

Patient Name : Mrs.YOGITA RAMDAS KHODADE	Collected : 02/May/2023 09:44AM
Age/Gender : 48 Y 7 M 4 D/F	Received : 02/May/2023 11:41AM
UHID/MR No : STAR.0000032920	Reported : 02/May/2023 01:27PM
Visit ID : STAROPV58850	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS38544	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

Methodology : Microscopic  
RBC : Hypochromaisa (+++), Micorcyte (++), Anisocyte (++), Elliptocyte (++), Teardrop cells (+)  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
**IMPRESSION : Predominantly microcytic hypochromic blood picture anisocytosis elliptocyte teardrop cells seen.**  
Note/Comment : Please Correlate clinically  
**Advise:- Serum Iron studies, serum Ferritine level & Hb HPLC to rule out Hb variant.**



SIN No:BED230106006

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**DEPARTMENT OF HAEMATOLOGY**

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**HEMOGRAM , WHOLE BLOOD-EDTA**

<b>HAEMOGLOBIN</b>	<b>4.2</b>	g/dL	12-15	Spectrophotometer
PCV	<b>17.00</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>3.24</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>53</b>	fL	83-101	Calculated
MCH	<b>13.1</b>	pg	27-32	Calculated
MCHC	<b>24.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>21.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>3,700</b>	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2072	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1332	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	74	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	222	Cells/cu.mm	200-1000	Electrical Impedance

<b>PLATELET COUNT</b>	315000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>25</b>	mm at the end of 1 hour	0-20	Modified Westergren

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Result is rechecked. Kindly correlate clinically



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**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



SIN No:BED230106006

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**CIN- U85100TG2009PTC099414**

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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
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GLUCOSE, FASTING , NAF PLASMA	84	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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



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Age/Gender : 48 Y 7 M 4 D/F	Received : 02/May/2023 12:46PM
UHID/MR No : STAR.0000032920	Reported : 02/May/2023 02:57PM
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	104	mg/dL	70-140	GOD - POD
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**Comment:**

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

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

Ref: Marks medical biochemistry and clinical approach



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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	89	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	
HDL CHOLESTEROL	<b>21</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	68	mg/dL	<130	Calculated
LDL CHOLESTEROL	55.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.24		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 can show physiological and analytical variations.

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



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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	1.10	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	98.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



SIN No:SE04362532

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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.85	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	4.0-7.0	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE



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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>8.00</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. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	<b>0.66</b>	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.31	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>6.320</b>	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

**Note:**

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



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

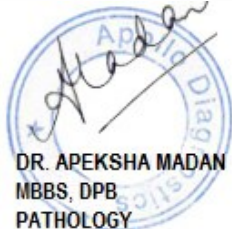
**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Result/s to Follow:

HBA1C (GLYCATED HEMOGLOBIN), LBC PAP TEST (PAPSURE)



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



SIN No:UR2106809

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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-05-2023 14:50
<b>LRN#</b>	: RAD1989754	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS38544		

## 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 without any focal mass lesion. The splenic vein appears normal.

**KIDNEYS :** The **RIGHT KIDNEY** measures 10.4 x 4.4 cms and the **LEFT KIDNEY** measures 10.6 x 4.8 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 appears normal in size, measures 7.1 x 4.1 x 2.8 cms. And reveals a large anterior subserosal fibroid measuring 4.6 x 3.7 cms Endometrial echoes appear normal and measures 5.3 mms.

**OVARIES :** Both ovaries reveal normal size, shape and echopattern.  
Right ovary measures 2.4 x 1.6 cms.  
Left ovary measures 2.3 x 1.3 cms  
There is no free fluid seen in cul de.

**IMPRESSION :** The Ultrasound examination reveals a large anterior subserosal fibroid. No other significant abnormality is detected.

**Patient Name** : Mrs. Yogita Ramdas Khodade

**Age/Gender** : 48 Y/F

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**Dr. VINOD SHETTY**  
Radiology

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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-05-2023 14:49
<b>LRN#</b>	: RAD1989754	<b>Specimen</b>	:
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**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

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

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

**IMPRESSION:** Normal Ultrasound examination of the breast



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Radiology

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**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

- Mild Cardiomegaly.
- Visualized lung fields are clear and translucent.
- Bilateral hila are normal.
- Bronchovascular markings are well appreciated and are normal.
- Both the costo-phrenic angles appears normal.
- Visualized bones and soft tissue appears normal.
- Both the domes of diaphragm appears normal.

**IMPRESSION: Mild Cardiomegaly.**



**Dr. VINOD SHETTY**  
Radiology