

Patient Name : Mrs.RUPALI R SAWANT	Collected : 30/Mar/2023 09:45AM
Age/Gender : 51 Y 10 M 29 D/F	Received : 30/Mar/2023 11:48AM
UHID/MR No : STAR.0000055441	Reported : 30/Mar/2023 01:32PM
Visit ID : STAROPV58171	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 14555552	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

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



SIN No:BED230080660

Patient Name : Mrs.RUPALI R SAWANT	Collected : 30/Mar/2023 09:45AM
Age/Gender : 51 Y 10 M 29 D/F	Received : 30/Mar/2023 11:48AM
UHID/MR No : STAR.0000055441	Reported : 30/Mar/2023 01:32PM
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**DEPARTMENT OF HAEMATOLOGY**

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

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

<b>HAEMOGLOBIN</b>	<b>8.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>28.60</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>65</b>	fL	83-101	Calculated
MCH	<b>19.1</b>	pg	27-32	Calculated
MCHC	<b>29.5</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	6160	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2112	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	176	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	352	Cells/cu.mm	200-1000	Electrical Impedance

<b>PLATELET COUNT</b>	389000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

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**IMPRESSION : Predominantly hypochromic microcytic blood picture, anisocytosis.**

Note/Comment : Please Correlate clinically



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230080660

**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.RUPALI R SAWANT	Collected : 30/Mar/2023 09:45AM
Age/Gender : 51 Y 10 M 29 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055441	Reported : 30/Mar/2023 06:08PM
Visit ID : STAROPV58171	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	100	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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	128	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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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>6.4</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA</b>	137	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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**DEPARTMENT OF BIOCHEMISTRY**

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

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

TOTAL CHOLESTEROL	<b>214</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>207</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>165</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>123.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>41.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	<b>1.48</b>	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.75</b>	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	<b>0.73</b>	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>18</b>	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>34.0</b>	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	<b>63.00</b>	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>6.60</b>	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	<b>4.30</b>	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>2.30</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>1.87</b>		0.9-2.0	Calculated



SIN No:SE04336356

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	18.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>13.50</b>	mg/dL	2.5-6.2	Uricase
CALCIUM	8.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	<b>4.60</b>	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>133</b>	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE

Result is rechecked. Kindly correlate clinically



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	43.00	U/L	12-43	Glycylglycine Nitoranalide



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	0.77	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.86	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.240	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 R SAWANT	Collected : 30/Mar/2023 09:45AM
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Visit ID : STAROPV58171	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	POSITIVE		NEGATIVE	Dipstick
NITRITE	POSITIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	LARGE NUMBER OF BACTERIA PRESENT.			MICROSCOPY

Kindly Correlate Clinically.



SIN No:UR2088873

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Patient Name : Mrs.RUPALI R SAWANT	Collected : 30/Mar/2023 04:33PM
Age/Gender : 51 Y 10 M 29 D/F	Received : 31/Mar/2023 07:06PM
UHID/MR No : STAR.0000055441	Reported : 01/Apr/2023 06:53PM
Visit ID : STAROPV58171	Status : Final Report
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**DEPARTMENT OF CYTOLOGY**


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

LBC PAP TEST- PAPSURE , LBC FLUID	
	CYTOLOGY NO. 6220/23
<b>I</b>	<b>SPECIMEN</b>
<b>a</b>	SPECIMEN ADEQUACY ADEQUATE
<b>b</b>	SPECIMEN TYPE LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE CERVICAL SMEAR
<b>c</b>	COMMENTS SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>
	Superficial and intermediate squamous epithelial cells with benign morphology.
	Parabasal and basal cells with reactive nuclear changes.
	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	

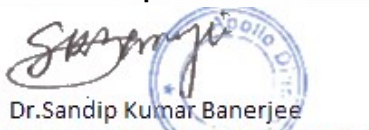
\*\*\* End Of Report \*\*\*



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



**DR. 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:CS061990

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad  
**Apollo Speciality Hospitals Private Limited**  
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 Ph: 022 4332 4500

Name: Rupal Sewant

Date: 30/3/23

Present Complaints:

No

Age: 51/Female

Present Medications:

No

Personal History:

Unmarried/Married

Diet: Veg/Mixed

Sleep: Normal/Disturbed/Snoring

Alcohol: No

Tobacco: Chews/Smokes No

Bowel: (W)

Bladder: (W)

Physical Activities: Active/Moderate/Sedentary

Allergy: No

Menstrual History: Postmenopausal  
2 yrs back

Past Medical History: No

Family History: No

Physical Examination findings

Investigations:

Pulse: 80 /min

BP: 150/90 mm/hg

Hb 8.5 & BAC 6.4. Used Lipst.  
UA 13.50.

No Pallor/icterus/cyanosis/clubbing/edema

Advice:

RS: (W)

(1) Avoid oil/ghee/ Fried food / High proband diet

CVS: (W)

(2) Morning walk 45 min daily

P/Abdo: (W)

(3) Repeat Sugar (Lipst/UA) after 2 months

CNS: (W)

(4) T. Saffron gen 1-0-0 x 2 months

Musculoskeletal: (W)



Dr. (Mrs.) CH  
Physician  
Reg.

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.

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

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Emp/Auth/TPA ID	: 145555552		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

Methodology : Microscopic

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

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

**IMPRESSION : Predominantly hypochromic microcytic blood picture, anisocytosis.**

Note/Comment : Please Correlate clinically



Patient Name : Mrs.RUPALI R SAWANT	Collected : 30/Mar/2023 09:45AM
Age/Gender : 51 Y 10 M 29 D/F	Received : 30/Mar/2023 11:48AM
UHID/MR No : STAR.0000055441	Reported : 30/Mar/2023 01:32PM
Visit ID : STAROPV58171	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 14555552	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	8.5	g/dL	12-15	Spectrophotometer
PCV	28.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	65	fL	83-101	Calculated
MCH	19.1	pg	27-32	Calculated
MCHC	29.5	g/dL	31.5-34.5	Calculated
R.D.W	16.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6160	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2112	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	176	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	352	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	389000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
Methodology : Microscopic				
RBC : Hypochromasia (+), Microcyte (+), Anisocyte (+)				
WBC : Normal in number, morphology and distribution. No abnormal cells seen				
Platelets : Adequate in Number				
Parasites : No Haemoparasites seen				
<b>IMPRESSION : Predominantly hypochromic microcytic blood picture, anisocytosis.</b>				
Note/Comment : Please Correlate clinically				



TOUC	Patient Name : Mrs.RUPALI R SAWANT Age/Gender : 51 Y 10 M 29 D/F UHID/MR No : STAR.0000055441 Visit ID : STAROPV58171 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 14555552	Collected : 30/Mar/2023 09:45AM Received : 30/Mar/2023 11:48AM Reported : 30/Mar/2023 01:56PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

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

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

**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

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





Patient Name : Mrs.RUPALI R SAWANT	Collected : 30/Mar/2023 09:45AM
Age/Gender : 51 Y 10 M 29 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055441	Reported : 30/Mar/2023 06:08PM
Visit ID : STAROPV58171	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 145555552	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	100	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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	128	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.RUPALI R SAWANT	Collected : 30/Mar/2023 09:45AM
Age/Gender : 51 Y 10 M 29 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055441	Reported : 30/Mar/2023 06:08PM
Visit ID : STAROPV58171	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 145555552	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	137	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 R SAWANT	Collected	: 30/Mar/2023 09:45AM
Age/Gender	: 51 Y 10 M 29 D/F	Received	: 30/Mar/2023 03:12PM
UHID/MR No	: STAR.0000055441	Reported	: 30/Mar/2023 06:36PM
Visit ID	: STAROPV58171	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 145555552		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>214</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>207</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>165</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>123.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>41.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		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 Names : Mrs.RUPALI R SAWANT	Collected : 30/Mar/2023 09:45AM
Age/Gender : 51 Y 10 M 29 D/F	Received : 30/Mar/2023 03:12PM
UHID/MR No : STAR.0000055441	Reported : 30/Mar/2023 06:36PM
Visit ID : STAROPV58171	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 145555552	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	1.48	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.75	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.73	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	63.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.60	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.87		0.9-2.0	Calculated



Patient Name	: Mrs.RUPALI R SAWANT	Collected	: 30/Mar/2023 09:45AM
Age/Gender	: 51 Y 10 M 29 D/F	Received	: 30/Mar/2023 03:12PM
UHID/MR No	: STAR.0000055441	Reported	: 30/Mar/2023 08:17PM
Visit ID	: STAROPV58171	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 145555552		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	18.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>13.50</b>	mg/dL	2.5-6.2	Uricase
CALCIUM	8.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	<b>4.60</b>	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>133</b>	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE

Result is rechecked. Kindly correlate clinically



Patient Name	: Mrs.RUPALI R SAWANT	Collected	: 30/Mar/2023 09:45AM
Age/Gender	: 51 Y 10 M 29 D/F	Received	: 30/Mar/2023 03:12PM
UHID/MR No	: STAR.0000055441	Reported	: 30/Mar/2023 06:36PM
Visit ID	: STAROPV58171	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 145555552		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	43.00	U/L	12-43	Glycylglycine Nitoranalide



Patient Name	: Mrs.RUPALI R SAWANT	Collected	: 30/Mar/2023 09:45AM
Age/Gender	: 51 Y 10 M 29 D/F	Received	: 30/Mar/2023 11:32AM
UHID/MR No	: STAR.0000055441	Reported	: 30/Mar/2023 01:24PM
Visit ID	: STAROPV58171	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 145555552		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	0.77	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.86	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.240	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 R SAWANT	Collected	: 30/Mar/2023 09:45AM
Age/Gender	: 51 Y 10 M 29 D/F	Received	: 30/Mar/2023 01:58PM
UHID/MR No	: STAR.0000055441	Reported	: 30/Mar/2023 03:49PM
Visit ID	: STAROPV58171	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 145555552		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	POSITIVE		NEGATIVE	Dipstick
NITRITE	POSITIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	LARGE NUMBER OF BACTERIA PRESENT.			MICROSCOPY

Kindly Correlate Clinically.

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

Result/s to Follow:  
LBC PAP TEST- PAPSURE




Patient Name	: Mrs.RUPALI R SAWANT	Collected	: 30/Mar/2023 09:45AM
Age/Gender	: 51 Y 10 M 29 D/F	Received	: 30/Mar/2023 01:58PM
UHID/MR No	: STAR.0000055441	Reported	: 30/Mar/2023 03:49PM
Visit ID	: STAROPV58171	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 145555552		

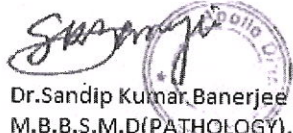
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



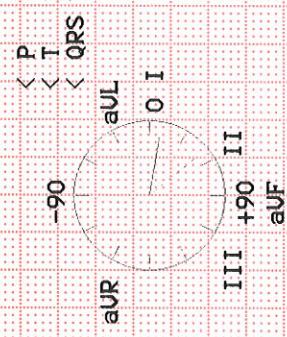
Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



HR 66 bpm

Measurement Results:

QRS : 414 / 435 ms  
 QT/QTcB : 126 ms / 102 ms  
 PR : 904 / 910 ms  
 P/QRS/T : 50 / 10 / 10 degrees  
 QTd/QTcBD : 40 / 42 ms  
 Sokolow : 2.0 mV  
 NK : 9

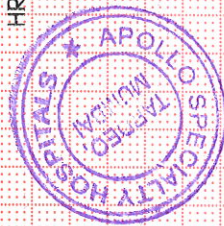
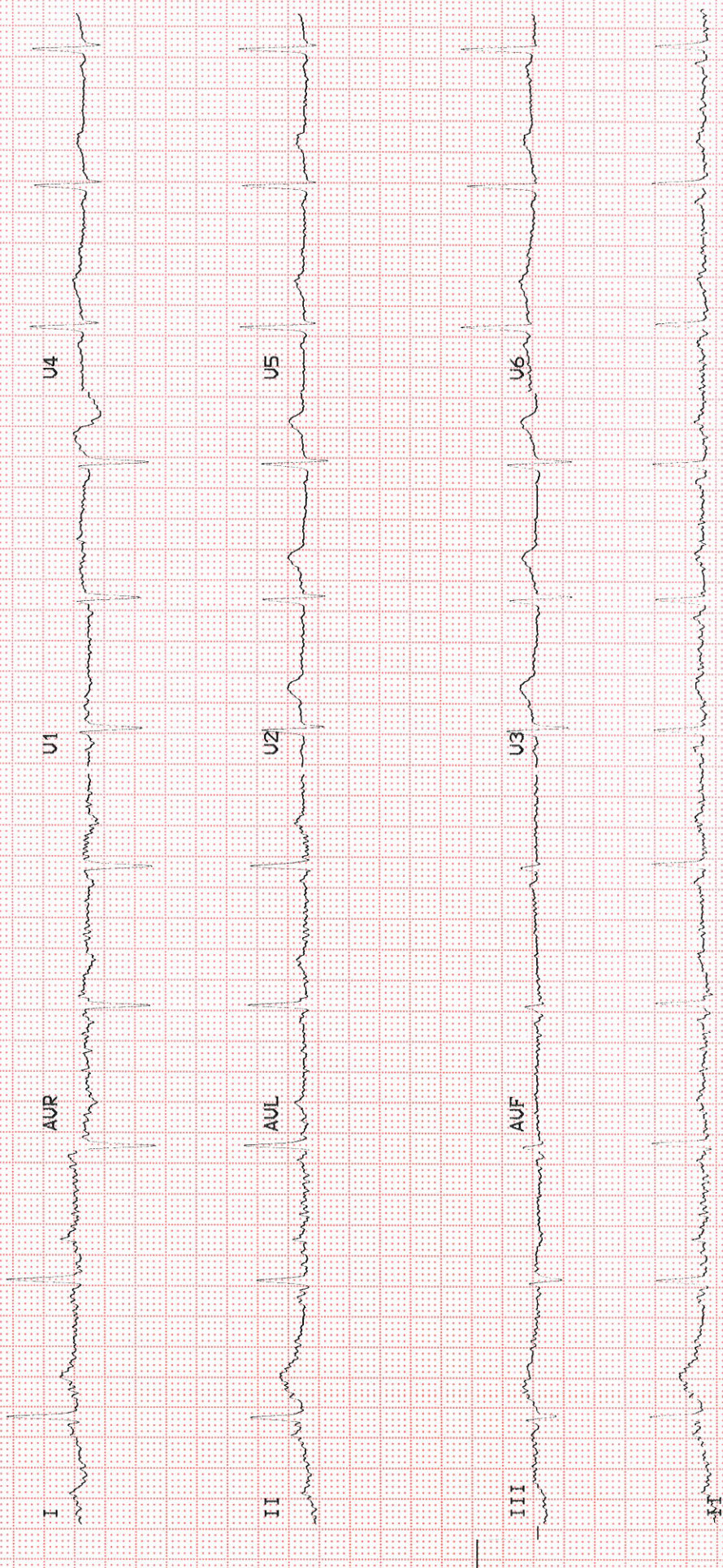


Interpretation:

R/S inversion area between U1 and U2 probably normal ECG

*Normal Normal ECG*

*Unconfirmed report.*



Dr. (Mrs.) CHHAYA P. VAJJA  
 M.D. (MDIM)  
 Physician & Cardiologist  
 Reg. No. 55342

Patient Name : Mrs. Rupali R Sawant  
UHID : STAR.0000055441  
Reported on : 30-03-2023 12:44  
Adm/Consult Doctor :

Age : 51 Y F  
OP Visit No : STAROPV58171  
Printed on : 30-03-2023 12:50  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Mild Cardiomegaly.**

Visualized lung fields are clear and translucent.

Bilateral hila are normal.

Bronchovascular markings are well appreciated and are normal.

Both the costo-phrenic angles appears normal.

Visualized bones and soft tissue appears normal.

Both the domes of diaphragm appears normal.

**IMPRESSION: Mild Cardiomegaly.**

Printed on:30-03-2023 12:44

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mrs. Rupali Sawant  
Age : 51 Year(s)

Date : 30/03/2023  
Sex : Female  
Visit Type : OPD

**ECHO Cardiography**

**Comments:**

Normal cardiac dimensions.  
Structurally normal valves.  
No evidence of LVH.  
Intact IAS/IVS.  
No evidence of regional wall motion abnormality.  
Normal LV systolic function (LVEF 60%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

**Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

Name : Mrs. Rupali Sawant  
Age : 51 Year(s)

Date : 30/03/2023  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	120mm/sec
EPSS	04mm
LA	32mm
AO	27mm
LVID (d)	46mm
LVID(s)	29mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

Mrs. Rupali Sawant

S/A


Rx

Date: 30/3/2023

- scaling

- replacement  $\bar{e}$   $\frac{1}{7}$

- x-ray  $\bar{e}$   $\frac{1}{7}$

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

Alliance Dental Care Limited

GSTIN: 36AAECA1118N1ZR

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

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To book an appointment

 1800 102 0288

[www.apollodental.in](http://www.apollodental.in)

Rupali Sawant 54yrs 30/3/23

post menopausal -> 2yrs.

No gynae complaints

OH - RLL [ ♀ 25yrs FTND  
♀ 21yrs LSCS.

PH - NO ♀ in past.

PH - Nil

GE

Cx Vag (H)

LBC taken


Tejal. Pawe

Specialists in Surgery

Name: Mrs Rupali R Sawant  
Age: 51/F

- For Health Check up
- Offers no complaints

O/E - Ears -  B/L TM intact, mobile

Nose -  Mild deviation of septum  
to L  
Airblast not reduced, mucosa @

Throat - NAD

Δ-ENT-NAD

*Dr*



# EYE REPORT

Name: *Rupali Senwal*

Date: *30/03/2023*

Age / Sex: *57y/M*

Ref No.:

Complaint: *No pain do  
No w/o 80 / 2A*

**Examination**

Spectacle Rx *Vc <sup>6/12</sup>  
c/12*

*Near ln & N<sub>8</sub>*

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

Remarks: *Close ln & near*

Medications: *No Rx*

Trade Name	Frequency	Duration

Follow up: *Revised & near*

Consultant:



ID *Rupali R Sawant*  
Age 51

Height 160cm  
Gender Female

Date 30. 3. 2023  
Time 10:45:13

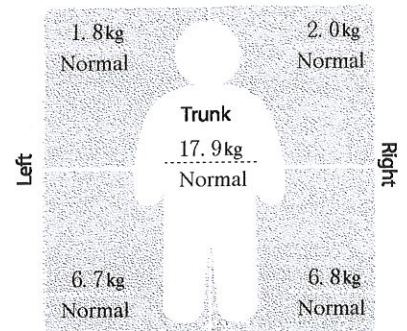
APOLLO SPECTRA HOSPITAL

## Body Composition

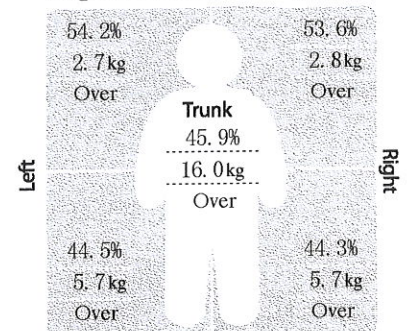
	Under	Normal	Over	UNIT: %	Normal Range
<b>Weight</b>	40 55 70 85 100 115 130 145 160 175 190 205				45.7 ~ 61.8
<b>Muscle Mass</b> Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				20.3 ~ 24.9
<b>Body Fat Mass</b>	20 40 60 80 100 160 220 280 340 400 460 520				10.8 ~ 17.2
<b>T B W</b> Total Body Water	28.3 kg (27.4 ~ 33.5)		<b>F F M</b> Fat Free Mass	38.2 kg (34.9 ~ 44.6)	
<b>Protein</b>	7.4 kg (7.3 ~ 9.0)		<b>Mineral*</b>	2.50 kg (2.53 ~ 3.10)	

\* Mineral is estimated.

## Segmental Lean



## Segmental Fat



\* Segmental Fat is estimated.

## Obesity Diagnosis

	Value	Normal Range
<b>B M I</b> Body Mass Index (kg/m <sup>2</sup> )	28.3	18.5 ~ 25.0
<b>P B F</b> Percent Body Fat (%)	47.2	18.0 ~ 28.0
<b>W H R</b> Waist-Hip Ratio	0.92	0.75 ~ 0.85
<b>B M R</b> Basal Metabolic Rate (kcal)	1196	1454 ~ 1695

## Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient	
Mineral	<input type="checkbox"/> Normal	<input checked="" 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 checked="" type="checkbox"/> Over	<input type="checkbox"/> Extremely 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	+ 3.1 kg	Fat Control	- 21.8 kg	Fitness Score	55
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## Impedance

Z	RA	LA	TR	RL	LL
20kHz	361.8	404.6	35.3	230.3	234.5
100kHz	330.3	354.3	31.7	216.9	220.7

\* 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: 72.4 kg / Duration: 30min. / unit: kcal)											
Walking	145	Jogging	253	Bicycle	217	Swim	253	Mountain Climbing	236	Aerobic	253
Table tennis	164	Tennis	217	Football	253	Oriental Fencing	362	Gate ball	138	Badminton	164
Racket ball	362	Tae-kwon-do	362	Squash	362	Basketball	217	Rope jumping	253	Golf	127
Push-ups development of upper body		Sit-ups abdominal muscle training		Weight training backache prevention		Dumbbell exercise muscle strength		Elastic band muscle strength		Squats 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

1200 kcal

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

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	RUPALI RAJESH SAWANT
DATE OF BIRTH	01-05-1971
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-03-2023
BOOKING REFERENCE NO.	22M155966100050780S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SAWANT R M
EMPLOYEE EC NO.	155966
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	MUMBAI, MIRA ROAD
EMPLOYEE BIRTHDATE	17-09-1970

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's spouse 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))



भारत सरकार  
GOVERNMENT OF INDIA



रुपाली राजेश सावंत  
Rupali Rajesh Sawant

जन्म वर्ष / Year of Birth : 1971  
स्त्री / Female



4505 7336 5552

आधार — सामान्य माणसाचा अधिकार

Patient Name	: Mrs.RUPALI R SAWANT	Collected	: 30/Mar/2023 04:33PM
Age/Gender	: 51 Y 10 M 29 D/F	Received	: 31/Mar/2023 07:06PM
UHID/MR No	: STAR.0000055441	Reported	: 01/Apr/2023 06:53PM
Visit ID	: STAROPV58171	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 14555552		

**DEPARTMENT OF CYTOLOGY**


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

**LBC PAP TEST- PAPSURE , LBC FLUID**

	<b>CYTOLOGY NO.</b>	6220/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Parabasal and basal cells with reactive nuclear changes.  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. K. RAMA KRISHNA REDDY  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



SIN No:CS061990

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

<b>Patient Name</b>	: Mrs. Rupali R Sawant	<b>Age/Gender</b>	: 51 Y/F
<b>UHID/MR No.</b>	: STAR.000055441	<b>OP Visit No</b>	: STAROPV58171
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 30-03-2023 12:49
<b>LRN#</b>	: RAD1963806	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 14555552		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Mild Cardiomegaly.**

Visualized lung fields are clear and translucent.

Bilateral hila are normal.

Bronchovascular markings are well appreciated and are normal.

Both the costo-phrenic angles appears normal.

Visualized bones and soft tissue appears normal.

Both the domes of diaphragm appears normal.

**IMPRESSION: Mild Cardiomegaly.**



**Dr. VINOD SHETTY**  
Radiology