

| | | |
|---------------------------------|--|----------------------------|
| Patient Name : Mrs.ANUPAMA DEVI | Collected : 09/Sep/2023 02:17PM | Expertise. Empowering you. |
| Age/Gender : 32 Y 5 M 21 D/F | Received : 10/Sep/2023 09:13PM | |
| UHID/MR No : STAR.0000058527 | Reported : 12/Sep/2023 02:51PM | |
| Visit ID : STAROPV62973 | Status : Final Report | |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED | |
| Emp/Auth/TPA ID : 909514508341 | | |

DEPARTMENT OF CYTOLOGY

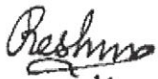
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | 15276/23 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| 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. Reshma Stanly
M.B.B.S., DNB (Pathology)
Consultant Pathologist

Page 1 of 1



SIN No: CS067683

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

Specialists in Surgery

OUT- PATIENT RECORD

Date : 9/9/2023
MRNO :
Name : Mrs Anupamadevi
Age/Gender : 32 yrs / F
Mobile No :
Passport No : 6003055832
Aadhar number :

| | | | |
|---------------|--------------|---------------|----------------|
| Pulse : 88 | B.P : 120/80 | Resp : 16/min | Temp : (N) |
| Weight : 60.6 | Height : 149 | BMI : 27.3 | Waist Circum : |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Spz 99%.

Married, Nonvegetarian
Sleep: Disturbed. BFB (N)
Moderately Active NO Allergy.
No addiction LSES done in past.
MC: 4-5 days/30 days.
PH: Father: DM.
Lipids ↑sed
① Avoid oil / ghee / fried foods
② Morning walk 45 min daily
③ Repeat Lipid after 2 months.



Dr. (Mrs.) CHHAYA P. VAJA
M. D. (MUM)
Physician & Cardiologist
Reg. No. 56842

Follow up date:

Doctor's Signature

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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

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

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

Apollo Spectra Hospitals

156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034



Patient Name: Anepana Devi Age: 32

Address: Mumbai Date: 9/9/2023

↳

- Scaling → ₹ 2250/-

- Thermoseal Proxa NS Interdental
Pro Brush.

- Soft toothbrush

- OPG.



Signature

Dr. Rinal Modi B.D.S (Mumbai)

Dental Surgeon

Reg. No. : A -28591

M: 87792 56365 / 98922 90876

E: doctorrinal@gmail.com

EYE REPORT

Name: *Ms Anupam Devi*

Date: *09/09/2023*

Age / Sex: *32 yr / F*

Ref No.:

Complaint: *No ~~eye~~ ocular do*
no n/o 8E/200

Examination

6/6
Vc < 6/6p

near 14/12

Spectacle Rx

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

Remarks: *Color Vc known*

Medications: *As known*

| Trade Name | Frequency | Duration |
|------------|-----------|----------|
| | | |
| | | |
| | | |

Follow up: *As per doctor*



Consultant:

09/09/2023

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

ANUPAMA DEVI

Age: 32 M - 4 yr.

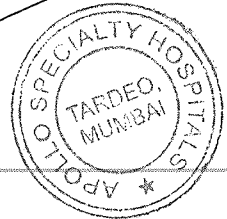

M.H. $\frac{3-4}{30}$ RMR LMP: 30/08/2023

Obst hist: 1st LSCS ♀ - 2 yr.
Breast feeds +.

O/E Breast - N
PA: Scar +

PE: Cr healthy

Pap-UBC done



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

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


Registered Address

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

9/9/2023

Name: Anupama Devi
Age: 32 yr/F

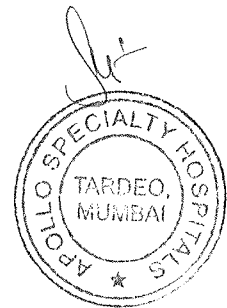
- for Health Checkup
- offers no complaints

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

Nose - Septum
central, mucosa (N)

Throat - NAD

Imp: ENT-NAD



DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceed the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil. eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

| FOOD GROUPS | FOOD ITEMS |
|------------------|--|
| Cereals | Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc. |
| pulses | Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc. |
| Milk | Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc. |
| Vegetable | All types of vegetable. |
| Fruits | All types of Fruits. |
| Nuts | 2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds. |
| Non Veg | 2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form. |

FOODS TO AVOID

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



Fauziya Ansari
Clinical Nutritionist/ Dietician
E: diet.cbr@apollospectra.com
Cont: 8452884100

TOUCH NEARLYVES

| | |
|---------------------------------|--|
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| Age/Gender : 32 Y 5 M 21 D/F | Received : 09/Sep/2023 10:55AM |
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| Visit ID : STAROPV62973 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 909514508341 | |

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, Mild Lymphocytosis
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture, Mild Lymphocytosis
Note/Comment : Please Correlate clinically



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|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|---------------------------|
| HAEMOGLOBIN | 12.2 | g/dL | 12-15 | CYANIDE FREE COLOURIMETER |
| PCV | 37.70 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 3.95 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 95.4 | fL | 83-101 | Calculated |
| MCH | 30.8 | pg | 27-32 | Calculated |
| MCHC | 32.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,650 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

| | | | | |
|-------------|----|---|-------|----------------------|
| NEUTROPHILS | 48 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 47 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 01 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 04 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|--------------------------------------|--------|-------------------------|---------------|----------------------|
| NEUTROPHILS | 3192 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 3125.5 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 66.5 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 266 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| PLATELET COUNT | 168000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 15 | mm at the end of 1 hour | 0-20 | Modified Westergren |

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, Mild Lymphocytosis

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, Mild Lymphocytosis

Note/Comment : Please Correlate clinically



TOU...S LIVES

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| UHID/MR No : STAR.0000058527 | Reported : 09/Sep/2023 12:21PM |
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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

| | | | | |
|------------------|----------|--|--|--|
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



| | |
|--|---|
| Patient Name : Mrs.ANUPAMA DEVI Age/Gender : 32 Y 5 M 21 D/F UHID/MR No : STAR.0000058527 Visit ID : STAROPV62973 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 909514508341 | Collected : 09/Sep/2023 01:42PM Received : 09/Sep/2023 02:12PM Reported : 09/Sep/2023 03:15PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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Expertise. Empowering you.

| 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 | 86 | mg/dL | 70-100 | GOD - POD |
|-------------------------------|----|-------|--------|-----------|

Comment:
As per American Diabetes Guidelines, 2023

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

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

| | | | | |
|--|----|-------|--------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 78 | 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



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| UHID/MR No : STAR.0000058527 | Reported : 09/Sep/2023 05:10PM |
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DEPARTMENT OF BIOCHEMISTRY

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

| | | | | |
|---|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 4.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 85 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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| ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 | | | | |
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SIN No:EDT230083160

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| Patient Name : Mrs.ANUPAMA DEVI | Collected : 09/Sep/2023 10:06AM |
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DEPARTMENT OF BIOCHEMISTRY

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|-----------|--------|------|-----------------|--------|

LIPID PROFILE , SERUM

| | | | | |
|---------------------|--------------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 201 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 188 | mg/dL | <150 | |
| HDL CHOLESTEROL | 50 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 151 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 113.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 37.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.02 | | 0-4.97 | Calculated |

Kindly Correlate Clinically.

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

| | |
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DEPARTMENT OF BIOCHEMISTRY

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

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|-----------|--------|------|-----------------|--------|

Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



TOUCHING LIVES

| | |
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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------|-------|---------|-------------------|
| BILIRUBIN, TOTAL | 0.30 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.20 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 37 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 31.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 91.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 8.20 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.10 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.65 | | 0.9-2.0 | Calculated |



| | |
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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------|--------|------------|------------------|
| CREATININE | 0.43 | mg/dL | 0.4-1.1 | ENZYMATIC METHOD |
| UREA | 21.00 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 9.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.10 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.30 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.30 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 140 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 3.9 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 100 | mmol/L | 98-107 | Direct ISE |



| | |
|---------------------------------|--|
| Patient Name : Mrs.ANUPAMA DEVI | Collected : 09/Sep/2023 10:06AM |
| Age/Gender : 32 Y 5 M 21 D/F | Received : 09/Sep/2023 10:57AM |
| UHID/MR No : STAR.0000058527 | Reported : 09/Sep/2023 02:50PM |
| Visit ID : STAROPV62973 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 909514508341 | |

| 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 | 20.00 | U/L | 16-73 | Glycylglycine Kinetic method |
|---|-------|-----|-------|------------------------------|



| | |
|---------------------------------|--|
| Patient Name : Mrs.ANUPAMA DEVI | Collected : 09/Sep/2023 10:06AM |
| Age/Gender : 32 Y 5 M 21 D/F | Received : 09/Sep/2023 10:57AM |
| UHID/MR No : STAR.0000058527 | Reported : 09/Sep/2023 01:18PM |
| Visit ID : STAROPV62973 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 909514508341 | |

DEPARTMENT OF IMMUNOLOGY

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

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

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

| | | | | |
|-----------------------------------|-------|--------|-----------|------|
| TRI-iodothyronine (T3, TOTAL) | 1.14 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 5.37 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 3.310 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

Note:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |

TOUCHING LIVES

| | |
|---------------------------------|--|
| Patient Name : Mrs.ANUPAMA DEVI | Collected : 09/Sep/2023 10:06AM |
| Age/Gender : 32 Y 5 M 21 D/F | Received : 09/Sep/2023 10:57AM |
| UHID/MR No : STAR.0000058527 | Reported : 09/Sep/2023 01:18PM |
| Visit ID : STAROPV62973 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 909514508341 | |

DEPARTMENT OF IMMUNOLOGY

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

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

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



| | |
|---------------------------------|--|
| Patient Name : Mrs.ANUPAMA DEVI | Collected : 09/Sep/2023 10:06AM |
| Age/Gender : 32 Y 5 M 21 D/F | Received : 09/Sep/2023 01:22PM |
| UHID/MR No : STAR.0000058527 | Reported : 09/Sep/2023 02:42PM |
| Visit ID : STAROPV62973 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 909514508341 | |

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 | 6.0 | | 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 | 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 | 6-8 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

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

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



Patient Name : MS. ANUPAMA DEVI
Ref. By : HEALTH CHECK UP

Date : 09-09-2023
Age : 32 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.4 x 4.6 cms and the **LEFT KIDNEY** measures 10.4 x 5.3 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

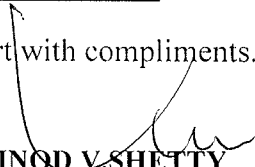
URINARY BLADDER : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.0 x 4.0 x 3.9 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.8 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.6 x 1.6 cms. Left ovary measures 2.7 x 1.8 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


DR. VINOD V. SHETTY
MD, D.M.R.D.

CONSULTANT SONOLOGIST

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

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Ms. Anupama Devi
Age : 32 Year(s)

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

ECHO Cardiography

Comments:

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

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


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

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Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Ms. Anupama Devi
Age : 32 Year(s)

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

Dimension:

| | |
|----------|--------------|
| EF Slope | 120mm/sec |
| EPSS | 03mm |
| LA | 22mm |
| AO | 22mm |
| LVID (d) | 40mm |
| LVID(s) | 21mm |
| IVS (d) | 11mm |
| LVPW (d) | 11mm |
| LVEF | 60% (visual) |


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Ph No: 040 - 4904 7777 | www.apollohl.com

| | | | |
|--------------------|---------------------|-------------|--------------------|
| Patient Name | : Mrs. ANUPAMA DEVI | Age | : 32 Y F |
| UHID | : STAR.0000058527 | OP Visit No | : STAROPV62973 |
| Reported on | : 11-09-2023 08:39 | Printed on | : 11-09-2023 08:40 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:11-09-2023 08:39

---End of the Report---



Dr. VINOD SHETTY
Radiology

ID 33
Age 32

Height 149cm
Gender Female

Date 9. 9. 2023
Time 10:54:48

APOLLO SPECTRA HOSPITAL

Spr 99-1

Body Composition

| | Normal | Over | UNIT: % | Normal Range |
|--|---|-----------------------------|-----------------------|--------------|
| Weight | 40 55 70 85 100 115 130 145 160 175 190 205 | 60.6 kg | | 39.6 ~ 53.6 |
| Muscle Mass Skeletal Muscle Mass | 60 70 80 90 100 110 120 130 140 150 160 170 | 20.2 kg | | 17.4 ~ 21.3 |
| Body Fat Mass | 20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520 | 23.6 kg | | 9.3 ~ 14.9 |
| TBW Total Body Water | 27.2 kg (23.7 ~ 29.0) | FFM Fat Free Mass | 37.0 kg (30.3 ~ 38.7) | |
| Protein | 7.3 kg (6.4 ~ 7.8) | Mineral* | 2.45 kg (2.20 ~ 2.69) | |

* Mineral is estimated.

Segmental Lean

| | Lean Mass Evaluation |
|-------------------------|----------------------|
| 2.1kg Over | 2.0kg Over |
| Trunk 18.0kg Over | |
| 5.3kg Normal | 5.4kg Normal |

Segmental Fat

| | PBF Fat Mass Evaluation |
|----------------|-------------------------|
| 42.3% | 44.4% |
| 1.6kg Over | 1.7kg Over |
| Trunk 39.4% | |
| 12.4kg Over | |
| 37.4% | 37.4% |
| 3.4kg Over | 3.4kg Over |

* Segmental Fat is estimated.

Obesity Diagnosis

| | Normal Range |
|--|--------------------|
| BMI Body Mass Index (kg/m ²) | 27.3 / 18.5 ~ 25.0 |
| PBF Percent Body Fat (%) | 38.9 / 18.0 ~ 28.0 |
| WHR Waist-Hip Ratio | 0.92 / 0.75 ~ 0.85 |
| BMR Basal Metabolic Rate (kcal) | 1169 / 1277 ~ 1479 |

Nutritional Evaluation

| | | | |
|---------|--|------------------------------------|---|
| Protein | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Deficient | |
| Mineral | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Deficient | |
| Fat | <input type="checkbox"/> Normal | <input type="checkbox"/> Deficient | <input checked="" type="checkbox"/> Excessive |

Weight Management

| | | | |
|--------|--|--------------------------------|--|
| Weight | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over |
| SMM | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Under | <input type="checkbox"/> Strong |
| Fat | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over |

Obesity Diagnosis

| | | | | |
|-----|---------------------------------|--------------------------------|--|---|
| BMI | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over | <input type="checkbox"/> Extremely Over |
| PBF | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over | |
| WHR | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over | |

Muscle-Fat Control

Muscle Control 0.0 kg Fat Control - 12.5 kg Fitness Score 69

Impedance

| Z | RA | LA | TR | RL | LL |
|--------|-------|-------|------|-------|-------|
| 20kHz | 350.4 | 325.6 | 28.3 | 275.0 | 276.9 |
| 100kHz | 314.0 | 293.4 | 24.3 | 243.7 | 245.9 |

* 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: 60.6 kg / Duration: 30min / unit: kcal) | | | | | | | |
|---|-----|---|-----|-------------------------------------|-----|-----------------------------------|-----|
| Walking | 121 | Jogging | 212 | Bicycle | 182 | Swim | 212 |
| Mountain Climbing | 198 | Aerobic | 212 | Table tennis | 137 | Tennis | 182 |
| Football | 212 | Oriental Fencing | 303 | Gate ball | 115 | Badminton | 137 |
| Racket ball | 303 | Tae-kwon-do | 303 | Squash | 303 | Basketball | 182 |
| 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 4 weeks ÷ 7700**

GE MAC1200 ST

MAHESH,

Mrs. Anupama Devi

HR 83 bpm

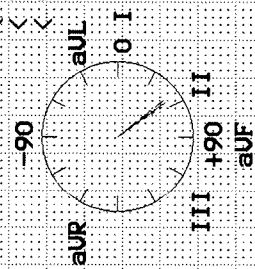
32 yrs / fe

9/9/2023

Measurement Results:

QRS : 88 ms
 QT/QTcB : 374 / 439 ms
 PR : 124 ms
 P : 100 ms
 RR/PP : 712 / 720 ms
 P/QRS/T : 55 / 53 / 51 degrees

< P
< T
< QRS



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Within Normal limits

Dr. (Mrs.) CHHAYA P. VAJJA
 M.B. (MUM)
 Physician & Cardiologist
 Reg. No. 55842

