

Patient Name : Mrs.RUPALI V BANDKAR
Age/Gender : 36 Y 1 M 14 D/F
UHID/MR No : STAR.0000055443
Visit ID : STAROPV58173
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 106662

Collected : 30/Mar/2023 09:48AM
Received : 30/Mar/2023 11:48AM
Reported : 30/Mar/2023 01:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

Methodology : Microscopic
RBC : Normocytic normochromic
WBC : Mild Leucopenia
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture, Mild Leucopenia
Note/Comment : Please Correlate clinically



SIN No:BED230080673

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

HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	24	pg	27-32	Calculated
MCHC	30.9	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,800	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2280	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1216	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	76	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	228	Cells/cu.mm	200-1000	Electrical Impedance

PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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WBC : Mild Leucopenia

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

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



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Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 09:48AM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 06:08PM
Visit ID : STAROPV58173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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



Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 02:28PM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 02:49PM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 03:49PM
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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, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	101	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



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

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

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:EDT230033170

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Begumpet, Hyderabad, Telangana - 500016

Address:

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

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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL CHOLESTEROL	154	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.67		0-4.97	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

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



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.26	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.13	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	83.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



SIN No:SE04336370

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.60	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	12.70	mg/dL	2.5-6.2	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	96	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	12-43	Glycylglycine Nitoranalide



SIN No:SE04336370

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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	10.60	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.910	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

Note:

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



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-12	/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

Kindly Correlate Clinically.



Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 04:31PM
Age/Gender : 36 Y 1 M 14 D/F	Received : 31/Mar/2023 07:06PM
UHID/MR No : STAR.0000055443	Reported : 01/Apr/2023 06:55PM
Visit ID : STAROPV58173	Status : Final Report
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DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST- PAPSURE , LBC FLUID


	CYTOLOGY NO.	6221/23
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

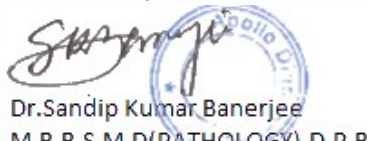
*** End Of Report ***



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:CS061988

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

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TOUCH	Patient Name : Mrs.RUPALI V BANDKAR Age/Gender : 36 Y 1 M 14 D/F UHID/MR No : STAR.0000055443 Visit ID : STAROPV58173 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 106662	Collected : 30/Mar/2023 09:48AM Received : 30/Mar/2023 11:48AM Reported : 30/Mar/2023 01:56PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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ABSOLUTE LEUCOCYTE COUNT

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PERIPHERAL SMEAR

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RBC : Normocytic normochromic

WBC : Mild Leucopenia

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, Mild Leucopenia

Note/Comment : Please Correlate clinically



Patient Name	: Mrs.RUPALI V BANDKAR	Collected	: 30/Mar/2023 09:48AM
Age/Gender	: 36 Y 1 M 14 D/F	Received	: 30/Mar/2023 11:48AM
UHID/MR No	: STAR.0000055443	Reported	: 30/Mar/2023 01:56PM
Visit ID	: STAROPV58173	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106662		

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



Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 09:48AM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 06:08PM
Visit ID : STAROPV58173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106662	

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	95	mg/dL	70-100	GOD - POD
-------------------------------	----	-------	--------	-----------

Comment:

As per American Diabetes Guidelines

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



Patient Name : Mrs.RUPALI V BANDKAR Age/Gender : 36 Y 1 M 14 D/F UHID/MR No : STAR.0000055443 Visit ID : STAROPV58173 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 106662	Collected : 30/Mar/2023 02:28PM Received : 30/Mar/2023 02:49PM Reported : 30/Mar/2023 03:49PM 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, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	101	mg/dL	70-140	GOD - POD
---	-----	-------	--------	-----------

Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.RUPALI V BANDKAR Age/Gender : 36 Y 1 M 14 D/F UHID/MR No : STAR.0000055443 Visit ID : STAROPV58173 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 106662	Collected : 30/Mar/2023 09:48AM Received : 30/Mar/2023 03:12PM Reported : 30/Mar/2023 06:08PM 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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

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

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.RUPALI V BANDKAR Age/Gender : 36 Y 1 M 14 D/F UHID/MR No : STAR.0000055443 Visit ID : STAROPV58173 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 106662	Collected : 30/Mar/2023 09:48AM Received : 30/Mar/2023 03:12PM Reported : 30/Mar/2023 06:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	154	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.67		0-4.97	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

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



Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 09:48AM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 06:09PM
Visit ID : STAROPV58173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106662	

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	0.26	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.13	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	83.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



Patient Name : Mrs.RUPALI V BANDKAR Age/Gender : 36 Y 1 M 14 D/F UHID/MR No : STAR.0000055443 Visit ID : STAROPV58173 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 106662	Collected : 30/Mar/2023 09:48AM Received : 30/Mar/2023 03:12PM Reported : 30/Mar/2023 06:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.80	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.60	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	12.70	mg/dL	2.5-6.2	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	96	mmol/L	98 - 107	Direct ISE



TOUCH

Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 09:48AM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 06:09PM
Visit ID : STAROPV58173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106662	

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	17.00	U/L	12-43	Glycylglycine Nitoranalide



Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 09:48AM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 11:42AM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 03:48PM
Visit ID : STAROPV58173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106662	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	10.60	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.910	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

Note:

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



Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 09:48AM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 02:10PM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 03:55PM
Visit ID : STAROPV58173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106662	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-12	/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

Kindly Correlate Clinically.

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST- PAPSURE


TOUCH

Patient Name : Mrs.RUPALI V BANDKAR	Collected : 30/Mar/2023 09:48AM
Age/Gender : 36 Y 1 M 14 D/F	Received : 30/Mar/2023 02:10PM
UHID/MR No : STAR.0000055443	Reported : 30/Mar/2023 03:55PM
Visit ID : STAROPV58173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106662	

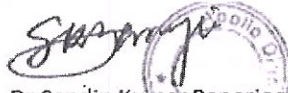
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



Measurement Results:

QRS : 96 ms
 QT/QTcB : 406 / 429 ms
 PR : 182 ms
 P : 118 ms
 RR/PP : 894 / 890 ms
 P/QRS/T : 35/ 40/ -10 degrees
 QTd/QTcBD : 42 / 44 ms
 Sokolow : 1.7 mV
 NK : 9

< P
 < T
 < QRS

-90

aVR aVL aVF

O I

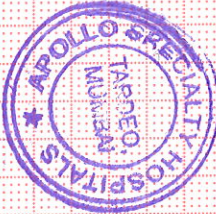
III +90 II

aVF

Interpretation:

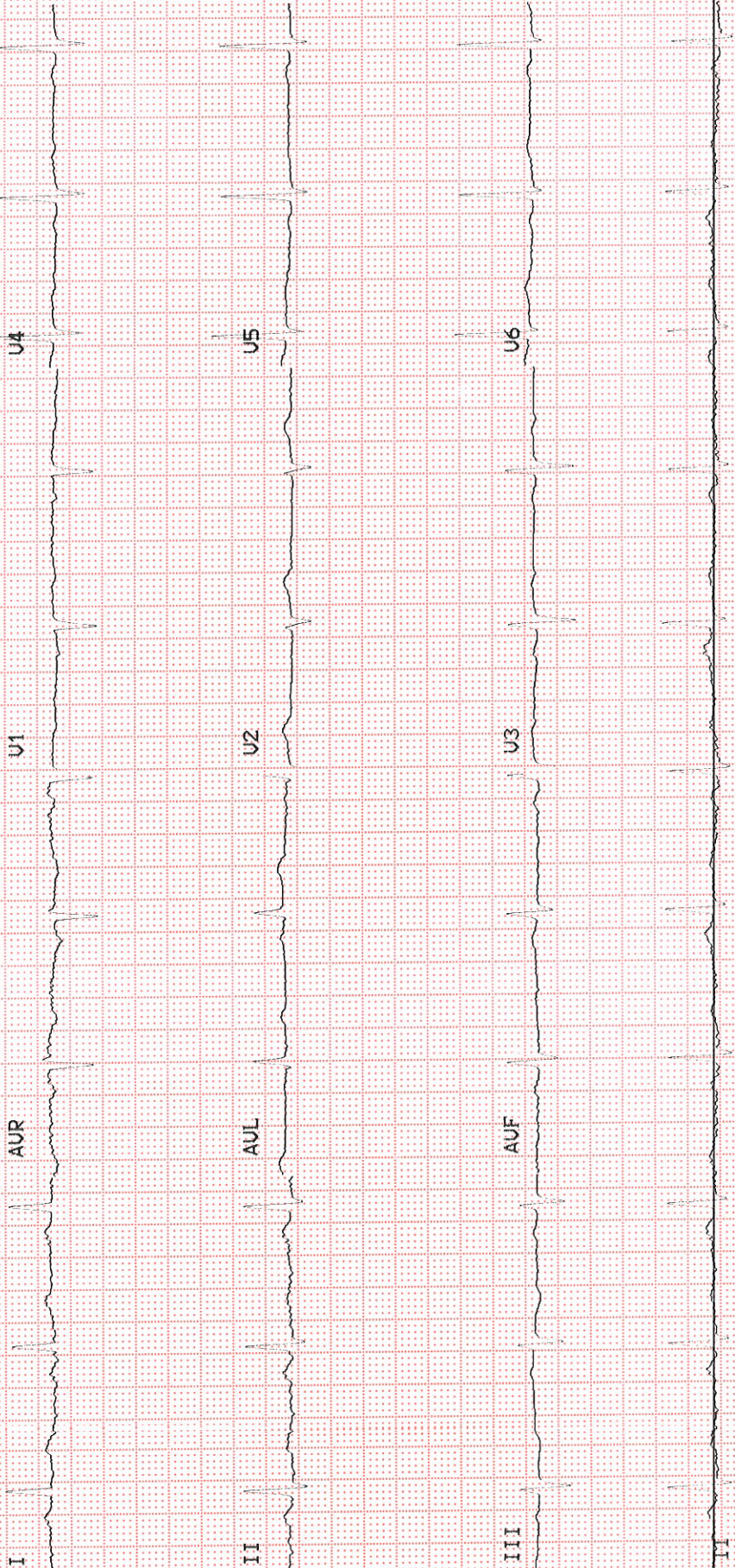
T-wave near baseline (anterior)
borderline ECG

Dupali



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

Unconfirmed report.



M
 G
 Q
 PR
 P
 RR
 P/
 QTI
 Sok
 NK

Specialists in Surgery

Name: Mrs Rupali V Baudkar
Age: 36/F

- for health check up
- offers no complaints

O/E - Ears



B/L TM intact
mobile

Nose -



Caudal dislocation
of septum to R
Mucosa pale
Airway reduced on R

Throat - NAD

Δ - DNS (R)



EYE REPORT

Name: *Rupali Bhandekar*

Date: *30/03/2023*

Age / Sex: *36yr / F*

Ref No.:

Complaint: *No ocular dx
H/O ? acid injury (at) - 1yr ago*

Examination: *No m/o 88/2A*

Spectacle Rx: *V ^{6/6} 6/6p Near V ⁶ 6*

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

Remarks: *Color C & F*

Medications: *Ac k m r*

Trade Name	Frequency	Duration

Follow up: *Prindes k m r*

*ABU
(BE) Softom old
uld.*

Consultant:

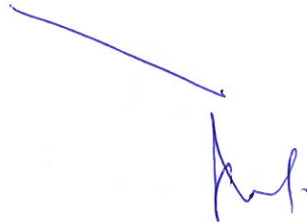


Mrs. Lupali B 36/F

Rx

Date: 30/3/2023

- Scaling



Dr. Rinal Modi
B.D.S. (Mumbai)
Dental Surgeon
Reg. No. : A-28591
Email : doctorrinal@gmail.com
M : 8779256365 / 9892290876

Rupali Bandkar 36yrs 28/03/23

MS 4yrs

keen to conceive.
on ovulation induction + planned relations
H/O - PCOD.

M/H - LMP - 17/3/23. after 3 months

Husband

O/H - A₁ - miscarriage → D+C.

Job.
Dm.

P/H - hypothyroid

F/H - Father - bypass / EDM.

OLE

Cx Vag (H)

Rap Ubc taken

ID *Rupali v Bandkan.*

Height 156cm
Gender Female

Date 30. 3. 2023
Time 10:10:54

APOLLO SPECTRA HOSPITAL

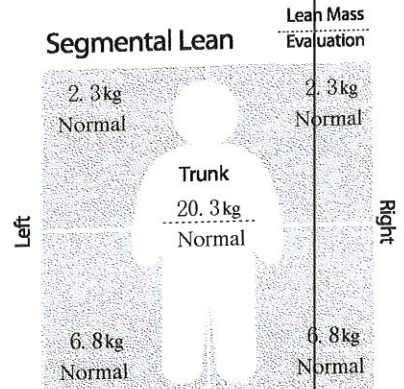
Age 36

Body Composition

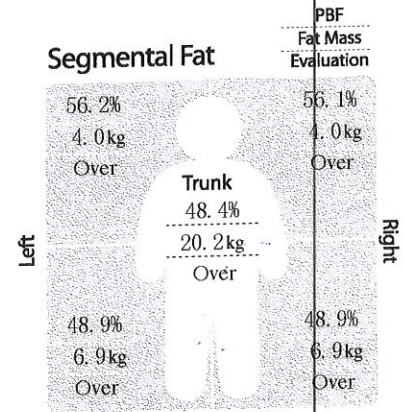
	Under	Normal	Over	UNIT: %	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205			85.9 kg	43.4 ~ 58.8
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170			23.3 kg	19.3 ~ 23.5
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 (514.5)			43.5 kg	10.2 ~ 16.4
T B W Total Body Water	31.1 kg (26.0 ~ 31.8)		FFM Fat Free Mass		42.4 kg (33.2 ~ 42.4)
Protein	8.3 kg (7.0 ~ 8.5)		Mineral*		2.95 kg (2.41 ~ 2.94)

* Mineral is estimated.

Segmental Lean



Segmental Fat



* Segmental Fat is estimated.

Obesity Diagnosis

	Value	Normal Range
B M I Body Mass Index (kg/m ²)	35.3	18.5 ~ 25.0
P B F Percent Body Fat (%)	50.7	18.0 ~ 28.0
W H R Waist-Hip Ratio	0.94	0.75 ~ 0.85
B M R Basal Metabolic Rate (kcal)	1285	1656 ~ 1942

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

B M I	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over
P B F	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
W H R	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 30.9 kg	Fitness Score	52
----------------	--------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	379.3	381.4	26.3	244.2	245.5
100kHz	339.7	342.2	23.3	216.5	217.5

* 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: 85.9 kg / Duration: 30min. / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton
172	301	258	301	280	301	194	258	301	430	163	194
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats
430	430	430	258	301	151	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) X 4 weeks ÷ 7700**



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. BANDKAR RUPALI VISHWAS
EC NO.	106662
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	MUMBAI,PAREL
BIRTHDATE	16-02-1987
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M106662100050900E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **20-03-2023** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Patient Name	: Mrs.RUPALI V BANDKAR	Collected	: 30/Mar/2023 04:31PM
Age/Gender	: 36 Y 1 M 14 D/F	Received	: 31/Mar/2023 07:06PM
UHID/MR No	: STAR.0000055443	Reported	: 01/Apr/2023 06:55PM
Visit ID	: STAROPV58173	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106662		

DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST- PAPSURE , LBC FLUID

	CYTOLOGY NO.	6221/23
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	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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

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SIN No:CS061988

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

Patient Name : Mrs. Rupali V Bandkar

Age/Gender : 36 Y/F

UHID/MR No. : STAR.0000055443

OP Visit No : STAROPV58173

Sample Collected on :

Reported on : 30-03-2023 12:27

LRN# : RAD1963843

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 106662

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Patient Refused for x-ray



Dr. VINOD SHETTY
Radiology