Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:07PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 01:28PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

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SIN No:BED240106312

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	**38.90**	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	94.7	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,250	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2380	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1445	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	85	Cells/cu.mm	20-500	Calculated
MONOCYTES	340	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	189000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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DEPARTMENT OF HAEMATOLOGY

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 11:24AM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 12:08PM
Visit ID	: STAROPV69118	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	89	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 04:04PM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 04:21PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 05:42PM
Visit ID	: STAROPV69118	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	**67**	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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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 03:28PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 04:38PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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)

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	**183**	mg/dL	<150	
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	67.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**36.6**	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.42		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.27**		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

eligibility of drug therapy.

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

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

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

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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	76.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. **Hepatocellular Injury:**

• AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.

• ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	**13.30**	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	**6.2**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	76.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**15.00**	U/L	16-73	Glycylglycine Kinetic method

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.12	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.020	µIU/mL	0.25-5.0	ELFA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24071735

Apollo Speciality Hospitals Private Limited
(Formely 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:
195, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4032 4500

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 11:01AM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 02:33PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	61.5	ng/mL		ELFA

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. APEKSHA MADAN
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Ph: 022 4032 4500

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 03:28PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 05:06PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	**76**	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.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
  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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

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

SIN No:IM07369933

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Address:
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Ph: 022 4032 4500

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 02:12PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 03:16PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2334048

Apollo Speciality Hospitals Private Limited
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CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:
196, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4032 4500

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 04:33PM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 21/Apr/2024 04:59PM
UHID/MR No	: STAR.0000062656	Reported	: 22/Apr/2024 06:43PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	9703/24
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
c	**NON NEOPLASTIC FINDINGS**	INFLAMMATORY SMEAR
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

SIN No:CS079581
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Speciality Hospitals Private Limited
(Formely 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:
196, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4032 4500

Customer Pending Tests
Ent consultation pending as consultant was in some medical emergency, appointment rescheduled for 27/04/2024 at 11am.

Apollo Spectra HOSPITALS
Specialists in Surgery

OUT- PATIENT RECORD

Date : 20/4/2024
MRNO : 82656
Name : MS. Poonam Sisodiya
Age/Gender : 28/F / Female
Mobile No :
Passport No :
Aadhar number :

Pulse : 84 / min	B.P : 120/80	Resp : 18 / min	Temp : (N)
Weight : 60.9	Height : 166 cm	BMI : 22.1	Waist Circum : 86 cm

MEWS - 0

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Vegetarian
Deep/B/B(n) No Allergy MC: 5/28 days
Cholecystectomy done last year
No addiction
FH: Father: Yes Mother: Yes/DM
Vit B12 76.
T. 2B12 1-0-1 x 3 months
Physically fit.

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

APOLLO SPECIALTY HOSPITALS TARDEO, MUMBAI

Follow up date :

Doctor Signature

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:07PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 01:28PM
Visit ID	: STAROPV69119	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

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:BED240106312

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com
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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:07PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 01:28PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	**38.90**	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	94.7	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2380	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1445	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	85	Cells/cu.mm	20-500	Calculated
MONOCYTES	340	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	189000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240106312

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:07PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 01:28PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240106312

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:07PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 01:28PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177866664		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			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:BED240106312

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 11:24AM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 12:08PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	89	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:PLF02147555

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 04:04PM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 04:21PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 05:42PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	67	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:PLP1447351

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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 03:28PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 04:38PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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)

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

SIN No:EDT240048503

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:12PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 04:20PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
EmpAuth/TPA ID	: 309177868664		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	**183**	mg/dL	<150	
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	67.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**36.6**	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.42		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.27**		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04700464

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:12PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 04:20PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

eligibility of drug therapy.

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

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04700464

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Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:12PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 04:23PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	76.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

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

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

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

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MBBS, DPB
PATHOLOGY

SIN No:SE04700464

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:12PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 04:23PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	**13.30**	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	**6.2**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04700464

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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 12:12PM
UHID/MR No	: STAR.0000082656	Reported	: 20/Apr/2024 04:23PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868864		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , *SERUM*	76.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**15.00**	U/L	16-73	Glycylglycine Kinetic method

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PATHOLOGY

SIN No:SE04700464

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 11:01AM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 03:28PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868684		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.12	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.020	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24071735

Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 11:01AM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 02:33PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	61.5	ng/mL		ELFA

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. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24071735

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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 03:28PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 05:06PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	76	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.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
  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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

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

SIN No:IM07369933

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Patient Name	: Mrs.POONAM SISODIYA	Collected	: 20/Apr/2024 08:48AM
Age/Gender	: 28 Y 5 M 26 D/F	Received	: 20/Apr/2024 02:12PM
UHID/MR No	: STAR.0000062656	Reported	: 20/Apr/2024 03:16PM
Visit ID	: STAROPV69118	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309177868664		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2334048

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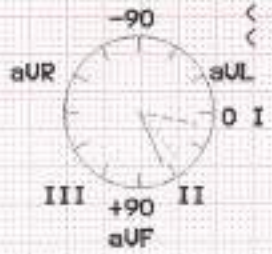
Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com
www.apollodiagnostics.in

GE MAC1200 ST POONAM,

HR 85bpm

Measurement Results:

QRS	:		94 ms
QT/QTcB	:	390 /	464 ms
PR	:		118 ms
P	:		102 ms
RR/PP	:	706 /	705 ms
P/QRS/T	:	49/ 65/	13 degrees

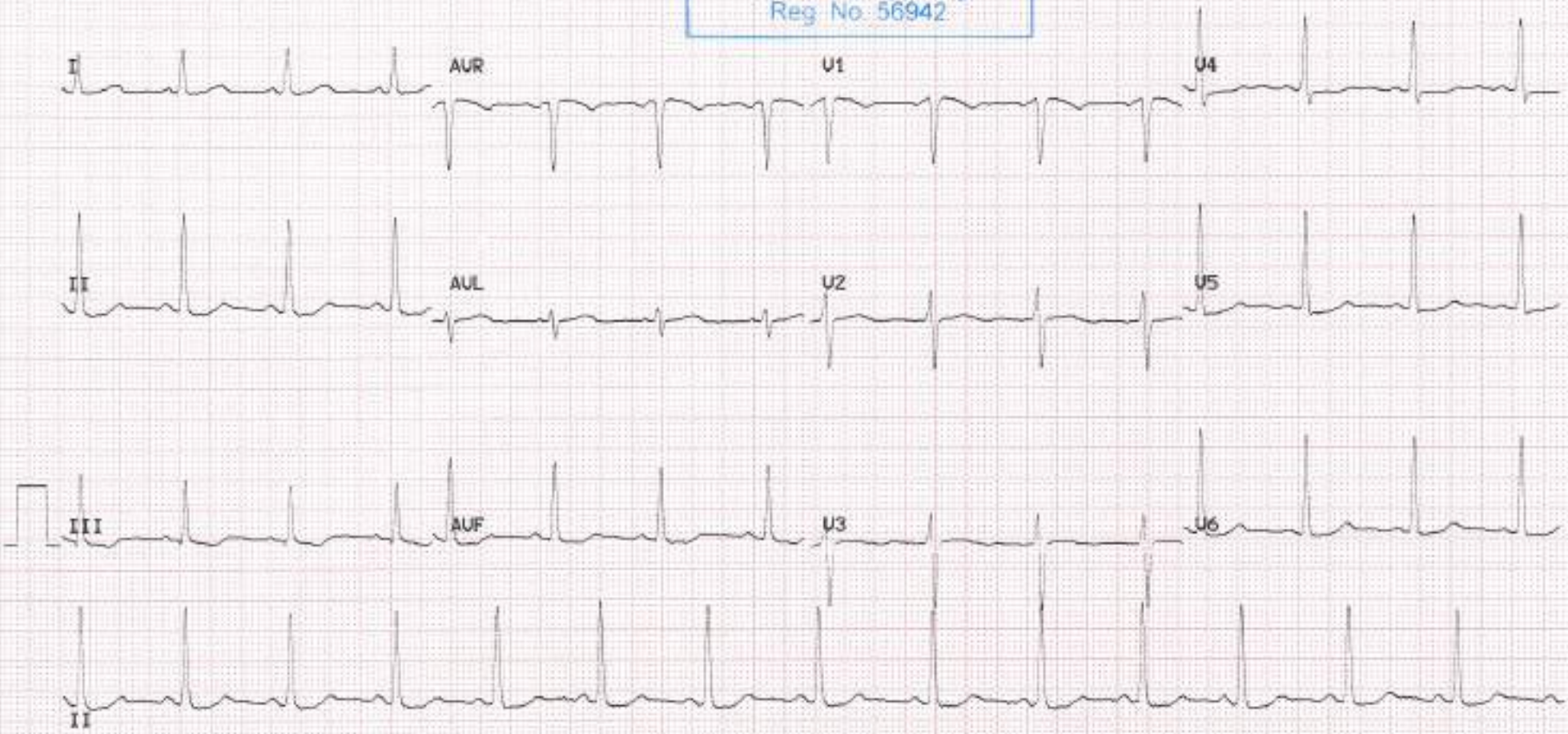


< P
< T
< QRS

Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Nonspecific ST and T wave abnormality
Prolonged QT
Abnormal ECG

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

Unconfirmed report.



[redacted] 20 Apr 2024 01:45:01 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3 F1 Automatic V6.2 121 (1) 12SL0v231

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Specialists in Surgery

Patient Name	: Mrs. POONAM SISODIYA	Age	: 28 Y F
UHID	: STAR.0000062656	OP Visit No	: STAROPV69118
Reported on	: 20-04-2024 18:27	Printed on	: 20-04-2024 18:28
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:20-04-2024 18:27 ---End of the Report---

Dr. VINOD SHETTY
Radiology

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)
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Ph No: 040 - 4904 7777 | www.apollohl.com

Apollo Spectra HOSPITALS
Specialists in Surgery

Name : Mrs.Poonam Sisodiya
Age : 28 Year(s)

Date : 20/04/2024
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
Specialists in Surgery

Name : Mrs.Poonam Sisodiya
Age : 28 Year(s)

Date : 20/04/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	120mm/sec
EPSS	06mm
LA	28mm
AO	25mm
LVID (d)	40mm
LVID(s)	26mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

Apollo Spectra HOSPITALS
Specialists in Surgery

Patient Name : MRS.POONAM SISODIYA
Ref. By : HEALTH CHECK UP

Date : 20-04-2024
Age : 28 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 not seen due to prior surgical removal**

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 10.6 x 4.5 cms and the **LEFT KIDNEY** measures 10.8 x 4.7 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 7.8 x 5.1 x 3.4 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 7.2 mms.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 3.0 x 1.9 cms.
Left ovary measures 2.7 x 1.9 cms
There is no free fluid seen in cul de.

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

Report with compliments.

DR.VINOD V SHETTY
MD, D.M.R.D.
CONSULTANT SONOLOGIST.

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Specialists in Surgery

Patient Name : MRS.POONAM SISODIYA
Ref. By : HEALTH CHECK UP

Date : 20-04-2024
Age : 28 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

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

Apollo Spectra HOSPITALS
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20/4/24.

Mrs Poonam Sisodiya 29 yrs

K clo - PCOD.
hypomenorrhoea.

M/H - 3-4 / 28-30 — Reg, mod, PL LMP - 25/3/24

O/H - P1L1A1 [♀ - 6½ yrs FTND PIH in prcg. : medical MTP ē D+C

P/H - Nil

F/H - Mother - DM/HTN
father - HTN.

O/E

Cx Vag / (H)

LBC taken

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EYE REPORT

Name: Poonam Sisodiya **Date:** 20/4/24.

Age /Sex: 28/F **Ref No.:**

Complaint:

Ant & post seg WNL

Examination

-0.5:1 -
FR +

Vn ≠ 6/9, N6 (Plano)

Spectacle Rx

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

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:

Consultant:

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

Apollo Spectra Hospitals
Famous Cine Labs, 156, Pt. M. M. Malviya Road, Tardeo, Mumbai - 400 034.
Tel.: 022 4332 4500 www.apollospectra.com

InBody

ID 0 Poonam Sisodiya

Age 28

Height 166cm

Gender Female

Date 20.4.2024

Time 09:59:57

APOLLO SPECTRA HOSPITAL

Body Composition

	Under	Normal	Over	Normal Range
Weight		60.9 kg		49.2 ~ 66.6
Muscle Mass (Skeletal Muscle Mass)		20.8 kg		22.0 ~ 26.9
Body Fat Mass		22.2 kg		
TBW (Total Body Water)				
Protein				

Segmental Lean

Lean Mass Evaluation

Left: 1.8kg Normal

Trunk: 18.0kg Normal

Right: 1.9kg Normal

6.2kg Normal

Obesity Diagn

BMI (Body Mass Index)	(kg/m²)
PBF (Percent Body Fat)	(%)
WHR (Waist-Hip Ratio)	
BMR (Basal Metabolic Rate)	(kcal)

PBF Fat Mass Evaluation

42.9%

1.5kg Normal

33.5%

3.3kg Normal

t is estimated.

Muscle-Fat Conti

Muscle Control

RL LL

349.7 338.2

318.1 309.3

Exercise Planner

Energy expenditure of each

Walking	122	Jog	2
Table tennis	138	Ten	1
Racket ball	305	Ta kwon	30
Push-ups (development of upper body)		Sit-u (abdomi muscle h	

*Calculatior

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day

kcal

700

0-A-060701

Apollo Spectra Hospitals
156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034
Ph. No.: 022 4332 4500
E:doctorrinal@gmail.com

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name: Poonam Sisodiya Age: 28

Address: Tardeo Date: 20/4/2024

℞

- scaling - 2250/-
- Dental floss.
- Vanity toothpaste. - 4 Min 1-0-1 x 1 week
- Electric toothbrush.
- small bamboo toothbrush.

Signature
Dr. Rinal Modi B.D.S (Mumbai)
Dental Surgeon
Reg. No. : A -28591
M: 87792 56365 / 98922 90876
E:doctorrinal@gmail.com


भारत सरकार
नाम / Name:
Poonam Sisodiya
जन्म तिथि / DOB : 25/10/1990
लिंग / Female
3091 7786 8664
मेरा आधार, मेरी पहचान

Arpit Singh Sisodiya

From: Mediwheel <wellness@mediwheel.in>
Sent: 19 April 2024 11:55
To: Arpit Singh Sisodiya
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(40D1050),Package Code-PKG10000453, Beneficiary Code-312428

Follow Up Flag: Follow up
Flag Status: Flagged

011-41195959

Dear **Mr Arpit Singh Sisodiya,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name	: Mediwheel Full Body Comprehensive Plus Vitamin Female
Patient Package Name	: Mediwheel Full Body Health Checkup 18-30 Male
Name of Diagnostic/Hospital	: Apollo Spectra - Tardeo
Address of Diagnostic/Hospital-	: Famous Cine Labs,156, Pt.M.M.Malviya Raod,Tardeo,Mumbai - 400034
City	: Mumbai
State	: Maharashtra
Pincode	: 400034
Appointment Date	: 20-04-2024
Confirmation Status	: Booking Confirmed
Preferred Time	: 8:00am
Booking Status	: Booking Confirmed

Member Information

Booked Member Name	Age	Gender
Poonam Sisodiya	28 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mrs. POONAM SISODIYA	**Age/Gender**	: 28 Y/F
UHID/MR No.	: STAR.0000062656	**OP Visit No**	: STAROPV69118
Sample Collected on	:	**Reported on**	: 20-04-2024 18:28
LRN#	: RAD2305265	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 309177868664		

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

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mrs. POONAM SISODIYA	**Age/Gender**	: 28 Y/F
UHID/MR No.	: STAR.0000062656	**OP Visit No**	: STAROPV69118
Sample Collected on	:	**Reported on**	: 20-04-2024 11:49
LRN#	: RAD2305265	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 309177868664		

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

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mrs. POONAM SISODIYA	**Age/Gender**	: 28 Y/F
UHID/MR No.	: STAR.0000062656	**OP Visit No**	: STAROPV69118
Sample Collected on	:	**Reported on**	: 20-04-2024 11:48
LRN#	: RAD2305265	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 309177868664		

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 BLADDER : **The gall bladder is not seen due to prior surgical removal**

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 10.6 x 4.5 cms and the **LEFT KIDNEY** measures 10.8 x 4.7 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 7.8 x 5.1 x 3.4 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 7.2 mms.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 3.0 x 1.9 cms.

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name : Mrs. POONAM SISODIYA **Age/Gender** : 28 Y/F

Left ovary measures 2.7 x 1.9 cms
There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.
Post cholecystectomy status

Dr. VINOD SHETTY
Radiology