

Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:31AM  
Reported : 09/Mar/2024 12:15PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

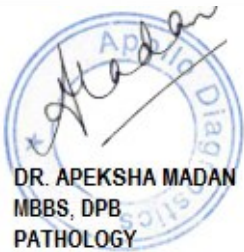
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:31AM  
Reported : 09/Mar/2024 12:15PM  
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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.7</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>33.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>3.67</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.2	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,840	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	43	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>49</b>	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2081.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2371.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	290.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	0.88		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	348000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>35</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 13

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

SIN No:BED240062875

**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.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:31AM  
Reported : 09/Mar/2024 12:15PM  
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**

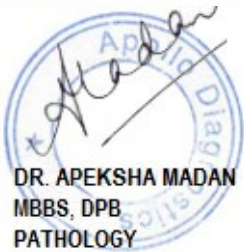
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



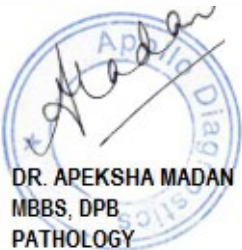
Patient Name : Mrs.HIMANI V NANDGAONKAR  
 Age/Gender : 29 Y 10 M 20 D/F  
 UHID/MR No : STAR.0000061912  
 Visit ID : STAROPV68123  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
 Received : 09/Mar/2024 11:31AM  
 Reported : 09/Mar/2024 01:21PM  
 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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
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:BED240062875

**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.HIMANI V NANDGAONKAR	Collected : 09/Mar/2024 01:09PM
Age/Gender : 29 Y 10 M 20 D/F	Received : 09/Mar/2024 01:25PM
UHID/MR No : STAR.0000061912	Reported : 09/Mar/2024 03:24PM
Visit ID : STAROPV68123	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383434	

**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	106	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:**

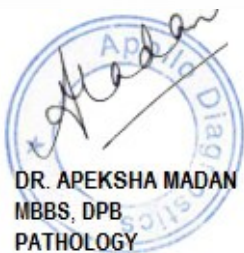
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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.





Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 05:28PM  
Reported : 09/Mar/2024 07:18PM  
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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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: EDT240028578

**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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

Patient Name	: Mrs.HIMANI V NANDGAONKAR	Collected	: 09/Mar/2024 09:23AM
Age/Gender	: 29 Y 10 M 20 D/F	Received	: 09/Mar/2024 11:03AM
UHID/MR No	: STAR.0000061912	Reported	: 09/Mar/2024 01:57PM
Visit ID	: STAROPV68123	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383434		

**DEPARTMENT OF BIOCHEMISTRY**

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

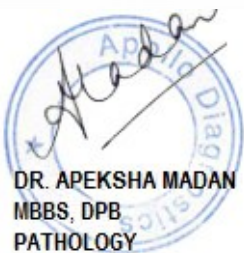
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	90	mg/dL	<150	
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	114	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		0-4.97	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



SIN No:SE04655441

**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.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:03AM  
Reported : 09/Mar/2024 03:25PM  
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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
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)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	65.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		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.
- 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.



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



SIN No:SE04655441

**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



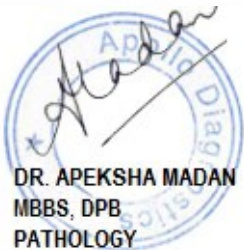
Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:03AM  
Reported : 09/Mar/2024 03:25PM  
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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	23.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated



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



SIN No:SE04655441

**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.HIMANI V NANDGAONKAR  
 Age/Gender : 29 Y 10 M 20 D/F  
 UHID/MR No : STAR.0000061912  
 Visit ID : STAROPV68123  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
 Received : 09/Mar/2024 11:03AM  
 Reported : 09/Mar/2024 01:57PM  
 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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	16-73	Glycylglycine Kinetic method



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



SIN No:SE04655441

**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.HIMANI V NANDGAONKAR	Collected : 09/Mar/2024 09:23AM
Age/Gender : 29 Y 10 M 20 D/F	Received : 09/Mar/2024 11:07AM
UHID/MR No : STAR.0000061912	Reported : 09/Mar/2024 01:23PM
Visit ID : STAROPV68123	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383434	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.54	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.780	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: SPL24041726

**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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

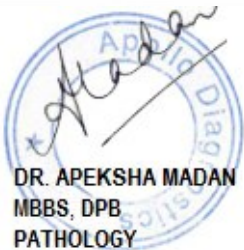
Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 01:22PM  
Reported : 09/Mar/2024 03:36PM  
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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No:UR2301113

**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.HIMANI V NANDGAONKAR	Collected	: 09/Mar/2024 01:32PM
Age/Gender	: 29 Y 10 M 20 D/F	Received	: 10/Mar/2024 07:12PM
UHID/MR No	: STAR.0000061912	Reported	: 13/Mar/2024 11:43AM
Visit ID	: STAROPV68123	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383434		

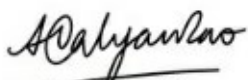
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5376/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



Dr.A. Kalyan Rao  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

Page 13 of 13  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076048

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

**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.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 01:32PM  
Received : 10/Mar/2024 07:12PM  
Reported : 13/Mar/2024 11:43AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

CYTOLOGY NO. 5376/24

I SPECIMEN

- a SPECIMEN ADEQUACY ADEQUATE
- b SPECIMEN TYPE LIQUID-BASED PREPARATION (LBC)  
SPECIMEN NATURE/SOURCE CERVICAL SMEAR
- c ENDOCERVICAL-TRANSFORMATION ZONE PRESENT WITH ENDOCERVICAL CELLS
- d COMMENTS SATISFACTORY FOR EVALUATION

II MICROSCOPY

Superficial and intermediate squamous epithelial cells with benign morphology.  
Inflammatory cells, predominantly neutrophils.  
Negative for intraepithelial lesion/ malignancy

III RESULT

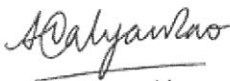
- a EPITHELIAL CELL  
SQUAMOUS CELL ABNORMALITIES NOT SEEN  
GLANDULAR CELL ABNORMALITIES NOT SEEN
- b ORGANISM NIL

IV INTERPRETATION

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



Dr. A. Kalyan Rao  
M. B. B. S., M. D. (Pathology)  
Consultant Pathologist

Page 1 of 1  
CAP  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076048

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

9/3/2024 **OUT- PATIENT RECORD**

Date : 9/3/2024  
 MRNO : 61912  
 Name : Mrs. Himani Nandgaonkar  
 Age/Gender : 29 yrs Female  
 Mobile No :  
 Passport No :  
 Aadhar number :

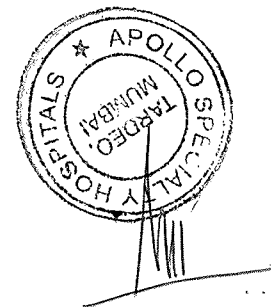
Pulse : 78/min	B.P : 110/70	Resp : 22/min	Temp : 37
Weight : 60.9	Height : 161	BMI : 23.5	Waist Circum : 80 cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married ~~Nonvegetarian~~ <sup>Nonvegetarian</sup>  
 Sleep (B/B) (N) No Allergy MC: 10/60cup  
 Hypothyroid / PCOD on Rx.  
 No addiction  
 FH: Nil.  
 Normal Repeat  
 Physically fit.

Dr. (Mrs.) CHHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 56942



Follow up date:

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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
 Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:31AM  
Reported : 09/Mar/2024 12:15PM  
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



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240062875

Patient Name	: Mrs.HIMANI V NANDGAONKAR	Collected	: 09/Mar/2024 09:23AM
Age/Gender	: 29 Y 10 M 20 D/F	Received	: 09/Mar/2024 11:31AM
UHID/MR No	: STAR.0000061912	Reported	: 09/Mar/2024 12:15PM
Visit ID	: STAROPV68123	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383434		

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.7</b>	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>33.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>3.67</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.2	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,840	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	43	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>49</b>	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2081.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2371.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	290.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	0.88		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>348000</b>	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>35</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 12



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240062875



Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:31AM  
Reported : 09/Mar/2024 12:15PM  
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

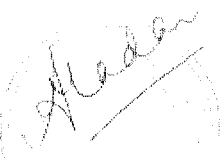
WBC : Normal in number, morphology and distribution. No abnormal cells seen

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:BED240062875

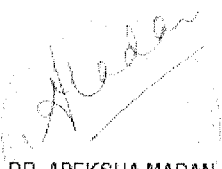


TOUCHING LIVES	Patient Name : Mrs.HIMANI V NANDGAONKAR	Collected : 09/Mar/2024 09:23AM
	Age/Gender : 29 Y 10 M 20 D/F	Received : 09/Mar/2024 11:31AM
	UHID/MR No : STAR.0000061912	Reported : 09/Mar/2024 01:21PM
	Visit ID : STAROPV68123	Status : Final Report
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 383434	

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:BED240062875

TOUCHING LIVES	Patient Name : Mrs.HIMANI V NANDGAONKAR	Collected : 09/Mar/2024 01:09PM
	Age/Gender : 29 Y 10 M 20 D/F	Received : 09/Mar/2024 01:25PM
	UHID/MR No : STAR.0000061912	Reported : 09/Mar/2024 03:24PM
	Visit ID : STAROPV68123	Status : Final Report
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 383434	

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	106	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)	91	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.



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

SIN No:PLP1429350

Patient Name	: Mrs.HIMANI V NANDGAONKAR	Collected	: 09/Mar/2024 09:23AM
Age/Gender	: 29 Y 10 M 20 D/F	Received	: 09/Mar/2024 05:28PM
UHID/MR No	: STAR.0000061912	Reported	: 09/Mar/2024 07:18PM
Visit ID	: STAROPV68123	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383434		

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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: EDT240028578



Patient Name : Mrs.HIMANI V NANDGAONKAR  
 Age/Gender : 29 Y 10 M 20 D/F  
 UHID/MR No : STAR.0000061912  
 Visit ID : STAROPV68123  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
 Received : 09/Mar/2024 11:03AM  
 Reported : 09/Mar/2024 01:57PM  
 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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	90	mg/dL	<150	
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	114	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		0-4.97	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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 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.




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04655441

Patient Name	: Mrs.HIMANI V NANDGAONKAR	Collected	: 09/Mar/2024 09:23AM
Age/Gender	: 29 Y 10 M 20 D/F	Received	: 09/Mar/2024 11:03AM
UHID/MR No	: STAR.0000061912	Reported	: 09/Mar/2024 03:25PM
Visit ID	: STAROPV68123	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383434		

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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
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)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	65.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		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:

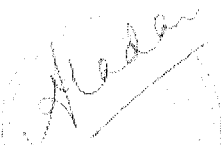
**1. Hepatocellular Injury:**

- 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. • 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:SE04655441



TOUCHING LIVES

Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:03AM  
Reported : 09/Mar/2024 03:25PM  
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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	23.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated

Page 9 of 12



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

SIN No:SE04655441

Patient Name : Mrs.HIMANI V NANDGAONKAR  
 Age/Gender : 29 Y 10 M 20 D/F  
 UHID/MR No : STAR.0000061912  
 Visit ID : STAROPV68123  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
 Received : 09/Mar/2024 11:03AM  
 Reported : 09/Mar/2024 01:57PM  
 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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	29.00	U/L	16-73	Glycylglycine Kinetic method




DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04655441

Patient Name : Mrs.HIMANI V NANDGAONKAR  
Age/Gender : 29 Y 10 M 20 D/F  
UHID/MR No : STAR.0000061912  
Visit ID : STAROPV68123  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 383434

Collected : 09/Mar/2024 09:23AM  
Received : 09/Mar/2024 11:07AM  
Reported : 09/Mar/2024 01:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.16	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.54	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.78	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

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

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



  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No: SPL24041726

TOUCHING LIVES	Patient Name : Mrs.HIMANI V NANDGAONKAR	Collected : 09/Mar/2024 09:23AM
Age/Gender : 29 Y 10 M 20 D/F	Received : 09/Mar/2024 01:22PM	
UHID/MR No : STAR.0000061912	Reported : 09/Mar/2024 03:36PM	
Visit ID : STAROPV68123	Status : Final Report	
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID : 383434		

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/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 12 of 12



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

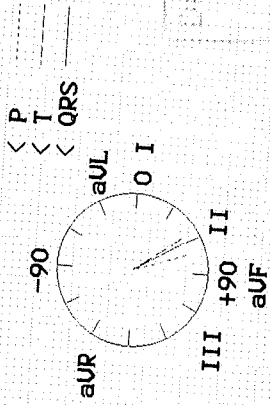
SIN No:UR2301113



HR 78 bpm

Measurement Results:

QRS	:	
QT/QTcB	:	346 / 394 ms
PR	:	134 ms
P	:	94 ms
RR/PP	:	748 / 765 ms
P/QRS/T	:	70 / 58 / 54 degrees



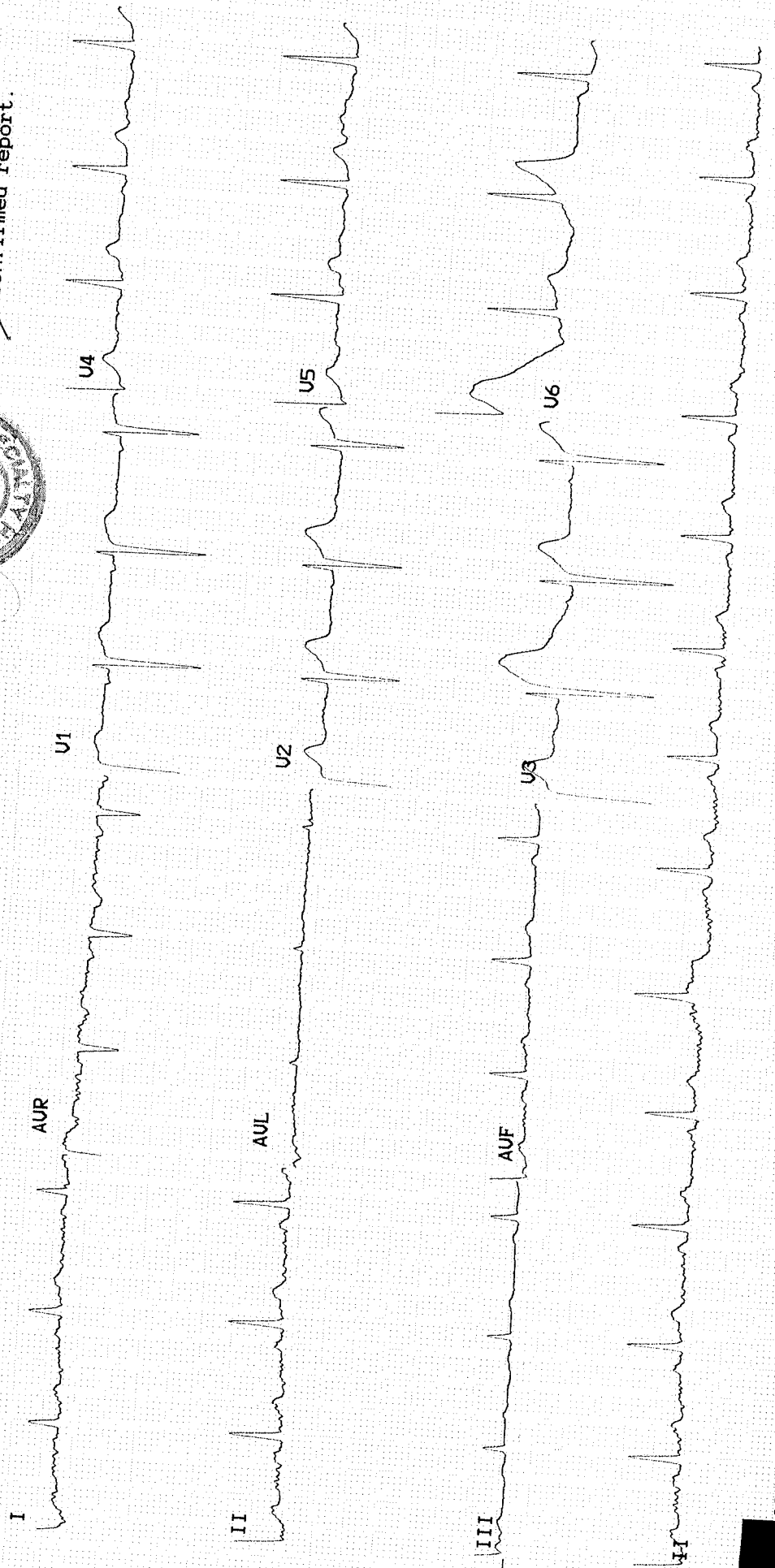
Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Normal ECG

*Medien Normal limits*

Dr. (M.B.) CHHAYA  
 M.D. (MUM)  
 Physician & Cardiologist  
 1850 No. 558/2



~~Unconfirmed report.~~



Patient Name : Mrs. Himani V Nandgaonkar Age : 29 Y F  
UHID : STAR.0000061912 OP Visit No : STAROPV68123  
Reported on : 09-03-2024 14:12 Printed on : 09-03-2024 14:13  
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:09-03-2024 14:12

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Patient Name : MRS. HIMANI NANDGAONKAR  
Ref. By : HEALTH CHECK UP

Date : 09-03-2024  
Age : 29 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 3.6 cms and the **LEFT KIDNEY** measures 11.1 x 4.8 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

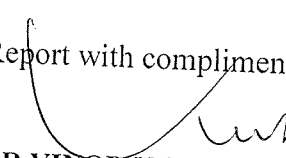
**URINARY BLADDER** : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 6.8 x 3.9 x 3.7 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.7 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.6 x 1.9 cms. Left ovary measures 2.5 x 1.7 cms. There is no free fluid seen in cul de sac.

**IMPRESSION** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

  
**DR. VINOD V. SHETTY**  
MD, D.M.R.D.  
Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com



Name : Mrs.Himani Nandgaonkar  
Age : 29 Year(s)

Date : 09/03/2024  
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](http://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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Name : Mrs.Himani Nandgaonkar  
Age : 29 Year(s)

Date : 09/03/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	120mm/sec
EPSS	04mm
LA	27mm
AO	23mm
LVID (d)	41mm
LVID(s)	18mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**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](http://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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

**FOODS TO AVOID**

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

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

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

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

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

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

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

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.

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

~ .1- 15 days

Flax seeds 1 1/2 Tbspn  
Black seed 1/2 tspn  
Pumpkin seed 1 1/2 Tbspn



16 - 30 days

Sesame seed 1 1/2 Tbspn  
Sunflower seed 1/2 tspn  
Sunflower seed. 1 1/2 Tbspn

Halim

↓

1 Tbspn  
overnigh scale



Mrs. Himani Nadgarkar 29yrs

9/3/24

1c clo PLOS.  
Irregular periods.

MH - 7-10d  
2mths Irreg  
mod  
PIL.

UMP - 7/2/24

OH - Nil

PH - Hypothyroid on Homeopathy.

FH - Nil.

ole

Cx 1(H)  
Vag

CBC taken.

**EYE REPORT**

Name: Himani Nandgankar

Date: 9/3/24

Age / Sex: 29 / F

Ref No.:

Complaint: (ou) mild meibomitis —  
— rest WNL —

Examination

— 0.5:1 —  
FR+

Un 46/9 N6

Spectacle Rx

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

Remarks:

Medications:

Trade Name	Frequency	Duration
Gentel eye drops	i — i — i	1 month

Follow up:

Consultant:



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

# InBody

ID 0 Himani Nandgaonkar

Age 29

Height 161cm

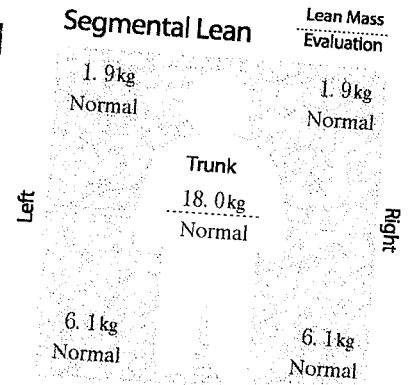
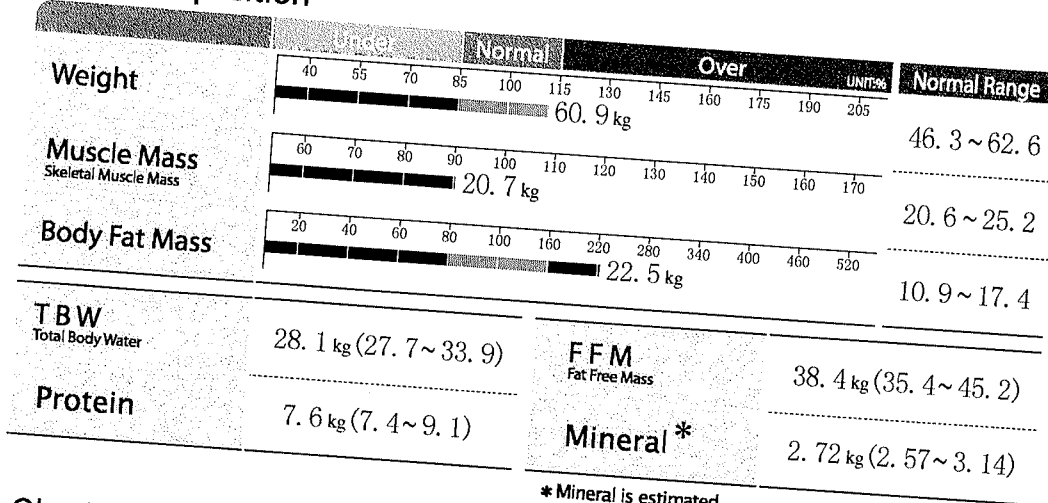
Date 9.3.2024

Gender Female

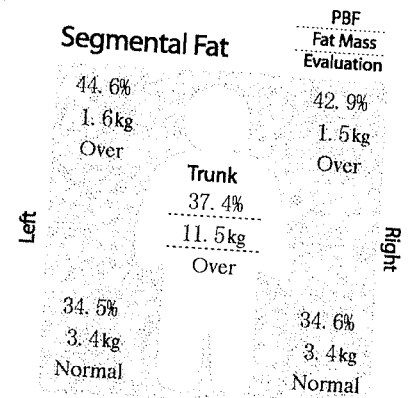
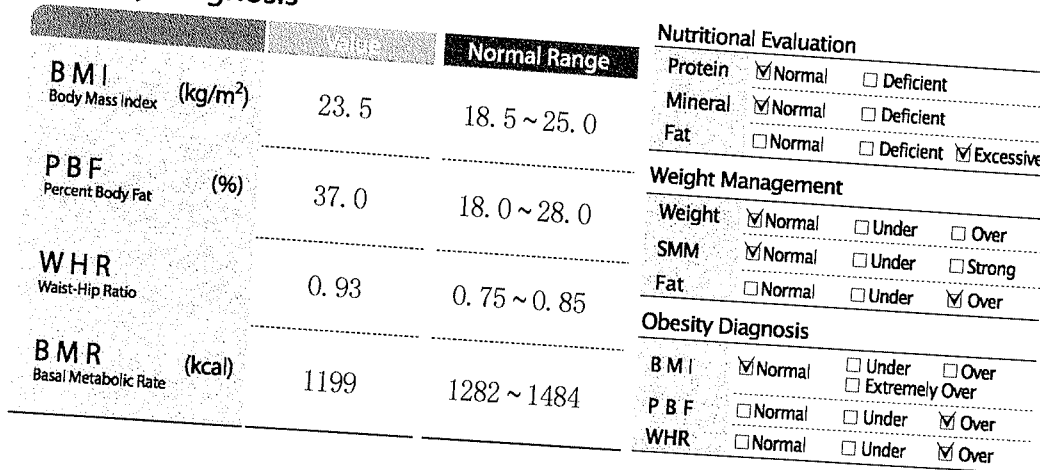
Time 10:42:43

APOLLO SPECTRA HOSPITAL

## Body Composition



## Obesity Diagnosis



## Muscle-Fat Control

Muscle Control + 3.5 kg      Fat Control - 10.0 kg      Fitness Score 66

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	419.6	433.0	30.3	318.5	316.1
100kHz	377.2	393.4	26.7	287.1	284.9

\* Use your results as reference when consulting with your physician or fitness trainer.

## Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 60.9 kg / Duration: 30min. / unit: kcal)					
Walking: 122	Jogging: 213	Bicycle: 183	Swim: 213	Mountain Climbing: 199	Aerobic: 213
Table tennis: 138	Tennis: 183	Football: 213	Oriental Fencing: 305	Gate ball: 116	Badminton: 138
Racket ball: 305	Tae-kwon-do: 305	Squash: 305	Basketball: 183	Rope jumping: 213	Golf: 107
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**





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	HIMANI VIRAJ NANDGAONKAR
DATE OF BIRTH	19-04-1994
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M199557100096892S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. NANDGAONKAR VIRAJ PANDURANG
EMPLOYEE EC NO.	199557
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	MUMBAI,WORLI
EMPLOYEE BIRTHDATE	01-10-1988

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 **05-03-2024** 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))





भारत सरकार  
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

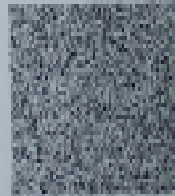
नंदाधिकरण क्रमांक / Enrollment No. : 2722/40012/37218

To  
Himani Viraj Nandgaonkar  
हिमानी विराज नंदगावकर  
C/O: Viraj Pandurang Nandgaonkar,  
2-C, 307, Shree Ganesh Nagar CHS Limited.,  
Dr. B A Road,  
Lalbaug Market,  
Lalbaug,  
VTC: Mumbai, PO: Parel,  
Sub District: Mumbai City, District: Mumbai City,  
State: Maharashtra, PIN Code: 400012.  
Mobile: 9757052171

37-41 27182



KC3741271829FL



आपला **आधार** क्रमांक / Your **Aadhaar** No. :

**2373 9877 7547**

माझे **आधार**, माझी ओळख



भारत सरकार  
Government of India



Issue Date: 09/10/2013



हिमानी विराज नंदगावकर  
Himani Viraj Nandgaonkar  
जन्म तारीख / Date of Birth: 09/09/1984  
पैरि / Gender

**2373 9877 7547**

माझे **आधार**, माझी ओळख

<b>Patient Name</b>	: Mrs. Himani V Nandgaonkar	<b>Age/Gender</b>	: 29 Y/F
<b>UHID/MR No.</b>	: STAR.0000061912	<b>OP Visit No</b>	: STAROPV68123
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 14:13
<b>LRN#</b>	: RAD2261568	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 383434		

**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

<b>Patient Name</b>	: Mrs. Himani V Nandgaonkar	<b>Age/Gender</b>	: 29 Y/F
<b>UHID/MR No.</b>	: STAR.0000061912	<b>OP Visit No</b>	: STAROPV68123
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 11:58
<b>LRN#</b>	: RAD2261568	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 383434		

**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 3.6 cms and the **LEFT KIDNEY** measures 11.1 x 4.8 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 anteverted & it appears normal in size, shape and echotexture. It measures 6.8 x 3.9 x 3.7 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.7 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.6 x 1.9 cms. Left ovary measures 2.5 x 1.7 cms. There is no free fluid seen in cul de.

**IMPRESSION** : **Normal Ultrasound examination of the Abdomen and Pelvis.**

**Patient Name** : Mrs. Himani V Nandgaonkar

**Age/Gender** : 29 Y/F

---



**Dr. VINOD SHETTY**  
Radiology