

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
Age/Gender : 49 Y 2 M 3 D/F  
UHID/MR No : STAR.0000061841  
Visit ID : STAROPV73778  
Ref Doctor : Dr.  
Emp/Auth/TPA ID : 22S34670

Collected : 04/Oct/2024 10:20AM  
Received : 04/Oct/2024 11:03AM  
Reported : 04/Oct/2024 12:37PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

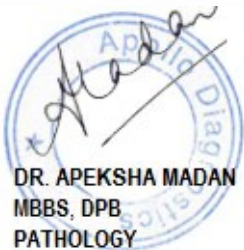
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>38.00</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.7	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4599	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1898	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	365	Cells/cu.mm	20-500	Calculated
MONOCYTES	438	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.42		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	240000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	20	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 15



**DR. APEKSHA MADAN**  
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SIN No:BED240235109

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Note/Comment : Please Correlate clinically

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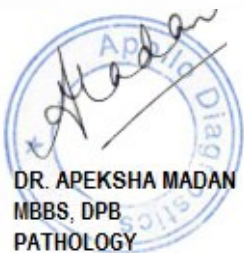
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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


**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	136	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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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

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

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

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

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - 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:EDT240092261



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	133	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>162</b>	mg/dL	<150	
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	52.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>32.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.77		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.17</b>		<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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	<b>1.6</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	86.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

**Comment:**

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


1. Hepatocellular Injury:

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

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

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

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



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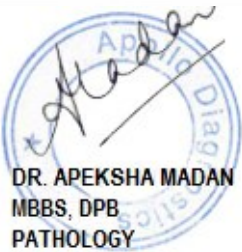


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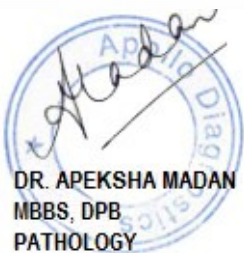
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated



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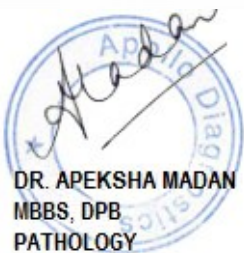
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>10.00</b>	U/L	16-73	Glycylglycine Kinetic method

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**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.56	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.09	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.890	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 Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies



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**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:**

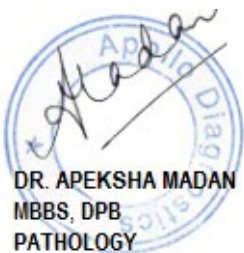
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name	: Mrs.NILANJANA SARMA GOSWAMI	Collected	: 04/Oct/2024 10:20AM
Age/Gender	: 49 Y 2 M 3 D/F	Received	: 04/Oct/2024 10:51AM
UHID/MR No	: STAR.0000061841	Reported	: 04/Oct/2024 12:13PM
Visit ID	: STAROPV73778	Status	: Final Report
Ref Doctor	: Dr.	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S34670		

**DEPARTMENT OF IMMUNOLOGY**

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

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

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

SIN No: SPL24142499

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Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
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Collected : 04/Oct/2024 10:20AM  
Received : 04/Oct/2024 12:46PM  
Reported : 04/Oct/2024 03:16PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

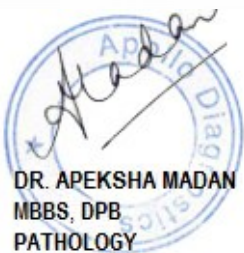
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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	Few Bacteria seen.			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



SIN No:UR2415217

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

Page 15 of 15

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



SIN No:UR2415217

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## TERMS AND CONDITIONS GOVERNING THIS REPORT

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


Laboratories not be responsible for any interpretation whatsoever.

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

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

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

This report is not valid for medico legal purposes.

  
DR. APEKSHA MADAN  
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Ph: 022 4332 4500

**OUT- PATIENT RECORD**

Date : 4/10/24  
MRNO : 61041  
Name : Mrs - Nilanjana S Goswami  
Age/Gender : 44/F  
Mobile No :  
Passport No :  
Aadhar number :

Pulse : 86	B.P : 130/90	Resp : 18	Temp : N
Weight : 69.4 kg	Height : 158	BMI : 27.8	Waist Circum : 93

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian <sup>Mews-</sup> 0  
Sleep : @ Dust Allergy.  
No addiction  
h&cs done twice  
FH: Father: Peemakar  
Mother: Jet

D: [Signature]

Follow up date:

**APOLLO SPECIALTY HOSPITALS**  
TARDEO, MUMBAI  
★  
Doctor Signature



TOUCHING LIVES

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
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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 on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically

Page 1 of 15



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240235109



Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
 Age/Gender : 49 Y 2 M 3 D/F  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	38.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.7	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4599	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1898	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	365	Cells/cu.mm	20-500	Calculated
MONOCYTES	438	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.42		0.78- 3.53	Calculated
PLATELET COUNT	240000	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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 MBBS, DPM  
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**IMPRESSION : Normocytic normochromic blood picture**

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY  
SIN No:BED240235109



TOUCHING LIVES

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
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DEPARTMENT OF HAEMATOLOGY

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

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



DR. APEKSHA MADAN  
IIBBS. OPB  
PATHOLOGY

SIN No:BED240235109

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
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Collected : 04/Oct/2024 01:07PM  
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 Reported : 04/Oct/2024 01:51PM  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	136	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.



*(Signature)*  
 DR. APEKSHA MADAN  
 MBBS DPM  
 PATHOLOGY  
 SIN No:PLP1486683

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease, Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No: EDT240092261







TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	133	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	162	mg/dL	<150	
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	52.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.77		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<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



DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04832356

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	86.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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

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

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

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

Page 8 of 15



DR. APEKSHA MADAN  
M.B.B.S. D.P.B.  
PATHOLOGY

SIN No:SE04832356



TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

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

Page 9 of 15



*(Handwritten signature)*

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04832356

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.72	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated




DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04832356



TOUCHING LIVES  
 Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
 Age/Gender : 49 Y 2 M 3 D/F  
 UHID/MR No : STAR.0000061841  
 Visit ID : STAROPV73778  
 Ref Doctor : Dr.  
 Emp/Auth/TPA ID : 22S34670

Collected : 04/Oct/2024 10:20AM  
 Received : 04/Oct/2024 10:51AM  
 Reported : 04/Oct/2024 01:09PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04832356

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
 Age/Gender : 49 Y 2 M 3 D/F  
 UHID/MR No : STAR.0000061841  
 Visit ID : STAROPV73778  
 Ref Doctor : Dr.  
 Emp/Auth/TPA ID : 22S34670

Collected : 04/Oct/2024 10:20AM  
 Received : 04/Oct/2024 10:51AM  
 Reported : 04/Oct/2024 12:13PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.56	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.09	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.890	µIU/mL	0.25-5.0	ELFA

**Comment:**

For pregnant females	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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 Treatment.
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



DR. APEKSHA MADAN  
 M.BBS, DPB  
 PATHOLOGY

SIN No: SPL24142499



TOUCHING LIVES

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
Age/Gender : 49 Y 2 M 3 D/F  
UHID/MR No : STAR.0000061841  
Visit ID : STAROPV73778  
Ref Doctor : Dr.  
Emp/Auth/TPA ID : 22S34670

Collected : 04/Oct/2024 10:20AM  
Received : 04/Oct/2024 10:51AM  
Reported : 04/Oct/2024 12:13PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF IMMUNOLOGY

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

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



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:SPL24142499



Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
Age/Gender : 49 Y 2 M 3 D/F  
UHID/MR No : STAR.0000061841  
Visit ID : STAROPV73778  
Ref Doctor : Dr.  
Emp/Auth/TPA ID : 22S34670

Collected : 04/Oct/2024 10:20AM  
Received : 04/Oct/2024 12:46PM  
Reported : 04/Oct/2024 03:16PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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	Few Bacteria seen.			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



*Madan*  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2415217



TOUCHING LIVES

Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
Age/Gender : 49 Y 2 M 3 D/F  
UHID/MR No : STAR.0000061841  
Visit ID : STAROPV73778  
Ref Doctor : Dr.  
Emp/Auth/TPA ID : 22S34670



Collected : 04/Oct/2024 10:20AM  
Received : 04/Oct/2024 12:46PM  
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 15 of 15



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2415217




Patient Name : Mrs.NILANJANA SARMA GOSWAMI  
Age/Gender : 49 Y 2 M 3 D/F  
UHID/MR No : STAR.0000061841  
Visit ID : STAROPV73778  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:UR2415217



04/10/2024 11:21

NILANJANA

Female

49Years

Rate: 80 . Sinus rhythm

- . Consider left ventricular hypertrophy
- . Lead(s) aVL were not used for morphology analysis
- . Baseline wander in lead(s) I II aVR V1 V2 V5

PR 123

QRS 82

QT 366

QTcB 422

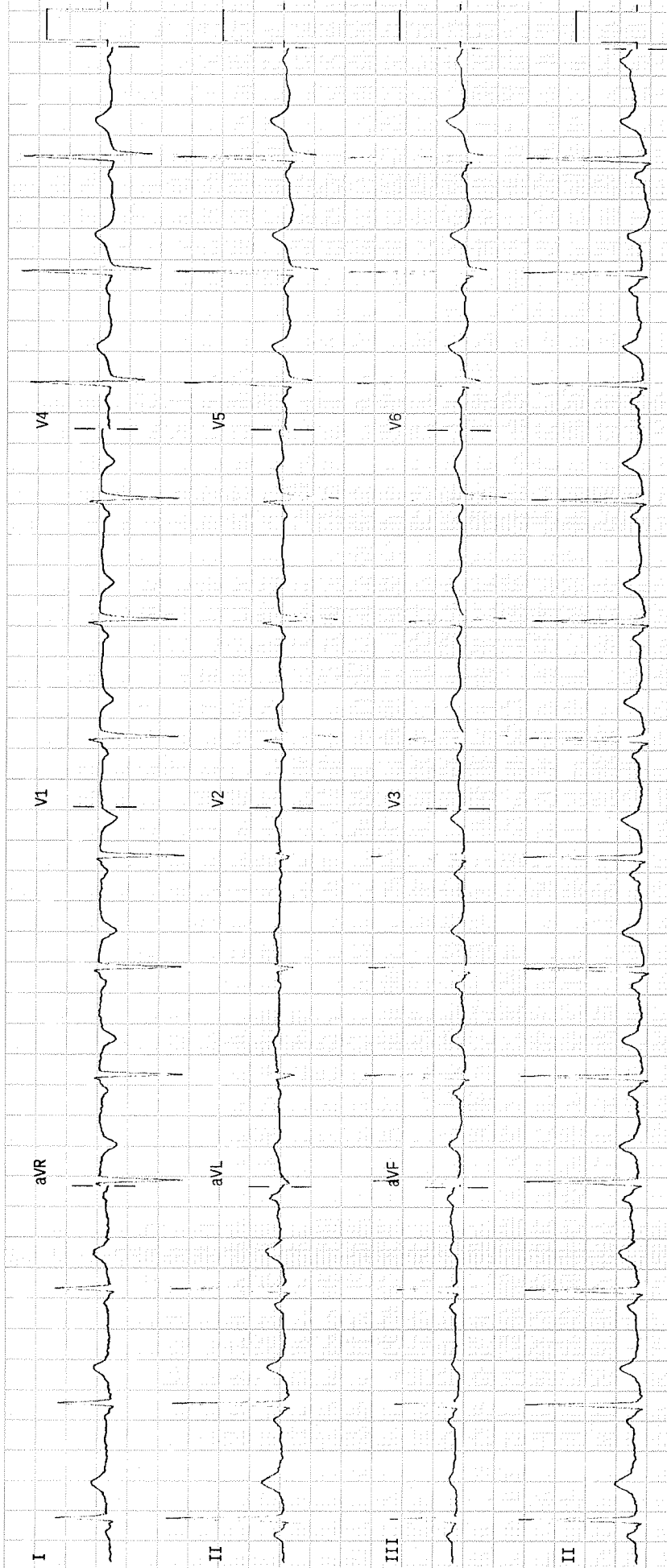
--AXIS--

P 70

QRS 64

T 31

12 Leads; Standard Placement



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50-0.50-40 HZ W

110C - CL

P2

04/10/2024 11:21

NILANJANA

Female

49Years

Rate: 86 Sinus rhythm

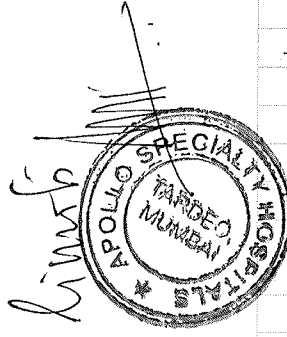
- Probable left atrial enlargement
- Probable left ventricular hypertrophy
- Baseline wander in lead(s) I

PR 129  
 QRS 87  
 QT 373  
 QTcB 446

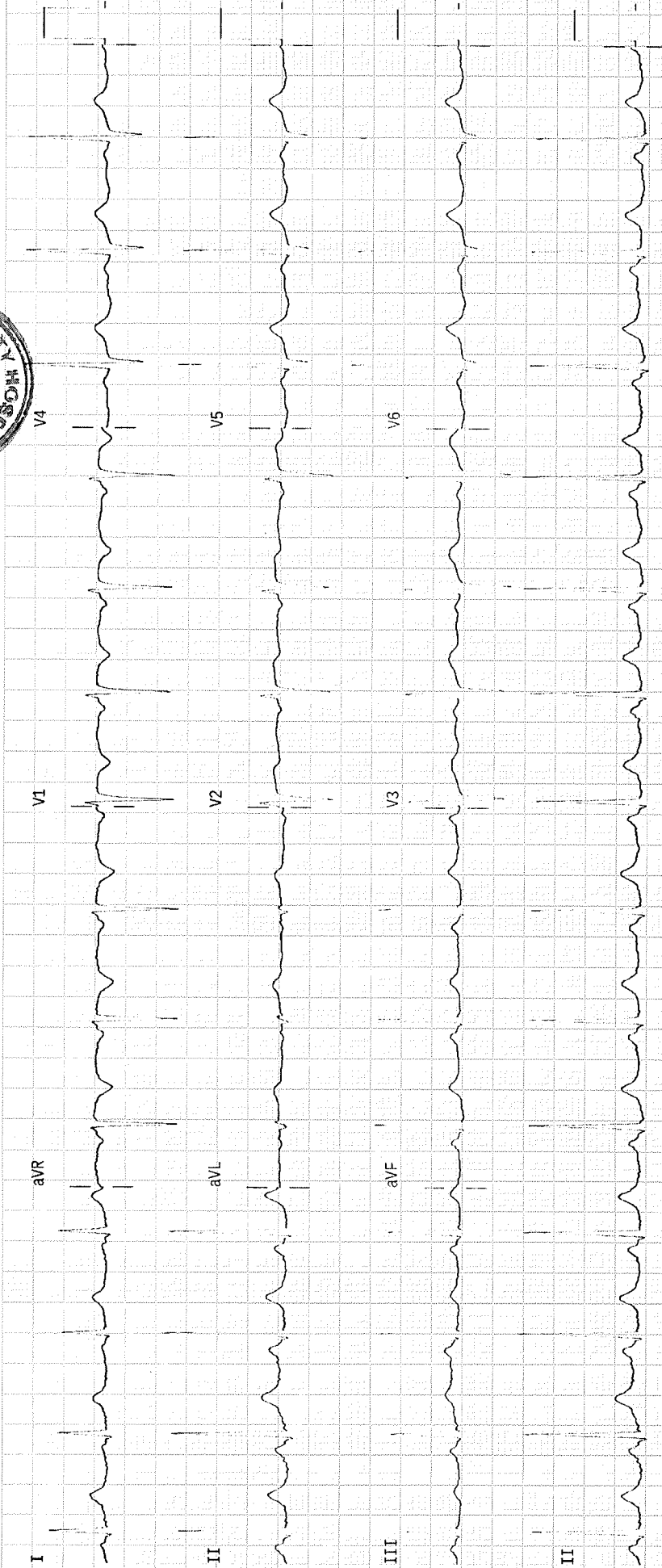
--AXIS--

P 72  
 QRS 67  
 T 43

12 Leads; Standard Placement



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



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.0mm/mv

F 50-0.50-40 Hz W

110C CL

P?

Patient Name	: Mrs. Nilanjana Sarma Goswami	Age	: 49 Y F
UHID	: STAR.0000061841	OP Visit No	: STAROPV73778
Reported on	: 04-10-2024 14:57	Printed on	: 04-10-2024 14:57
Adm/Consult Doctor	:	Ref Doctor	: Dr. RINAL MODI

**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:04-10-2024 14:57

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Patient Name : MRS. NILANJANA GOSWAMI  
Ref. By : HEALTH CHECK UP

Date : 04-10-2024  
Age : 49 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

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

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

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

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

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.6 x 4.2 cms and the **LEFT KIDNEY** measures 11.5 x 4.5 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

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

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 8.3 x 3.6 x 3.1 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.2 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.4 x 1.5 cms. Left ovary measures 2.6 x 1.3 cms. There is no free fluid seen in cul de sac.

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

Report with compliments.

  
**DR. VINOD V. SHETTY**

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

**CONSULTANT SONOLOGIST**

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)

(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038

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



Name : Mrs.Nilanjana Goswami  
Age : 49 Year(s)

Date : 04/10/2024  
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**

Name : Mrs.Nilanjana Goswami  
Age : 49 Year(s)

Date : 04/10/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	100mm/sec
EPSS	04mm
LA	29mm
AO	28mm
LVID (d)	43mm
LVID(s)	27mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

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

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

Mrs. Nilanjana Goswami 69yrs 4/10/24.

Currently on Novelon - 6yrs.

No other complaints.

M/H -  $\frac{2-3}{26-28}$   $\left\{ \begin{array}{l} \text{Reg} \\ \text{mod} \\ \text{PLL} \end{array} \right.$

O/H - P2L2  $\left\{ \begin{array}{l} \text{♀ 22yrs LSCS} \\ \text{♂ 13yrs LSCS} \end{array} \right.$

P/H - Hypothyroid on Rx.

F/H - Mother - HTN.

O/E

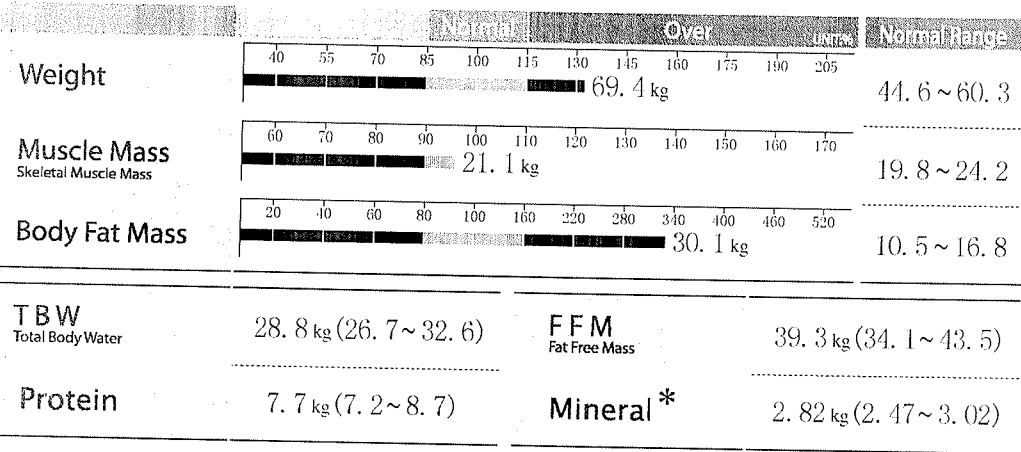
Pt not willing LBC

*Tejal*

# InBody

ID **Mrs - Milanjana** | Height 158cm | Date 4. 10. 2024 | APOLLO SPECTRA HOSPITAL  
 Age 49 | Gender Female | Time 11:31:30

## Body Composition



Segmental Lean	Lean Mass Evaluation
1.9kg Normal	2.0kg Normal
Trunk 18.2kg Normal	
5.7kg Under	5.8kg Under

**TBW** Total Body Water: 28.8 kg (26.7 ~ 32.6) | **FFM** Fat Free Mass: 39.3 kg (34.1 ~ 43.5)  
**Protein**: 7.7 kg (7.2 ~ 8.7) | **Mineral\***: 2.82 kg (2.47 ~ 3.02)

\* Mineral is estimated.

## Obesity Diagnosis

<b>BMI</b> Body Mass Index (kg/m <sup>2</sup> )	27.8	18.5 ~ 25.0
<b>PBF</b> Percent Body Fat (%)	43.4	18.0 ~ 28.0
<b>WHR</b> Waist-Hip Ratio	0.97	0.75 ~ 0.85
<b>BMR</b> Basal Metabolic Rate (kcal)	1218	1409 ~ 1640

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 type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" 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 type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" 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 Fat	PBF Fat Mass Evaluation
52.3% 2.5kg Over	51.1% 2.4kg Over
Trunk 44.3% 15.4kg Over	
41.4% 4.3kg Over	41.1% 4.3kg Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control + 1.1 kg | Fat Control - 18.1 kg | Fitness Score 61

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	369.1	390.4	27.0	273.9	282.9
100kHz	337.6	361.6	23.6	250.4	259.7

\* 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: 69.4 kg / Duration: 30min. / unit: kcal)					
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic
139	243	208	243	226	243
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton
157	208	243	347	132	157
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf
347	347	347	208	243	122
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**  
1300 kcal

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



Specialists in Surgery

### CONSENT FORM

Client Name: Nilanjana Goswami Age: 49/F  
 UHID Number: 61841 Company Name: Arcofemi

I Mrs Nilanjana Goswami Employee of .....

(Company) Want to inform you that I am not interested in getting Diet + UBC Test + Dental +  
 Tests done which is a part of my routine health check package. Sono mano + ENT & Ophthal  
Consultation

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 04/10/24



## Customer Care

---

**From:** noreply@apolloclinics.info  
**Sent:** Thursday, October 3, 2024 11:19 AM  
**To:** mrinal.goswami@bankofbaroda.com  
**Cc:** cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed



**Dear Nilanjana Sarma Goswami,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-10-04** at **08:00-08:15**.

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

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

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

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

### **Instructions to be followed for a health check:**

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

### **For Women:**

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

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

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

**Contact No: 022 - 4332 4500.**

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

Warm Regards,  
Apollo Clinic





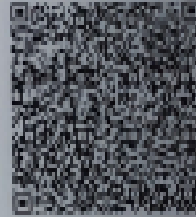
भारत सरकार

Government of India



नीलांजना शर्मा गोस्वामी  
Nilanjana Sarma Goswami

जन्म तिथि / DOB : 01/08/1975  
महिला / Female



6484 0331 5785

मेरा **आधार**, मेरी पहचान

<b>Patient Name</b>	: Mrs. Nilanjana Sarma Goswami	<b>Age/Gender</b>	: 49 Y/F
<b>UHID/MR No.</b>	: STAR.0000061841	<b>OP Visit No</b>	: STAROPV73778
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-10-2024 14:57
<b>LRN#</b>	: RAD2422678	<b>Specimen</b>	:
<b>Ref Doctor</b>	: Dr. RINAL MODI		
<b>Emp/Auth/TPA ID</b>	: 22S34670		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. Nilanjana Sarma Goswami	<b>Age/Gender</b>	: 49 Y/F
<b>UHID/MR No.</b>	: STAR.0000061841	<b>OP Visit No</b>	: STAROPV73778
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-10-2024 11:05
<b>LRN#</b>	: RAD2422678	<b>Specimen</b>	:
<b>Ref Doctor</b>	: Dr. RINAL MODI		
<b>Emp/Auth/TPA ID</b>	: 22S34670		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.6 x 4.2 cms and the **LEFT KIDNEY** measures 11.5 x 4.5 cms in size.Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

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

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

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

It measures 8.3 x 3.6 x 3.1 cms.

Normal myometrial & endometrial echoes are seen.

Endometrial thickness is 8.2 mms.

No focal mass lesion is noted within the uterus.

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

Right ovary measures 2.4 x 1.5 cms.

Left ovary measures 2.6 x 1.3 cms

There is no free fluid seen in cul de.

**Patient Name** : Mrs. Nilanjana Sarma Goswami

**Age/Gender** : 49 Y/F

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



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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-10-2024 11:04
<b>LRN#</b>	: RAD2422678	<b>Specimen</b>	:
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**SONO MAMOGRAPHY - SCREENING**

**Patient refuse to do the sonomammography.**



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