

Patient Name : Mr.RUMA LAHERI
Age/Gender : 50 Y 6 M 24 D/M
UHID/MR No : STAR.0000064969
Visit ID : STAROPV72688
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8779665325

Collected : 24/Aug/2024 04:58PM
Received : 24/Aug/2024 07:07PM
Reported : 24/Aug/2024 08:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

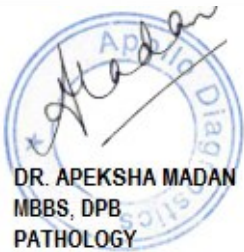
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY

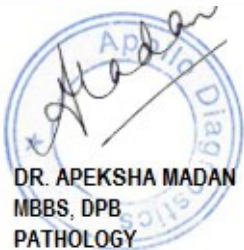
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	35.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	77	fL	83-101	Calculated
MCH	24.1	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,190	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69	%	40-80	Electrical Impedance
LYMPHOCYTES	23	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4271.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1423.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	123.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	371.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3		0.78- 3.53	Calculated
PLATELET COUNT	313000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

Page 2 of 19



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240218043

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

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

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IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically


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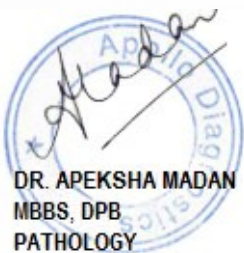
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name : Mr.RUMA LAHERI	Collected : 24/Aug/2024 05:00PM
Age/Gender : 50 Y 6 M 24 D/M	Received : 24/Aug/2024 05:40PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

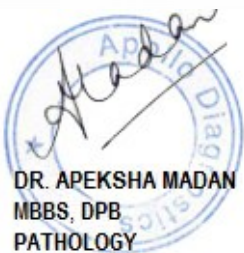
Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

Comment:

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	86	mg/dL	<150	
HDL CHOLESTEROL	58	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.09		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

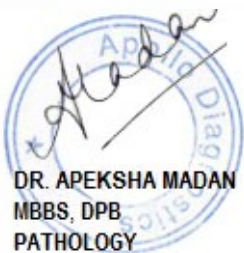
Comment:

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

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

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

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



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PATHOLOGY



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	1.9		<1.15	Calculated
ALKALINE PHOSPHATASE	108.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

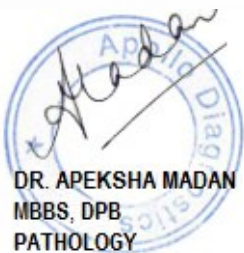
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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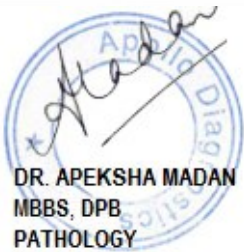
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ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

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




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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	5.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	108	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	108.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	10.00	mg/dL	8.4-10.2	CPC

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	6	mg/L	< 5	IMMUNOTURBIMETRY

Kindly correlate clinically.

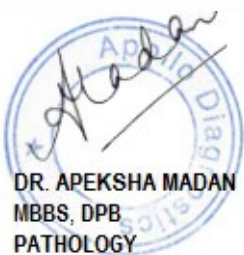
Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
ELECTROLYTES - SERUM , SERUM				
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	5.6	mmol/L	3.5-5.1	Direct ISE

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CHLORIDE	108	mmol/L	98-107	Direct ISE
Kindly correlate clinically.				

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	16-73	Glycylglycine Kinetic method

Test Name	Result	Unit	Bio. Ref. Interval	Method
PHOSPHORUS, INORGANIC , SERUM	3.90	mg/dL	2.6-4.4	PNP-XOD

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.89	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.178	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



SIN No: SPL24135314

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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24135314

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 : Mr.RUMA LAHERI	Collected : 24/Aug/2024 04:58PM
Age/Gender : 50 Y 6 M 24 D/M	Received : 24/Aug/2024 07:34PM
UHID/MR No : STAR.0000064969	Reported : 25/Aug/2024 11:55AM
Visit ID : STAROPV72688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8779665325	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	27.37	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



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



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DEPARTMENT OF IMMUNOLOGY

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


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

SIN No:SPL24135314



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Age/Gender	: 50 Y 6 M 24 D/M	Received	: 24/Aug/2024 07:34PM
UHID/MR No	: STAR.0000064969	Reported	: 25/Aug/2024 12:07PM
Visit ID	: STAROPV72688	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	1197	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr.Akanksha Kanad Vitkar
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24135314



Patient Name : Mr.RUMA LAHERI	Collected : 24/Aug/2024 04:58PM
Age/Gender : 50 Y 6 M 24 D/M	Received : 24/Aug/2024 07:20PM
UHID/MR No : STAR.0000064969	Reported : 24/Aug/2024 08:18PM
Visit ID : STAROPV72688	Status : Final Report
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Emp/Auth/TPA ID : 8779665325	

DEPARTMENT OF CLINICAL PATHOLOGY

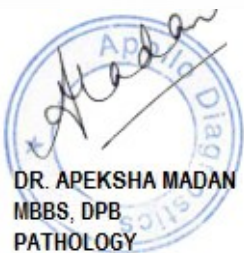
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

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

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



SIN No:UR2407513

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DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2407513

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Ph: 022 4332 4500

Patient Name : Mr.RUMA LAHERI	Collected : 24/Aug/2024 04:58PM
Age/Gender : 50 Y 6 M 24 D/M	Received : 25/Aug/2024 06:59PM
UHID/MR No : STAR.0000064969	Reported : 28/Aug/2024 02:14PM
Visit ID : STAROPV72688	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8779665325	

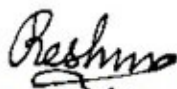
DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	18905/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
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	EPITHEIAL 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. Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist

Page 19 of 19
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS084993

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

Apollo Speciality Hospitals Private Limited

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

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

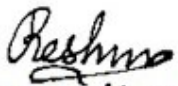
Laboratories not be responsible for any interpretation whatsoever.

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

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

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

This report is not valid for medico legal purposes.



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist



SIN No: CS084993

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

Patient Name	: Mr. RUMA LAHERI	Age/Gender	: 50 Y/M
UHID/MR No.	: STAR.0000064969	OP Visit No	: STAROPV72688
Sample Collected on	:	Reported on	: 26-08-2024 12:51
LRN#	: RAD2408048	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8779665325		

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 9.1 x 4.2 cms and the **LEFT KIDNEY** measures 9.6 x 4.2 cms in size.Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

URINARY The urinary bladder distends well and is normal in shape and contour No intrinsic

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

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture.

It measures 7.1 x 4.4 x 3.9 cms.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 4.7 mms.

No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 1.9 x 1.5 cms.

Left ovary measures 1.9 x 1.0 cms

There is no free fluid seen in cul de.

Patient Name : Mr. RUMA LAHERI

Age/Gender

: 50 Y/M

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mr. RUMA LAHERI	Age/Gender	: 50 Y/M
UHID/MR No.	: STAR.0000064969	OP Visit No	: STAROPV72688
Sample Collected on	:	Reported on	: 26-08-2024 12:50
LRN#	: RAD2408048	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8779665325		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

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

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

IMPRESSION: Normal Ultrasound examination of the Breast .



Dr. VINOD SHETTY
Radiology

Customer Care

From: noreply@apolloclinics.info
Sent: 16 August 2024 12:05
To: rajeshl@gicre.in
Cc: cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed



Dear Ruma Laheri ,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-08-17** at **08:15-08:30**.

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

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

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

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

Instructions to be followed for a health check:

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

For Women:

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

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

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

Contact No: 022 - 4332 4500.

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

Warm Regards,
Apollo Clinic



भारत सरकार
Government of India



Issue Date: 16/02/2014



रूमा लाहेरी
Ruma Laheri
जन्म तारीख / DOB: 31/01/1974
महिला / Female



4173 9495 0292

मेरा आधार, मेरी पहचान

OUT- PATIENT RECORD

Date : 24/8/24
 MRNO :
 Name : Rama kahori
 Age/Gender :
 Mobile No : 50y/f.
 Passport No :
 Aadhar number :

Pulse : 67/min	B.P : 120/80	Resp : 18/min	Temp : Afebrile
Weight : 48.1	Height : 141cm	BMI : 24.2	Waist Circum : 75cm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

MGS - 0

WHD 27.

P. Sohos D₃ 60K once a week
 X2 months

Dr. (Mrs.) Chandra P. ...
 M.D. (MCh)
 Physician & Geriatricologist
 Reg. No. 36942



Follow up date

Doctor Signature

Patient Name : Mr.RUMA LAHERI
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Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

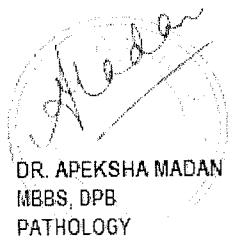
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240218043

Patient Name : Mr.RUMA LAHERI
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DEPARTMENT OF HAEMATOLOGY

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

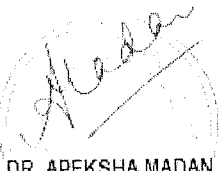
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	35.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	77	fL	83-101	Calculated
MCH	24.1	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,190	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69	%	40-80	Electrical Impedance
LYMPHOCYTES	23	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4271.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1423.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	123.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	371.4	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3		0.78- 3.53	Calculated
PLATELET COUNT	313000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

Page 2 of 18

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240218043

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IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:BED240218043

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Visit ID : STAROPV72688
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8779665325

Collected : 24/Aug/2024 05:00PM
Received : 24/Aug/2024 05:40PM
Reported : 24/Aug/2024 07:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	96	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.

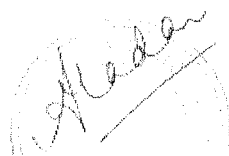
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:PLP1483686

Patient Name : Mr.RUMA LAHERI
Age/Gender : 50 Y 6 M 24 D/M
UHID/MR No : STAR.0000064969
Visit ID : STAROPV72688
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8779665325

Collected : 24/Aug/2024 04:58PM
Received : 24/Aug/2024 06:25PM
Reported : 24/Aug/2024 08:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	86	mg/dL	<150	
HDL CHOLESTEROL	58	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.09		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

Comment:


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

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

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

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




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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.9		<1.15	Calculated
ALKALINE PHOSPHATASE	108.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:


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

3. Synthetic function impairment:

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

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04814876



TOUCHING LIVES

Patient Name : Mr.RUMA LAHERI
Age/Gender : 50 Y 6 M 24 D/M
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Expertise. Empowering you.

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DEPARTMENT OF BIOCHEMISTRY

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

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

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04814876

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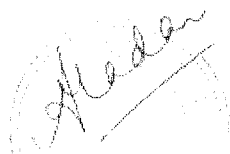
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	5.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	108	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated




DR. APEKSHA MADAN
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PATHOLOGY
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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	108.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	10.00	mg/dL	8.4-10.2	CPC

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	6	mg/L	< 5	IMMUNOTURBIMETRY

Kindly correlate clinically.


Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
ELECTROLYTES - SERUM , SERUM				
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	5.6	mmol/L	3.5-5.1	Direct ISE

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04814876

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

CHLORIDE 108 mmol/L 98-107 Direct ISE

Kindly correlate clinically.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	16-73	Glycylglycine Kinetic method

Test Name	Result	Unit	Bio. Ref. Interval	Method
PHOSPHORUS, INORGANIC , SERUM	3.90	mg/dL	2.6-4.4	PNP-XOD

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.89	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.178	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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

SIN No: SPL24135314



Patient Name : Mr.RUMA LAHERI
Age/Gender : 50 Y 6 M 24 D/M
UHID/MR No : STAR.0000064969
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DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24135314



Patient Name : Mr.RUMA LAHERI
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Collected : 24/Aug/2024 04:58PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	27.37	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



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

SIN No: SPL24135314



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DEPARTMENT OF IMMUNOLOGY

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

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

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	1197	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr. Akanksha Kanad Vitkar
M.B.B.S, M.D{Pathology}
Consultant Pathologist

SIN No:SPL24135314



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

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

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

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2407513



TOUCHING LIVES



Patient Name : Mr.RUMA LAHERI
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DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

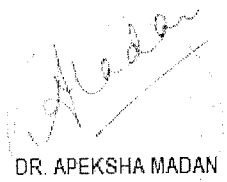
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2407513



Patient Name	: Mr. RUMA LAHERI	Age	: 50 Y M
UHID	: STAR.0000064969	OP Visit No	: STAROPV72688
Reported on	: 24-08-2024 16:26	Printed on	: 24-08-2024 16:26
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:24-08-2024 16:26

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MRS.RUMA LAHERI
Ref. By : HEALTH CHECK UP

Date : 24-08-2024
Age : 50 years

SONOGRAPHY OF BREAST

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

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

IMPRESSION: Normal Ultrasound examination of the Breast .

Report with compliments.



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

Patient Name : MRS.RUMA LAHERI
Ref. By : HEALTH CHECK UP

Date : 24-08-2024
Age : 50 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 9.1 x 4.2 cms and the **LEFT KIDNEY** measures 9.6 x 4.2 cms in size.Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

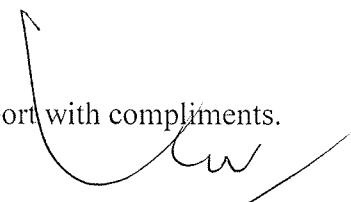
URINARY BLADDER : The urinary bladder distends well and is normal in shape and contour No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.1 x 4.4 x 3.9 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 4.7 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 1.9 x 1.5 cms. Left ovary measures 1.9 x 1.0 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


DR. VINOD V. SHETTY
MD, D.M.R.D. 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, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mrs. Ruma Laheri
Age : 50 Year(s)

Date : 24/08/2024
Sex : Female
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.

Structurally normal valves.

No evidence of LVH.

Intact IAS/IVS.

No evidence of regional wall motion abnormality.

Normal LV systolic function (LVEF 60%).

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

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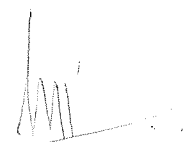
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Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mrs. Ruma Laheri
Age : 50 Year(s)

Date : 24/08/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	160mm/sec
EPSS	04mm
LA	29mm
AO	29mm
LVID (d)	41mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)



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PULMONARY FUNCTION TEST

Specialists in Surgery

Patient Information

FVL (ex/in)

Name	Laheri, Ruma	Asthma	--
ID	65325	Smoker	--
Age	50 (31-01-1974)	Test Type	FVL (ex/in)
Height	141 cm	Test Date	24-08-2024 13:23:27
Weight	48 kg	Post Time	
Sex at Birth	Female	Predicted	Knudson, 1983 * 0.90
Ethnicity	Asian	Physician	
BMI	24.1		

Test Result

Parameter	Pred	LLN	Pre	
			Best	%Pred
FVC [L]	2.02	1.45	1.95	97
FEV1 [L]	1.74	1.26	1.60	92
FEV1/FVC [%]	85.9	73.8	82.2	96
FEF25-75 [L/s]	2.33	1.33	1.96	84
PEF [L/s]	4.91	-	4.16	85
FET [s]	-	-	6.3	-
FIVC [L]	2.02	1.45	1.43*	71
PIF [L/s]	-	-	1.28	-

System Interpretation Pre Normal Spirometry

* Indicates value outside normal range or significant post change.

Parameter	Pred	LLN	Pre	
			Best	%Pred
VC [L]	2.02	1.45	1.94	96
VCex [L]	2.02	1.45	1.94	96
VCin [L]	2.02	1.45	-	-
IRV [L]	-	-	-	-
IC [L]	1.72	1.17	-	-
VT [L]	-	-	-	-
Rf [1/min]	-	-	-	-

Caution: Poor session quality. Interpret with care.

Parameter	Pred	LLN	Pre	
			Best	%Pred
MVV [L/min]	71.5	-	48.6	68
MVV time [s]	-	-	12.1	-
MVV6 [L/min]	-	-	40.7	-
VT [L]	-	-	0.89	-
Rf [1/min]	-	-	49.8	-

Caution: Poor session quality. Interpret with care.

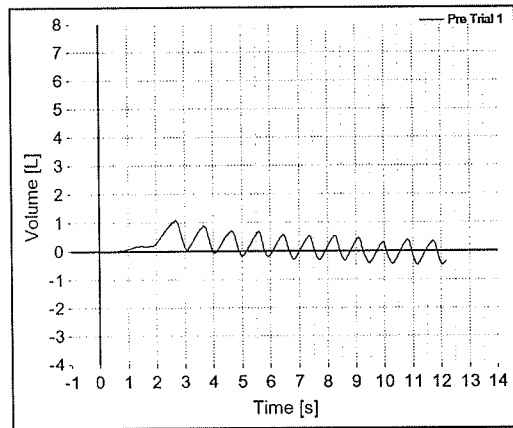
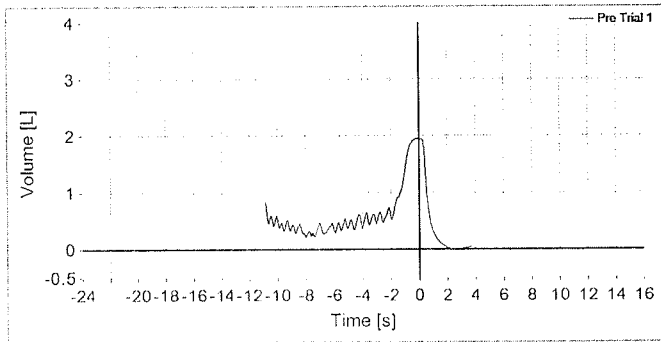
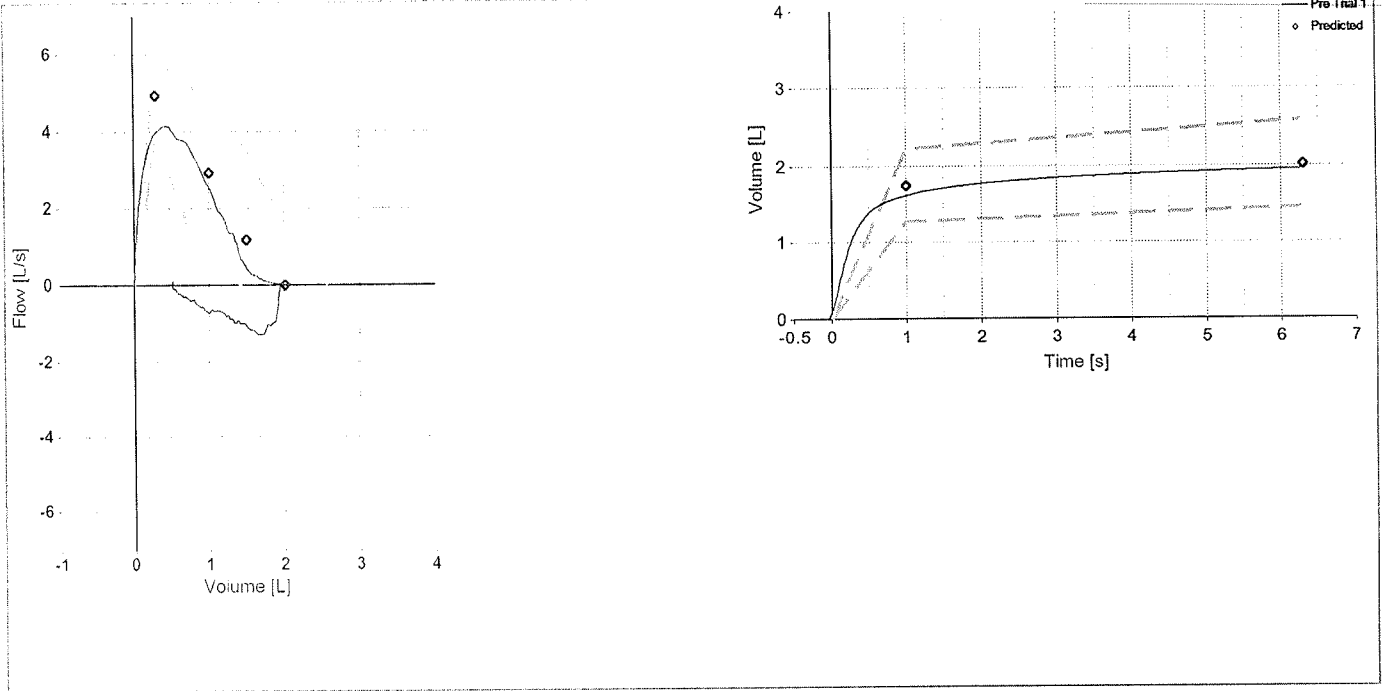
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PULMONARY FUNCTION TEST

Specialists in Surgery



Remark:

Normal Report

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ruma laheri
Female

50Years

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



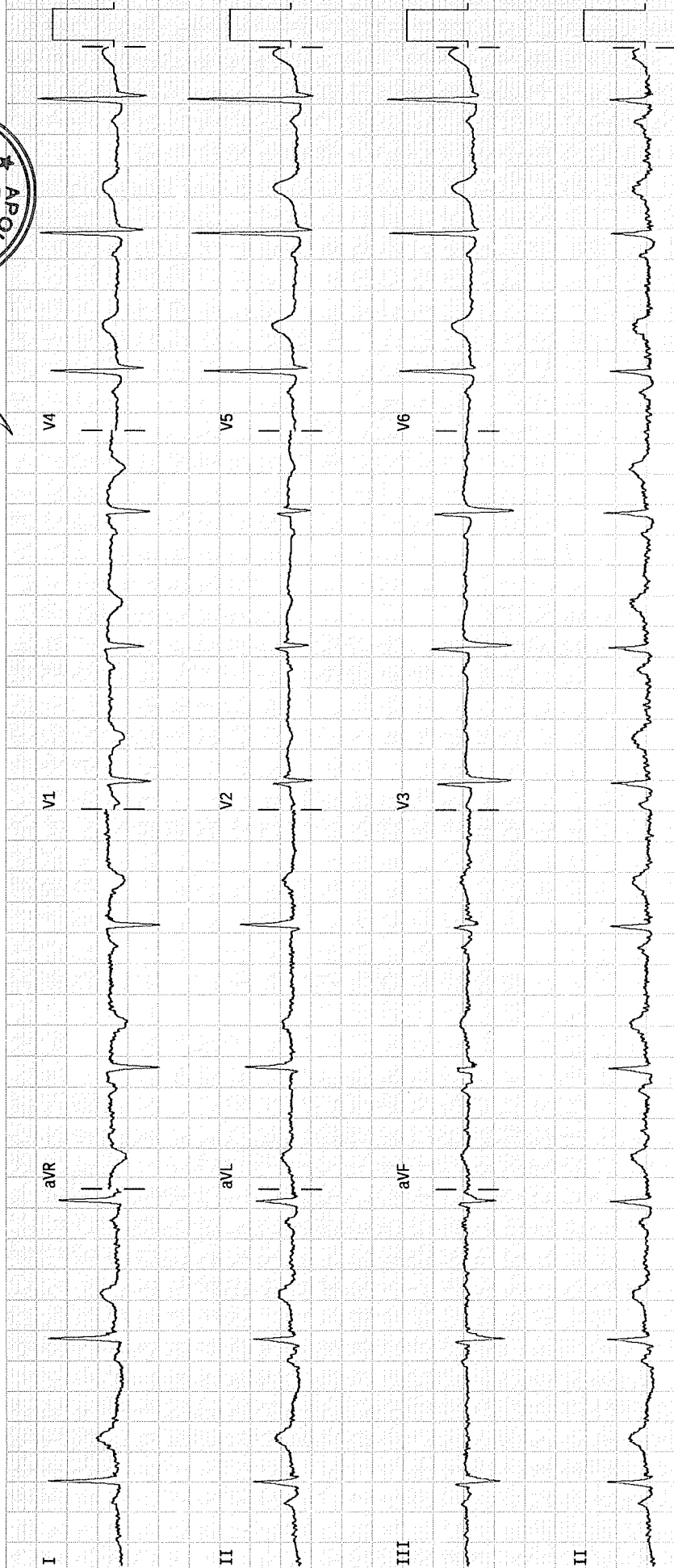
Normal Normal limits

Rate: 65 . Sinus rhythm
. Probable left atrial enlargement
. Baseline wander in lead(s) V2

PR 141
QRSD 90
QT 427
QTcB 445

--AXIS--
P 55
QRS 14
T 37

12 Leads; Standard Placement



Device: Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50~ 0.50-40 Hz W

110C CL

P?

EYE REPORT

Name: Ruma Laheri

Date: 24/8/24

Age / Sex: 50 / F

Ref No.:

Complaint: OCC. itching & redness of
R Lx for disturbance + slurred speech.

Examination

— Ant Seg: WNL —

— O.S: 1 —

FR+

Plano: 6/9

add \pm +2.0 N6

Spectacle Rx

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

Remarks: Ref. to neurologist for underlying disability

Medications:

Trade Name	Frequency	Duration

Follow up:

Consultant:

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

ID 00 *Reima Laheri* | Height 141cm | Date 24. 8. 2024 | APOLLO SPECTRA HOSPITAL
 Age 50 | Gender Female | Time 13:14:59

Body Composition

	Normal	Over	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	48.1 kg	35.5 ~ 48.0
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	13.7 kg	15.4 ~ 18.8
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520	21.1 kg	8.4 ~ 13.4
TBW Total Body Water	19.8 kg (21.3 ~ 26.0)	FFM Fat Free Mass	27.0 kg (27.1 ~ 34.7)
Protein	5.2 kg (5.7 ~ 7.0)	Mineral*	1.99 kg (1.97 ~ 2.40)

* Mineral is estimated.

Segmental Lean

	Lean Mass Evaluation
1.1 kg Normal	1.1 kg Normal
12.0 kg Under	
3.9 kg Under	3.7 kg Under

Obesity Diagnosis

		Normal Range	Nutritional Evaluation
BMI Body Mass Index (kg/m ²)	24.2	18.5 ~ 25.0	Protein <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Deficient
PBF Percent Body Fat (%)	43.8	18.0 ~ 28.0	Mineral <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
WHR Waist-Hip Ratio	0.79	0.75 ~ 0.85	Fat <input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
BMR Basal Metabolic Rate (kcal)	953	1090 ~ 1250	Weight <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
			SMM <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Under <input type="checkbox"/> Strong
			Fat <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
			Obesity Diagnosis
			BMI <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over
			<input type="checkbox"/> Extremely Over
			PBF <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
			WHR <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over

Segmental Fat

	PBF Fat Mass Evaluation
53.2%	52.8%
1.5 kg Over	1.5 kg Over
43.4%	
9.8 kg Over	
47.2%	48.3%
3.7 kg Over	3.7 kg Over

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	+ 5.1 kg	Fat Control	- 11.5 kg	Fitness Score	63
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	492.5	500.0	25.7	304.4	278.3
100kHz	445.4	454.7	22.9	283.1	258.8

* 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: 48.1 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
96	168	144	168	157	168	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
109	144	168	241	91	109	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
241	241	241	144	168	85	
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

1200 kcal

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

Patient Name	: Mr. RUMA LAHERI	Age/Gender	: 50 Y/M
UHID/MR No.	: STAR.0000064969	OP Visit No	: STAROPV72688
Sample Collected on	:	Reported on	: 24-08-2024 16:26
LRN#	: RAD2408048	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8779665325		

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