

प्रति,

समन्वयक,
Mediwheel (Arcofami Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध करवाई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

| स्वास्थ्य जांच लाभार्थी के विवरण | |
|---|--------------------------|
| नाम | VIDYUMATA THAKUR |
| जन्म की तारीख | 26-02-1976 |
| कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख | 24-02-2024 |
| बुकिंग संदर्भ सं. | 23M51995100091236S |
| पत्नी/पति के विवरण | |
| कर्मचारी का नाम | MR. THAKUR NAVIN CHANDRA |
| कर्मचारी की क.कु.संख्या | 51995 |
| कर्मचारी का पद | REGIONAL HEAD |
| कर्मचारी के कार्य का स्थान | MUMBAI, RO MUMBAI NORTH |
| कर्मचारी के जन्म की तारीख | 05-08-1971 |

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा. यह अनुमोदन पत्र दिनांक 16-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपयुक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लंघन अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ताक्षर-

(मुख्य मंत्राप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofami Healthcare Limited) से संपर्क करें।)

OUT- PATIENT RECORD

Date : 24/2/24
 MRNO : 061601
 Name : Mrs. Bidyutma Thakur
 Age/Gender : 47m / Female
 Mobile No :
 Passport No :
 Aadhar number :

| | | | |
|----------------|----------------|----------------|---------------------|
| Pulse : 78/min | B.P : 120/70 | Resp : 24/min. | Temp : (N) |
| Weight : 56.7 | Height : 157cm | BMI : 23.0 | Waist Circum : 80cm |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian
 Sleep BFB @ No Allergy.
 No addiction mc: 3-4/30 days.
 FH: Father: JFH.
 JSH 10.
 Repeat JSH after 6 months.
 Physically Fit.

Follow up date:

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

Doctor Signature



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

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
 (Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
 Ph No: 040 - 4904 7777 | www.apollohl.com

| | | | |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name | : Mrs. BIDYUTMA THAKUR | Collected | : 24/Feb/2024 08:30AM |
| Age/Gender | : 47 Y 11 M 27 DF | Received | : 24/Feb/2024 11:02AM |
| UHID/MR No | : STAR.0000061801 | Reported | : 24/Feb/2024 01:01PM |
| Visit ID | : STAROPV67655 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 7506065975 | | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240047709

| | | |
|-------------------------------|--|---------------------------------|
| TOUCHING LIVES | Patient Name : Mrs.BIDYUTMA THAKUR | Collected : 24/Feb/2024 08:30AM |
| Age/Gender : 47 Y 11 M 27 D/F | Received : 24/Feb/2024 11:02AM | |
| UHID/MR No : STAR.0000061601 | Reported : 24/Feb/2024 01:01PM | |
| Visit ID : STAROPV67885 | Status : Final Report | |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED | |
| Emp/Auth/TPA ID : 7506065975 | | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.2 | g/dL | 12-15 | CYANIDE FREE COLOUROMETER |
| PCV | 36.20 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.48 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 80.9 | fL | 83-101 | Calculated |
| MCH | 24.9 | pg | 27-32 | Calculated |
| MCHC | 30.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,330 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 65 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 27 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 01 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 07 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2814.5 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1169.1 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 43.3 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 303.1 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.41 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 208000 | 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

Page 2 of 13




 DR. APEKSHA MADAN
 MBBS, OPB
 PATHOLOGY

SIN No:BED240047709

Patient Name : Mrs.BIDYUTMA THAKUR
Age/Gender : 47 Y 11 M 27 D/F
UHID/MR No : STAR.0000061601
Visit ID : STAROPV67655
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:01PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY
SIN No: BED240047709

TOUCHING LIVES

Patient Name : Mrs.BIDYUTMA THAKUR
Age/Gender : 47 Y 11 M 27 D/F
UHID/IR No : STAR.0000081001
Visit ID : STAROPV67655
Ref Doctor : Dr.SELF
Emp/Ault/TPA ID : 7506065976

Collected : 24/Feb/2024 08:30AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

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DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240047709

| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mrs.BIDYUTMA THAKUR | Collected | : 24/Feb/2024 02:18PM |
| Age/Gender | : 47 Y 11 M 27 D/F | Received | : 24/Feb/2024 04:35PM |
| UHID/MR No | : STAR_0000061601 | Reported | : 24/Feb/2024 05:10PM |
| Visit ID | : STAROPV67655 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 7506065975 | | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 95 | mg/dL | 70-100 | GOD - POD |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 89 | mg/dL | 70-140 | GOD - POD |

Comment:

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

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




DR. APEKSHA MADAN
MBBS, DNB
PATHOLOGY

SIN No:PLP1423757

TOUCHING LIVES

Patient Name : Mrs.BIDYUTMA THAKUR
 Age/Gender : 47 Y 11 M 27 D/F
 UHID/MR No : STAR.0000061601
 Visit ID : STAROPV67655
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
 Received : 24/Feb/2024 03:59PM
 Reported : 24/Feb/2024 08:45PM
 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. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 114 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

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

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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DR. Saachi Pravin Garg
 M.B.B.S,DNB(Pathologist)
 Consultant Pathologist

SIN No:EDT240021288



TOUCHING LIVES

Expertise. Empowering you.

| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mrs.BIDYUTMA THAKUR | Collected | : 24/Feb/2024 08:30AM |
| Age/Gender | : 47 Y 11 M 27 D/F | Received | : 24/Feb/2024 03:58PM |
| UHID/MR No | : STAR.0000061601 | Reported | : 24/Feb/2024 04:37PM |
| Visit ID | : STAROPV67655 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 7506065975 | | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 168 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 110 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 54 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 114 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 92 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 22 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.11 | | 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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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

SIN No:BI18462032

TOUCHING LIVES

Expertise. Empowering you.

Patient Name : Mrs. BIDYUTMA THAKUR
 Age/Gender : 47 Y 11 M 27 D/F
 UHID/MR No : STAR.0000061601
 Visit ID : STAROPV67655
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
 Received : 24/Feb/2024 11:59AM
 Reported : 24/Feb/2024 05:04PM
 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. Range | Method |
|--|--------|-------|-----------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.70 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 14 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 82.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.90 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.69 | | 0.9-2.0 | Calculated |

Comment:

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

Comment patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SE04639551

TOUCHING LIVES

Patient Name : Mrs.BIDYUTMA THAKUR
 Age/Gender : 47 Y 11 M 27 D/F
 UHID/MR No : STAR.0000061601
 Visit ID : STAROPV67655
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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. Range | Method |
|---|--------|--------|-----------------|------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.67 | mg/dL | 0.4-1.1 | ENZYMATIC METHOD |
| UREA | 11.80 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 5.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.40 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.70 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.10 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101 | mmol/L | 98-107 | Direct ISE |

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DR. APEKSHA MADAM
 MBBS, DNB
 PATHOLOGY


SIN No:SE04639551

| | |
|--|--|
| TOUCHING LIVES Patient Name : Mrs. BIDYUTMA THAKUR Age/Gender : 47 Y 11 M 27 D/F UHID/MR No : STAR.0000061601 Visit ID : STAROPV67655 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 7506065975 | Collected : 24/Feb/2024 08:30AM Received : 24/Feb/2024 11:59AM Reported : 24/Feb/2024 05:04PM 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. Range | Method |
|---|--------|------|-----------------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 11.00 | U/L | 16-73 | Glycylglycine Kinetic method |

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SE04639551

TOUCHING LIVES

Patient Name : Mrs. BIDYUTMA THAKUR
 Age/Gender : 47 Y 11 M 27 D/F
 UHID/MR No : STAR.0000081601
 Visit ID : STAROPV67655
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
 Received : 24/Feb/2024 12:08PM
 Reported : 24/Feb/2024 02:42PM
 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. Range | Method |
|--|---------------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.98 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 5.30 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 10.120 | µIU/mL | 0.25-5.0 | ELFA |

Kindly correlate clinically

Comment:

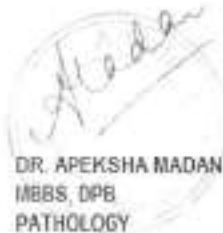
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

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

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

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 DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No: SPL24031336

| | | | |
|----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mrs.BIDYUTMA THAKUR | Collected | : 24/Feb/2024 08:30AM |
| Age/Gender | : 47 Y 11 M 27 D/F | Received | : 24/Feb/2024 01:34PM |
| UHIDMR No | : STAR.0000061601 | Reported | : 24/Feb/2024 03:26PM |
| Visit ID | : STAROPV57655 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Aut/TPA ID | : 7508085975 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.030 | | 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 | 1-2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 0-1 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

*** End Of Report ***

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

Page 13 of 13




DR. APEKSHA MADAN
MBBS, DNB
PATHOLOGY
SIN No-UR2289850

TOUCH THE LIVES

| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mrs.BIDYUTMA THAKUR | Collected | : 24/Feb/2024 08:30AM |
| Age/Gender | : 47 Y 11 M 27 D/F | Received | : 24/Feb/2024 12:08PM |
| UHID/MR No | : STAR.0000061601 | Reported | : 24/Feb/2024 02:42PM |
| Visit ID | : STAROPV67655 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 7506065975 | | |

DEPARTMENT OF IMMUNOLOGY

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



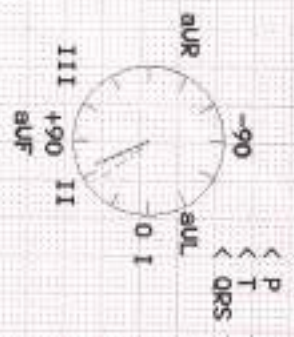
DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY
SIN No: SPL24031336

Page 12 of 13



Measurement Results:

| | | |
|---------|---|----------------------|
| QRS | : | 90 ms |
| QT/QTcB | : | 348 / 396 ms |
| PR | : | 138 ms |
| P | : | 108 ms |
| RR/PP | : | 778 / 765 ms |
| P/QRS/T | : | 64 / 66 / 51 degrees |

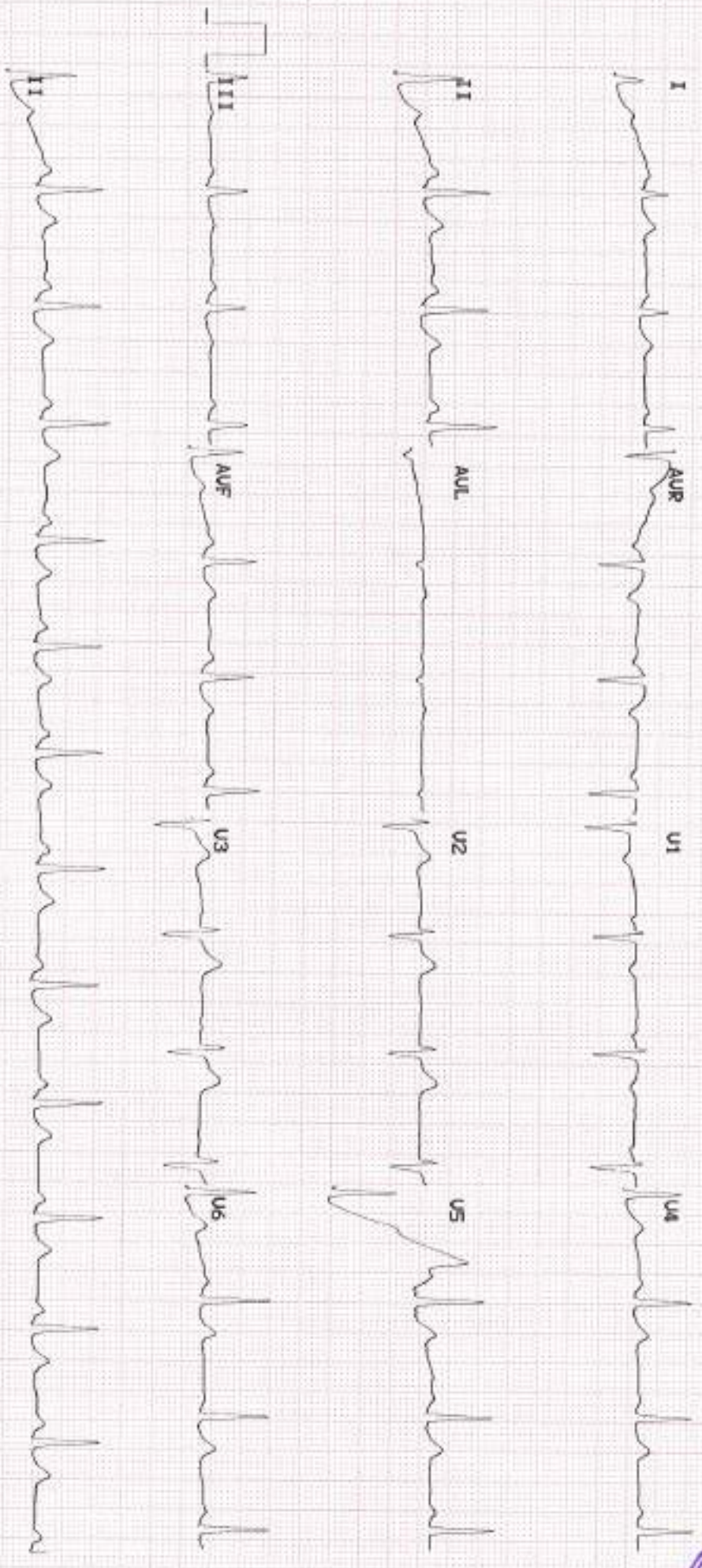


Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Maitan Normal Sinus Rhythm

Dr. (Mrs.) CHHAYA P. VAJJA
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No. 569942

Unconfirmed report.



Patient Name : Mrs. Bidyutma Thakur
UHID : STAR.0000061601
Reported on : 24-02-2024 11:50
Adm/Consult Doctor :

Age : 47 Y F
OP Visit No : STAROPV67655
Printed on : 24-02-2024 11:50
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

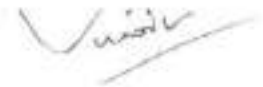
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:24-02-2024 11:50

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MRS. BIDYUTMA THAKUR
Ref. By : HEALTH CHECK UP

Date : 24-02-2024
Age : 47 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 10.8 x 4.2 cms and the **LEFT KIDNEY** measures 10.6 x 4.1 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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


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

UTERUS : The uterus is anteverted measures 7.8 x 4.8 x 3.8 cms and **shows a small posterior intramural fibroid measuring 2.4 x 2.0 cms.**
Normal endometrial echoes are seen. Endometrial thickness is 8.6 mm.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.5 x 2.1 cms.
Left ovary measures 2.8 x 1.7 cms
There is no free fluid seen in cul de.

IMPRESSION : The Ultrasound examination examination reveals a small posterior intramural fibroid measuring 2.4 x 2.0 cms as described above.

Report with compliments.


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

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

Name : Mrs. Bidyutma Thakur
Age : 47 Year(s)

Date : 24/02/2024
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. Bidyutma Thakur
Age : 47 Year(s)

Date : 24/02/2024
Sex : Female
Visit Type : OPD

Dimension:

| | |
|----------|--------------|
| EF Slope | 170mm/sec |
| EPSS | 06mm |
| LA | 22mm |
| AO | 24mm |
| LVID (d) | 45mm |
| LVID(s) | 24mm |
| 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

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohi.com

Mrs Bidyutma Thakkar 47yrs 24/2/24

Periods irregular

Perimenopause.

LMP - 16/1/24.

OH - P₁L₁ - 0 → 22yrs FTND

PH - NO major past med/sex illness.

EH - father - DM/HTN.

NO h/o cancer in family.

OLE

CA / (H)
vag

LBC taken

Tejal

EYE REPORT

Name: *Mr. Bidyutara Thakur*

Date: *22/02/2014*

Age / Sex: *47 y / F*

Ref No.:

Complaint: *no distance vision*
no % SS/DP

Examination

Spectacle Rx *U.C. S/GP S/GP* *near left eye*

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

Remarks: *above U of m*

Medications: *As of m*

| Trade Name | Frequency | Duration |
|------------|-----------|----------|
| | | |
| | | |
| | | |

Follow up: *Further 4 m*

Consultant:



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 s`oups, 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, ragl, 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. |

MR. Bidyutma Thakur
 ID 06160
 Age 47

Height 157cm | Date 24.2.2024
 Gender Female | Time 09:06:44

APOLLO SPECTRA HOSPITAL

Body Composition

| | Under | Normal | Over | Unit% | Normal Range |
|--|---|--------|-------------------------------------|-----------------------|--------------|
| Weight | 40 45 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 | | | | 44.0 ~ 59.5 |
| Muscle Mass <small>Skeletal Muscle Mass</small> | 60 70 80 90 100 110 120 130 140 150 160 170 | | | | 19.5 ~ 23.9 |
| Body Fat Mass | 20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 | | | | 10.4 ~ 16.6 |
| TBW <small>Total Body Water</small> | 28.5 kg (26.4 ~ 32.2) | | FFM <small>Fat Free Mass</small> | 38.8 kg (33.6 ~ 43.0) | |
| Protein | 7.6 kg (7.1 ~ 8.6) | | Mineral* | 2.65 kg (2.44 ~ 2.98) | |

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

| | Value | Normal Range |
|--|-------|--------------|
| BMI <small>Body Mass Index (kg/m²)</small> | 23.0 | 18.5 ~ 25.0 |
| PBF <small>Percent Body Fat (%)</small> | 31.6 | 18.0 ~ 28.0 |
| WHR <small>Waist-Hip Ratio</small> | 0.92 | 0.75 ~ 0.85 |
| BMR <small>Basal Metabolic Rate (kcal)</small> | 1208 | 1219 ~ 1407 |

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 Fat



* Segmental fat is estimated.

Muscle-Fat Control

| | | | | | |
|----------------|----------|-------------|----------|---------------|----|
| Muscle Control | + 1.0 kg | Fat Control | - 6.0 kg | Fitness Score | 73 |
|----------------|----------|-------------|----------|---------------|----|

Impedance

| Z | RA | LA | TR | RL | LL |
|-------|-------|-------|------|-------|-------|
| 20Hz | 382.3 | 377.1 | 27.6 | 315.7 | 313.4 |
| 100Hz | 340.4 | 338.2 | 23.7 | 285.4 | 282.0 |

* 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: 56.7 kg / Duration: 30min. / unit: kcal) | | | | | | | |
|--|---------------------------|--------------------|-------------------|-------------------|----------------------------------|--|--|
| Walking | Jogging | Bicycle | Swim | Mountain Climbing | Aerobic | | |
| 113 | 198 | 170 | 198 | 185 | 198 | | |
| Table tennis | Tennis | Football | Oriental Fencing | Gate ball | Badminton | | |
| 128 | 170 | 198 | 284 | 108 | 128 | | |
| Racket ball | Table-tennis | Squash | Basketball | Rope jumping | Golf | | |
| 284 | 284 | 284 | 170 | 198 | 100 | | |
| Push-ups | Sit-ups | Weight training | Dumbbell exercise | Elastic band | Squats | | |
| development of upper body | abdominal muscle training | posture correction | muscle strength | muscle strength | 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

1600 kcal

* Calculation for expected total weight loss for 4 weeks: $\text{Total energy expenditure (kcal/week)} \times 4 \text{ weeks} \div 7700$

Patient Name : Mrs. Bidyutma Thakur

Age/Gender : 47 Y/F

UHID/MR No. : STAR.0000061601

OP Visit No : STAROPV67655

Sample Collected on :

Reported on : 24-02-2024 14:51

LRN# : RAD2246339

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7506065975

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

PATIENT REFUSES TO DO THE SONOMAMMOGRAPHY



Dr. VINOD SHETTY
Radiology

| | | | |
|------------------------------|----------------------|----------------------|------------------|
| Patient Name : | Mrs. Bidyutma Thakur | Age/Gender : | 47 Y/F |
| UHID/MR No. : | STAR.0000061601 | OP Visit No : | STAROPV67655 |
| Sample Collected on : | | Reported on : | 24-02-2024 11:21 |
| LRN# : | RAD2246339 | Specimen : | |
| Ref Doctor : | SELF | | |
| Emp/Auth/TPA ID : | 7506065975 | | |

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 10.8 x 4.2 cms and the **LEFT KIDNEY** measures 10.6 x 4.1 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

lymphadenopathy seen in the abdomen.

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

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

UTERUS : The uterus is anteverted measures 7.8 x 4.8 x 3.8 cms and shows a small posterior intramural fibroid measuring 2.4 x 2.0 cms.
Normal endometrial echoes are seen. Endometrial thickness is 8.6 mms.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.5 x 2.1 cms.
Left ovary measures 2.8 x 1.7 cms
There is no free fluid seen in cul de.

IMPRESSION : The Ultrasound examination examinatiobn reveals a small posterior intramural fibroid measuring 2.4 x 2.0 cms as described above.

Patient Name : Mrs. Bidyutma Thakur

Age/Gender : 47 Y/F



Dr. VINOD SHETTY
Radiology

Patient Name : Mrs. Bidyutma Thakur

Age/Gender : 47 Y/F

UHID/MR No. : STAR.0000061601

OP Visit No : STAROPV67655

Sample Collected on :

Reported on : 24-02-2024 11:50

LRN# : RAD2246339

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7506065975

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.BIDYUTMA THAKUR
Age/Gender : 47 Y 11 M 27 D/F
UHID/MR No : STAR.0000061601
Visit ID : STAROPV67655
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:01PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic


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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240047709

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

190, Patanjali Care Labs, Behind Everest Building,
Tandri (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mrs.BIDYUTMA THAKUR
Age/Gender : 47 Y 11 M 27 D/F
UHID/MR No : STAR.0000061601
Visit ID : STAROPV67655
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:01PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY


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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.2 | g/dL | 12-15 | CYANIDE FREE COLOUROMETER |
| PCV | 36.20 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.48 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 80.9 | fL | 83-101 | Calculated |
| MCH | 24.9 | pg | 27-32 | Calculated |
| MCHC | 30.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,330 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 65 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 27 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 01 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 07 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2814.5 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1169.1 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 43.3 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 303.1 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.41 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 208000 | 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

Page 2 of 14



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240047709

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
190, Patanjali One Labs, Behind Everest Building,
Tanaka Jankoji Complex, HMTCL, Maracotta
Ph: 022-4552 4500

Patient Name : Mrs.BIDYUTMA THAKUR
Age/Gender : 47 Y 11 M 27 D/F
UHID/MR No : STAR.0000061601
Visit ID : STAROPV67655
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:01PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


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MBBS, DPB
PATHOLOGY



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Address:

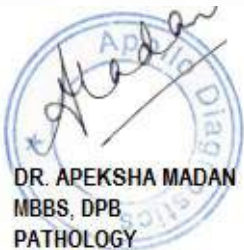
190, Parnax One Labs, Behind Everest Building,
Taruna Jambai Central, Mumbai, Maharashtra
Ph: 022-4552 4500

| | |
|------------------------------------|--|
| Patient Name : Mrs.BIDYUTMA THAKUR | Collected : 24/Feb/2024 08:30AM |
| Age/Gender : 47 Y 11 M 27 D/F | Received : 24/Feb/2024 11:02AM |
| UHID/MR No : STAR.0000061601 | Reported : 24/Feb/2024 01:55PM |
| Visit ID : STAROPV67655 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 7506065975 | |

DEPARTMENT OF HAEMATOLOGY

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

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

DR. APEKSHA MADAN
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Tanishka (Jubilee Centre), Jubilee, Maracastina
Ph: 022 4552 4500

| | |
|------------------------------------|--|
| Patient Name : Mrs.BIDYUTMA THAKUR | Collected : 24/Feb/2024 02:18PM |
| Age/Gender : 47 Y 11 M 27 D/F | Received : 24/Feb/2024 04:35PM |
| UHID/MR No : STAR.0000061601 | Reported : 24/Feb/2024 05:10PM |
| Visit ID : STAROPV67655 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 7506065975 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 95 | mg/dL | 70-100 | GOD - POD |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

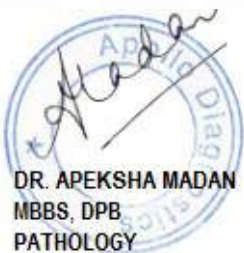
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 89 | mg/dL | 70-140 | GOD - POD |

Comment:

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

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mrs.BIDYUTMA THAKUR
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Visit ID : STAROPV67655
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Collected : 24/Feb/2024 08:30AM
Received : 24/Feb/2024 03:59PM
Reported : 24/Feb/2024 06:45PM
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. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 114 | mg/dL | | Calculated |

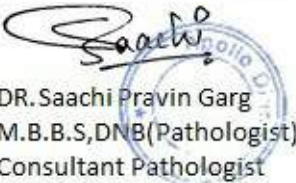
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



DR. Saachi Pravin Garg
M.B.B.S, DNB(Pathologist)
Consultant Pathologist

SIN No:EDT240021288



| | |
|------------------------------------|--|
| Patient Name : Mrs.BIDYUTMA THAKUR | Collected : 24/Feb/2024 08:30AM |
| Age/Gender : 47 Y 11 M 27 D/F | Received : 24/Feb/2024 03:59PM |
| UHID/MR No : STAR.0000061601 | Reported : 24/Feb/2024 04:37PM |
| Visit ID : STAROPV67655 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 7506065975 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 168 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 110 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 54 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 114 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 92 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 22 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.11 | | 0-4.97 | Calculated |

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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



SIN No:BI18462032

Patient Name : Mrs.BIDYUTMA THAKUR
Age/Gender : 47 Y 11 M 27 D/F
UHID/MR No : STAR.0000061601
Visit ID : STAROPV67655
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
Received : 24/Feb/2024 11:59AM
Reported : 24/Feb/2024 05:04PM
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. Range | Method |
|--|--------|-------|-----------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.70 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 14 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 82.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.90 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.69 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04639551

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Patient Name : Mrs.BIDYUTMA THAKUR
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Visit ID : STAROPV67655
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7506065975

Collected : 24/Feb/2024 08:30AM
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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. Range | Method |
|---|--------------|--------|-----------------|------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.67 | mg/dL | 0.4-1.1 | ENZYMATIC METHOD |
| UREA | 11.80 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 5.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.40 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.70 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.10 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101 | mmol/L | 98-107 | Direct ISE |



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| | |
|------------------------------------|--|
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| Age/Gender : 47 Y 11 M 27 D/F | Received : 24/Feb/2024 11:59AM |
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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. Range | Method |
|--|--------------|------|-----------------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 11.00 | U/L | 16-73 | Glycylglycine Kinetic method |

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Ph: 022-4552 4500

| | |
|------------------------------------|--|
| Patient Name : Mrs.BIDYUTMA THAKUR | Collected : 24/Feb/2024 08:30AM |
| Age/Gender : 47 Y 11 M 27 D/F | Received : 24/Feb/2024 12:08PM |
| UHID/MR No : STAR.0000061601 | Reported : 24/Feb/2024 02:42PM |
| Visit ID : STAROPV67655 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 7506065975 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.98 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 5.30 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 10.120 | µIU/mL | 0.25-5.0 | ELFA |


Kindly correlate clinically

Comment:

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

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

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SPL24031336

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DEPARTMENT OF IMMUNOLOGY

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


DR. APEKSHA MADAN
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Received : 24/Feb/2024 01:34PM
Reported : 24/Feb/2024 03:26PM
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. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.030 | | 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 | 1-2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 0-1 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2289850

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
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Begumpet, Hyderabad, Telangana - 500016

Address:
190, Patanjali Care Labs, Behind Everest Building,
Tanaka Junction, Central, Mumbai, Maharashtra
Ph: 022-4552 4500

| | |
|------------------------------------|--|
| Patient Name : Mrs.BIDYUTMA THAKUR | Collected : 24/Feb/2024 02:05PM |
| Age/Gender : 47 Y 11 M 27 D/F | Received : 25/Feb/2024 09:38PM |
| UHID/MR No : STAR.0000061601 | Reported : 28/Feb/2024 11:03AM |
| Visit ID : STAROPV67655 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 7506065975 | |

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|---|
| | CYTOLOGY NO. | 4025/24 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy. |
| III | RESULT | |
| a | EPITHELIAL CELL | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN |
| b | ORGANISM | NIL |
| IV | INTERPRETATION | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY |

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr.A. Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

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CAP
ACCREDITED
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SIN No:CS075117

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

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