

**OUT-PATIENT RECORD**

Date : 21/2/24  
MRNO : 061522  
Name : Mrs. Rupali Yadav  
Age/Gender : 37m/Female  
Mobile No :  
Passport No :  
Aadhar number :

Pulse : 56/min.	B.P. : 110/70	Resp : 24/min	Temp : 37.2
Weight : 67.2	Height : 151cm	BMI : 29.5	Waist Circum : 35"

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
sleep/BB @ No Allergy  
MC: Bday/26  
Head injury with concussion 2012.  
No addiction  
FH: Nil.  
Normal Reports  
Physically fit.

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



Follow up date:

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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 8 M 27 DF  
UHID/IR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 12:14PM  
Reported : 21/Feb/2024 01:52PM  
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, DPM  
PATHOLOGY  
SIN No:BED240044500

TOUCHING LIVES

Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Aut/VTPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 12:14PM  
Reported : 21/Feb/2024 01:52PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	<b>39.80</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.1	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3248	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1736	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	504	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.87		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	282000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 13



  
DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240044500

Patient Name	: Mrs.RUPALI P YADAV	Collected	: 21/Feb/2024 08:50AM
Age/Gender	: 37 Y 6 M 27 D/F	Received	: 21/Feb/2024 12:14PM
LHID/MR No	: STAR.0000061522	Reported	: 21/Feb/2024 01:52PM
Visit ID	: STAROPV67558	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 329603541724		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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:BED240044500



<b>TOURNALES</b> Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 8 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV87556 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 329603541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 12:14PM Reported : 21/Feb/2024 01:52PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF HAEMATOLOGY

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

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




DR. APEKSHA MADAN  
 MBBS, DNB  
 PATHOLOGY  
 SIN No:BED240044500

<b>Patient Name</b> : Mrs.RUPALIP YADAV <b>Age/Gender</b> : 37 Y 6 M 27 D/F <b>UHID/MR No</b> : STAR.0000061522 <b>Visit ID</b> : STAROPV67556 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 329603541724	<b>Collected</b> : 21/Feb/2024 01:30PM <b>Received</b> : 21/Feb/2024 01:47PM <b>Reported</b> : 21/Feb/2024 08:31PM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
---	---

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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  $\geq$  or = 126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	92	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, DPM  
PATHOLOGY

SIN No:PLP1421912

<b>Patient Name</b> : Mrs.RUPALI P YADAV <b>Age/Gender</b> : 37 Y 6 M 27 D/F <b>LHID/MR No</b> : STAR.0000061522 <b>Visit ID</b> : STAROPV67556 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 329603541724	<b>Collected</b> : 21/Feb/2024 08:50AM <b>Received</b> : 21/Feb/2024 04:58PM <b>Reported</b> : 21/Feb/2024 08:27PM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
--	---

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

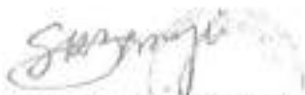
**Comment:**

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



SIN No:EDT240019729



<b>TOUCHING LIVES</b> Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 6 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV67556 Ref Doctor : Dr.SELF Emp/Aut/VTPA ID : 329803541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 04:58PM Reported : 21/Feb/2024 05:39PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
---	--

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	63	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.81		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 algorithms 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:BI18412060



Patient Name : Mrs.RUPALI P YADAV  
 Age/Gender : 37 Y 6 M 27 D/F  
 UHID/MR No : STAR.0000081522  
 Visit ID : STAROPV67556  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
 Received : 21/Feb/2024 11:17AM  
 Reported : 21/Feb/2024 01:45PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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 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, DPG  
 PATHOLOGY

SIN No:SE04636178

TO ORDERING LEGS	Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 6 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV67556 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 329603541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 11:17AM Reported : 21/Feb/2024 01:45PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
------------------	--	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>13.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY  
 SIN No:SE04636178

Patient Name	: Mrs.RUPALI P YADAV	Collected	: 21/Feb/2024 08:50AM
Age/Gender	: 37 Y 6 M 27 D/F	Received	: 21/Feb/2024 11:17AM
UHID/MR No	: STAR.0000081522	Reported	: 21/Feb/2024 01:45PM
Visit ID	: STAROPV67556	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 329603541724		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	9.00	U/L	16-73	Glycylglycine Kinetic method




DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY  
SIN No:SE04636178



Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 6 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV67556 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 329603541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 11:16AM Reported : 21/Feb/2024 01:55PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TR-IODOTHYRONINE (T3, TOTAL)	1.33	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.77	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	8.890	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically.

**Comment:**

For pregnant females	Bio Ref Range for TSH in µIU/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

Page 11 of 13



  
 DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SPL24029268


Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000081522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 11:16AM  
Reported : 21/Feb/2024 01:55PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

Page 12 of 13



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

SIN No: SPL24029268

Patient Name : Mrs.RUPALI P YADAV  
 Age/Gender : 37 Y 6 M 27 D/F  
 UHID/MR No : STAR.0000061522  
 Visit ID : STAROPV67566  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
 Received : 21/Feb/2024 12:59PM  
 Reported : 21/Feb/2024 02:19PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY


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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/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, DPM  
 PATHOLOGY

SEN No:UR22R7522



Measurement Results:

QRS	: 80 ms
QT/QTcB	: 454 / 438 ms
PR	: 152 ms
P	: 98 ms
RR/PP	: 1060 / 1070 ms
P/ORS/T	: 34 / -2 / 8 degrees

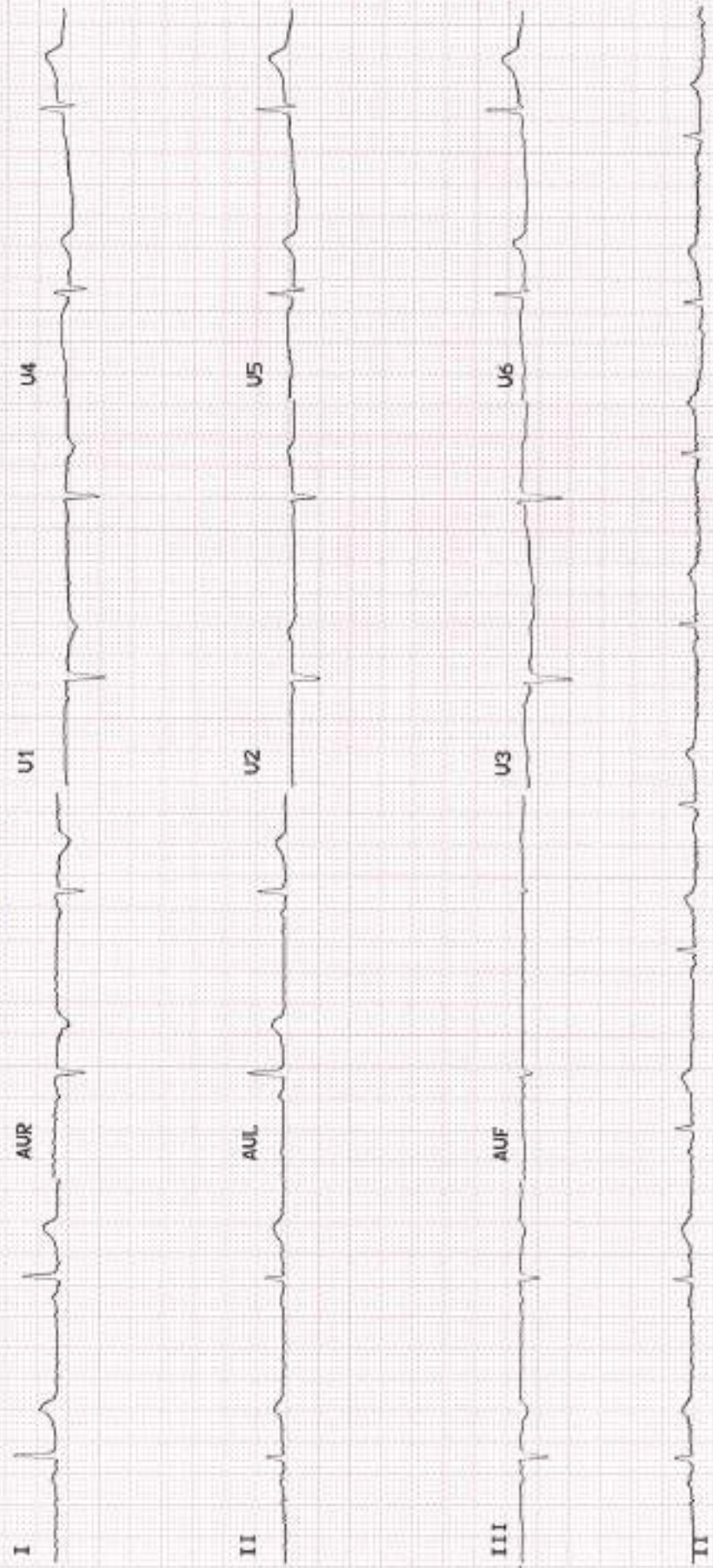


Interpretation:  
 12SL - Interpretation:  
 Sinus bradycardia with sinus arrhythmia  
 Low voltage QRS  
 Borderline ECG

*Sinus Bradycardia*

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

*[Signature]*  
 Unconfirmed report.



21/12/24



Patient Name	: Mrs. Rupali P Yadav	Age	: 37 Y F
UHID	: STAR.0000061522	OP Visit No	: STAROPV67556
Reported on	: 21-02-2024 11:06	Printed on	: 21-02-2024 11:07
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:21-02-2024 11:06

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mrs.Rupali Yadav  
Age : 37 Year(s)

Date : 21/02/2024  
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**

**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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No:040 - 4904 7777 | www.apollohl.com




Name : Mrs.Rupali Yadav  
Age : 37 Year(s)

Date : 21/02/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	80mm/sec
EPSS	04mm
LA	26mm
AO	26mm
LVID (d)	39mm
LVID(s)	19mm
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)

**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](http://www.apollohl.com)

Patient Name : MRS.RUPALI YADAV  
Ref. By : HEALTH CHECK UP

Date : 21-02-2024  
Age : 37 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 10.4 x 4.4 cms and the **LEFT KIDNEY** measures 9.8 x 4.4 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

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

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.1 x 4.0 x 3.5 cms.  
Normal myometrial & endometrial echoes are seen.  
Endometrial thickness is 9.0 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 1.7 cms.  
Left ovary measures 2.6 x 2.0 cms  
There is no free fluid seen in cul de.

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

Report with compliments.

**DR. VINOD V. SHETTY**  
MD, D.M.R.D. 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.** (ICIN - 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.apolloh.com

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

### **FOODS TO AVOID**

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

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

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

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

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

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

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.

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



Mrs Rupali Yadav 37 yrs. 21/02/24

No Gynaec complaints

M/H -  $\frac{3 \text{ days}}{20-30d}$  Keg  
- med  
- pill UMP- 6/2/24

O/H - Nil.

P/H - NO major past med / Sx illness  
Head injury after RTA. → In Coma / ventilator  
for 2 months. (2012)

F/H - Nil

O/E  
Cx bleeds on touch  
erosion ⊕  
CBC taken

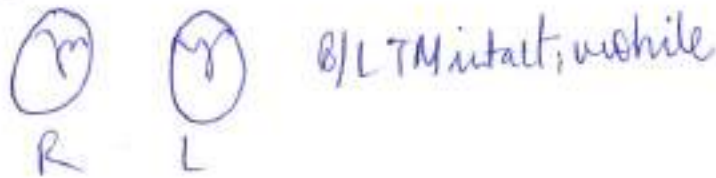
*Tejal Soni*  
**DR. TEJAL SONI**  
MBBS, MD, DGO, DFP, FCPS,  
OBSTETRICIAN & GYNAECOLOGIST  
REG. NO. 2005/02/01015

Name: Mrs Rupali Yadav  
Age: 37yrs/f

21/02/2024

- For Health Consultation
- Offers no ENT complaints

O/E - Ears -




Nose -



Septum deviation  
to (R)  
Mucosa (w)  
No discharge

Throat - NAD

Imp: DNS (R)

  
MAJ (DR) SHREYA ANIL SHARMA  
M.S. (ENT), PGDHHM, PGDMLS  
MMC - 2019096177

**EYE REPORT**

Name: *Rupali Yadav*

Date: *21/02/2024*

Age / Sex: *37y / F*

Ref No.:

Complaint: *Nov. ocular do*  
*Nov. w/o SB/RA*

**Examination**

Spectacle Rx *NxL 6/c* *Neon w/ 10/6*

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

Remarks: *Color LG & near*

Medications: *As of near*

Trade Name	Frequency	Duration

Follow up: *Further near*

Consultant:









भारत सरकार

GOVERNMENT OF INDIA



रूपाली प्रकाश यादव

Rupali Prakash Yadav

DOB: 25-07-1986

Gender: Female



3296 0354 1724

आधार - आम आदमी का अधिकार



**OUT-PATIENT RECORD**

Date : 21/2/24  
MRNO : 061522  
Name : Mrs. Rupali Yadav  
Age/Gender : 37m/Female  
Mobile No :  
Passport No :  
Aadhar number :

Pulse : 56/min.	B.P. : 110/70	Resp : 24/min	Temp : 37.2
Weight : 67.2	Height : 151cm	BMI : 29.5	Waist Circum : 35"

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
sleep/BB (w) No Allergy  
MC: Bday/26  
Head injury with concussion 2012.  
No addiction  
FH: Nil.  
Normal Reports  
Physically fit.

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



Follow up date:

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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com



Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 8 M 27 DF  
UHID/IR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 12:14PM  
Reported : 21/Feb/2024 01:52PM  
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, DPM  
PATHOLOGY  
SIN No:BED240044500

Patient Name : Mrs.RUPALI P YADAV  
 Age/Gender : 37 Y 6 M 27 D/F  
 UHID/MR No : STAR.0000061522  
 Visit ID : STAROPV67556  
 Ref Doctor : Dr.SELF  
 Emp/Aut/VTPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
 Received : 21/Feb/2024 12:14PM  
 Reported : 21/Feb/2024 01:52PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	39.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.1	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3248	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1736	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	504	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.87		0.78- 3.53	Calculated
PLATELET COUNT	282000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 13



  
 DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:BED240044500

Patient Name	: Mrs.RUPALI P YADAV	Collected	: 21/Feb/2024 08:50AM
Age/Gender	: 37 Y 6 M 27 D/F	Received	: 21/Feb/2024 12:14PM
LHID/MR No	: STAR.0000061522	Reported	: 21/Feb/2024 01:52PM
Visit ID	: STAROPV67558	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 329603541724		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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:BED240044500



<b>TOURNAISERVES</b> Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 8 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV87556 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 329603541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 12:14PM Reported : 21/Feb/2024 01:52PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF HAEMATOLOGY

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

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




DR. APEKSHA MADAN  
 MBBS, DNB  
 PATHOLOGY  
 SIN No:BED240044500

<b>Patient Name</b> : Mrs.RUPALIP YADAV <b>Age/Gender</b> : 37 Y 6 M 27 D/F <b>UHID/MR No</b> : STAR.0000061522 <b>Visit ID</b> : STAROPV67556 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 329603541724	<b>Collected</b> : 21/Feb/2024 01:30PM <b>Received</b> : 21/Feb/2024 01:47PM <b>Reported</b> : 21/Feb/2024 08:31PM <b>Status</b> : Final Report <b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
---	---

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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  $\geq$  or = 126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $\geq$ 450 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)	92	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, DPM  
PATHOLOGY

SIN No:PLP1421912

Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 6 M 27 D/F LHID/MR No : STAR.0000061522 Visit ID : STAROPV67556 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 329603541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 04:58PM Reported : 21/Feb/2024 08:27PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

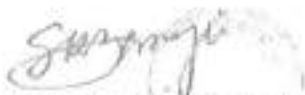
**Comment:**

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:EDT240019729



Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 6 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV67556 Ref Doctor : Dr.SELF Emp/Aut/VTPA ID : 329803541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 04:58PM Reported : 21/Feb/2024 05:39PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	63	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.81		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 algorithms 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:BI18412060

Patient Name : Mrs.RUPALI P YADAV  
 Age/Gender : 37 Y 6 M 27 D/F  
 UHID/MR No : STAR.0000081522  
 Visit ID : STAROPV67556  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
 Received : 21/Feb/2024 11:17AM  
 Reported : 21/Feb/2024 01:45PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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 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, DPG  
 PATHOLOGY

SIN No: SED4636178

<b>TO ORDERING LEGS</b> Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 6 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV67556 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 329603541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 11:17AM Reported : 21/Feb/2024 01:45PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
---	--

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>13.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY  
 SIN No:SE04636178



Patient Name	: Mrs.RUPALI P YADAV	Collected	: 21/Feb/2024 08:50AM
Age/Gender	: 37 Y 6 M 27 D/F	Received	: 21/Feb/2024 11:17AM
UHID/MR No	: STAR.0000081522	Reported	: 21/Feb/2024 01:45PM
Visit ID	: STAROPV67556	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 329603541724		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	9.00	U/L	16-73	Glycylglycine Kinetic method




DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY  
SIN No:SE04636178

Patient Name : Mrs.RUPALI P YADAV Age/Gender : 37 Y 6 M 27 D/F UHID/MR No : STAR.0000061522 Visit ID : STAROPV67556 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 329603541724	Collected : 21/Feb/2024 08:50AM Received : 21/Feb/2024 11:16AM Reported : 21/Feb/2024 01:55PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TR-IODOTHYRONINE (T3, TOTAL)	1.33	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.77	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	8.890	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically.

**Comment:**

For pregnant females	Bio Ref Range for TSH in µIU/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

Page 11 of 13



*(Signature)*  
 DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SPL24029268


Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000081522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 11:16AM  
Reported : 21/Feb/2024 01:55PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

Page 12 of 13



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

SIN No: SPL24029268



TOUCHING LIVES

Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329503541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 12:58PM  
Reported : 21/Feb/2024 02:19PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/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, DPM  
PATHOLOGY

SIN No:UR22R7522



Measurement Results:

QRS	:	80 ms
QT/QTcB	:	454 / 438 ms
PR	:	152 ms
P	:	98 ms
RR/PP	:	1060 / 1070 ms
P/ORS/T	:	34 / -2 / 8 degrees



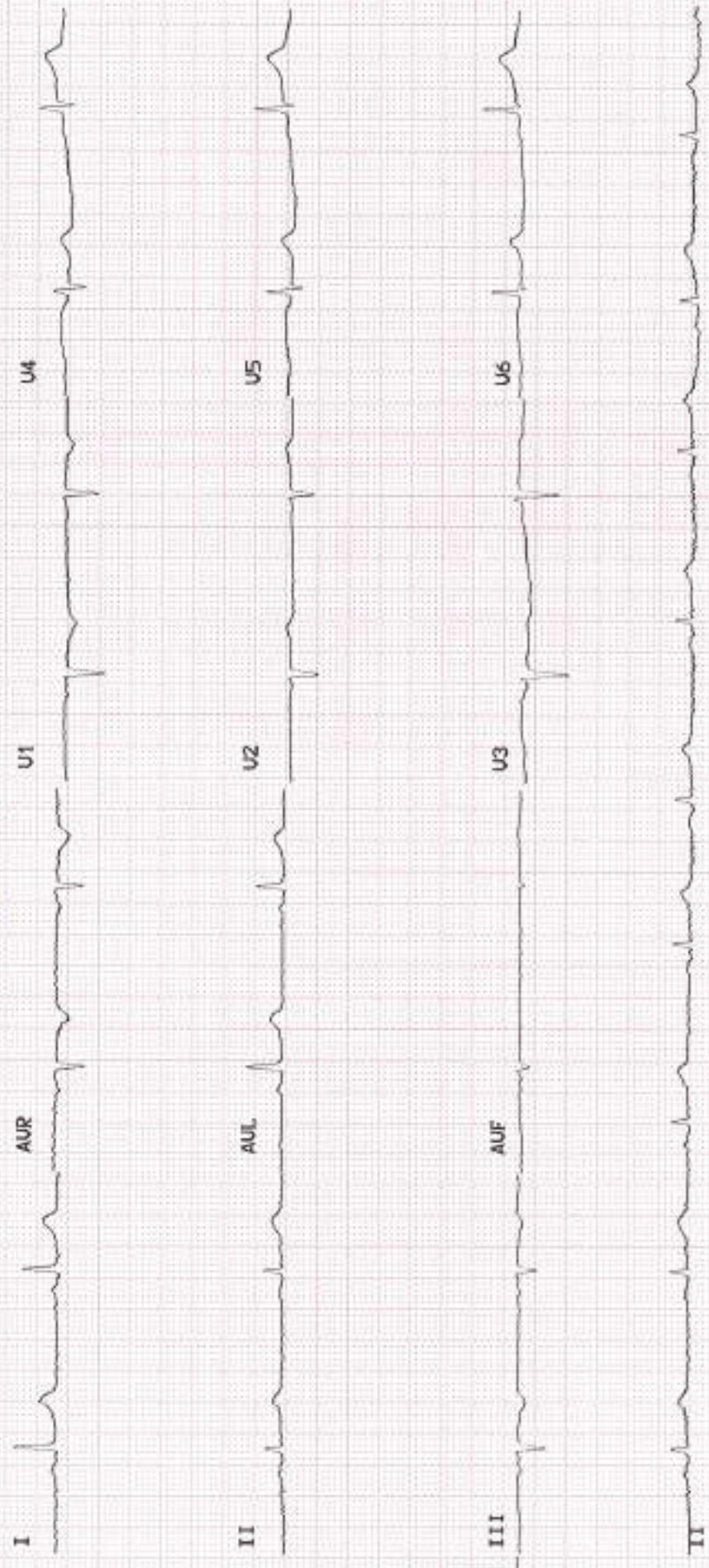
Interpretation:  
 12SL - Interpretation:  
 Sinus bradycardia with sinus arrhythmia  
 Low voltage QRS  
 Borderline ECG

*Sinus bradycardia*



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

*[Signature]*  
 Unconfirmed report.



21/12/24



Patient Name	: Mrs. Rupali P Yadav	Age	: 37 Y F
UHID	: STAR.0000061522	OP Visit No	: STAROPV67556
Reported on	: 21-02-2024 11:06	Printed on	: 21-02-2024 11:07
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:21-02-2024 11:06

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology



Name : Mrs.Rupali Yadav  
Age : 37 Year(s)

Date : 21/02/2024  
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.Rupali Yadav  
Age : 37 Year(s)

Date : 21/02/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	80mm/sec
EPSS	04mm
LA	26mm
AO	26mm
LVID (d)	39mm
LVID(s)	19mm
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)

**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](http://www.apollohl.com)

Patient Name : MRS.RUPALI YADAV  
Ref. By : HEALTH CHECK UP

Date : 21-02-2024  
Age : 37 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 10.4 x 4.4 cms and the **LEFT KIDNEY** measures 9.8 x 4.4 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

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

**UTERUS :** The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.1 x 4.0 x 3.5 cms.  
Normal myometrial & endometrial echoes are seen.  
Endometrial thickness is 9.0 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 1.7 cms.  
Left ovary measures 2.6 x 2.0 cms  
There is no free fluid seen in cul de.

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

Report with compliments.

**DR. VINOD V. SHETTY**  
MD, D.M.R.D. 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.** (ICIN - 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.apolloh.com



**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**

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

### **FOODS TO AVOID**

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

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

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

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

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

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

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.

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

Mrs Rupali Yadav 37 yrs. 21/02/24

No Gynaec complaints

M/H -  $\frac{3 \text{ days}}{20-30d}$  Keg  
- med  
- pill UMP- 6/2/24

O/H - Nil.

P/H - NO major past med / Sx illness  
Head injury after RTA. → In Coma / ventilator  
for 2 months. (2012)

F/H - Nil

O/E  
Cx bleeds on touch  
erosion ⊕  
CBC taken

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

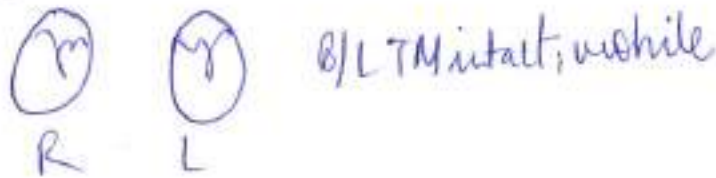


Name: Mrs Rupali Yadav  
Age: 37yrs/f

21/02/2024

- For Health Consultation
- Offers no ENT complaints

O/E - Ears -




Nose -



Septum deviation  
to (R)  
Mucosa (w)  
No discharge

Throat - NAD

Imp: DNS (R)

  
MAJ (DR) SHREYA ANIL SHARMA  
M.S. (ENT), PGDHHM, PGDMLS  
MMC - 2019096177

**EYE REPORT**

Name: *Rupali Yadav*

Date: *21/02/2024*

Age / Sex: *37y / F*

Ref No.:

Complaint: *Nov ocular do*  
*Nov w/o SB/RA*

**Examination**

Spectacle Rx *NxL 6/c* *Neon w/ 10/6*

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

Remarks: *Color LG & near*

Medications: *As of near*

Trade Name	Frequency	Duration

Follow up: *Further near*

Consultant:







<b>Patient Name</b>	: Mrs. Rupali P Yadav	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: STAR.0000061522	<b>OP Visit No</b>	: STAROPV67556
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 21-02-2024 11:51
<b>LRN#</b>	: RAD2243086	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 329603541724		

## 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 10.4 x 4.4 cms and the **LEFT KIDNEY** measures 9.8 x 4.4 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 & it appears normal in size, shape and echotexture. It measures 7.1 x 4.0 x 3.5 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.0 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 1.7 cms. Left ovary measures 2.6 x 2.0 cms. There is no free fluid seen in cul de.

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

**Patient Name** : Mrs. Rupali P Yadav

**Age/Gender** : 37 Y/F

---



**Dr. VINOD SHETTY**  
Radiology

**Patient Name** : Mrs. Rupali P Yadav

**Age/Gender** : 37 Y/F

**UHID/MR No.** : STAR.0000061522

**OP Visit No** : STAROPV67556

**Sample Collected on** :

**Reported on** : 21-02-2024 11:07

**LRN#** : RAD2243086

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 329603541724

**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.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 12:14PM  
Reported : 21/Feb/2024 01:52PM  
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:BED240044500

**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, Park Road One Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500

Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 12:14PM  
Reported : 21/Feb/2024 01:52PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**


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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>39.80</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.1	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3248	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1736	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	504	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.87		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	282000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>40</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 14

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

SIN No:BED240044500

**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,  
Taranga Junction Central, HSR, Bengaluru  
Ph: 022 4552 4500

Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 12:14PM  
Reported : 21/Feb/2024 01:52PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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


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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



SIN No:BED240044500

**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 Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

190, Parnax One Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500




Patient Name : Mrs.RUPALI P YADAV	Collected : 21/Feb/2024 08:50AM
Age/Gender : 37 Y 6 M 27 D/F	Received : 21/Feb/2024 12:14PM
UHID/MR No : STAR.0000061522	Reported : 21/Feb/2024 01:52PM
Visit ID : STAROPV67556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329603541724	

**DEPARTMENT OF HAEMATOLOGY**

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

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

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

SIN No:BED240044500

**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,  
Tamboli (Jubilee Centre), Mumbai, Maharashtra  
Ph: 022-4552 4500

Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 01:30PM  
Received : 21/Feb/2024 01:47PM  
Reported : 21/Feb/2024 06:31PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	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:**

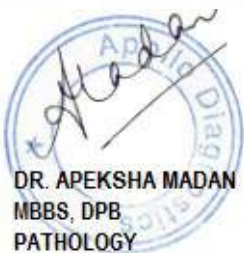
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	92	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.RUPALI P YADAV	Collected : 21/Feb/2024 08:50AM
Age/Gender : 37 Y 6 M 27 D/F	Received : 21/Feb/2024 04:58PM
UHID/MR No : STAR.0000061522	Reported : 21/Feb/2024 06:27PM
Visit ID : STAROPV67556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329603541724	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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:EDT240019729



Patient Name : Mrs.RUPALI P YADAV	Collected : 21/Feb/2024 08:50AM
Age/Gender : 37 Y 6 M 27 D/F	Received : 21/Feb/2024 04:58PM
UHID/MR No : STAR.0000061522	Reported : 21/Feb/2024 05:39PM
Visit ID : STAROPV67556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329603541724	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	72	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	63	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.81		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:BI18412060

Patient Name : Mrs.RUPALI P YADAV	Collected : 21/Feb/2024 08:50AM
Age/Gender : 37 Y 6 M 27 D/F	Received : 21/Feb/2024 11:17AM
UHID/MR No : STAR.0000061522	Reported : 21/Feb/2024 01:45PM
Visit ID : STAROPV67556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329603541724	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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:SE04636178

**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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, Hitech, Maracostina  
Ph: 022-4552 4500


Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 11:17AM  
Reported : 21/Feb/2024 01:45PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>13.90</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



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



SIN No:SE04636178

**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 Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

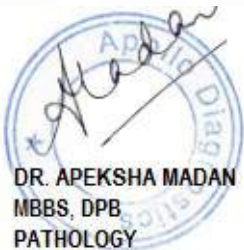
Patient Name : Mrs.RUPALI P YADAV  
 Age/Gender : 37 Y 6 M 27 D/F  
 UHID/MR No : STAR.0000061522  
 Visit ID : STAROPV67556  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
 Received : 21/Feb/2024 11:17AM  
 Reported : 21/Feb/2024 01:45PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>9.00</b>	U/L	16-73	Glycylglycine Kinetic method

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

SIN No:SE04636178

**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, Parnax One Labs, Behind Everest Building,  
 Tardeo (Kumbhari Central), Mumbai, Maharashtra  
 Ph: 022-4552 4500



Patient Name : Mrs.RUPALI P YADAV	Collected : 21/Feb/2024 08:50AM
Age/Gender : 37 Y 6 M 27 D/F	Received : 21/Feb/2024 11:16AM
UHID/MR No : STAR.0000061522	Reported : 21/Feb/2024 01:55PM
Visit ID : STAROPV67556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329603541724	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.33	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.77	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>8.890</b>	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

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

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



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



SIN No:SPL24029268

**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, Panjara Gira Labs, Behind Everest Building,  
Taranga Junction Central, HMT Nagar, Managachera  
Ph: 022-4552 4500

Patient Name : Mrs.RUPALI P YADAV  
Age/Gender : 37 Y 6 M 27 D/F  
UHID/MR No : STAR.0000061522  
Visit ID : STAROPV67556  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 329603541724

Collected : 21/Feb/2024 08:50AM  
Received : 21/Feb/2024 11:16AM  
Reported : 21/Feb/2024 01:55PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

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



SIN No:SPL24029268

**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, Feroz Chak Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500

Patient Name : Mrs.RUPALI P YADAV	Collected : 21/Feb/2024 08:50AM
Age/Gender : 37 Y 6 M 27 D/F	Received : 21/Feb/2024 12:59PM
UHID/MR No : STAR.0000061522	Reported : 21/Feb/2024 02:19PM
Visit ID : STAROPV67556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329603541724	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/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:UR2287522

**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 Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**  
190, Patanjali One Labs, Behind Everest Building,  
Tanaka Junction Central, HMTCL, Maracostina  
Ph: 022 4552 4500

Patient Name : Mrs.RUPALI P YADAV	Collected : 21/Feb/2024 06:33PM
Age/Gender : 37 Y 6 M 27 D/F	Received : 22/Feb/2024 03:29PM
UHID/MR No : STAR.0000061522	Reported : 23/Feb/2024 03:05PM
Visit ID : STAROPV67556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 329603541724	

**DEPARTMENT OF CYTOLOGY**

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

	<b>CYTOLOGY NO.</b>	3700/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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

Page 14 of 14  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS074867

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

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

**Address:**  
190, Panjara Gira Labs, Behind Everest Building,  
Tanaka Jhansai Central, Mumbai, Maharashtra  
Ph: 022-4552 4500