

Patient Name : Mrs.ANJALI R MOHRIR
Age/Gender : 52 Y 0 M 15 D/F
UHID/MR No : STAR.0000065046
Visit ID : STAROPV72803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 853493758145

Collected : 29/Aug/2024 09:08AM
Received : 29/Aug/2024 10:01AM
Reported : 29/Aug/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromic, Mild Microcyte.


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

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromic, Mild Microcyte cells blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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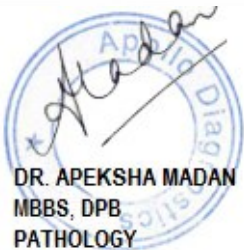
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	36.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	62.5	fL	83-101	Calculated
MCH	18.6	pg	27-32	Calculated
MCHC	29.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,250	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3562.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1937.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	187.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	562.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.84		0.78- 3.53	Calculated
PLATELET COUNT	280000	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 : Mild Hypochromic, Mild Microcyte.

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DR. APEKSHA MADAN
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PATHOLOGY



SIN No:BED240220340

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

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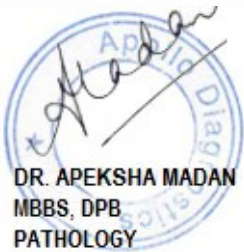
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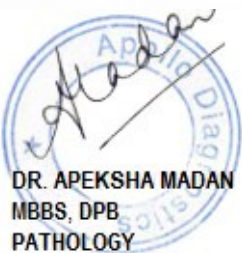


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

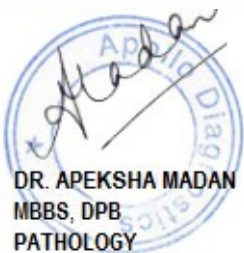
Comment:

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.



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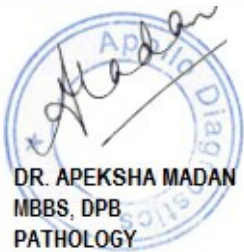
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	112	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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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. Sandip Kumar Banerjee
M.B.B.S., M.D (PATHOLOGY), D.P.B
Consultant Pathologist

SIN No: EDT240088760



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	275	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	208	mg/dL	<150	
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	227	mg/dL	<130	Calculated
LDL CHOLESTEROL	185.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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.

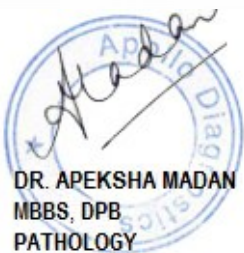
2. Cholestatic Pattern:

*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.

Page 9 of 16



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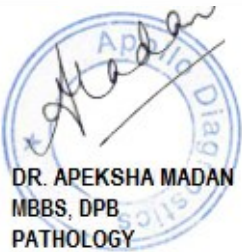
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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



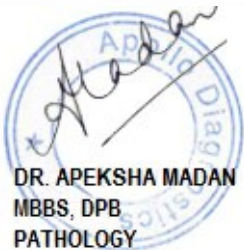
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	25.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
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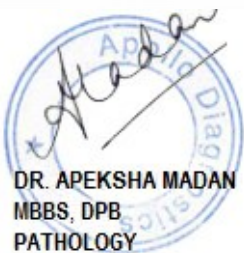
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.77	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	8.740	µIU/mL	0.25-5.0	ELFA

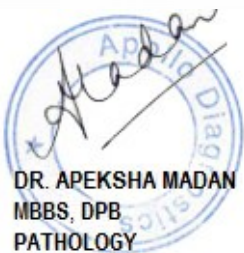
Kindly correlate clinically.

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



SIN No:SPL24136306

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

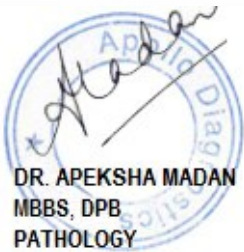
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name	: Mrs.ANJALI R MOHRIR	Collected	: 29/Aug/2024 09:08AM
Age/Gender	: 52 Y 0 M 15 D/F	Received	: 29/Aug/2024 10:15AM
UHID/MR No	: STAR.0000065046	Reported	: 29/Aug/2024 01:52PM
Visit ID	: STAROPV72803	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 853493758145		

DEPARTMENT OF IMMUNOLOGY

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

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: SPL24136306

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Emp/Auth/TPA ID : 853493758145

Collected : 29/Aug/2024 09:08AM
Received : 29/Aug/2024 01:43PM
Reported : 29/Aug/2024 03:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	1.005		1.002-1.030	Refractometric
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	NEGATIVE		NORMAL	MODIFED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	2-4	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

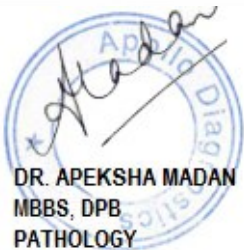
Kindly correlate clinically.

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.

Page 15 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2408589

Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

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Ph: 022 4332 4500

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DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Page 16 of 16


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2408589

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

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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.

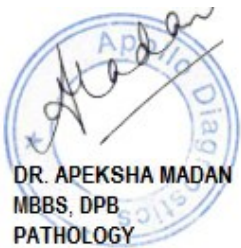
Laboratories not be responsible for any interpretation whatsoever.

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.



SIN No:UR2408589

Customer Care

From: noreply@apolloclinics.info
Sent: Wednesday, August 28, 2024 11:30 AM
To: rmohrir65@gmail.com
Cc: cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed



Dear Anjali RAJENDRA Mohrir,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-08-29** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .

Contact No: 022 - 4332 4500.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

IBC

PAP SMEAR CONSENT FORM

Patient name: <u>Mrs. Anjali Mohris</u>	Age: <u>52 yr 1 fe</u>	Gender: <u>Female</u>
UHID: <u>065046</u>	Date: <u>29/8/24</u>	<u>DR.</u>

MENSTRUAL AND REPRODUCTIVE HISTORY

Age of menarche:	
Age of menopause, if applicable:	
Menstrual regularity:	<u>Regular/irregular</u>
Menstrual frequency:	<u>3-4 days / days 4-6 months</u>
First day of last menstrual period:	Date: <u>27/08/2024</u>
Age at marriage:	<u>24 yr.</u>
Years of married life:	<u>28 yr.</u>
Contraception:	<input type="radio"/> Yes <input type="radio"/> No ; if yes what kind? _____
Hormonal treatment:	<input type="radio"/> Yes <input type="radio"/> No ; if yes, what kind? _____
Gravida (no. of times conceived):	<u>2</u>
Para (no. of childbirths > 20 wks):	<u>2</u>
Live (no. of living children):	<u>2</u>
Abortions (no. of miscarriages/abortions):	<u>—</u>
Age of first child:	<u>Male - 28</u>
Age of last child:	<u>Female - 23</u>
Previous Pap smear report:	

SPECULUM EXAMINATION FINDINGS

External genitalia:	
Vagina:	
Cervix:	
Smear taken from:	<input type="radio"/> Ectocervix <input type="radio"/> Endocervix <input type="radio"/> Posterior vaginal fornix .

I, Mrs. Anjali Mohris, hereby declare that the above information is true. I have been explained the procedure and give my consent to undergo the same.

Signature of the patient: [Signature]

Signature of the doctor: [Signature]

Date and place: 29/8/24, Tardeo, Mumbai

LBC

CYTOPATHOLOGY/PAP REQUISITION FORM AD/QF/863

UHFID =
MR.NO. 085046

Referring Doctor DR Date 29/8/24

Name Ms. Anjali Mohan Date of Birth Age = 52 yrs Sex Female

Telephone Collection Centre Jaydeev Medical

No of slides collected (conventional PAP)

GYNANE CYTOLOGY

- Conventional Pap smear Thin Prep

CLINICAL FEATURES

- Normal Post Menopausal
 Suspicious Lesions Others

SITE OF SAMPLE

- Cervix Endocervix Post fornix
 Lat Vaginal Wall Vault Others

History:

- Post Menopausal

Hormone Replacement (HRT)

- Others

Lamp 27/08/2024

HISTORY/MISCELLANEOUS

NON GYNAE CYTOLOGY

- Ascetic
 Peritoneal
 Pleural
 CSF
 Urine
 Pericardial
 Bronchial
 Sputum
 Others
 FNAC
 SITE:

RELEVANT DETAILS/CLINICAL

OUT- PATIENT RECORD

Date: 29/8/24
MRNO: 085046
Name: Mrs Anjali Mohar
Age/Gender: 52yr / female
Mobile No:
Passport No:
Aadhar number:

Pulse: 70/min	B.P: 200/100	Resp: 20/min	Temp: (N)
Weight: 71.3	Height: 162cm.	BMI: 27.2	Waist Circum: 33"

General Examination / Allergies History

Clinical Diagnosis & Management Plan

METS - 03

married, Vegetarian
Sleep: (N) No Allergy
No addiction

PH: Father: Expired
Mother: Ister

Lipid P. JSH8.7. USG w multiple fibroad

- 1) Avoid oil/ghee
- 2) morning walk US mind daily
- 3) Repeat lipid glycaemic control
- 4) Refer to gynaecologist & Physiotherapy PT

Dr. (Mrs.) Chinnappa
M.D. (MUM)
Physician & Cardiologist
Reg. No. 56942

Follow up date:

[Signature]



Patient Name : Mrs.ANJALI R MOHRIR
Age/Gender : 52 Y 0 M 15 D/F
UHID/MR No : STAR.0000065046
Visit ID : STAROPV72803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 853493758145

Collected : 29/Aug/2024 09:08AM
Received : 29/Aug/2024 10:01AM
Reported : 29/Aug/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromic, Mild Microcyte.

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


Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromic, Mild Microcyte cells blood picture

Note/Comment : Please Correlate clinically

Page 1 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:BED240220340

Patient Name : Mrs.ANJALI R MOHRIR
Age/Gender : 52 Y 0 M 15 D/F
UHID/MR No : STAR.0000065046
Visit ID : STAROPV72803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 853493758145

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	36.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	62.5	fL	83-101	Calculated
MCH	18.6	pg	27-32	Calculated
MCHC	29.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,250	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3562.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1937.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	187.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	562.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.84		0.78- 3.53	Calculated
PLATELET COUNT	280000	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 : Mild Hypochromic, Mild Microcyte.

Page 2 of 16



(Signature)
DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

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DEPARTMENT OF HAEMATOLOGY

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Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromic, Mild Microcyte cells blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
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PATHOLOGY

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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



Apeksha Madan
 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
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 Emp/Auth/TPA ID : 853493758145

Collected : 29/Aug/2024 09:08AM
 Received : 29/Aug/2024 10:10AM
 Reported : 29/Aug/2024 12:25PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	99	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.




 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:PLF02204689

Patient Name : Mrs.ANJALI R MOHRIR
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 Visit ID : STAROPV72803
 Ref Doctor : Dr.SELF
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Collected : 29/Aug/2024 01:44PM
 Received : 29/Aug/2024 02:04PM
 Reported : 29/Aug/2024 02:11PM
 Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	112	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:PLP1484226



Patient Name : Mrs.ANJALI R MOHRIR
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UHID/MR No : STAR.0000065046
Visit ID : STAROPV72803
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Emp/Auth/TPA ID : 853493758145

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)

Page 7 of 16



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

SIN No:EDT240088760



Patient Name : Mrs.ANJALI R MOHRIR
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	275	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	208	mg/dL	<150	
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	227	mg/dL	<130	Calculated
LDL CHOLESTEROL	185.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:SE04817217



Patient Name : Mrs.ANJALI R MOHRIR
Age/Gender : 52 Y 0 M 15 D/F
UHID/MR No : STAR.0000065046
Visit ID : STAROPV72803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 853493758145

Collected : 29/Aug/2024 09:08AM
Received : 29/Aug/2024 10:14AM
Reported : 29/Aug/2024 01:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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.

Page 9 of 16



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

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

Page 10 of 16



DR. APEKSHA MADAN
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	25.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04817217

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	12.00	U/L	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN
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PATHOLOGY

SIN No:SE04817217

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.77	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	8.740	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically.


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

Page 13 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24136306



Patient Name : Mrs.ANJALI R MOHRIR
 Age/Gender : 52 Y 0 M 15 D/F
 UHID/MR No : STAR.0000065046
 Visit ID : STAROPV72803
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 853493758145

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DEPARTMENT OF IMMUNOLOGY

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

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:SPL24136306

Patient Name : Mrs.ANJALI R MOHRIR
Age/Gender : 52 Y 0 M 15 D/F
UHID/MR No : STAR.0000065046
Visit ID : STAROPV72803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 853493758145

Collected : 29/Aug/2024 09:08AM
Received : 29/Aug/2024 01:43PM
Reported : 29/Aug/2024 03:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	1.005		1.002-1.030	Refractometric
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	NEGATIVE		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	2-4	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Kindly correlate clinically.

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.

Page 15 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2408589



Patient Name : Mrs.ANJALI R MOHRIR
Age/Gender : 52 Y 0 M 15 D/F
UHID/MR No : STAR.0000065046
Visit ID : STAROPV72803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 853493758145

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DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Page 16 of 16



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2408589

Patient Name : Mrs.ANJALI R MOHRIR
Age/Gender : 52 Y 0 M 15 D/F
UHID/MR No : STAR.0000065046
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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. APEKSHA MADAN
M.BBS. DPB
PATHOLOGY

SIN No:UR2408589



Patient Name	: Mrs. ANJALI R MOHRIR	Age	: 52 Y F
UHID	: STAR.0000065046	OP Visit No	: STAROPV72803
Reported on	: 29-08-2024 12:28	Printed on	: 29-08-2024 12:28
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:29-08-2024 12:28

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mrs.Anjali Mohrir
Age : 52 Year(s)

Date : 29/08/2024
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%).
Grade I 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 WITH GRADE I DD.


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)
(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 : Mrs.Anjali Mohrir
Age : 52 Year(s)

Date : 29/08/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	80mm/sec
EPSS	04mm
LA	25mm
AO	27mm
LVID (d)	42mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR.CHHAYA P.VAJA. M. D.(MUM)
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Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : MRS.ANJALI MOHRIR
Ref. By : HEALTH CHECK UP

Date : 29-08-2024
Age : 52 years

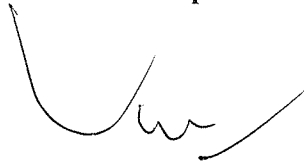
SONOGRAPHY OF BREAST

Real time Ultrasound of the Breast was performed with a 11 mHz transducer.

- The breast on either side shows normal parenchymal echotexture.
- Retroareolar region on either side appear normal. No duct dilatation is noted.
- No parenchymal focal solid or cystic mass lesion is noted on either side.
- No obvious focal calcification is seen within the breast.
- No evidence of axillary lymph nodes seen.

IMPRESSION: Normal Ultrasound examination of the Breast .

Report with compliments.



**DR VINOD V SHETTY
M.D.,D.M.R.D
CONSULTANT RADIOLOGIST**

Patient Name : MRS.ANJALI MOHRIR
Ref. By : HEALTH CHECK UP

Date : 29-08-2024
Age : 52 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 11.0 x 5.1 cms and the **LEFT KIDNEY** measures 11.3 x 5.2 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears 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 appears bulky in size, measures 8.5 x 5.9 x 4.0 cms. And reveals multiple fibroids, a posterior intramural fibroid measuring 3.1 x 2.6 cms and two small anterior subserosal fibroid measuring, 1.9 x 1.3, cms and 1.7 x 1.1 cms. Normal endometrial echoes are seen. Endometrial thickness measures 8.8 mms.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.6 x 1.4 cms.
Left ovary measures 2.5 x 1.1 cms
There is no free fluid seen in cul de.

IMPRESSION : The Ultrasound examination reveals bulky Uterus with multiple small fibroids as described above.
No other significant abnormality is detected.

Report with compliments.


Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
DR. VINOD V. SHETTY Ph No: 022 - 4332 4500 | www.apollospectra.com
MD - D.M.R.D.



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

Name: Mrs Anjali R Mahris
Age: 52y/f

Date: 29/8/24

- for ENT health consultation
- offers no complaints

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

Throat | NAD
Nose |

Imp: ENT-NAD

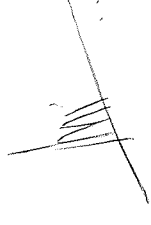


ANJALI
Unknown

52Years

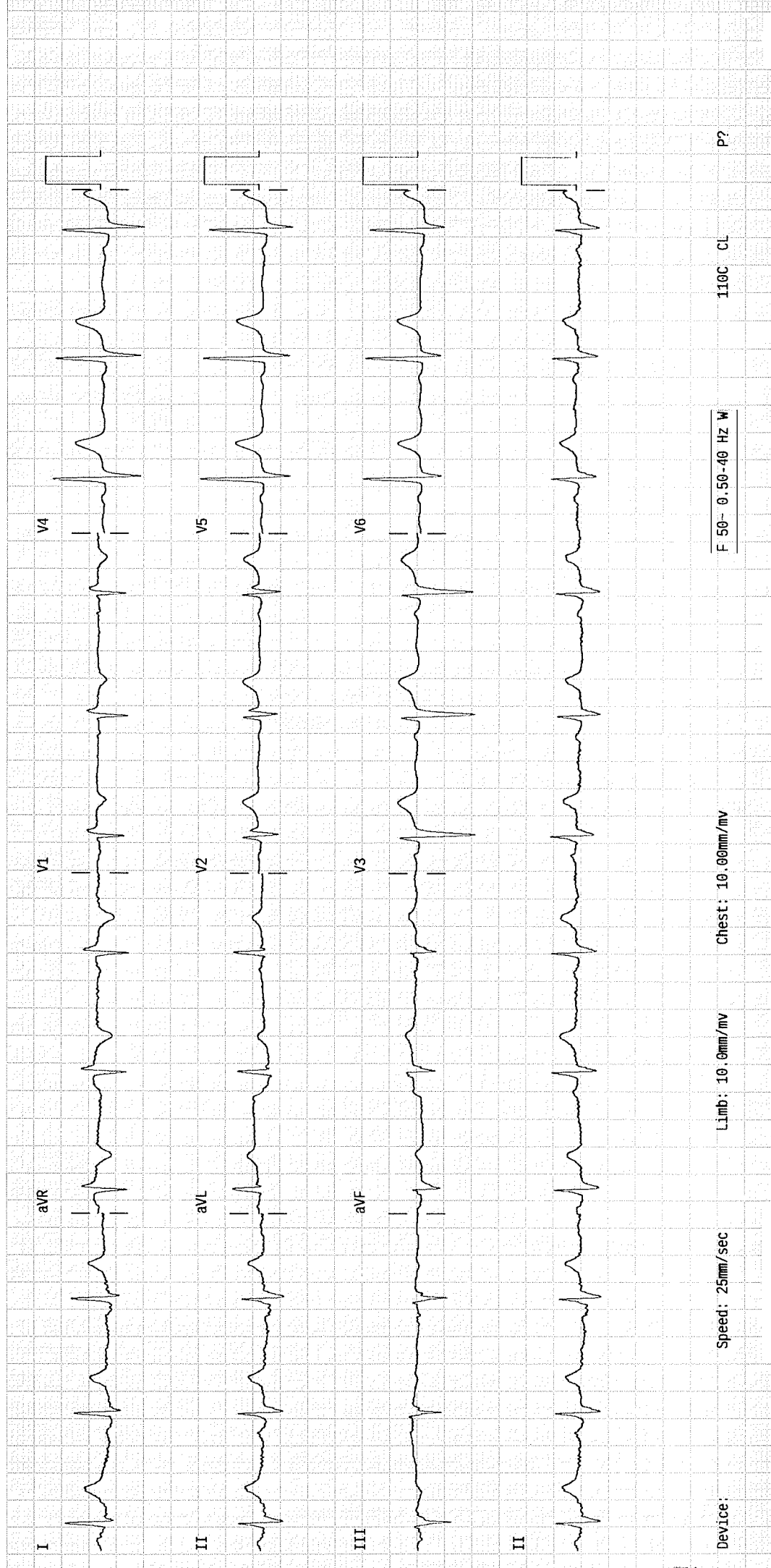
Rate: 70 . Sinus rhythm
 . Borderline left axis deviation
 . RSR' in V1 or V2, probably normal variant
 . Baseline wander in lead(s) I II aVR V1 V2 V3 V4 V5 V6

Incomplete RBBB



--AXIS--
 P 35
 QRS -23
 T 25

12 Leads; Standard Placement



Device: F 50-0.50-40 Hz W 110C CL P?
 Speed: 25mm/sec
 Limb: 10.00mm/mv
 Chest: 10.00mm/mv

EYE REPORT

Name: Anjali Mohria.

Date: 29/8/24

Age / Sex: 52 / F

Ref No.:

Complaint:

— Mild palp. cong —
K clear

Examination

Q.D
R.R, R.T ⊕

— Clear lens. —

Spectacle Rx

0.5:1 ; FR+

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	+0.5	+0.25	120°	6/6	+0.5	+0.25	90°
Read	N6	add +2.25			N6	add 2.25		

Remarks:

6 months later fundoscopy

Medications:

Trade Name	Frequency	Duration
Maxmoist eye drops	i - i - i	cont.

Follow up:



[Handwritten Signature]

Consultant:

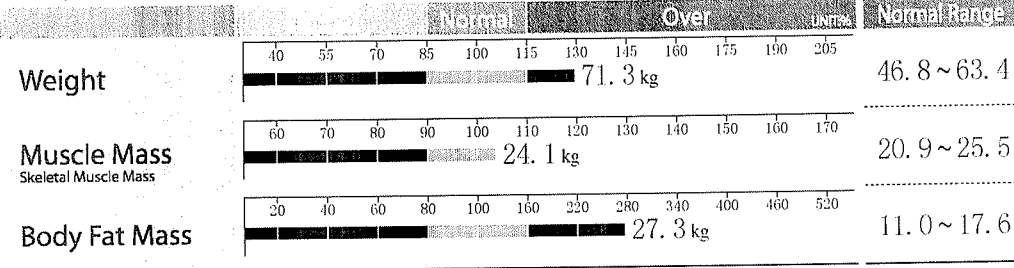
Apollo Spectra Hospitals
Famous Cine Labs, 156, Pt. M. M.
Malviya Road, Tardeo, Mumbai - 400 034
Tel.: 022 4332 4500 www.apollospectra.com
M.D. D.O.M.S. (GOLD MEDALIST)
2012/10/2914
MOB:- 9850 1858 73

Dr. Arjun M.
ID
Age 52

Height 162cm | Date 29. 8. 2024
Gender Female | Time 10:06:52

APOLLO SPECTRA HOSPITAL

Body Composition



Segmental Lean

Segment	Lean Mass	Evaluation
Left	2.2 kg	Normal
Trunk	19.9 kg	Normal
Right	7.1 kg	Normal

TBW Total Body Water	32.3 kg (28.1 ~ 34.3)	FFM Fat Free Mass	44.0 kg (35.8 ~ 45.7)
Protein	8.6 kg (7.5 ~ 9.2)	Mineral*	3.08 kg (2.60 ~ 3.17)

* Mineral is estimated.

Segmental Fat

Segment	Fat Mass	Evaluation
Left	46.2%	Over
Trunk	39.1%	Over
Right	36.4%	Over

* Segmental Fat is estimated.

Obesity Diagnosis

Parameter	Value	Normal Range
BMI Body Mass Index (kg/m ²)	27.2	18.5 ~ 25.0
PBF Percent Body Fat (%)	38.3	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.90	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1321	1437 ~ 1674

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

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
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

Impedance

Z	RA	LA	TR	RL	LL
20kHz	371.9	387.4	26.1	253.4	256.0
100kHz	331.2	347.8	22.7	229.8	231.8

Muscle-Fat Control

Muscle Control 0.0 kg | Fat Control - 14.1 kg | Fitness Score 67

* 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: 71.3 kg / Duration: 30min. / unit: kcal)											
Walking	143	Jogging	250	Bicycle	214	Swim	250	Mountain Climbing	232	Aerobic	250
Table tennis	161	Tennis	214	Football	250	Oriental Fencing	357	Gate ball	135	Badminton	161
Racket ball	357	Tae-kwon-do	357	Squash	357	Basketball	214	Rope Jumping	250	Golf	125
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

1400 kcal

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

Patient Name	: Mrs. ANJALI R MOHRIR	Age/Gender	: 52 Y/F
UHID/MR No.	: STAR.0000065046	OP Visit No	: STAROPV72803
Sample Collected on	:	Reported on	: 29-08-2024 12:28
LRN#	: RAD2409798	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 853493758145		

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. ANJALI R MOHRIR	Age/Gender	: 52 Y/F
UHID/MR No.	: STAR.0000065046	OP Visit No	: STAROPV72803
Sample Collected on	:	Reported on	: 29-08-2024 11:47
LRN#	: RAD2409798	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 853493758145		

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SONO MAMOGRAPHY - SCREENING

Real time Ultrasound of the Breast was performed with a 11 mHz transducer.

- The breast on either side shows normal parenchymal echotexture.
- Retroareolar region on either side appear normal. No duct dilatation is noted.
- No parenchymal focal solid or cystic mass lesion is noted on either side.
- No obvious focal calcification is seen within the breast.
- No evidence of axillary lymph nodes seen.

IMPRESSION: Normal Ultrasound examination of the Breast .



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Radiology

Patient Name	: Mrs. ANJALI R MOHRIR	Age/Gender	: 52 Y/F
UHID/MR No.	: STAR.0000065046	OP Visit No	: STAROPV72803
Sample Collected on	:	Reported on	: 29-08-2024 11:46
LRN#	: RAD2409798	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 853493758145		

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 11.0 x 5.1 cms and the **LEFT KIDNEY** measures 11.3 x 5.2 cms in size.Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears 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 anteverted appears bulky in size, measures 8.5 x 5.9 x 4.0 cms. And reveals multiple fibroids ,a posterior intramural fibroid measuring 3.1 x 2.6 cms and two small anterior subserosal fibroid measuring, 1.9 x 1.3,cms and 1.7 x 1.1cms. Normal endometrial echoes are seen. Endometrial thickness measures 8.8 mms.**

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.6 x 1.4 cms.
Left ovary measures 2.5 x 1.1 cms
There is no free fluid seen in cul de.

Patient Name : Mrs. ANJALI R MOHRIR

Age/Gender

: 52 Y/F

IMPRESSION : The Ultrasound examination reveals bulky Uterus with multiple small fibroids as described above.
No other significant abnormality is detected.



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