35 Y 1 M 28 D/F UHID/MR No : STAR.0000030700 Visit ID : STAROPV63406 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 262408809402	Collected : 23/Sep/2023 10:06AM Received : 23/Sep/2023 11:03AM Reported : 23/Sep/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

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



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR Age/Gender : 35 Y 1 M 28 D/F UHID/MR No : STAR.0000030700 Visit ID : STAROPV63406 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 262408809402	Collected : 23/Sep/2023 10:06AM Received : 23/Sep/2023 11:03AM Reported : 23/Sep/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.45	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	9.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	4.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



TOUCHING LIVES

Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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	13.00	U/L	16-73	Glycylglycine Kinetic method
---	-------	-----	-------	------------------------------



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR	Collected : 23/Sep/2023 10:06AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000030700	Reported : 23/Sep/2023 12:04PM
Visit ID : STAROPV63406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 262408809402	

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
-----------	--------	------	-----------------	--------

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.99	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.870	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.RAJNI TIKARAM SOMKUWAR Age/Gender : 35 Y 1 M 28 D/F UHID/MR No : STAR.0000030700 Visit ID : STAROPV63406 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 262408809402	Collected : 23/Sep/2023 10:06AM Received : 23/Sep/2023 11:03AM Reported : 23/Sep/2023 12:04PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Patient Name : Mrs.RAJNI TIKARAM SOMKUWAR
 Age/Gender : 35 Y 1 M 28 D/F
 UHID/MR No : STAR.0000030700
 Visit ID : STAROPV63406
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 262408809402

Collected : 23/Sep/2023 10:06AM
 Received : 23/Sep/2023 11:19AM
 Reported : 23/Sep/2023 12:10PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------


COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/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

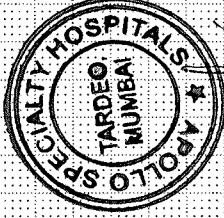
*** End Of Report ***

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


 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

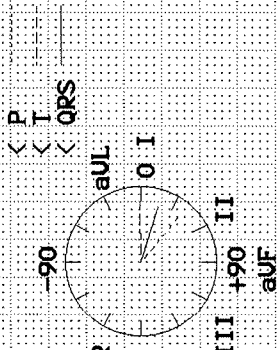

 Dr.Sandip Kumar Banerjee
 M.B.B.S.,M.D(PATHOLOGY),D.P.B
 Consultant Pathologist





Dr. (Mrs.) CHHAYA P. VAJRA
M. B. (MUM)
Physician & Cardiologist
Reg. No. 66942

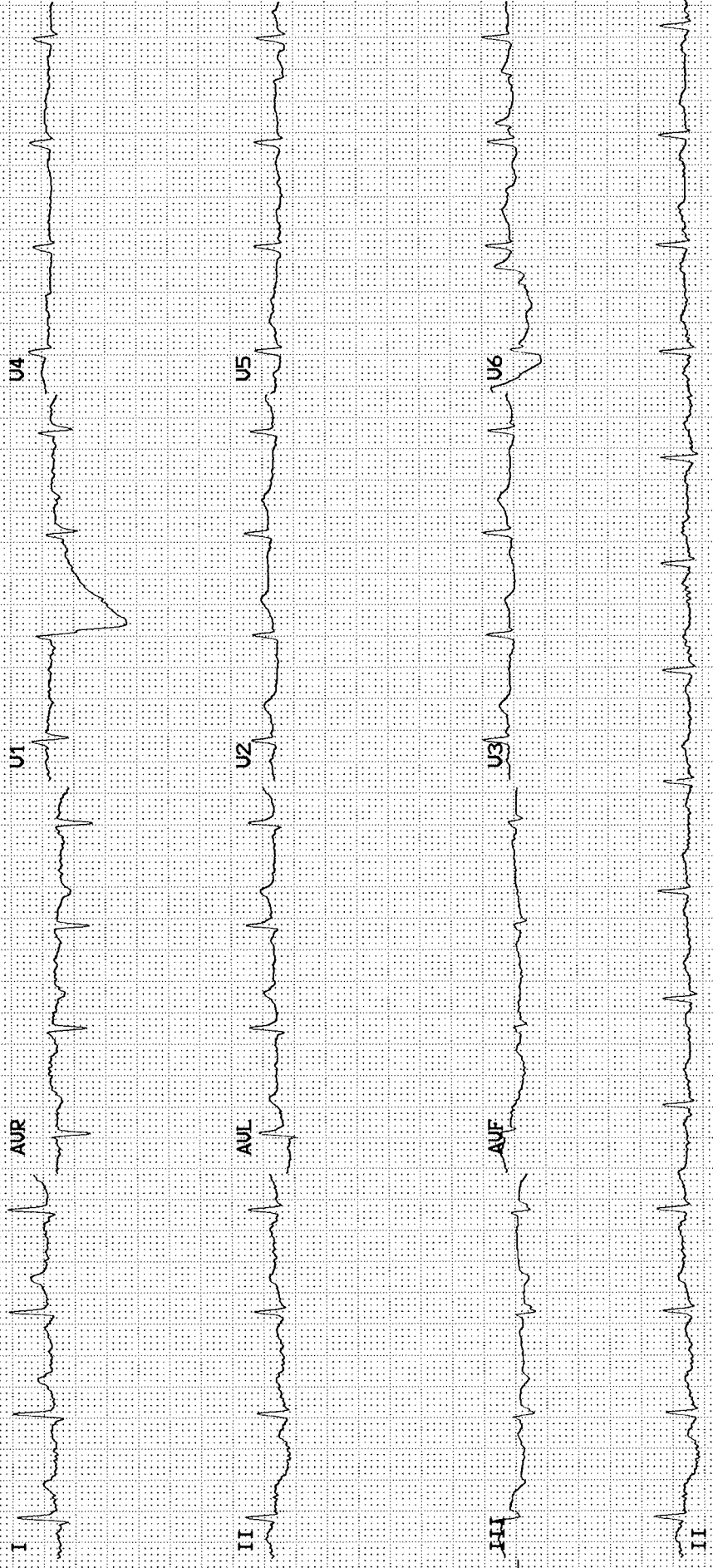
Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Low voltage QRS
Borderline ECG



Measurement Results:
QRS : 84 ms
QT/QTcB : 338 / 408 ms
PR : 138 ms
P : 116 ms
RR/PP : 684 / 680 ms
P/QRS/T : 40 / 18 / -2 degrees

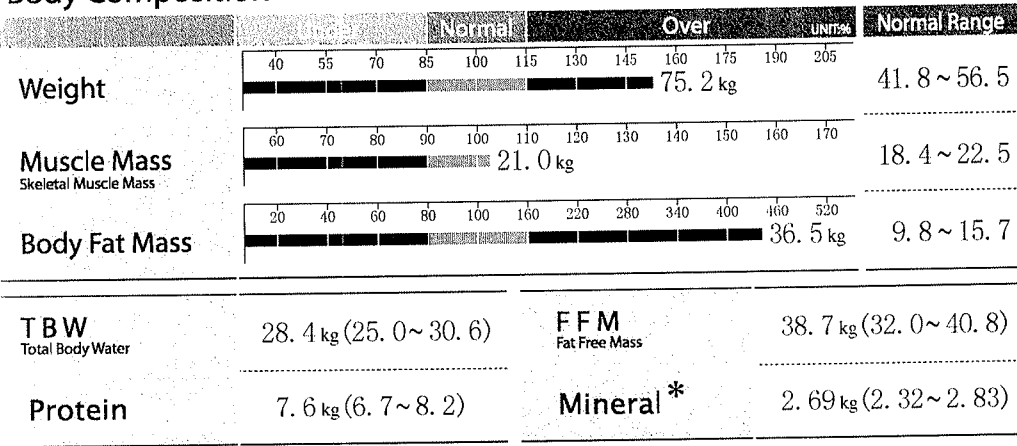
Normal limits

Unconfirmed report.



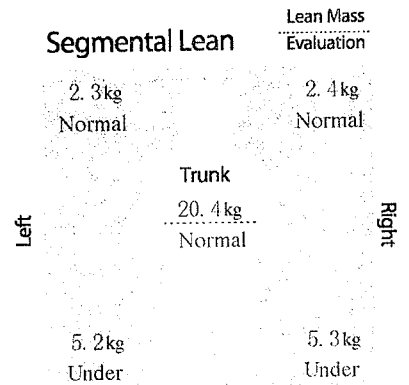
ID *MR. Rajni Somkuwar* Height 153cm Date 23.9.2023 APOLLO SPECTRA HOSPITAL
 Age 35 Gender Female Time 10:20:34

Body Composition



* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

Parameter	Value	Normal Range
BMI (kg/m ²)	32.1	18.5 ~ 25.0
PBF (%)	48.5	18.0 ~ 28.0
WHR	1.12	0.75 ~ 0.85
BMR (kcal)	1207	1496 ~ 1746

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

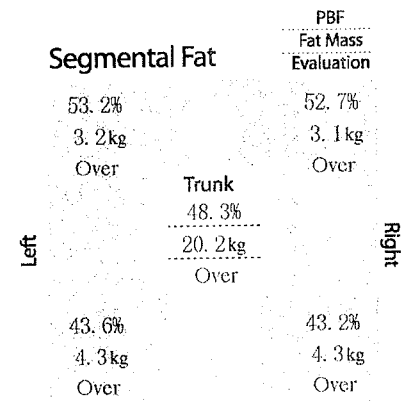
Weight Management

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

Muscle Control 0.0 kg Fat Control - 24.9 kg Fitness Score 56



Impedance

Z	RA	LA	TR	RL	LL
20kHz	362.8	369.3	24.5	343.7	354.7
100kHz	325.1	334.5	20.7	308.7	318.1

* 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: 75.2 kg / Duration: 30min. / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic						
150	263	226	263	245	263						
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton						
170	226	263	376	143	170						
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf						
376	376	376	226	263	132						
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats						
development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	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: $Total\ energy\ expenditure\ (kcal/week) \times 4weeks \div 7700$

Patient Name : Mrs. RAJNI TIKARAM SOMKUWAR Age : 35 Y F
UHID : STAR.0000030700 OP Visit No : STAROPV63406
Reported on : 23-09-2023 12:11 Printed on : 23-09-2023 12:12
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:23-09-2023 12:11

---End of the Report---


Dr. VINOD SHETTY
Radiology

Name : Mrs. Rajni Samkuwar
Age : 35 Year(s)

Date : 23/09/2023
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

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

Name : Mrs. Rajni Samkuwar
Age : 35 Year(s)

Date : 23/09/2023
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	60mm/sec
EPSS	03mm
LA	28mm
AO	25mm
LVID (d)	41mm
LVID(s)	26mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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

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.apollohi.com

Patient Name : MRS. RAJNI SOMKUWAR
Ref. By : HEALTH CHECK UP


Date : 23-09-2023
Age : 35 years

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 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 11.7 x 4.5 cms and the **LEFT KIDNEY** measures 11.7 x 5.3 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 7.4 x 4.7 x 3.5 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.3 mm. No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.8 x 1.6 cms. Left ovary measures 2.9 x 1.7 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.

Patient Name	: Mrs. RAJNI TIKARAM SOMKUWAR	Age/Gender	: 35 Y/F
UHID/MR No.	: STAR.0000030700	OP Visit No	: STAROPV63406
Sample Collected on	:	Reported on	: 23-09-2023 12:12
LRN#	: RAD2106868	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 262408809402		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. RAJNI TIKARAM SOMKUWAR	Age/Gender	: 35 Y/F
UHID/MR No.	: STAR.0000030700	OP Visit No	: STAROPV63406
Sample Collected on	:	Reported on	: 23-09-2023 11:43
LRN#	: RAD2106868	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 262408809402		

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 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 11.7 x 4.5 cms and the **LEFT KIDNEY** measures 11.7 x 5.3 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 7.4 x 4.7 x 3.5 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 8.3 mm.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.8 x 1.6 cms.
Left ovary measures 2.9 x 1.7 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.

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



Dr. VINOD SHETTY
Radiology

Dear Rajni Tikaram Somkuwar,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA TARDEO clinic** on **2023-09-23** at **09:00-09:05**.

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

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

Warm Regards,
Apollo Team