

Patient Name : Mrs.SONI DEVI  
Age/Gender : 34 Y 3 M 1 D/F  
UHID/MR No : STAR.0000058227  
Visit ID : STAROPV62422  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9372637853

Collected : 26/Aug/2023 08:25AM  
Received : 26/Aug/2023 10:42AM  
Reported : 26/Aug/2023 01:31PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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



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

<b>HAEMOGLOBIN</b>	<b>9.1</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>30.30</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>4.88</b>	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>62.1</b>	fL	83-101	Calculated
MCH	<b>18.7</b>	pg	27-32	Calculated
MCHC	<b>30.1</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,640	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	57	%	40-80	Electrical Impedence
LYMPHOCYTES	36	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4354.8	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2750.4	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	152.8	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	382	Cells/cu.mm	200-1000	Electrical Impedence

<b>PLATELET COUNT</b>	<b>515000</b>	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Hypochromasia (++) , Anisococyte (+) , Microcyte (+) blood picture**

Note/Comment : Please Correlate clinically



SIN No:BED230203556

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230203556

Patient Name : Mrs.SONI DEVI	Collected : 26/Aug/2023 01:13PM
Age/Gender : 34 Y 3 M 1 D/F	Received : 26/Aug/2023 01:39PM
UHID/MR No : STAR.0000058227	Reported : 26/Aug/2023 02:39PM
Visit ID : STAROPV62422	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>143</b>	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>239</b>	mg/dL	70-140	GOD - POD
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**Comment:**

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.SONI DEVI	Collected : 26/Aug/2023 08:25AM
Age/Gender : 34 Y 3 M 1 D/F	Received : 26/Aug/2023 03:26PM
UHID/MR No : STAR.0000058227	Reported : 26/Aug/2023 05:45PM
Visit ID : STAROPV62422	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>7.6</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	171	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230078447

Patient Name : Mrs.SONI DEVI	Collected : 26/Aug/2023 08:25AM
Age/Gender : 34 Y 3 M 1 D/F	Received : 26/Aug/2023 10:28AM
UHID/MR No : STAR.0000058227	Reported : 26/Aug/2023 12:10PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>202</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>261</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>31</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>171</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>118.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>52.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.52</b>		0-4.97	Calculated

**Comment:**

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

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

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04462851

Patient Name : Mrs.SONI DEVI	Collected : 26/Aug/2023 08:25AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	99.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>4.00</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.07		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.57	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>10.30</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>4.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



SIN No:SE04462851

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UHID/MR No : STAR.0000058227	Reported : 26/Aug/2023 11:15AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	24.00	U/L	16-73	Glycylglycine Kinetic method



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UHID/MR No : STAR.0000058227	Reported : 26/Aug/2023 12:09PM
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**DEPARTMENT OF IMMUNOLOGY**

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

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

TRI-iodothyronine (T3, TOTAL)	0.84	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.45	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>11.120</b>	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

**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

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

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



SIN No:SPL23121357

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	13-15	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Few Bacteria Seen.			MICROSCOPY

**Comment:**

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.



SIN No:UR2172623

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Patient Name : Mrs.SONI DEVI	Collected : 26/Aug/2023 02:18PM
Age/Gender : 34 Y 3 M 1 D/F	Received : 27/Aug/2023 07:57PM
UHID/MR No : STAR.0000058227	Reported : 29/Aug/2023 11:44AM
Visit ID : STAROPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9372637853	

**DEPARTMENT OF CYTOLOGY**


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

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	14444/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

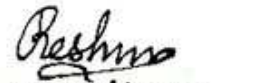
\*\*\* End Of Report \*\*\*



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



**DR. Saachi Pravin Garg**  
M.B.B.S,DNB(Pathologist)  
Consultant Pathologist



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



SIN No:CS067091

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

**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.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 02:18PM Received : 27/Aug/2023 07:57PM Reported : 29/Aug/2023 11:44AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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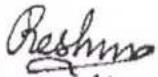
DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	14444/23
<b>I</b>	<b>SPECIMEN</b>	
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<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/malignancy.
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	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
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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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

Page 1 of 1



SIN No:CS067091

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

<b>Patient Name</b>	: Mrs. Soni Devi	<b>Age/Gender</b>	: 34 Y/F
<b>UHID/MR No.</b>	: STAR.0000058227	<b>OP Visit No</b>	: STAROPV62422
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 28-08-2023 11:34
<b>LRN#</b>	: RAD2082411	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9372637853		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Dextrocardia noted.**

Both lungs fields are clear.

Pleural cavities are clear.

Domes of diaphragm are smooth in outline.

Bony thorax is normal



**Dr. VINOD SHETTY**  
Radiology

Customer Pending Tests  
USG TEST PENDING AS CUSTOMER WAS LATE FOR HER MEDICALS.



भारत सरकार  
GOVERNMENT OF INDIA



सोनी देवी  
Soni Devi

जन्म वर्ष / Year of Birth : 1989  
महिला / Female



7216 4271 7330

आधार — आम आदमी का अधिकार

**Specialists in Surgery**

**OUT- PATIENT RECORD**

Date : 26/8/23  
MRNO :  
Name : Soni dexi  
Age/Gender :  
Mobile No :  
Passport No :  
Aadhar number :

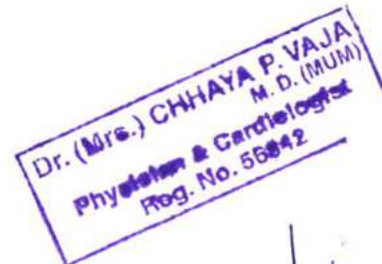
34 y/F

Pulse : 80	B.P : 120/80	Resp : 22	Temp : 38
Weight : 72.7	Height : 155	BMI : 30.3	Waist Circum : 99 cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

married, Nonveg  
Sleep Normal No Allergy.  
No addiction BFB: Normal  
No PH.  
mc 7days/30days.  
PH: Nil  
Lb 9.1. Sugar Used Cipod Used 15511.  
① Avoid Sugar/Sweets/oil/ghee/roseff  
② Morning walk 45 min daily  
③ Repeat Sugar / Cipod / 15511 after 2 months



Follow up date:

  
Doctor Signature

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTC049961

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

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

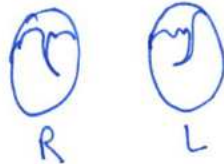
Specialists in Surgery

26/8/23

Name: Mrs Soni Devi  
Age: 34yr/F

- For Health Check up
- Offers no complaints

O/E - Ears -



B/L Thin TM

Nose - Septum central  
Mucosa ⊕

Throat - NAD

ENT - NAD



DR. (ENT) SHRUTI ANIL SHARMA  
M.S. (ENT) PGD HHM PG DMLS  
MMC. 2019096177

**EYE REPORT**

Name: *Soni Devi*

Date: *26/08/2013*

Age / Sex: *32yrs / F*

Ref No.:

Complaint: *no ocular dx*  
*no m/o 88/DA*

**Examination**

Spectacle Rx: *Un C<sup>6/9</sup> 81-9'* *Near Un 4m*

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

Remarks: *Color Un 4m*

Medications: *As 4m*

Trade Name	Frequency	Duration

Follow up: *Free den 4m*

Consultant:

<b>Patient Name</b> : Mrs.SONI DEVI <b>Age/Gender</b> : 34 Y 3 M 1 D/F <b>UHID/MR No</b> : STAR.0000058227 <b>Visit ID</b> : STAROPV62422 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 9372637853	<b>Collected</b> : 26/Aug/2023 08:25AM <b>Received</b> : 26/Aug/2023 10:42AM <b>Reported</b> : 26/Aug/2023 01:31PM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
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**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 (++) , Anisococyte (+) , Microcyte (+)  
 WBC : Normal in number, morphology and distribution. No abnormal cells seen  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen  
**IMPRESSION : Hypochromasia (++) , Anisococyte (+) , Microcyte (+) blood picture**  
 Note/Comment : Please Correlate clinically





TOUCHING LIVES  
 Patient Name : Mrs.SONI DEVI  
 Age/Gender : 34 Y 3 M 1 D/F  
 UHID/MR No : STAR.0000058227  
 Visit ID : STAROPV62422  
 Ref Doctor : Dr.SELF  
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DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	9.1	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	30.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.88	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	62.1	fL	83-101	Calculated
MCH	18.7	pg	27-32	Calculated
MCHC	30.1	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,640	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4354.8	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2750.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	152.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	382	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	515000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

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

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

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

Note/Comment : Please Correlate clinically



SAVING LIVES Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 10:42AM Reported : 26/Aug/2023 12:23PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

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

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



<b>TOUCHING LIVES</b> Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 01:13PM Received : 26/Aug/2023 01:39PM Reported : 26/Aug/2023 02:39PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	143	mg/dL	70-100	GOD - POD
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**Comment:**  
As per American Diabetes Guidelines

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)	239	mg/dL	70-140	GOD - POD
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**Comment:**

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 03:26PM Reported : 26/Aug/2023 05:45PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	7.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	171	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.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 03:26PM Reported : 26/Aug/2023 05:45PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	261	mg/dL	<150	
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	171	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	52.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.52		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.

TOUCHING LIVES Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
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)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	99.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	4.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.07		0.9-2.0	Calculated



Patient Name : Mrs.SONI DEVI	Collected : 26/Aug/2023 08:25AM
Age/Gender : 34 Y 3 M 1 D/F	Received : 26/Aug/2023 10:28AM
UHID/MR No : STAR.0000058227	Reported : 26/Aug/2023 12:10PM
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Emp/Auth/TPA ID : 9372637853	

DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.57	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	10.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	4.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 11:15AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	16-73	Glycylglycine Kinetic method



<b>TOUCHING LIVES</b> Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 10:14AM Reported : 26/Aug/2023 12:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.84	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.45	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>11.120</b>	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

**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

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

TOUCHING LIVES Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 10:14AM Reported : 26/Aug/2023 12:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



TOUCHING LIVES Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 12:58PM Reported : 26/Aug/2023 02:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	13-15	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Few Bacteria Seen.			MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.

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

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


Page 15 of 16

Patient Name : Mrs.SONI DEVI Age/Gender : 34 Y 3 M 1 D/F UHID/MR No : STAR.0000058227 Visit ID : STAROPV62422 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9372637853	Collected : 26/Aug/2023 08:25AM Received : 26/Aug/2023 12:58PM Reported : 26/Aug/2023 02:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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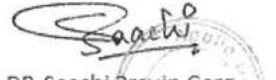
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



DR.Saachi Pravin Garg  
M.B.B.S,DNB(Pathologist)  
Consultant Pathologist



Soni Devi

Measurement Results:

QRS : 90 ms  
 QT/QTcB : 372 / 446 ms  
 PR : 146 ms  
 P : 92 ms  
 RR/PP : 696 / 690 ms  
 P/QRS/T : 130/ 150/ 125 degrees  
 QTd/QTcBd : 32 / 38 ms  
 Sokolow : 1.3 mV  
 NK : 12

Interpretation:

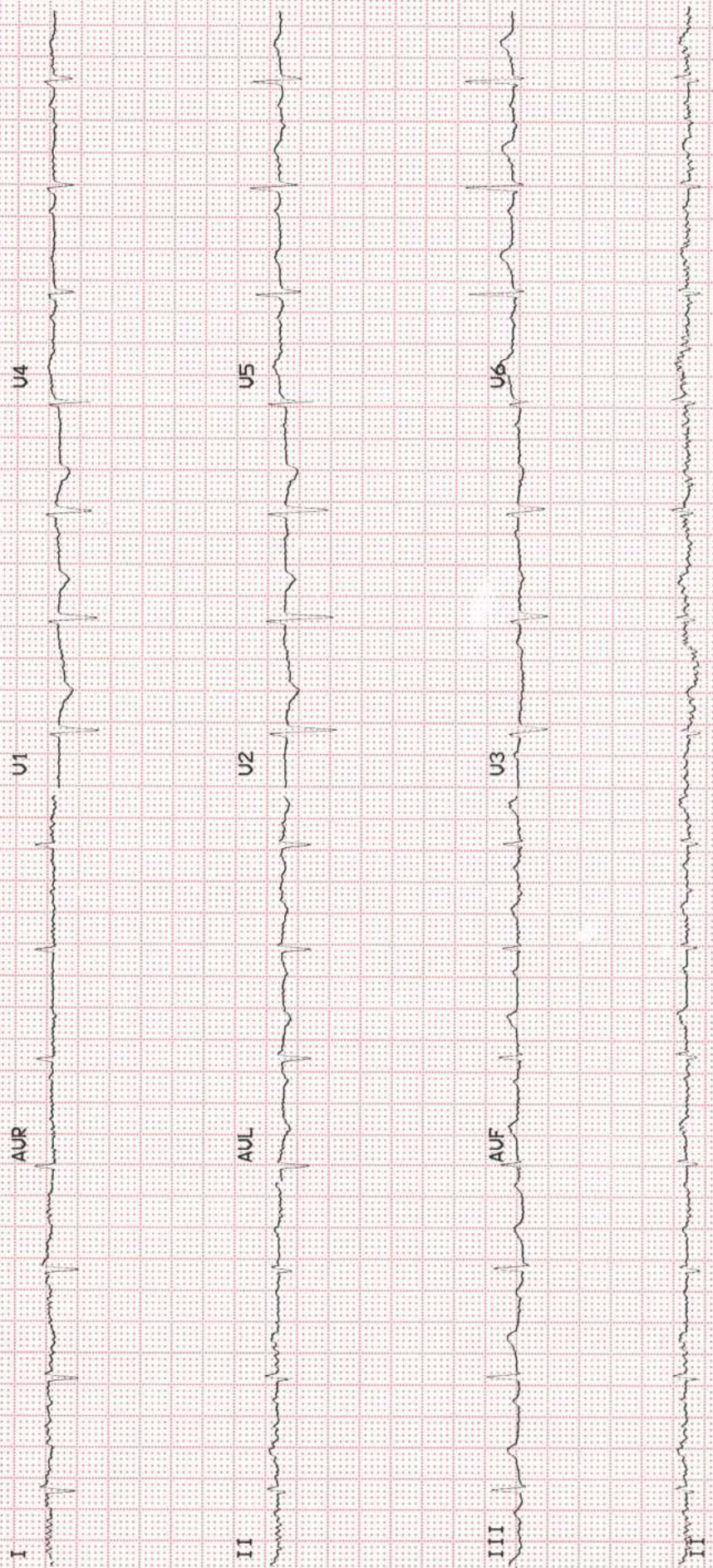
probably MI (lateral, inferior)  
 right axis deviation  
 negative T-wave (lateral, anterior)  
 probably abnormal ECG

Septal wall tissue changes MI



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

Unconfirmed report.





## Specialists in Surgery

Patient Name	: Mrs. Soni Devi	Age	: 34 Y F
UHID	: STAR.0000058227	OP Visit No	: STAROPV62422
Reported on	: 28-08-2023 11:31	Printed on	: 28-08-2023 11:34
Adm/Consult Doctor	:	Ref Doctor	: SELF

### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

**Dextrocardia noted.**

Both lungs fields are clear.

Pleural cavities are clear.

Domes of diaphragm are smooth in outline.

Bony thorax is normal

Printed on:28-08-2023 11:31

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

## Specialists in Surgery

Name : Mrs.Soni Devi  
Age : 34 Year(s)

Date : 26/08/2023  
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:

DEXTROCARDIA.



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

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

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

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

Name : Mrs.Soni Devi  
Age : 34 Year(s)

Date : 26/08/2023  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	70mm/sec
EPSS	05mm
LA	26mm
AO	25mm
LVID (d)	38mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)



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

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

26/08/2023



Specialists in Surgery

Dr. Laila Dave  
Gynaecology  
M.D. (OBST,GYN); M.B.B.S.  
Reg. No.: 35390  
Tue/Thu/Sat - 10 am - 1 pm

Sonidani

Age: 34.

M.H 3/30 RHP

LMP: 19/08/2023

1st FTND female 10 yrs

pt for Gynec check up  
& LBC - Pap.

O/E

Breast - N

PA: obesity ++

Local Examina<sup>n</sup> = NAD

(PT not allowing  
Speculum Examina<sup>n</sup>)

Smear taken from  
Post Fx

LBC - Pap done

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known As Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals  
Famous Cine Labs 156, Pt. M. M. Malviya Road,  
Tardeo, Mumbai-400 034

Ph.: 022 4332 4500  
Fax.: 022 4332 4555  
www.apollospectra.com

Registered Address

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

ID 0  
Age 34

Soni

Height 155cm  
Gender Female

Date 26. 8. 2023  
Time 08:58:02

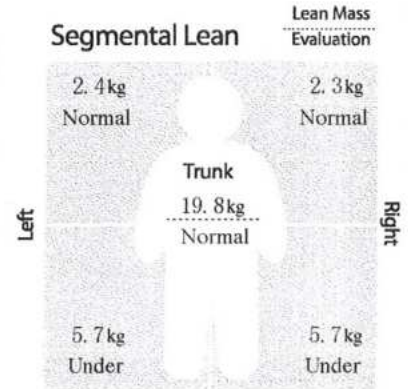
APOLLO SPECTRA HOSPITAL

## Body Composition

	Under										Normal					Over					UNIT%	Normal Range													
	40	55	70	85	100	115	130	145	160	175	190	205	60	70	80	90	100	110	120	130			140	150	160	170	20	40	60	80	100	160	220	280	340
Weight																										72.7 kg	42.9 ~ 58.0								
Muscle Mass Skeletal Muscle Mass																										22.3 kg	19.0 ~ 23.2								
Body Fat Mass																										31.4 kg	10.1 ~ 16.1								
TBW Total Body Water	30.4 kg (25.7 ~ 31.4)										FFM Fat Free Mass					41.3 kg (32.8 ~ 41.9)																			
Protein	8.1 kg (6.9 ~ 8.4)										Mineral*					2.85 kg (2.38 ~ 2.91)																			

\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	30.3	18.5 ~ 25.0
PBF Percent Body Fat (%)	43.3	18.0 ~ 28.0
WHR Waist-Hip Ratio	1.01	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1261	1458 ~ 1700

## 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

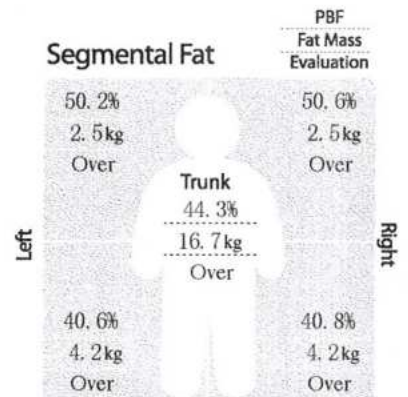
## Weight Management

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	- 19.1 kg	Fitness Score	63
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## Impedance

Z	RA	LA	TR	RL	LL
20kHz	333.3	321.0	23.6	263.3	261.9
100kHz	302.5	293.5	20.7	240.3	240.4

\* 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: 72.7 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
145	254	218	254	237	254		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
164	218	254	364	138	164		
Racket ball	Taekwon-do	Squash	Basketball	Rope jumping	Golf		
364	364	364	218	254	128		
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats		
development of upper body	abdominal muscle training	bedache 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) X 4weeks ÷ 7700**