



भारत सरकार

Government of India



Issue Date : 21/10/2017



Sarjivani Sachin Devlekar  
DOB : 21/02/1991  
Female

7715 5014 0219

मेरा आधार, मेरी पहचान

**OUT-PATIENT RECORD**

Date  
MRNO  
Name  
Age/Gender  
Mobile No  
Passport No  
Aadhar number :

13/1/24  
060700  
Mrs. Sanjivani Deulekar  
32481f

Pulse : 84/min	B.P. : 120/80	Resp : 18/min.	Temp : (N)
Weight : 58.8 kg	Height : 154 cm	BMI : 24.8	Waist Circum : 88cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

morbid, Nonvegetarian  
Sleep: (N) B/B (N) MC: 3-4 / 30 days  
LSCS once One miscarriage  
15 Dec 2022  
No addictions  
FH: moans/feet: det.  
Normal Reports  
Physically fit.

Follow up date:

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



Patient Name : Mrs.SANJIVANI S DEVLEKAR  
Age/Gender : 32 Y 10 M 20 D/F  
UHID/MR No : STAR.0000060700  
Visit ID : STAROPV66434  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 7900103165

Collected : 13/Jan/2024 08:40AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:26PM  
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

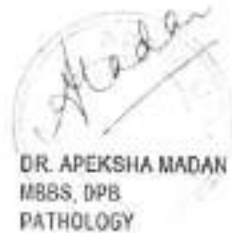
Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 13



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240009035

TOUCHING LIVES

Patient Name	: Mrs.SANJIVANI S DEVLEKAR	Collected	: 13/Jan/2024 08:40AM
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Visit ID	: STAROPV88434	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7900103165		

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>				
HAEMOGLOBIN	13	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	39.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.8-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,570	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2650.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1553.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	91.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	274.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	348000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 13




DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240009035

TOUCHING LIVES


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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:BED240009035

TOUCHING LIVES

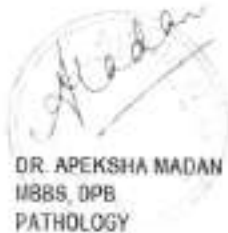
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Age/Gender	: 32 Y 10 M 20 DF	Received	: 13/Jan/2024 12:21PM
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Visit ID	: STAROPV66434	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7900103185		

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

Page 4 of 13

DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No: BED240009035

TOUCHING LIVES

Patient Name	: Mrs.SANJIVANI S DEVLEKAR	Collected	: 13/Jan/2024 03:11PM
Age/Gender	: 32 Y 10 M 20 D/F	Received	: 13/Jan/2024 03:55PM
UHID/MR No	: STAR.0000000700	Reported	: 13/Jan/2024 04:18PM
Visit ID	: STAROPV66434	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7900103165		

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	84	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)	86	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.

Page 5 of 13

DR. APEKSHA MADAN  
MBBS, DPE  
PATHOLOGY

SIN No:PLP1408583

Patient Name	: Mrs.SANJIVANI S DEVLEKAR	Collected	: 13/Jan/2024 06:40AM
Age/Gender	: 32 Y 10 M 20 DiF	Received	: 13/Jan/2024 04:39PM
UHID/MR No	: STAR.0000080700	Reported	: 13/Jan/2024 07:03PM
Visit ID	: STAROPV66434	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7900103165		

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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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 6 of 13




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

SIN No:EDT240003810



YOUR HEALTH LIVES

Patient Name	: Mrs.SANJIVANI S DEVLEKAR	Collected	: 13/Jan/2024 08:40AM
Age/Gender	: 32 Y 10 M 20 D/F	Received	: 13/Jan/2024 12:11PM
UHID/MR No	: STAR.0000060700	Reported	: 13/Jan/2024 01:58PM
Visit ID	: STAROPV66434	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7900103165		

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	150	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	53	mg/dL	<150	
HDL CHOLESTEROL	64	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	86	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.34		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 350mg/dL. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

DR. APEKSHA MADAN  
MBBS, OPB  
PATHOLOGY

SEN No:SE04500610

TOUCH TWO LIVES

Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM	Expertise. Empowering you.
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 12:11PM	
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 02:00PM	
Visit ID : STAROPV66434	Status : Final Report	
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID : 7900103165		

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	0.70	mg/dL	0.1-1.2	Azobillrubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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.

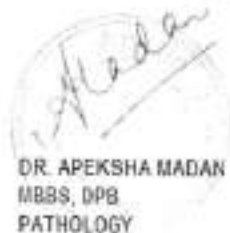
**2. Cholestatic Pattern:**

- 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.

Page 8 of 13

DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:SE04599610

TOUCHING LIVES

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**DEPARTMENT OF BIOCHEMISTRY**

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



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

SIN No:SE04599610

Page 9 of 13



TOUCHING LIVES

Patient Name : Mrs.SANJIVANI S DEVLEKAR  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.61	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE

Page 11 of 13




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

SIN No:SE045996110

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM</b>	<b>11.00</b>	U/L	16-73	Glycylglycine Kinetic method

Kindly Correlate Clinically.



**DR. APEKSHA MADAN**  
MBBS, OPB  
PATHOLOGY  
SEN No:SE04599610

Page 11 of 13



TOUCHING LIVES

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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7800103185		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Rango	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOETHYRONINE (T3, TOTAL)	0.77	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	0.940	µIU/mL	0.25-5.0	ELFA

**Comment:**

For pregnant females	Bio Ref Range for TSH in µIU/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

Page 12 of 13




DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No: SPL24005008

Patient Name : Mrs.SANJIVANI S DEVLEKAR  
 Age/Gender : 32 Y 10 M 20 D/F  
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**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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0-1	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Results to Follow:  
 LBC PAP TEST (PAPSURE)

Page 13 of 13

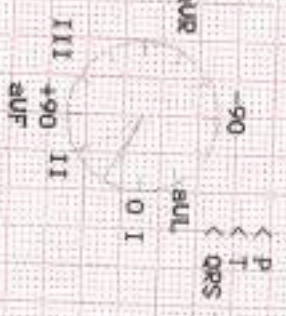



**DR. APEKSHA MADAN**  
 MBBS, DNB  
 PATHOLOGY

SIN No: UR2261780

Measurement Results:

QRS	90 ms
QT/QTcB	378 / 430 ms
PR	136 ms
P	108 ms
RP/PP	772 / 770 ms
P/QRS/T	55 / 30 / 25 degrees
QTd/QTcBd	14 / 16 ms
Sokolow	1.1 mV
NK	10



Interpretation:  
 low QRS amplitudes  
 probably abnormal ECG

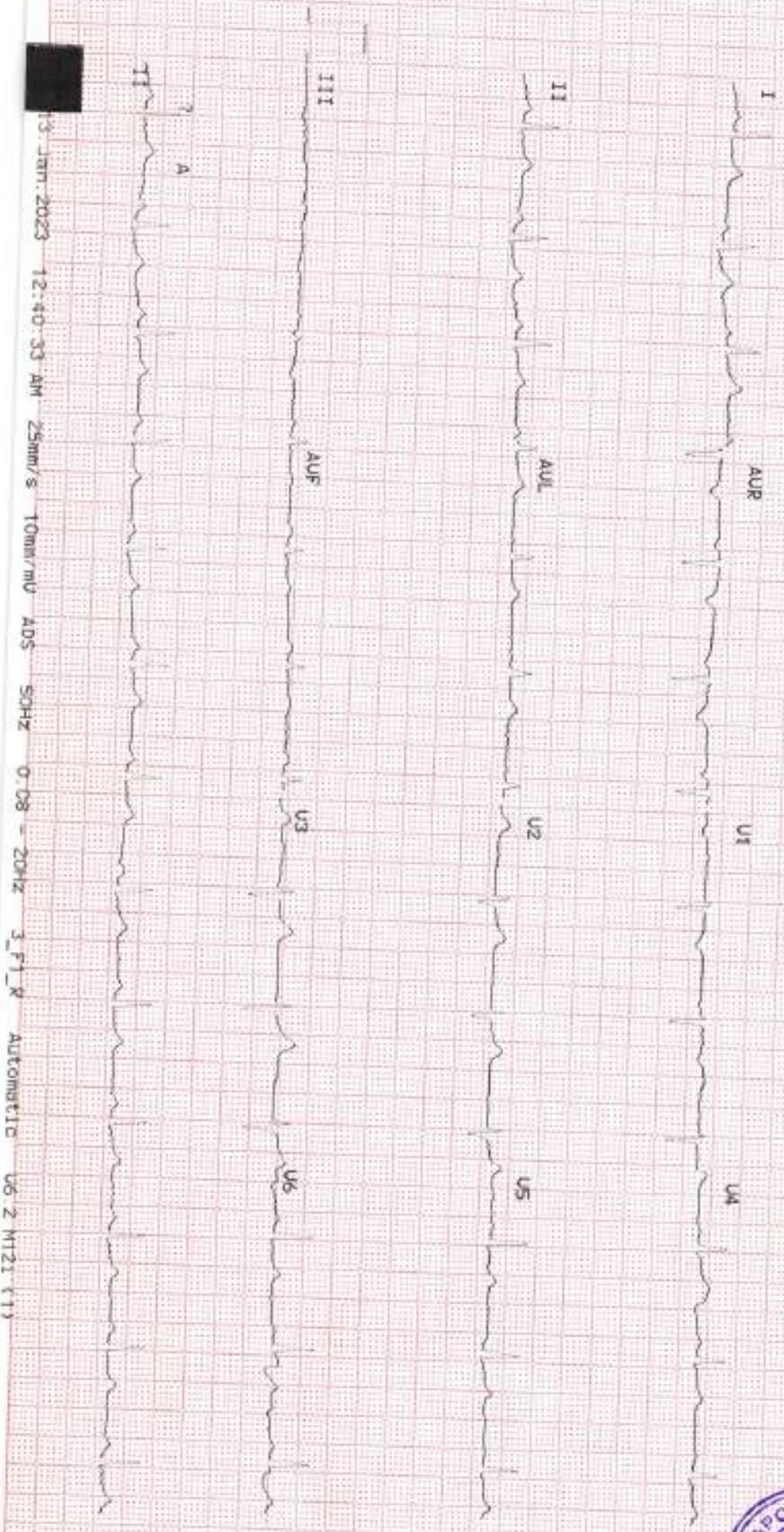
*Maei Normal Limik*

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

Unconfirmed report.



HR 84 bpm





Patient Name	: Mrs. SANJIVANI S DEVLEKAR	Age	: 32 Y F
UHID	: STAR.0000060700	OP Visit No	: STAROPV66434
Reported on	: 13-01-2024 15:50	Printed on	: 13-01-2024 15:51
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:13-01-2024 15:50

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mrs.Sanjivani Devlekar  
Age : 32 Year(s)

Date : 13/01/2024  
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.apollohf.com](http://www.apollohf.com)

Name : Mrs.Sanjivani Devlekar  
Age : 32 Year(s)

Date : 13/01/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope 70mm/sec

EPSS 04mm

LA 25mm

AO 24mm


LVID (d) 35mm

LVID(s) 17mm

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  
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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

**Patient Name** : MRS.SANJIVANI DEVLEKAR  
**Ref. By** : HEALTH CHECK UP

**Date** : 13-01-2024  
**Age** : 32 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

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

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

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

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

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.3 x 4.4 cms and the **LEFT KIDNEY** measures 10.2 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

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

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.9 x 3.7 x 3.6 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.7 mm. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 3.1 x 2.0 cms. Left ovary measures 2.9 x 1.8 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.

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

**DR. TEJAL SONI**  
MBBS, MD, DGO, DFP, FCPS,  
OBSTETRICIAN & GYNAECOLOGIST  
REG. NO. 2005/02/01015

Sanjivani Devlekar 32yrs

13/1/23

No gynaec complaints

mlt -  $\frac{3d}{30d}$   $\begin{matrix} / \text{Reg} \\ - \text{mod} \\ - \text{pu} \end{matrix}$       cmf - 4/1/24

OH - P, L<sub>1</sub> -  $\rightarrow$  14yrs CCUS

PH - Nil

Flt - Father - HTN  
mother - HTN.

O/E

Cx vag | (H)

LBC taken

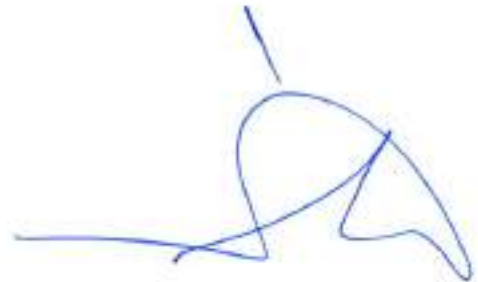
*Tejal Soni*

S/B Dr. Mitul C. Bhatt (ENT) 13/1/24.

Ms. Sanjivani D. 4/32yr.

T27. for ENT check-up.

E → }  
N → } WNL  
T → }



Dr. Mitul Bhatt  
2011011748

**EYE REPORT**

Name: Sanjvani Devlekar

Date: 13/01/2024

Age / Sex: 32 y / F

Ref No.:

Complaint:

300 200 200  
100 150 150 85/125

Examination

Spectacle Rx U <sup>6/6</sup> 6/9

Near U <sup>N</sup> 6

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

Remarks: Color U & M

Medications: As & M

Trade Name	Frequency	Duration

Follow up: 1 month & M

Consultant:

Sanjivani Deulekar

ID: 060700  
Age: 32

Height: 163cm  
Gender: Female  
Date: 05/11/2017  
Time: 10:15 AM

APOLLO SPECTRA HOSPITAL

Body Composition

Weight	58.8 kg	12.3 ~ 57.3
Muscle Mass	19.7 kg	19.7 ~ 22.9
TBW	29.2 kg	31.2 ~ 33.4
Protein	4.2 kg	4.1 ~ 2.87

Segmental Lean	Left	Right
1.6 kg	1.6 kg	1.6 kg
Normal	Normal	Normal
Trunk	10.1 kg	10.1 kg
Normal	Normal	Normal
4.7 kg	4.7 kg	4.7 kg
Under	Under	Under

Obesity Diagnosis

BMI	21.3	18.5 ~ 24.9	Normal
Waist Circumference	84 cm	< 88 cm	Normal
Waist-Hip Ratio	0.88	< 0.9	Normal

Segmental Fat	Left	Right
3.1 kg	3.1 kg	3.1 kg
Over	Over	Over
Trunk	11.1 kg	11.1 kg
Over	Over	Over

Muscle-Fat Control

Muscle Control	1.7 kg	1.7 kg	1.7 kg
----------------	--------	--------	--------

Impedance

Z	RA	LA	TR	RL	LL
20kg	491.9	461.9	34.2	376.0	378.1
100kg	310.0	320.1	23.9	314.9	318.0

Exercise Planner: Plan your weekly exercise schedule to lose 2.5 kg in a month. Show weight loss from those activities.

Energy expenditure of each activity (kcal/hr)	Weight (kg)	Duration (min)	Total kcal
Walking	1.0	30	300
Jogging	2.0	30	600
Cycling	3.0	30	900
Swimming	4.0	30	1200
Yoga	1.5	30	450
Strength training	2.5	30	750

- How to do**
1. Choose achievable and enjoyable activities from the list.
  2. Calculate the total energy expenditure for a week.
  3. Calculate the total energy expenditure for a week.
  4. Estimate expected total weight loss for a month using the formula shown below.



<b>Patient Name</b>	: Mrs. SANJIVANI S DEVLEKAR	<b>Age/Gender</b>	: 32 Y/F
<b>UHID/MR No.</b>	: STAR.0000060700	<b>OP Visit No</b>	: STAROPV66434
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-01-2024 15:51
<b>LRN#</b>	: RAD2207192	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7900103165		

**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. SANJIVANI S DEVLEKAR	<b>Age/Gender</b>	: 32 Y/F
<b>UHID/MR No.</b>	: STAR.0000060700	<b>OP Visit No</b>	: STAROPV66434
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-01-2024 12:21
<b>LRN#</b>	: RAD2207192	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7900103165		

## 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 10.3 x 4.4 cms and the **LEFT KIDNEY** measures 10.2 x 4.6 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 7.9 x 3.7 x 3.6 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.7 mms. No focal mass lesion is noted within the uterus.

**OVARIES :** Both ovaries reveal normal size, shape and echopattern. Right ovary measures 3.1 x 2.0 cms. Left ovary measures 2.9 x 1.8 cms. There is no free fluid seen in cul de.

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

**Patient Name** : Mrs. SANJIVANI S DEVLEKAR

**Age/Gender** : 32 Y/F

---



**Dr. VINOD SHETTY**  
Radiology


Patient Name : Mrs.SANJIVANI S DEVLEKAR  
Age/Gender : 32 Y 10 M 20 D/F  
UHID/MR No : STAR.0000060700  
Visit ID : STAROPV66434  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 7900103165

Collected : 13/Jan/2024 08:40AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:26PM  
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:BED240009035

**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:**

190, Parnax One Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500

Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 03:26PM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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>	13	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>39.20</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,570	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2650.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1553.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	91.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	274.2	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	348000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	12	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic


RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 14



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



SIN No:BED240009035

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**Address:**

190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, HMT Nagar, Marathahalli, Bangalore  
Ph: 022 4552 4500


Patient Name : Mrs.SANJIVANI S DEVLEKAR  
Age/Gender : 32 Y 10 M 20 D/F  
UHID/MR No : STAR.0000060700  
Visit ID : STAROPV66434  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 7900103165

Collected : 13/Jan/2024 08:40AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:26PM  
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**

IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically

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




SIN No:BED240009035

Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 02:04PM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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:BED240009035

**Apollo Speciality Hospitals Private Limited**  
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Begumpet, Hyderabad, Telangana - 500016

**Address:**  
190, Patanjali One Labs, Behind Everest Building,  
Tandri Junction Central, Mumbai, Maharashtra  
Ph: 022-4552 4500

Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 03:11PM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 03:55PM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 04:18PM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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	84	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)	86	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





Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 04:39PM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 07:03PM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - HbF >25%
  - 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: EDT240003810

**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:**  
190, Park Road, 5th Floor, Behind Everest Building,  
Taraori Junction, Central, HSR, Bengaluru  
Ph: 022 4552 4500

Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 12:11PM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 01:58PM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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	150	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	53	mg/dL	<150	
HDL CHOLESTEROL	64	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	86	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.34		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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SIN No:SE04599610

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Patient Name : Mrs.SANJIVANI S DEVLEKAR  
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UHID/MR No : STAR.0000060700  
Visit ID : STAROPV66434  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 7900103165

Collected : 13/Jan/2024 08:40AM  
Received : 13/Jan/2024 12:11PM  
Reported : 13/Jan/2024 02:00PM  
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	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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.

Page 8 of 14



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Patient Name : Mrs.SANJIVANI S DEVLEKAR  
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UHID/MR No : STAR.0000060700  
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**DEPARTMENT OF BIOCHEMISTRY**

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

  
**DR. APEKSHA MADAN**  
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SIN No:SE04599610


Patient Name : Mrs.SANJIVANI S DEVLEKAR  
 Age/Gender : 32 Y 10 M 20 D/F  
 UHID/MR No : STAR.0000060700  
 Visit ID : STAROPV66434  
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Collected : 13/Jan/2024 08:40AM  
 Received : 13/Jan/2024 12:11PM  
 Reported : 13/Jan/2024 01:58PM  
 Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.61	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE



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Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 12:11PM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 02:00PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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>	<b>11.00</b>	U/L	16-73	Glycylglycine Kinetic method
Kindly Correlate Clinically.				



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Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 01:58PM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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)	0.77	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	0.940	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



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Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 08:40AM
Age/Gender : 32 Y 10 M 20 D/F	Received : 13/Jan/2024 02:58PM
UHID/MR No : STAR.0000060700	Reported : 13/Jan/2024 04:04PM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

**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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0-1	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2261780

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Patient Name : Mrs.SANJIVANI S DEVLEKAR	Collected : 13/Jan/2024 04:44PM
Age/Gender : 32 Y 10 M 20 D/F	Received : 14/Jan/2024 03:09PM
UHID/MR No : STAR.0000060700	Reported : 17/Jan/2024 11:13AM
Visit ID : STAROPV66434	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7900103165	

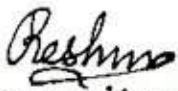
**DEPARTMENT OF CYTOLOGY**

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

	<b>CYTOLOGY NO.</b>	871/24
<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	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL 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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist



SIN No:CS073100

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

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