

: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No

: STAR.0000056938

Visit ID Ref Doctor : STAROPV60477

Emp/Auth/TPA ID

: Dr.SELF : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported

: 24/Jun/2023 12:58PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number Parasites : No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 13



Begumpet, Hyderabad, Telangana - 500016



Patient Name : Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender : 40 Y 11 M 15 D/F

UHID/MR No : STAR.0000056938 Visit ID : STAROPV60477

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 458245225 Collected : 24/Jun/2023 09:08AM

Received : 24/Jun/2023 11:14AM Reported : 24/Jun/2023 12:58PM

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

HAEMOGLOBIN	11	g/dL	12-15	Spectrophotometer
PCV	32.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.79	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	85	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	60	%	40-80	Electrical Impedanc
LYMPHOCYTES	34	%	20-40	Electrical Impedanc
EOSINOPHILS	02	%	1-6	Electrical Impedanc
MONOCYTES	04	%	2-10	Electrical Impedanc
BASOPHILS	00	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3600	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	2040	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	120	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	240	Cells/cu.mm	200-1000	Electrical Impedanc
PLATELET COUNT	300000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergre

Methodology: Microscopic RBC: Normocytic normochromic

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

Platelets: Adequate in Number Parasites: No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment: Please Correlate clinically

Page 2 of 13



SIN No:BED230145141

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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: ARCOFEMI HEALTHCARE LIMITED

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 FAC	TOR , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	A	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

Page 3 of 13



Begumpet, Hyderabad, Telangana - 500016



: Mrs.TANVI SIDDHESH DURGAWALE

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Emp/Auth/TPA ID : 458245225

Collected

: 24/Jun/2023 01:00PM

Received

: 24/Jun/2023 01:30PM

Reported

: 24/Jun/2023 01:54PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

		2.002	•		
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	83	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

GLUCOSE, POST PRANDIAL (PP), 2	85	mg/dL	70-140	GOD - POD	
HOURS , NAF PLASMA					

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

Page 4 of 13





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: Dr.SELF : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 03:18PM

Reported Status

: 24/Jun/2023 06:24PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - EIILL RODY	/ HEALTH ANNUAL	DI LIS CHECK -	FEMALE - 2D ECHO - E	DAN INDIA - EV2324	
ANCOI LIVII - WILDIWITELL - I OLL BOD	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Too! Nome	Decult	I Imit	Die Det Dense	Mathad	
Test Name	Result	Unit	Bio. Ref. Range	Method	

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.8	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	120	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

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Begumpet, Hyderabad, Telangana - 500016



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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	89	mg/dL	<150	
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		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
11 1 11	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
INON-HOLCHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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

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ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	72.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated

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Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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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

CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
JREA	20.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	4.0-7.0	URICASE
CALCIUM	8.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	93	mmol/L	98-107	Direct ISE

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SIN No:SE04404309

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: 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 GAMMA GLUTAMYL TRANSPEPTIDASE 14.00 U/L 16-73 Glycylglycine Kinetic method

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SIN No:SE04404309

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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: 458245225

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: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported Status

: 24/Jun/2023 01:12PM

: 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	

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	0.65	ng/mL	0.67-1.81	ELFA	
THYROXINE (T4, TOTAL)	5.62	μg/dL	4.66-9.32	ELFA	
THYROID STIMULATING HORMONE (TSH)	11.730	μIU/mL	0.25-5.0	ELFA	

Kindly correlate clinically

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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Received

: 24/Jun/2023 01:06PM

Reported

: 24/Jun/2023 02:14PM

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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

Page 11 of 13

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016



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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

COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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 M	OUNT 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

*** 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

Page 12 of 13

Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited) CIN- U85100TG2009PTC099414

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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

Page 13 of 13



Begumpet, Hyderabad, Telangana - 500016



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Date: 24/6/23

Age: 406.

Name: Tom in Dungawale

Present Complaints:

Hyperstyrand 104003

Present Medications:

T. Ectooxion 75 my 10D

Personal History:

Unmarried/Married

Diet: Veg/Mixed

Sleep: Normal/Disturbed/Snoring

Alcohol: No

Tobacco: Chews/Smokes No

Bowel: (~

Bladder:

Physical Activities:

Active/Moderate/Sedentary

Allergy: N

Menstrual History: 3-hday- 28day

Past Medical History: Operated Thyrerd 2011, 2017.

Family History: No

Physical Examination findings

Investigations:

Pulse:

BP: \\O mm/hg

LPL 132 TSHILA30 ECCT; TWO

No Pallor/icterus/cyanosis/clubbing/edema

Advice:

RS:

1 Averd as I ghee | Fred feocls

@ morning walk 48 mindaty

P/Abdo:

CVS:

2) Repeat Ciford, TSH ofter 2000 or .

CNS:

W) & Decho / stocostest.

Musculoskeletal: 🖚

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

Dr. Chhaya Vaja

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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

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





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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 : Normocytic normochromic

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

Platelets : Adequate in Number Parasites : No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

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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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MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	60	%	40-80	Electrical Impedanc
LYMPHOCYTES	34	%	20-40	Electrical Impedanc
EOSINOPHILS	02	%	1-6	Electrical Impedanc
MONOCYTES	04	%	2-10	Electrical Impedanc
BASOPHILS	00	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3600	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	2040	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	120	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	240	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	300000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergre
PERIPHERAL SMEAR				

Methodology: Microscopic
RBC: Normocytic normochromic

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

Platelets : Adequate in Number Parasites : No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture

Note/Comment: Please Correlate clinically

Page 2 of 13

SIN No:BED230145141





: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID : STAR.0000056938 : STAROPV60477

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported Status : 24/Jun/2023 12:58PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	А	Forward & Reverse Grouping with Slide/Tube Aggluti			
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination			

Page 3 of 13

SIN No:BED230145141





: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID : STAR.0000056938 : STAROPV60477

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 458245225 Collected

: 24/Jun/2023 01:00PM

Received

: 24/Jun/2023 01:30PM

Reported Status : 24/Jun/2023 01:54PM : 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					

GLUCOSE, FASTING, NAF PLASMA 83 mg/dL 70-100 GOD - POD

Comment:

As ner American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2	85	mg/dL	70-140	GOD - POD	
HOURS , NAF PLASMA					

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

Page 4 of 13





: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No

: STAR.0000056938

Visit ID

HBA1C.

: STAROPV60477

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 458245225 Collected Received : 24/Jun/2023 09:08AM

: 24/Jun/2023 03:18PM

Reported

: 24/Jun/2023 06:24PM

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	

				LIDLO	
GLYCATED HEMOGLOBIN.	5 Q	0/2	1	HPLC	
GLICATED REWOGLODIN .	5.0	/0	1	111 -0	

WHOLE BLOOD-EDTA Calculated ESTIMATED AVERAGE GLUCOSE (eAG) 120 mg/dL WHOLE BLOOD-EDTA

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

Page 5 of 13

SIN No:EDT230057779





: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID

: STAR.0000056938

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: STAROPV60477

: 458245225

Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported Status

: 24/Jun/2023 12:42PM

: 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	

LIPID PROFILE, SERUM	9			
TOTAL CHOLESTEROL	195	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	89	mg/dL	<150	
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		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.

Page 6 of 13







: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F : STAR.0000056938

UHID/MR No Visit ID

: STAROPV60477

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported Status : 24/Jun/2023 12:42PM : 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						

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)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	72.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated

Page 7 of 13







: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID : STAR.0000056938

Ref Doctor

: STAROPV60477 : Dr.SELF

Emp/Auth/TPA ID

: 458245225

Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported Status : 24/Jun/2023 12:42PM : 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						

CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	4.0-7.0	URICASE
CALCIUM	8.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	93	mmol/L	98-107	Direct ISE

Page 8 of 13







: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID : STAR.0000056938 : STAROPV60477

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported Status : 24/Jun/2023 12:42PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY						
ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - PA	AN INDIA - FY2324		
Test Name	Result	Unit	Bio. Ref. Range	Method		

GAMMA GLUTAMYL TRANSPEPTIDASE	14.00	U/L	16-73	Glycylglycine Kinetic
(GGT), SERUM				method

Page 9 of 13







: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID : STAR.0000056938 : STAROPV60477

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 11:14AM

Reported

: 24/Jun/2023 01:12PM

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	

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			a #
TRI-IODOTHYRONINE (T3, TOTAL)	0.65	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	11.730	μIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

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

Page 10 of 13



SIN No:SPL23091293





: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID

: STAR.0000056938

Ref Doctor

: STAROPV60477

Emp/Auth/TPA ID

: Dr.SELF : 458245225

Test Name

Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 01:06PM

Reported Status

: 24/Jun/2023 02:14PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

1 1002 10220							
DEPARTMENT OF CLINICAL PATHOLOGY							
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324							
Test Name	Posult	Unit	Rio Pof Pango	Mothod '			





: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No

: STAR.0000056938

Visit ID Ref Doctor : STAROPV60477

Emp/Auth/TPA ID

: Dr.SELF : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 01:06PM

Reported

: 24/Jun/2023 02:14PM

Status Sponsor Name : Final Report

ne

: 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	

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
рН	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010	1.010 1.002-1.030 Dips		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 M	OUNT 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

*** 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

Page 12 of 13





: Mrs.TANVI SIDDHESH DURGAWALE

Age/Gender

: 40 Y 11 M 15 D/F

UHID/MR No Visit ID

: STAR.0000056938

Ref Doctor

: STAROPV60477

: Dr.SELF Emp/Auth/TPA ID : 458245225 Collected

: 24/Jun/2023 09:08AM

Received

: 24/Jun/2023 01:06PM

Reported Status

: 24/Jun/2023 02:14PM : 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		

Page 13 of 13



SIN No:UR2134249

Measurement Results: 0RS	aur / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 /	Interpretation: RSR' pattern T-wave near baseline (anterlor) Iow QRS amplitudes probably abnormal ECG	Dr. (Mrs.) Cresses Physics Phy
	Da AUR	\frac{\}}{\}	Miconfirmed report.
1 1 1 1 1	N		
11 11 11 11 11 11 11 11 11 11 11 11 11	7. AND (1)		9



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph, No.: 022 4332 4500 www.apollospectra.com

Name : Mrs.Tanvi Durgawale

Age : 40 Year(s)

Date: 24/06/2023

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) NONINVASÍVE CARDIOLOGIST

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

lame : Mrs.Tanvi Durgawale

Age : 40 Year(s)

Date: 24/06/2023

Sex : Female Visit Type : OPD

Dimension:

EF Slope

EPSS 03mm

80mm/sec

LA 31mm

AO 31mm

LVID (d) 42mm

LVID(s) 23mm

IVS (d) 11mm

LVPW (d) 11mm

LVEF 60% (visual)

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

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500

www.apollospectra.com

Name: Mrs Tanni Durgawale Age: 40/F

For Health Check Up Offers no complaints

BIL TM intact, mobile

Throat - NAD

No obnions nuk swellings $\Delta - ENT-NAD$



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500

www.apollospectra.com

Patient Name

: Mrs. Tanvi Siddhesh Durgawale

UHID

: STAR.0000056938

Reported on

: 24-06-2023 10:59

Adm/Consult Doctor

Age

: 40 Y F

OP Visit No

: STAROPV60477

Printed on

: 24-06-2023 10:59

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:24-06-2023 10:59

---End of the Report---

Dr. VINOD SHETTY

Radiology



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500

www.apollospectra.com

Patient Name : MRS.TANVI DURGAWALE

Ref. by

: HEALTH CHECK-UP

Date: 24-06-2023

Age: 40 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 well distended and reveals normal wall thickness. There is no

evidence of calculus seen in it.

<u>PANCREAS</u>: 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 10.4 x 4.4 cms and the **LEFT KIDNEY** measures 11.2 x 4.6 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 retroverted & it appears normal in size, shape and echotexture.

It measures 7.3 x 4.7 x 3.8 cms.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 11.6 mm.

No focal mass lesion is noted within the uterus.

OVARIES:

Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 2.6 x 1.4 cms. Left ovary measures 3.0 x 1.5 cms. There is no free fluid seen in cul de sac.

IMPRESSION:

The Ultrasound examination reveals mild fatty infiltration of the Liver.

No other significant abnormality is detected

with compliments

DR VINOD V SHETTY

M.D.,D.M.R.D. CONSULTANT SOABLE 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.

EYE REPORT



Name:	Tomo	i A	mga-	le		Da	ate: Lu/	06/200	3
Age /Sex	HOT	_ F				Re	ef No.:		
Complain	nt:	10	to A	0 00	cellen	do			
Examinat	ion	/ 0	to M	p 87	6/ AM				
Spectacle	e Ry	616		2 ·			Nean	Va \$	Nζ
Брооцион	J Tix		t Eye					•	
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis	
Distance Read	a.								
Remarks			le & v	vn					•
Medication	ons:	Als K	m						
	Trade I				Frequenc	су	Du	ıration	
			-						
Follow u	p: F	widen	& m		e.	-			
Consulta	int:								

Apolio Spectra Hospitals
Famous Cine Labs, 156, Pt. M. M.
Malviya Road, Tardeo, Mumbai • 400 034.
Tel.: 022 4332 4500 • www.apollospectra.com

3p-110/70 mm of Hy

Age

Height 158cm

Female

Gender

Date

24. 6. 2023

Time 10:02:41 APOLLO SPECTRA HOSPITAL

Sagmontalles

Body Composition

Protein	8. 4	8. 4 kg (7. 2~8. 7)				Mineral*				2. 55 kg (2. 47~3. 02)			
T B W Total Body Water	31. 2	2 kg (2	26. 7	~ 32.	6)		FFN Fat Free				42.	1 kg (;	34. 1~43. 5)
Body Fat Mass	20	40	60	80	100	160	220	280	340	⁴⁰⁰ ■ 34.	460 5 kg	520	10. 5 ~ 16. 8
Muscle Mass Skeletal Muscle Mass	20	10	80	90	100	1io 23.	3 kg	130	140	150	160	170	19.8~24.2
Weight	60	70	200				100		76. 61	175 cg	190	205	44. 6 ~ 60. 3
Majaht	40	55	70	85	Norm	115	130	145	Ove	STATE OF THE PARTY		UNIT:%	Normal Range

* Mineral is estimated.

Obesity Diagnosis

	- agnos			Nutrition	nal Evaluati	on			
		Value	Normal Range	Protein	✓Normal	☐ Deficien	t		
B M I Body Mass Index	(kg/m²)	30. 7	10 F 05 0	Mineral	✓ Normal	☐ Deficien	t		
			18. 5 ~ 25. 0	Fat	□Normal	☐ Deficien	Excessive		
PBF	600		••••	Weight M	Weight Management				
Percent Body Fat	(%)	45. 1	18. 0 ~ 28. 0	Weight	□Normal	□ Under	✓ Over		
				SMM	☑Normal	□ Under	☐ Strong		
WHR		0. 90	0. 75 ~ 0. 85	Fat	□Normal	□ Under	☑ Over		
Waist-Hip Ratio				Obesity D	Obesity Diagnosis				
BMR Basal Metabolic Rate	(kcal)	(kcal) 1279	1517 155	ВМІ	□Normal	☐ Under ☑ Extremely	□ Over Over		
			1517 ~ 1771	PBF	□Normal		✓ Over		
				WHR	□Normal	□ Under	✓ Over		

	segmen	Evaluation	
	2. 5kg Normal		2. 2kg Normal
		Trunk	
Left		21.0kg Normal	
Section of the sectio	7. 8kg Normal		7.7kg Over

Lean Mass

Segmental Fat	PBF Fat Mass Evaluation
50. 7%	48, 1%
2. 7 kg	2. 2kg
Over	Over Right
42, 5% 6, 1 kg	43.0%
Over	6. 1 kg Over

* Segmantal Fat is estimated.

Muscle-Fat Control

Muscle Control	0. 0 kg	Fat Control	– 22.0kg	Fitness Score	60	

* Use your results as reference when consulting with your physician or fitness trainer.

Z RA LA TR RL LL 20kHz 452. 5 369. 0 34. 7 251. 7 241. 6 100kHz 346. 1 331. 1 25. 6 231. 4 223. 1

Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

å	y expend Walking	- Cure of	each acti	Vity(base	weight	76. 6 k	g / Durat	tion: 30m	in./ unit	kcal)	
A		3	Jogging	1	Bicycle		Swim	2	Mountain Climbing		Aerobic
/1	153 Table	-	268		230	2	268	7	250	Y	268
K	tennis	60	_ Tennis	7	Football		Oriental Fencing	d'	Gate ball	(a)	Badmintor
I Q	173 Racket	1	230 Tae-	1.	268	V	383	1.7	146	X	173
人	383	1	kwon-do 383	7	Squash 383	X	7 Basketball 230		Rope jumping 268	1	Golf 135
7	Push-ups development of upper body	8	Sit-ups abdominal muscle training	9	Weight training backache prevention	K	Dumbbell exercise muscle strength		Elastic band muscle strength	LÍ	Squats maintenance of lower body muscle

How to do

Left

1. Choose practicable and preferable activities from the left.

Impedance

- 2. Choose exercises that you are going to do for 7 days.
- 3. Calculate the total energy expenditure for a week.
- Estimate expected total weight loss for a month using the formula shown below.
- Recommended calorie intake per day

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





Patient Name : Mrs. Tanvi Siddhesh Durgawale Age/Gender : 40 Y/F

 UHID/MR No.
 : STAR.0000056938
 OP Visit No
 : STAROPV60477

 Sample Collected on
 : 24-06-2023 12:13

Ref Doctor : SELF **Emp/Auth/TPA ID** : 458245225

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 : The gall bladder is well distended and reveals normal wall thickness. There is no

BLADDER evidence of calculus seen in it.

PANCREAS: The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion

is seen. The splenic vein is normal.

KIDNEYS: The **RIGHT KIDNEY** measures 10.4 x 4.4 cms and the **LEFT KIDNEY** measures

11.2 x 4.6 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: The urinary bladder is well distended and is normal in shape and contour. No

BLADDER intrinsic lesion or calculus is seen. The bladder wall thickness is normal.

UTERUS: The uterus is retroverted & it appears normal in size, shape and echotexture.

It measures 7.3 x 4.7 x 3.8 cms.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 11.6 mm.

No focal mass lesion is noted within the uterus.

OVARIES: Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 2.6×1.4 cms. Left ovary measures 3.0×1.5 cms. There is no free fluid seen in cul de sac.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver.

No other significant abnormality is detected

Dr. VINOD SHETTY

Radiology



Patient Name : Mrs. Tanvi Siddhesh Durgawale Age/Gender : 40 Y/F

UHID/MR No.: STAR.0000056938OP Visit No: STAROPV60477Sample Collected on: 24-06-2023 10:59

Ref Doctor : SELF **Emp/Auth/TPA ID** : 458245225

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 SHETTYRadiology