




Patient Name	: Ms.VIDITA JAIN	Collected	: 16/Sep/2024 11:22AM
Age/Gender	: 31 Y 1 M 4 D/F	Received	: 16/Sep/2024 12:02PM
UHID/MR No	: APJ1.0015908152	Reported	: 16/Sep/2024 02:21PM
Visit ID	: CAOPOPV01659	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



Dr. Shivangi Chauhan
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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SIN No: AOP240900425

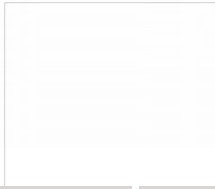
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Phone - 044-26224504 / 05



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



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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. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	40.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.79	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	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	3960	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2244	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	132	Cells/cu.mm	20-500	Calculated
MONOCYTES	264	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	230000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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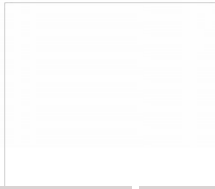
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	mg/dL	70-140	GOD - POD

Comment:

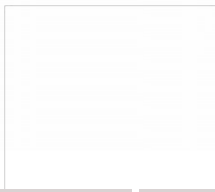
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	114	mg/dL		Calculated



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

(eAG)


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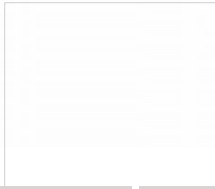
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	190	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	116	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.67		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.40		<0.11	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

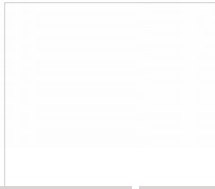
Measurements in the same patient can show physiological and analytical variations.

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	61.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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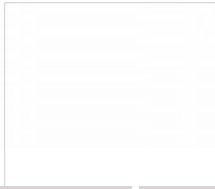
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	2.5-6.2	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	5.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	12-43	Glycylglycine Nitoranalide



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D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102, Phone - 044-26224504 / 05



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Patient Name : Ms.VIDITA JAIN	Collected : 16/Sep/2024 11:22AM
Age/Gender : 31 Y 1 M 4 D/F	Received : 16/Sep/2024 04:21PM
UHID/MR No : APJ1.0015908152	Reported : 16/Sep/2024 05:12PM
Visit ID : CAOPOPV01659	Status : Final Report
Ref Doctor : Self	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. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.298	µIU/mL	0.38-5.33	CLIA


Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
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


Dr. Shivangi Chauhan
M.B.B.S.,M.D(Pathology)
Consultant Pathologist


Dr. Tanish Mandal
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



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SIN No: AOP240900426
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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DEPARTMENT OF IMMUNOLOGY

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

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


Dr. Shivangi Chauhan
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Consultant Pathologist


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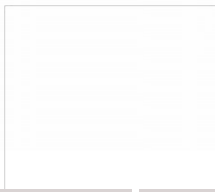
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Patient Name : Ms.VIDITA JAIN	Collected : 16/Sep/2024 11:22AM
Age/Gender : 31 Y 1 M 4 D/F	Received : 16/Sep/2024 01:10PM
UHID/MR No : APJ1.0015908152	Reported : 16/Sep/2024 01:26PM
Visit ID : CAOPPV01659	Status : Final Report
Ref Doctor : Self	Sponsor 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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



Dr. Shivangi Chauhan
M.B.B.S., M.D (Pathology)
Consultant Pathologist



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP240900423

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Patient Name : Ms.VIDITA JAIN	Collected : 16/Sep/2024 11:22AM
Age/Gender : 31 Y 1 M 4 D/F	Received : 16/Sep/2024 04:24PM
UHID/MR No : APJ1.0015908152	Reported : 16/Sep/2024 04:32PM
Visit ID : CAOPOPV01659	Status : Final Report
Ref Doctor : Self	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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



Dr. Shivangi Chauhan
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP240900424

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Patient Name : Ms.VIDITA JAIN
Age/Gender : 31 Y 1 M 4 D/F
UHID/MR No : APJ1.0015908152
Visit ID : CAOPPV01659
Ref Doctor : Self

Collected : 16/Sep/2024 11:22AM
Received : 16/Sep/2024 04:24PM
Reported : 16/Sep/2024 04:32PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. Shivangi Chauhan
M.B.B.S, M.D(Pathology)
Consultant Pathologist



Patient Name	: Ms. Vidita Jain	Age	: 31Yrs 1Mths 6Days
UHID	: APJ1.0015908152	OP Visit No.	: CAOPOPV01659
Printed On	: 17-09-2024 10:17 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(13.8cm) and shows diffuse increase in echotexture with loss of portal vein echogenicity suggestive of Grade II fatty infiltration. No focal lesion seen in the liver.

Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially contracted, does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 11.9x4.6 cm, LK 10.3x5.7 cm in length), shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (10.2cm) and echotexture.

Pancreas visualized part appears normal.

No free fluid seen in the peritoneal cavity.

Urinary bladder is partially filled.

Uterus is anteverted, normal in size 8.5x3.9x4.7cm, shape and echopattern.

Endometrium echo is 6.0mm.

Right ovary shows dominant follicle measuring 14x11mm. Otherwise both the ovaries appear normal in size, shape, and echopattern.

Bilateral adnexae are clear. No adnexal mass.

No free fluid or pelvic collection seen.

Please correlate clinically.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr. SEEMA PRAJAPATI
MBBS MD Radio
DMC111002
Radiology

Patient Name	: Ms. Vidita Jain	Age	: 31Yrs 1Mths 6Days
UHID	: APJ1.0015908152	OP Visit No.	: CAOPOPV01659
Printed On	: 17-09-2024 06:07 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: --		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus bradycardia with sinus arrhythmia.
2. Heart rate is 56 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr.RAJNI SHARMA
MBBS MD DM Cardiologist
DMC 22672
Cardiology

Patient Name	: Ms. Vidita Jain	Age	: 31Yrs 1Mths 7Days
UHID	: APJ1.0015908152	OP Visit No.	: CAOPOPV01659
Printed On	: 18-09-2024 07:38 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF CARDIOLOGY

Echocardiography Report

Summary of 2D echo

Baseline echocardiography revealed:

No chamber enlargement seen.

No RWMA.

LVEF - 60%

Normal Diastolic function (E>A)

Good RV function

No MR

Trace TR

No thrombus detected.

No Pericardial effusion seen.

IVC shows normal inspiratory collapse

Observations:-Dimensions

LVID d= 40.0 (35-55mm)

LV IVS= 9.2 (06-11mm)

Pwd = 10.0 (06-11mm)

Ao = 23.4 (20-37mm)

LA = 30.1 (21-37mm)

LVEF = 60% (55 +6.2%)

Mitral Valve - Normal

No MR

Aortic valve- Normal

No AR

Tricuspid Valve -

Trace TR

Pulmonary Valve-Norm

No PR

Impression:

Normal Chamber dimentions & Valves

No RWMA

Normal LV systolic function (EF= 60%)

Normal Diastolic function

No PAH

---End Of The Report---



Dr.RAJNI SHARMA
MBBS MD DM Cardiologist
DMC 22672
Cardiology

Apollo One

CONSENT FORM

Patient Name: Vidita Jain Age: 31

UHID Number: Company Name: Medi wheel

I Mr/Mrs/Ms. Vidita Jain Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package. ENT Consultation, optical.

And I claim the above statement in my full consciousness.

Dental consultation,
lynce & IBC Perchito.

Patient Signature: Jain

Date: 16/9/24

Apollo One - New Delhi Address:

Apollo One, Plot no. 3, Block no. 34, Pusa Road,
W.E.A. Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road
NEW DELHI, DELHI INDIA

Pincode:- 110005
Phone no:- 1860-500-7788
Email:- ApolloOnePusaRoad@apolloclinic.com

ID	Height	Age	Gender	Test Date / Time
0015908152	160cm	31	Female	16.09.2024. 12:22

Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	32.5 (27.4~33.4)	32.5	41.8 (35.2~43.0)	44.5 (37.3~45.5)	84.1 (45.7~61.9)
Protein (kg)	8.8 (7.4~9.0)				
Minerals (kg)	3.24 (2.53~3.09)	non-ossceous			
Body Fat Mass (kg)	39.6 (10.8~17.2)				

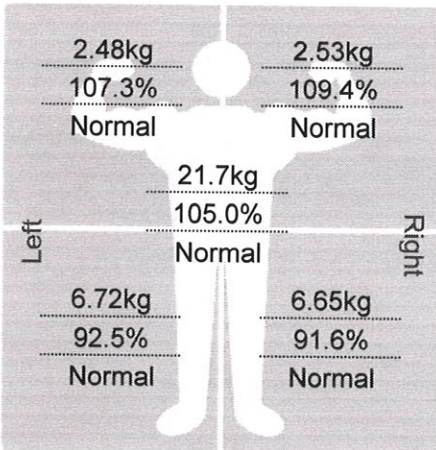
Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %	84.1	
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	24.5	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %	39.6	

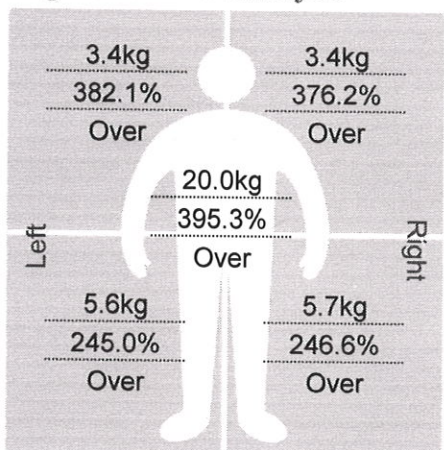
Obesity Analysis

	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	32.9	
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0	47.1	

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	84.1	24.5	47.1
Total			

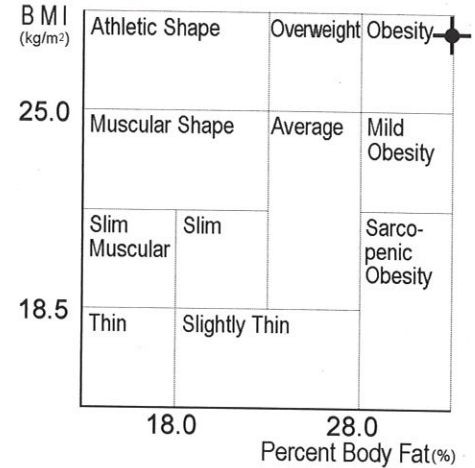
16.09.24. 12:22

InBody Score

57 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Body Type



Weight Control

Target Weight	57.8 kg
Weight Control	- 26.3 kg
Fat Control	- 26.3 kg
Muscle Control	0.0 kg

Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over

Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input type="checkbox"/> Balanced <input checked="" type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1332 kcal (1629~1909)
Waist-Hip Ratio	1.01 (0.75~0.85)
Visceral Fat Level	20 (1~9)
Obesity Degree	156 % (90~110)
Bone Mineral Content	2.71 kg (2.09~2.55)
SMI	7.2 kg/m ²
Recommended calorie intake	1822 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	429.2	439.0	22.8	327.9	317.4
50 kHz	376.3	388.0	20.5	286.6	279.1
250 kHz	336.3	348.7	17.4	253.3	247.4

ID: 0015908152

MS VIDITA JAIN

Female 31Years

Req. No. :

16-09-2024 10:57:49 AM COPY

HR : 56 bpm

P : 92 ms

PR : 141 ms

QRS : 93 ms

QT/QTcBz : 419/406 ms

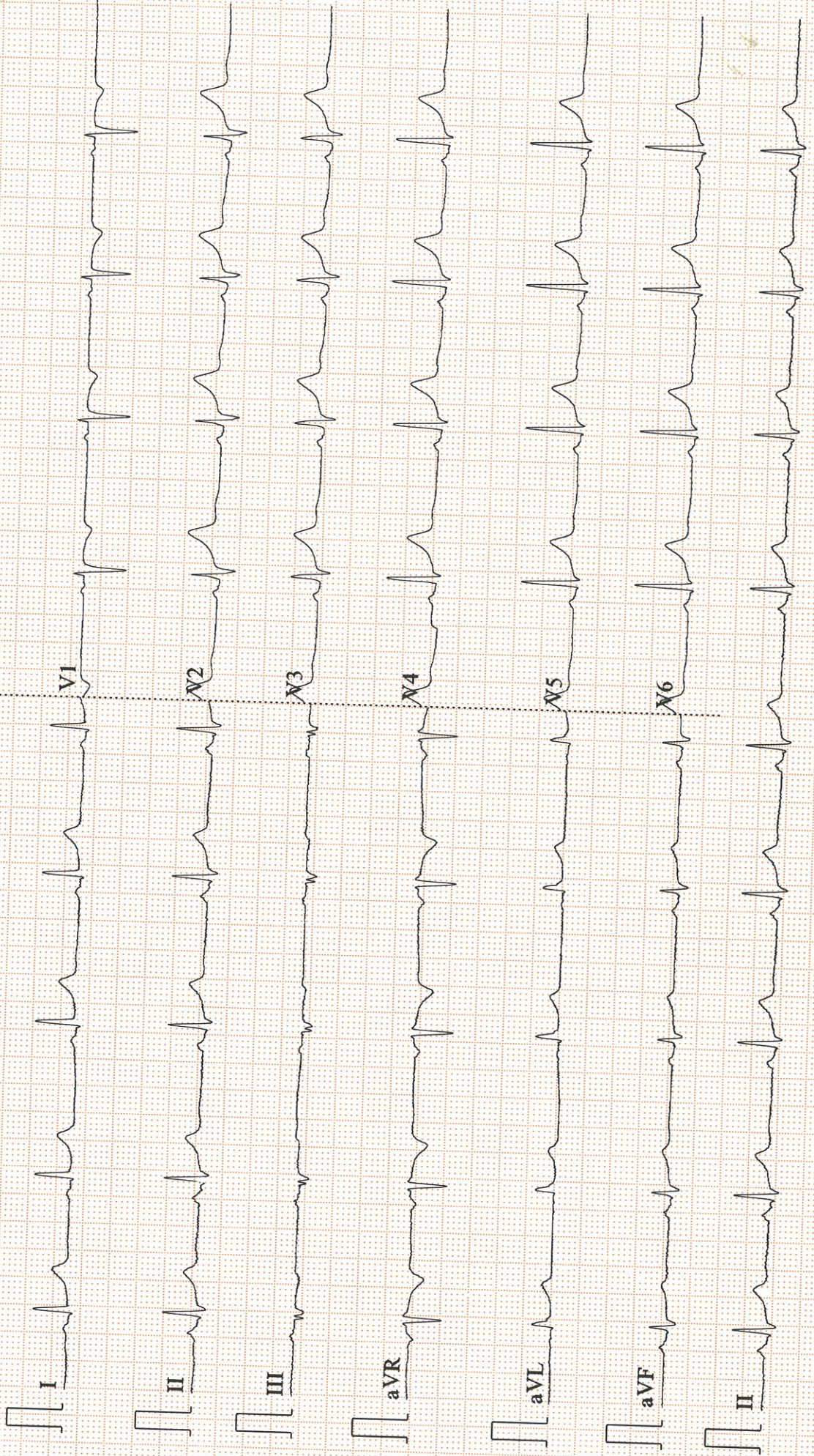
PQRS/T : 57/15/23 °

RV5/SV1 : 1.016/0.744 mV

Diagnosis Information:

Sinus Bradycardia with Sinus Arrhythmia

Report Confirmed by:



mr. vidita Jain
Age - 34/1

Height : 160 cm	Weight : 83 kg	BMI : 32.4	Waist Circum :
Temp : 98.2 °F	Pulse : 77 /min	Resp : 20 /min	B.P : 99 / 71

General Examination / Allergies

History :-

Past His :-

Central heart disease

Surgical His :-

Allergy :-

CVS

RS

Family His :-

CNS

Covid Vaccines :-

P/A

Diet :-

ADVICE :-

Physical Activity :-

use Med :-
mild Dyslipidemia

- Rest & physician

Menstruation His :-

C-12 healthy liver

- life style modification

Marital His :-

- Balanced diet

Addictions :-

- wt reduction

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE

Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, New Delhi - 110005

Apollo One (Unit of Apollo Health and Lifestyle Ltd)

Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited

7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

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