

Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 08:36AM
Age/Gender : 27 Y 2 M 27 D/F	Received : 26/Aug/2023 10:42AM
UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 01:05PM
Visit ID : STAROPV62424	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9324215179	

DEPARTMENT OF HAEMATOLOGY

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

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



SIN No:BED230203636

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.1	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.07	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	26	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4179.5	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1671.8	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	192.9	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	385.8	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	322000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 12:23PM
Visit ID : STAROPV62424	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230203636

Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 01:14PM
Age/Gender : 27 Y 2 M 27 D/F	Received : 26/Aug/2023 01:39PM
UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 02:31PM
Visit ID : STAROPV62424	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9324215179	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 08:36AM
Age/Gender : 27 Y 2 M 27 D/F	Received : 26/Aug/2023 03:26PM
UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 04:26PM
Visit ID : STAROPV62424	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230078487

Patient Name	: Mrs.NAVYA MARIA OOMMEN	Collected	: 26/Aug/2023 08:36AM
Age/Gender	: 27 Y 2 M 27 D/F	Received	: 26/Aug/2023 10:28AM
UHID/MR No	: STAR.0000058229	Reported	: 26/Aug/2023 12:10PM
Visit ID	: STAROPV62424	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9324215179		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 08:36AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	57	mg/dL	<150	
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.79		0-4.97	Calculated

Comment:

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

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

- 1.Measurements in the same patient on different days can show physiological and analytical variations.
- 2.NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3.Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4.Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5.As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6.VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04462932

Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 08:36AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	66.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	21.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE



SIN No:SE04462932

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UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 11:45AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method



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UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 11:47AM
Visit ID : STAROPV62424	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.65	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.470	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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

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

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

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.

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DEPARTMENT OF IMMUNOLOGY

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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



Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 08:36AM
Age/Gender : 27 Y 2 M 27 D/F	Received : 26/Aug/2023 12:58PM
UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 02:09PM
Visit ID : STAROPV62424	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9324215179	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	13-15	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Bacteria Present (++)			MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.



Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 02:19PM
Age/Gender : 27 Y 2 M 27 D/F	Received : 27/Aug/2023 07:57PM
UHID/MR No : STAR.0000058229	Reported : 29/Aug/2023 11:26AM
Visit ID : STAROPV62424	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	14432/23
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	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.INFLAMMATORY SMEAR

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

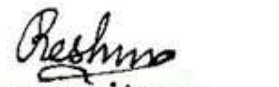
*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



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



SIN No:CS067093

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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

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

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UHID/MR No : STAR.0000058229	Reported : 29/Aug/2023 11:26AM
Visit ID : STAROPV62424	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9324215179	

DEPARTMENT OF CYTOLOGY

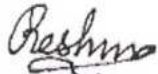
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	14432/23
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.INFLAMMATORY SMEAR

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 1 of 1



SIN No:CS067093

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

**Health Check up Booking Confirmed Request(bobS44667),Package Code-
PKG10000317, Beneficiary Code-64283**

Mediwheel <wellness@mediwheel.in>

Mon 8/21/2023 1:53 PM

To:Clint S James <CLINT.JAMES@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

तु बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर कि
S MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CL

011-41195959

Email:wellness@mediwheel.in

Dear Navya Maria Oommen,

Please find the confirmation for following request.

Booking Date : 19-08-2023

Package Name : Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D
ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Spectra - Tardeo

Address of Diagnostic/Hospital : Famous Cine Labs,156, Pt.M.M.Malviya Road ,Tardeo - 400034

Contact Details : 022 - 4332 4500/550

City : Mumbai

State : Maharashtra

Pincode : 400034

Appointment Date : 26-08-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-12:00pm

Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.

5. Kindly inform the health check reception in case 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.

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

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

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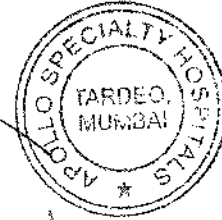
Apollo Spectra Hospitals
156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034



Patient Name: Navya Dommen Age: 27

Address: Mumbai Date: 26/8/2023

↳
- Scaling → Rs 2250/-



M.

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

Specialists in Surgery

OUT- PATIENT RECORD

Date : 26/8/23
 MRNO : 58229
 Name :
 Age/Gender : Marya Oommen
 Mobile No :
 Passport No : 884825054
 Aadhar number : 2714/F

Pulse : 84	B.P : 110/70	Resp : 22	Temp : (N)
Weight : 54.1	Height : 154	BMI : 22.8	Waist Circum : 82 (cm)

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Married, Nonveg
 Sleep: (N) B/B (N)
 No alcoholism No Allergy
 Moderately Active MC: 6days/28days
 FH: Father: DM Mother: Ict
 Normal Reports
 Fit for job.

Follow up date:

Dr. (Mrs.) CHHAYA P. VAJA
 M. D. (MUM)
 Physician & Cardiologist
 Reg. No. 56042

Doctor Signature

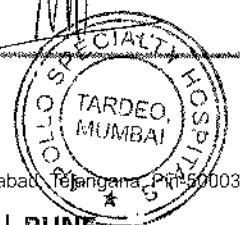
APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin 500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE



DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

FOODS TO AVOID

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

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

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

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

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

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

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

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.

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



EYE REPORT

Name: *Navya Oommen*

Date: *26/08/2023*

Age / Sex: *27 yrs / F*

Ref No.:

Complaint: *NO ocular dx
w/o glaucoma since 22 yrs*

Examination: *NO dx SI / DA*

Spectacle Rx: *U/C* *Near V_u of 10/6*

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

Remarks: *Glaucoma V_u of 10/6*

Medications: *As of now*

Trade Name	Frequency	Duration

Follow up: *Review 2 yrs*


Consultant: 



26/8/23

Name: Mrs Nanya Maria O
Age: 27 yr / F

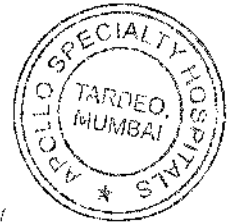
- For Health Check Up
- offers no complaints

O/E - Ears -  B/L TM intact

Nose - Septum central
Mucosa - pale

Throat - NAD

ENT - NAD



Dr.
MAJ. (DR.) SHRUTI ANIL SHARMA
M.S. (ENT) PGD HHM PG DMLS
MMC. 2019096177



Specialists in Surgery

26/08/2023

Dr. Laila Dave
Gynaecology
M.D. (OBST, GYN); M.B.B.S.
Reg. No.: 35390
Tue/Thu/Sat - 10 am - 1 pm

Sardherst Rd.

Mrs Naya Mania Oommen

Age: 27 M - 2yr.

M.H 3-4 RMPZ LMP: 15/08/2023
30

PT for CBC + LBC.

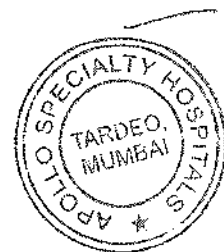
O/E

Breast - N

PA: NAD

PP / PV | Co healthy
wt: NS, midposed

LMDave



APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known As Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
Famous Cine Labs 156, Pt. M. M. Malviya Road,
Tardeo, Mumbai-400 034

Ph.: 022 4332 4500
Fax.: 022 4332 4555
www.apollospectra.com

Registered Address

#7-1-617/A, 615 & 616, Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad, Telangana, Pin-500038.

Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:42AM Reported : 26/Aug/2023 01:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
 RBC : Normocytic normochromic
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
 IMPRESSION : Normocytic normochromic blood picture
 Note/Comment : Please Correlate clinically



Patient Name : Mrs.NAVYA MARIA COMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:42AM Reported : 26/Aug/2023 01:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.07	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4179.5	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1671.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	192.9	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	385.8	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	322000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
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				



TOUCHING LIVES

Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 08:36AM
Age/Gender : 27 Y 2 M 27 D/F	Received : 26/Aug/2023 10:42AM
UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 12:23PM
Visit ID : STAROPV62424	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9324215179	

DEPARTMENT OF HAEMATOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



TOUCHING LIVES

Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 01:14PM Received : 26/Aug/2023 01:39PM Reported : 26/Aug/2023 02:31PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 03:26PM Reported : 26/Aug/2023 04:26PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

TOUCH N GO

Patient Name	: Mrs.NAVYA MARIA OOMMEN	Collected	: 26/Aug/2023 08:36AM
Age/Gender	: 27 Y 2 M 27 D/F	Received	: 26/Aug/2023 03:26PM
UHID/MR No	: STAR.0000058229	Reported	: 26/Aug/2023 04:26PM
Visit ID	: STAROPV62424	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9324215179		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



TOUCHING LIVES

Patient Name : Mrs.NAVYA MARIA OOMMEN	Collected : 26/Aug/2023 08:36AM
Age/Gender : 27 Y 2 M 27 D/F	Received : 26/Aug/2023 10:28AM
UHID/MR No : STAR.0000058229	Reported : 26/Aug/2023 12:10PM
Visit ID : STAROPV62424	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9324215179	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

Patient Name	: Mrs.NAVYA MARIA COMMEN	Collected	: 26/Aug/2023 08:36AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	57	mg/dL	<150	
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.79		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



TOUC ENGILVES Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	66.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		0.9-2.0	Calculated



TOUCH

Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	21.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE



SIN No:SE04462932

Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324216179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:28AM Reported : 26/Aug/2023 11:45AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04462932

TOUCH Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:14AM Reported : 26/Aug/2023 11:47AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.65	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.470	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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

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

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

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.

TOUCH

Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 10:14AM Reported : 26/Aug/2023 11:47AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 12:58PM Reported : 26/Aug/2023 02:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	13-15	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Bacteria Present (++)			MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.

*** End Of Report ***


Results to Follow:

TOUCH


Patient Name : Mrs.NAVYA MARIA OOMMEN Age/Gender : 27 Y 2 M 27 D/F UHID/MR No : STAR.0000058229 Visit ID : STAROPV62424 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9324215179	Collected : 26/Aug/2023 08:36AM Received : 26/Aug/2023 12:58PM Reported : 26/Aug/2023 02:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

LBC PAP TEST (PAPSURE)



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



ID 0 *Neeraj*
Age 27

Height 154cm
Gender Female

Date 26.8.2023
Time 09:06:40

APOLLO SPECTRA HOSPITAL

Body Composition

	Normal Range	Over
Weight	42.3 ~ 57.3	54.1 kg
Muscle Mass Skeletal Muscle Mass	18.7 ~ 22.9	18.8 kg
Body Fat Mass	10.0 ~ 15.9	19.1 kg
TBW Total Body Water	25.5 kg (25.4 ~ 31.0)	FFM Fat Free Mass 35.0 kg (32.4 ~ 41.3)
Protein	7.0 kg (6.8 ~ 8.3)	Mineral* 2.51 kg (2.35 ~ 2.87)

* Mineral is estimated.

Obesity Diagnosis

	Normal Range
BMI Body Mass Index (kg/m ²)	22.8 (18.5 ~ 25.0)
PBF Percent Body Fat (%)	35.4 (18.0 ~ 28.0)
WHR Waist-Hip Ratio	0.88 (0.75 ~ 0.85)
BMR Basal Metabolic Rate (kcal)	1125 (1180 ~ 1360)

Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

Weight Management

Weight	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Obesity Diagnosis

BMI	<input 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 type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Segmental Lean

	Lean Mass Evaluation
1.7kg Normal	1.6kg Normal
Trunk 16.0kg Normal	
5.2kg Under	5.2kg Under

Segmental Fat

	PBF Fat Mass Evaluation
42.7%	43.9%
1.3kg Normal	1.3kg Over
Trunk 35.9%	
9.6kg Over	
34.7%	34.8%
3.0kg Normal	2.9kg Normal

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 3.4 kg Fat Control - 7.7 kg Fitness Score 69

Impedance

Z	RA	LA	TR	RL	LL
20kHz	432.9	420.2	30.3	322.6	314.8
100kHz	397.9	384.5	26.1	286.5	278.7

* 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: 54.1 kg / Duration: 30min. / unit: kcal)						
Walking 108	Jogging 189	Bicycle 162	Swim 189	Mountain Climbing 176	Aerobic 189	
Table tennis 122	Tennis 162	Football 189	Oriental Fencing 271	Gate ball 103	Badminton 122	
Racket ball 271	Tae-kwon-do 271	Squash 271	Basketball 162	Rope jumping 189	Golf 95	
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

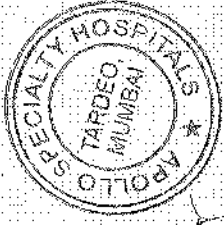
1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

Recommended calorie intake per day

1500 kcal

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

Marya Comm RD



Measurement Results:

QRS	78 ms
QT/QTcB	344 / 415 ms
PR	122 ms
P	94 ms
RR/PP	686 / 690 ms
P/QRS/T	75 / 65 / 25 degrees
QT/QTcBD	52 / 63 ms
Sokolow	mV
NK	12

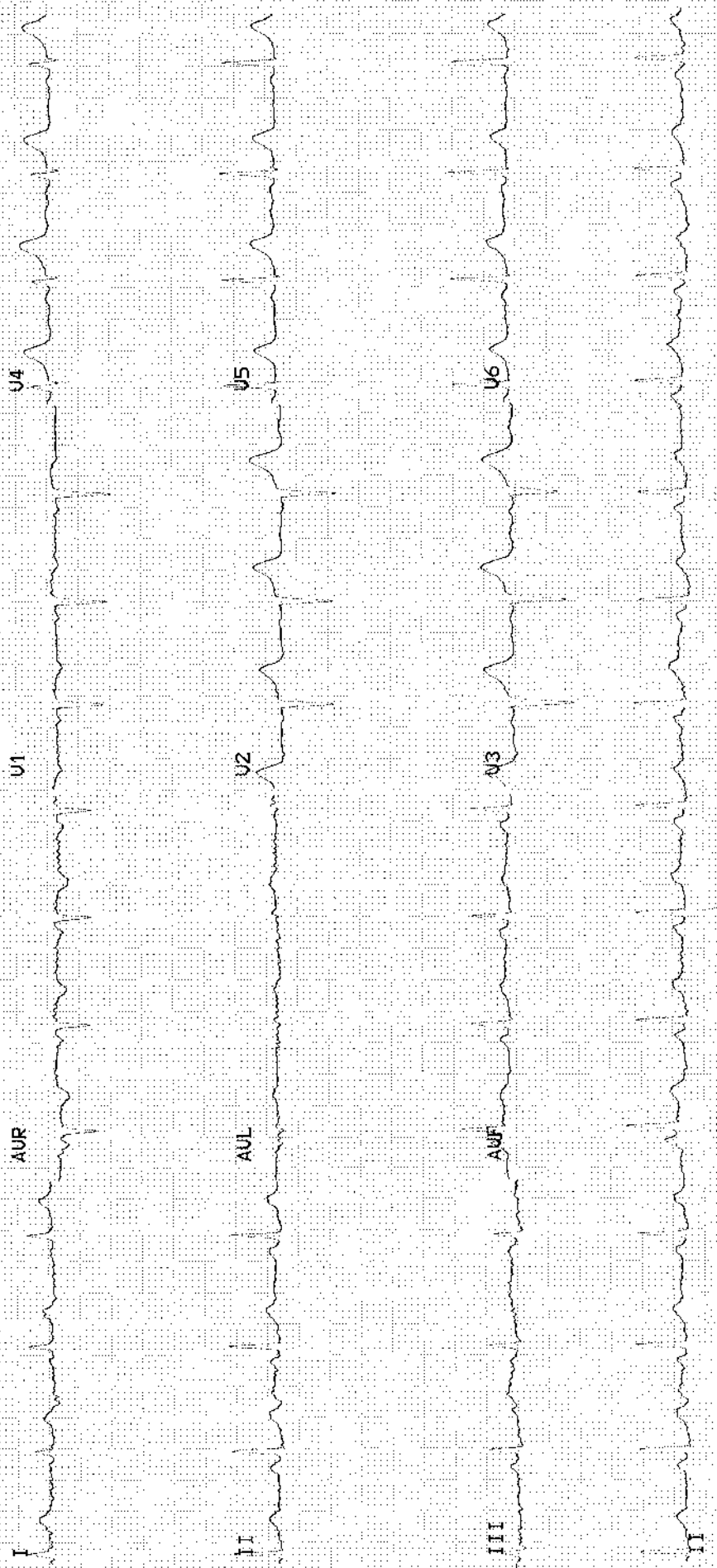
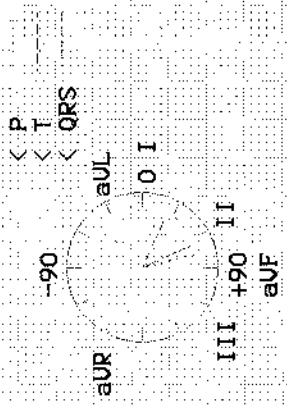
Interpretation:

low QRS amplitudes probably abnormal ECG

Medium Normal heart

Dr. (Mrs.) CHHAYA P. VAJA
M.D. (MUM)
Physician & Cardiologist
Reg. No. 56842

Unconfirmed report.



Specialists in Surgery

Patient Name	: Mrs. Navya Maria Oommen	Age	: 27 Y F
UHID	: STAR.0000058229	OP Visit No	: STAROPV62424
Reported on	: 26-08-2023 15:14	Printed on	: 26-08-2023 15:15
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 .

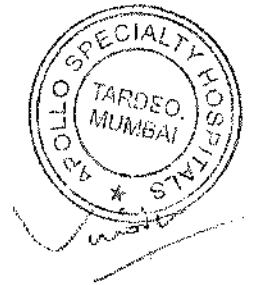
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:26-08-2023 15:14

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mrs.Navya Oommen
Age : 27 Year(s)

Date : 26/08/2023
Sex : Female
Visit Type : OPD

ECHO Cardiography

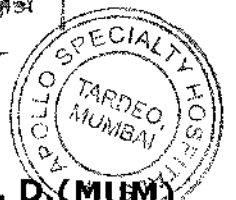
Comments:

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. (Mrs.) CHHAYA P. VAJA
M. D. (MUM)
Physician & Cardiologist
Reg. No. 56842



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

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: UBS100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Name : Mrs.Navya Oommen
Age : 27 Year(s)

Date : 26/08/2023
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	110mm/sec
EPSS	05mm
LA	24mm
AO	22mm
LVID (d)	34mm
LVID(s)	19mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)



Dr. (Mrs.) CHHAYA P. VAJA
M. D. (MUM)
Physician & Cardiologist
Reg. No. 55842

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

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BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Specialists in Surgery


Patient Name : MRS. NAVYA OOMMEN
Ref. By : HEALTH CHECK UP

Date : 26-08-2023
Age : 27 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. The splenic vein appears normal.
- KIDNEYS** : The **RIGHT KIDNEY** measures 9.50 x 4.00 cms and the **LEFT KIDNEY** measures 9.30 x 4.30 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 retroverted & it appears normal in size, shape and echotexture. It measures 6.40 x 3.80 x 3.60 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 6.4 mms. No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 3.2 x 1.9 cms. Left ovary measures 2.7 x 1.9 cms. There is no free fluid seen in cul de.

IMPRESSION : No significant abnormality noted on this examination.


DR. VIJAY C CHAWDA
MD, D.M.R.D.
CONSULTANT SONOLOGIST.





सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

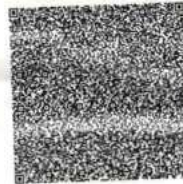
नामांकन क्रम / Enrollment No. : 0648/00383/92468

To
Navya Maria Oommen
നവ്യാ മരീയ ഉമ്മൻ
M M R A 51 PUTHUPARAMBIL,
M K LANE,
MUTTADA,
VTC: Thiruvananthapuram, PO: Muttada,
District: Thiruvananthapuram,
State: Kerala, PIN Code: 695025,
Mobile: 9324215179

92495603



KF924956033FI



आपका आधार क्रमांक / Your Aadhaar No. :

8782 9063 1488

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



आधार

Issue Date: 30/10/2012



നവ്യാ മരീയ ഉമ്മൻ
Navya Maria Oommen
जन्म तिथि / DOB: 30/05/1996
महिला / Female

8782 9063 1488

मेरा आधार, मेरी पहचान

Patient Name	: Mrs. Navya Maria Oommen	Age/Gender	: 27 Y/F
UHID/MR No.	: STAR.0000058229	OP Visit No	: STAROPV62424
Sample Collected on	:	Reported on	: 26-08-2023 15:15
LRN#	: RAD2082494	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9324215179		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Navya Maria Oommen	Age/Gender	: 27 Y/F
UHID/MR No.	: STAR.0000058229	OP Visit No	: STAROPV62424
Sample Collected on	:	Reported on	: 26-08-2023 14:58
LRN#	: RAD2082494	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9324215179		

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. The splenic vein appears normal.

KIDNEYS : The **RIGHT KIDNEY** measures 9.50 x 4.00 cms and the **LEFT KIDNEY** measures 9.30 x 4.30 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any

lymphadenopathy seen in the abdomen.

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

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

UTERUS : The uterus is retroverted & it appears normal in size, shape and echotexture. It measures 6.40 x 3.80 x 3.60 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 6.4 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 3.2 x 1.9 cms. Left ovary measures 2.7 x 1.9 cms. There is no free fluid seen in cul de.

IMPRESSION : No significant abnormality noted on this examination.

Patient Name : Mrs. Navya Maria Oommen

Age/Gender : 27 Y/F

Dr. CHAWDA VIJAY CHATURBHAI
M.B.B.S;MD (Radiology); D.M.R.D
Radiology