

Patient Name : Mrs.JYOTI S YADAV
Age/Gender : 32 Y 9 M 17 D/F
UHID/MR No : STAR.0000062167
Visit ID : STAROPV68480
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:57PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

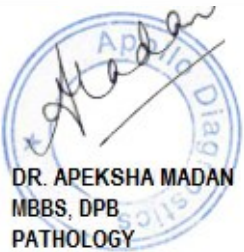
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	39.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,050	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2929	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1717	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	101	Cells/cu.mm	20-500	Calculated
MONOCYTES	303	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	285000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240079959

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CIN- U85100TG2009PTC099414

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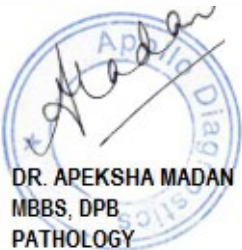
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DEPARTMENT OF HAEMATOLOGY

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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

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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
GLUCOSE, FASTING , NAF PLASMA	98	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:

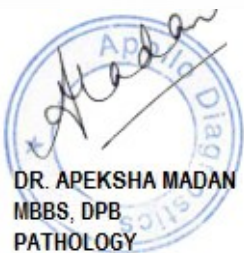
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	94	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.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)



Dr. Pratibha Kadam
M.B.B.S, M.D (Pathology)
Consultant Pathologist



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	40	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	94			
LDL CHOLESTEROL	86			
VLDL CHOLESTEROL	8			
CHOL / HDL RATIO	3.00			
ATHEROGENIC INDEX (AIP)	< 0.01			


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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine



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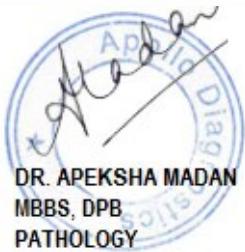
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

eligibility of drug therapy.

- 4) 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.
- 5) 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.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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
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		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	97.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			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.
- Bilirubin may be elevated.
- 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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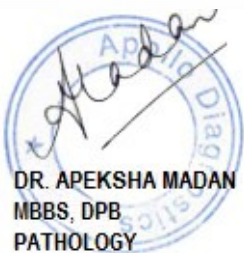
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.53	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	7.0-17.0	Urease
URIC ACID	4.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			Calculated



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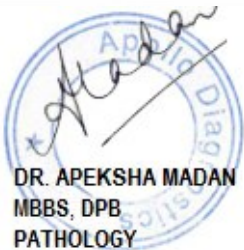
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method

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DEPARTMENT OF IMMUNOLOGY

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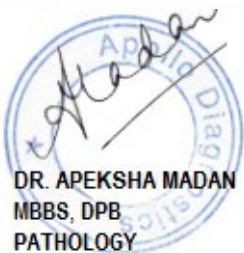
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.93	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.030	µIU/mL	0.25-5.0	ELFA

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

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

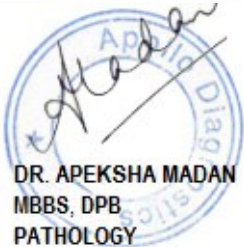
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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)

Page 13 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2314305

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

Issue Date : 25/06/2013



भारत सरकार
Government of India



ज्योती शिकान्त यदाय
Jyoti Shrikant Yaday
जन्म तारीख/DOB: 06/06/1991
लिंग/ GENDER: FEMALE

4408 0248 4339

UID : 9151 2863 0636 3620

भारत सरकार, भारत अधिकाय



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	JYOTI SHRIKANT YADAV
DATE OF BIRTH	06-06-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M122445100091336S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. YADAV SHRIKANT RAMDAS
EMPLOYEE EC NO.	122445
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	MUMBAI, LAL BAUG
EMPLOYEE BIRTHDATE	27-04-1992

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 **16-02-2024** till **31-03-2024**. 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.

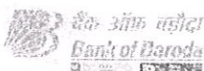
We solicit your co-operation in this regard.

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))



OUT- PATIENT RECORD

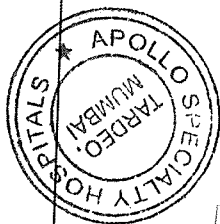
Date : 23/3/24
 MRNO : 062167
 Name : Mrs. Jyoti Zedkar
 Age/Gender : 32 m / Female
 Mobile No :
 Passport No :
 Aadhar number :

Pulse : 60/min	B.P : 120/70	Resp : 20/min	Temp : (N)
Weight : 55.9	Height : 162cm.	BMI : 21.3	Waist Circum : 82cm.

General Examination / Allergies History

Clinical Diagnosis & Management Plan

- Married / Diet - mixed.
 - G₁ P₁ A₀ L₁ Full term LSCS.
 - Bowel Habits - (N).
 - Urination - (N) ; NO H/O UTI
 - No k/c/b - DM / HTN / Thyroid dysfunction
 - C/b - backache on & off.
 - Sleep - (N).
 - No known drug allergy.
 - H/O - COVID-19 (quarantine) in 2020.
- Normal Reports
Physically fit



Follow up date:

Dr. (Mrs.) SNEHA P. VAJA
M.D (MUM)
Physician & Cardiologist
Reg. No. 56012

Doctor Signature

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

Patient Name	: Mrs.JYOTI S YADAV	Collected	: 23/Mar/2024 10:09AM
Age/Gender	: 32 Y 9 M 17 D/F	Received	: 23/Mar/2024 12:05PM
UHID/MR No	: STAR.0000062167	Reported	: 23/Mar/2024 02:57PM
Visit ID	: STAROPV68480	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9982015876		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

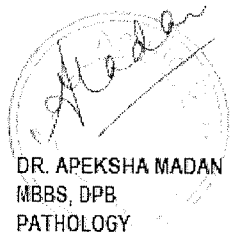
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079959

Page 1 of 13



Patient Name : Mrs.JYOTIS YADAV
 Age/Gender : 32 Y 9 M 17 D/F
 UHID/MR No : STAR.0000062167
 Visit ID : STAROPV68480
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
 Received : 23/Mar/2024 12:05PM
 Reported : 23/Mar/2024 02:57PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY


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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	39.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,050	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2929	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1717	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	101	Cells/cu.mm	20-500	Calculated
MONOCYTES	303	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	285000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:BED240079959



Patient Name : Mrs.JYOTI S YADAV
Age/Gender : 32 Y 9 M 17 D/F
UHID/MR No : STAR.0000062167
Visit ID : STAROPV68480
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:57PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

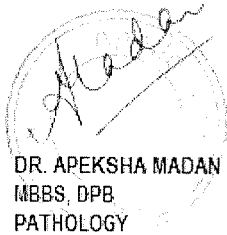
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Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079959




TOUCHING LIVES
Patient Name : Mrs.JYOTI S YADAV
Age/Gender : 32 Y 9 M 17 D/F
UHID/MR No : STAR.0000062167
Visit ID : STAROPV68480
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079959

Patient Name	: Mrs.JYOTIS YADAV	Collected	: 23/Mar/2024 06:01PM
Age/Gender	: 32 Y 9 M 17 D/F	Received	: 23/Mar/2024 06:38PM
UHID/MR No	: STAR.0000062167	Reported	: 23/Mar/2024 07:30PM
Visit ID	: STAROPV68480	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9982015876		

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	98	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:

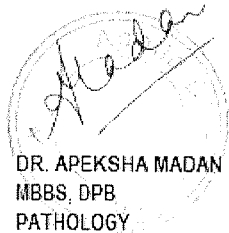
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	94	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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:PLP1436795

Patient Name	: Mrs.JYOTI S YADAV	Collected	: 23/Mar/2024 10:09AM
Age/Gender	: 32 Y 9 M 17 D/F	Received	: 23/Mar/2024 03:52PM
UHID/MR No	: STAR.0000062167	Reported	: 23/Mar/2024 06:28PM
Visit ID	: STAROPV68480	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9982015876		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)



Dr. Pratibha Kadam
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: EDT240036712



Patient Name	: Mrs.JYOTI S YADAV	Collected	: 23/Mar/2024 10:09AM
Age/Gender	: 32 Y 9 M 17 D/F	Received	: 23/Mar/2024 12:47PM
UHID/MR No	: STAR.0000062167	Reported	: 23/Mar/2024 06:27PM
Visit ID	: STAROPV68480	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9982015876		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	40	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	94			
LDL CHOLESTEROL	86			
VLDL CHOLESTEROL	8			
CHOL / HDL RATIO	3.00			
ATHEROGENIC INDEX (AIP)	< 0.01			

Comment:

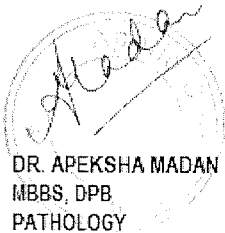
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

Page 7 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673090



Patient Name : Mrs.JYOTI S YADAV
Age/Gender : 32 Y 9 M 17 D/F
UHID/MR No : STAR.0000062167
Visit ID : STAROPV68480
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
Received : 23/Mar/2024 12:47PM
Reported : 23/Mar/2024 06:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

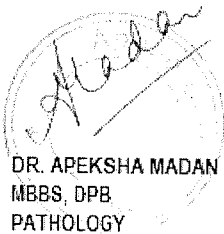
4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) 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.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673090

Patient Name : Mrs.JYOTI S YADAV
Age/Gender : 32 Y 9 M 17 D/F
UHID/MR No : STAR.0000062167
Visit ID : STAROPV68480
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
Received : 23/Mar/2024 12:47PM
Reported : 23/Mar/2024 06:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	97.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			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:

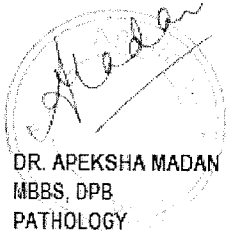
1. Hepatocellular Injury:

- 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.
- Bilirubin may be elevated.
- 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.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673090



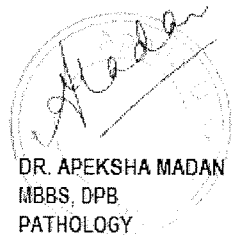
Patient Name : Mrs.JYOTI S YADAV
Age/Gender : 32 Y 9 M 17 D/F
UHID/MR No : STAR.0000062167
Visit ID : STAROPV68480
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
Received : 23/Mar/2024 12:47PM
Reported : 23/Mar/2024 06:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.53	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	7.0-17.0	Urease
URIC ACID	4.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			Calculated



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673090

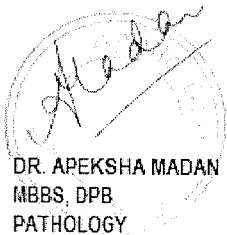


Patient Name	: Mrs.JYOTI S YADAV	Collected	: 23/Mar/2024 10:09AM
Age/Gender	: 32 Y 9 M 17 D/F	Received	: 23/Mar/2024 12:47PM
UHID/MR No	: STAR.0000062167	Reported	: 23/Mar/2024 06:27PM
Visit ID	: STAROPV68480	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9982015876		

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) , <i>SERUM</i>	20.00	U/L	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04673090



Patient Name	: Mrs.JYOTI S YADAV	Collected	: 23/Mar/2024 10:09AM
Age/Gender	: 32 Y 9 M 17 D/F	Received	: 23/Mar/2024 11:43AM
UHID/MR No	: STAR.0000062167	Reported	: 23/Mar/2024 02:58PM
Visit ID	: STAROPV68480	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9982015876		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.94	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.93	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.030	µIU/mL	0.25-5.0	ELFA


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

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24053672

Patient Name : Mrs.JYOTI S YADAV
Age/Gender : 32 Y 9 M 17 D/F
UHID/MR No : STAR.0000062167
Visit ID : STAROPV68480
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9982015876

Collected : 23/Mar/2024 10:09AM
Received : 23/Mar/2024 03:30PM
Reported : 23/Mar/2024 05:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

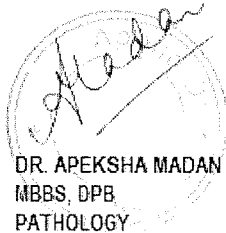
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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)

Page 13 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

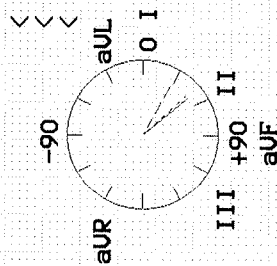
SIN No:UR2314305



Measurement Results:

QRS : 96 ms
 QT/QTcB : 414 / 414 ms
 PR : 136 ms
 P : 92 ms
 RR/PP : 1002 / 1000 ms
 P/QRS/T : 47/ 49/ 29 degrees

< P
 < T
 < QRS



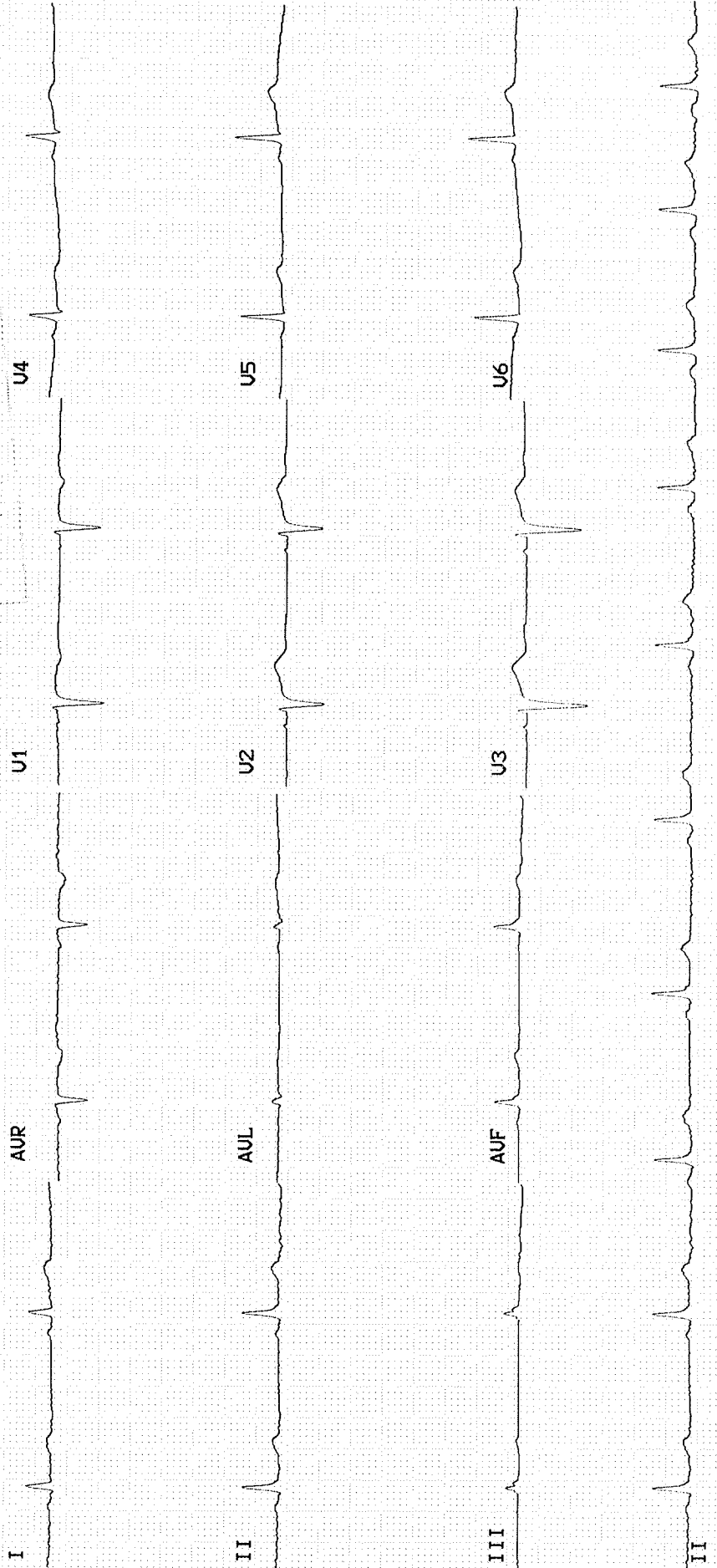
Interpretation:

12SL - Interpretation:
 Sinus rhythm with sinus arrhythmia
 Normal ECG

Sinus Bradycardia



DR. (Mrs.) CHHAYA P. ...
 M.D. (Unconfirmed report).
 Physician & Cardiologist
 Reg. No. 56942



Patient Name : Mrs. Jyoti S Yadav Age : 32 Y F
UHID : STAR.0000062167 OP Visit No : STAROPV68480
Reported on : 25-03-2024 10:34 Printed on : 25-03-2024 10:36
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 .

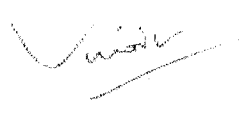
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:25-03-2024 10:34

---End of the Report---


Dr. VINOD SHETTY
Radiology

Patient Name : MRS.JYOTI YADAV
Ref. By : HEALTH CHECK UP

Date : 23-03-2024
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 10.5 x 3.9 cms and the **LEFT KIDNEY** measures 10.4 x 4.1 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.

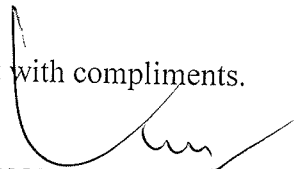
URINARY BLADDER : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is retroverted & it appears normal in size, shape and echotexture. It measures 6.6 x 4.3 x 3.7 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 8.0 mms.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.7 x 1.7 cms.
Left ovary measures 2.5 x 1.9 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. Ph No: 022 - 4332 4500 | www.apollospectra.com

CONSULTANT SONOLOGIST

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. Jyoti Yadav
Age : 32 Year(s)

Date : 23/03/2024
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

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)
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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. Jyoti Yadav
Age : 32 Year(s)

Date : 23/03/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	90mm/sec
EPSS	04mm
LA	28mm
AO	23mm
LVID (d)	44mm
LVID(s)	30mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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

Mrs Jyoti Yadav 32yrs

23/3/24

NO Gynacc complaints

mlH - $\frac{6 \text{ days}}{28 \text{ d}}$ Reg
- mod
- PILL
CMP - 19/3/24.

OH - PILL \rightarrow 1yrs LCCS.

PH - Nil

FH - Nil.

OLE
still in periods.

LBC not done

Soni

23/3/24

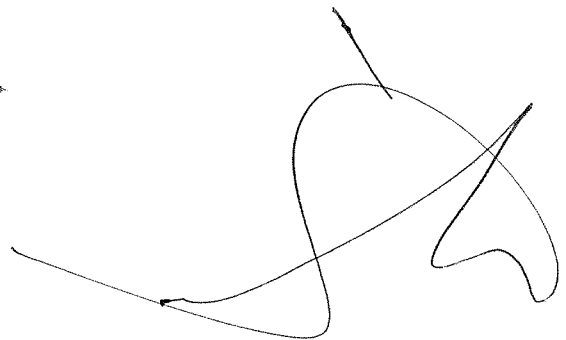
8/B Dr. Nitul C. Thatt (ENT)

Ms. Jyoti Y.

Pt. for ENT check up.

Ear	→	} WNL	R	+	+	
					+	+
Nose	→			L	→	
Throat	→					

ENT → WNL.



EYE REPORT

Name: *Jyoti Yadav*

Date: *23/3/24*

Age / Sex: *32 / F*

Ref No.:

Complaint: *Sub. Sep : WNL*

Examination: *— 0.35:1 —
FR+*

Un < 6/6, No

Spectacle Rx

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

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:



Consultant:

Dr. Nusrat J. Zakhari (Mistry)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2012/10/2914
Mob:- 8850 1858 73

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 exceeds 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 s`oups, 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.

InBody

MRs. Jyoti Jordan
 ID 062167
 Age 32

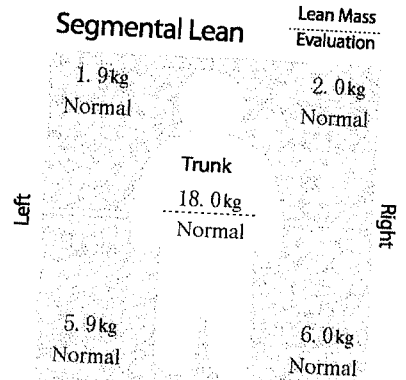
Height 162cm
 Date 23.3.2024
 Gender Female
 Time 10:54:40

APOLLO SPECTRA HOSPITAL

Body Composition

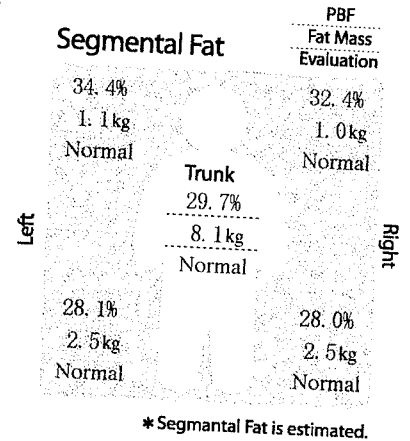
	Under	Normal	Over	UNIT%	Normal Range																						
Weight	40	55	70	85	100	115	130	145	160	175	190	205	55.9 kg	46.8 ~ 63.4													
Muscle Mass Skeletal Muscle Mass	60	70	80	90	100	110	120	130	140	150	160	170	21.5 kg	20.9 ~ 25.5													
Body Fat Mass	20	40	60	80	100	120	140	160	180	200	220	240	260	280	300	320	340	360	380	400	420	440	460	480	500	16.1 kg	11.0 ~ 17.6
T.B.W Total Body Water													29.1 kg (28.1 ~ 34.3)	FFM Fat Free Mass	39.8 kg (35.8 ~ 45.7)												
Protein													7.8 kg (7.5 ~ 9.2)	Mineral*	2.87 kg (2.60 ~ 3.17)												

*Mineral is estimated.



Obesity Diagnosis

	Value	Normal Range	Nutritional Evaluation
BMI Body Mass Index (kg/m ²)	21.3	18.5 ~ 25.0	Protein <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient Mineral <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient Fat <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient <input type="checkbox"/> Excessive
PBF Percent Body Fat (%)	28.9	18.0 ~ 28.0	Weight Management Weight <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over SMM <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Strong Fat <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over
WHR Waist-Hip Ratio	0.89	0.75 ~ 0.85	Obesity Diagnosis BMI <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input 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
BMR Basal Metabolic Rate (kcal)	1229	1207 ~ 1393	



*Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	+ 2.7 kg	Fat Control	- 3.5 kg	Fitness Score	74
----------------	----------	-------------	----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	440.2	458.3	25.5	338.5	349.1
100kHz	394.3	415.1	20.7	305.2	318.2

* 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: 55.9 kg / Duration: 30min. / unit: kcal)

Walking 112	Jogging 196	Bicycle 168	Swim 196	Mountain Climbing 182	Aerobic 196
Table tennis 126	Tennis 168	Football 196	Oriental Fencing 280	Gate ball 106	Badminton 126
Racket ball 280	Tae-kwon-do 280	Squash 280	Basketball 168	Rope jumping 196	Golf 98
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

1600 kcal

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

Patient Name : Mrs. Jyoti S Yadav

Age/Gender : 32 Y/F

UHID/MR No. : STAR.0000062167

OP Visit No : STAROPV68480

Sample Collected on :

Reported on : 25-03-2024 10:35

LRN# : RAD2277988

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9982015876

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Jyoti S Yadav	Age/Gender	: 32 Y/F
UHID/MR No.	: STAR.0000062167	OP Visit No	: STAROPV68480
Sample Collected on	:	Reported on	: 23-03-2024 12:09
LRN#	: RAD2277988	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9982015876		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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 : The gall bladder is normal in size with a normal wall thickness and there are no **BLADDER** 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 10.5 x 3.9 cms and the **LEFT KIDNEY** measures 10.4 x 4.1 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 The urinary bladder distends well and is normal in shape and contour No intrinsic

BLADDER: lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is retroverted & it appears normal in size, shape and echotexture. It measures 6.6 x 4.3 x 3.7 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.0 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.7 x 1.7 cms. Left ovary measures 2.5 x 1.9 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Patient Name : Mrs. Jyoti S Yadav

Age/Gender : 32 Y/F



Dr. VINOD SHETTY
Radiology