

Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 08:38AM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 11:43AM
UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 02:49PM
Visit ID : STAROPV57978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125048	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

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



SIN No:BED230075283

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DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,700	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	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	1924	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1480	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
PLATELET COUNT	282000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic
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Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically



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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:

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Ph: 022 4332 4500

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UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 02:48PM
Visit ID : STAROPV57978	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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

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



SIN No:BED230075283

Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 03:00PM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 03:57PM
UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 04:54PM
Visit ID : STAROPV57978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125048	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	90	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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	98	mg/dL	70-140	GOD - POD
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 08:38AM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 04:06PM
UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 05:34PM
Visit ID : STAROPV57978	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:EDT230030882

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DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	122	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	73	mg/dL	<150	
HDL CHOLESTEROL	29	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	93	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.21		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	2.26		0.9-2.0	Calculated



SIN No:SE04330666

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DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.63	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	16.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.90	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04330666

Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 08:38AM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 11:26AM
UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 02:24PM
Visit ID : STAROPV57978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125048	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.670	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



Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 08:38AM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 01:18PM
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Visit ID : STAROPV57978	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2084839

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Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 04:40PM
Age/Gender : 31 Y 7 M 5 D/F	Received : 26/Mar/2023 05:37PM
UHID/MR No : STAR.0000055325	Reported : 27/Mar/2023 04:05PM
Visit ID : STAROPV57978	Status : Final Report
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DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST- PAPSURE , LBC FLUID


	CYTOLOGY NO.	5905/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

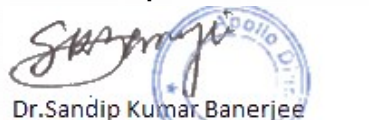
*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



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



SIN No:CS061765

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

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DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST- PAPSURE , LBC FLUID		
	CYTOLOGY NO.	5905/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



SIN No:CS061765

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

25/3/23

Date: 31/3

Age: 31/F

Name: Bharati Vijan

Present Complaints: No

Present Medications: No

Personal History:

Diet: Veg/Mixed ✓

Alcohol: No

Bowel: (w)

Physical Activities: Active/Moderate/Sedentary

Allergy: No

Past Medical History: No

Family History: Father: DM

Unmarried/Married ✓

Sleep: Normal/Disturbed/Snoring

Tobacco: Chews/Smokes No

Bladder: (w)

Menstrual History: 3 to 4 days / 30 days

Mother: Hypertension

Physical Examination findings

Pulse: 70 /min BP: 100/60 mm/hg

No Pallor/icterus/cyanosis/clubbing/edema

RS: (w)

CVS: (w)

P/Abdo: (w)

CNS: (w)

Musculoskeletal: (w)

Investigations:

Normal Reports

Advice:

Fit for Job

Dr. (Mrs.) CHHAYA P. VAJA
M. D. (MUM)
Physician & Cardiologist
Reg. No. 50942



Dr. Chhaya Vaja

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

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

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	Age/Gender	: 31 Y 7 M 5 D/F	Received	: 25/Mar/2023 11:43AM
	UHID/MR No	: STAR.0000055325	Reported	: 25/Mar/2023 02:49PM
	Visit ID	: STAROPV57978	Status	: Final Report
	Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID	: 125048		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

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



Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 08:38AM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 11:43AM
UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 02:49PM
Visit ID : STAROPV57978	Status : Final Report
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Emp/Auth/TPA ID : 125048	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,700	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	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	1924	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1480	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
PLATELET COUNT	282000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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



Patient Name	: Mrs.BHARTI VIJAN	Collected	: 25/Mar/2023 08:38AM
Age/Gender	: 31 Y 7 M 5 D/F	Received	: 25/Mar/2023 11:43AM
UHID/MR No	: STAR.0000055325	Reported	: 25/Mar/2023 02:48PM
Visit ID	: STAROPV57978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 125048		

DEPARTMENT OF HAEMATOLOGY

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

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



Patient Name	: Mrs.BHARTI VIJAN	Collected	: 25/Mar/2023 03:00PM
Age/Gender	: 31 Y 7 M 5 D/F	Received	: 25/Mar/2023 03:57PM
UHID/MR No	: STAR.0000055325	Reported	: 25/Mar/2023 04:54PM
Visit ID	: STAROPV57978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 125048		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	90	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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	98	mg/dL	70-140	GOD - POD
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.BHARTI VIJAN Age/Gender : 31 Y 7 M 5 D/F UHID/MR No : STAR.0000055325 Visit ID : STAROPV57978 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 125048	Collected : 25/Mar/2023 08:38AM Received : 25/Mar/2023 04:06PM Reported : 25/Mar/2023 05:34PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



TOUCHING LIVES

Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 08:38AM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 11:31AM
UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 04:31PM
Visit ID : STAROPV57978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125048	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	122	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	73	mg/dL	<150	
HDL CHOLESTEROL	29	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	93	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.21		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.



Patient Name	: Mrs.BHARTI VIJAN	Collected	: 25/Mar/2023 08:38AM
Age/Gender	: 31 Y 7 M 5 D/F	Received	: 25/Mar/2023 11:31AM
UHID/MR No	: STAR.0000055325	Reported	: 25/Mar/2023 04:31PM
Visit ID	: STAROPV57978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 125048		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	2.26		0.9-2.0	Calculated



TOUCH	Patient Name : Mrs.BHARTI VIJAN Age/Gender : 31 Y 7 M 5 D/F UHID/MR No : STAR.0000055325 Visit ID : STAROPV57978 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 125048	Collected : 25/Mar/2023 08:38AM Received : 25/Mar/2023 11:31AM Reported : 25/Mar/2023 04:31PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.63	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	16.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.90	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



TOUCH Patient Name	: Mrs.BHARTI VIJAN	Collected	: 25/Mar/2023 08:38AM
Age/Gender	: 31 Y 7 M 5 D/F	Received	: 25/Mar/2023 11:31AM
UHID/MR No	: STAR.0000055325	Reported	: 25/Mar/2023 04:31PM
Visit ID	: STAROPV57978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 125048		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name	: Mrs.BHARTI VIJAN	Collected	: 25/Mar/2023 08:38AM
Age/Gender	: 31 Y 7 M 5 D/F	Received	: 25/Mar/2023 11:26AM
UHID/MR No	: STAR.0000055325	Reported	: 25/Mar/2023 02:24PM
Visit ID	: STAROPV57978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 125048		

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

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.670	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



Patient Name : Mrs.BHARTI VIJAN	Collected : 25/Mar/2023 08:38AM
Age/Gender : 31 Y 7 M 5 D/F	Received : 25/Mar/2023 01:18PM
UHID/MR No : STAR.0000055325	Reported : 25/Mar/2023 03:41PM
Visit ID : STAROPV57978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125048	

DEPARTMENT OF CLINICAL PATHOLOGY

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


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

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY


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

Page 11 of 11



SIN No:UR2084839

Specialists in Surgery

Patient Name : MRS. BHARTI VIJAN
Ref. by : HEALTH CHECK UP

Date : 25-03-2023
Age : 31 year

SONOGRAPHY OF ABDOMEN & PELVIS

LIVER : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. 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 well distended and reveals normal wall thickness. There is no evidence of calculus 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 10.9 x 3.8 cms and the **LEFT KIDNEY** measures 11.1 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side. There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.

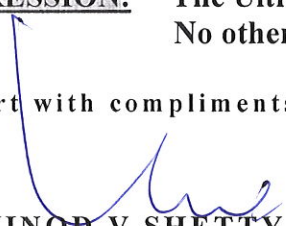
URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 6.9 x 4.1 x 3.7 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 10.0 mm. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.9 x 1.6 cms. Left ovary measures 2.4 x 2.1 cms. There is no free fluid seen in cul de sac.

IMPRESSION : The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected

Report with compliments


DR VINOD V SHETTY
M.D.,D.M.R.D.
CONSULTANT SONOLOGIST

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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

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

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

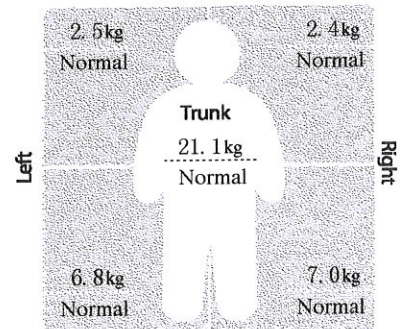
ID Bhasti | Height 160cm | Date 25. 3. 2023 | APOLLO SPECTRA HOSPITAL
 Age 31 | Gender Female | Time 08:51:39

Body Composition

	Under	Normal	Over	UNIT: %	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	69.5 kg			45.7 ~ 61.8
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	24.8 kg			20.3 ~ 24.9
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	24.7 kg			10.8 ~ 17.2
TBW Total Body Water	32.8 kg (27.4 ~ 33.5)		FFM Fat Free Mass	44.8 kg (34.9 ~ 44.6)	
Protein	8.9 kg (7.3 ~ 9.0)		Mineral*	3.08 kg (2.53 ~ 3.10)	

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	27.1	18.5 ~ 25.0
PBF Percent Body Fat (%)	35.6	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.94	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1337	1410 ~ 1642

Nutritional Evaluation

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

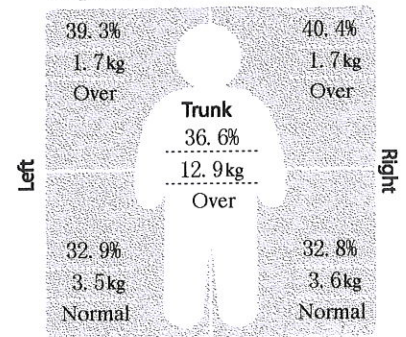
Weight Management

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

Obesity Diagnosis

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

Segmental Fat



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 11.4 kg	Fitness Score	72
-----------------------	--------	--------------------	-----------	----------------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	337.5	329.3	27.3	260.1	270.2
100kHz	304.6	296.1	24.6	225.6	238.2

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 69.5 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
139	243	209	243	227	243	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
157	209	243	348	132	157	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
348	348	348	209	243	122	
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats	
development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	maintenance of lower body muscle	

How to do

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

Recommended calorie intake per day

1400 kcal

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

Apollo Spectra Hospitals

Everest Building, 156, Tardeo Rd,
Tardeo, Mumbai, Maharashtra - 400 034
Ph. No.: 022 4332 4500
www.apollospectra.com



Patient Name: Bhanti Vijan Age: 31yrs

Address: _____ Date: _____

Sr. Fastin Insulin
Fastin Sugar
HbA1C

Signature

Bharti Vijan 31yrs 25/03/23.
As. miscarriage in Jan '23. - D+C done
emp- 21/2/23. , H/O PLOD.

MH - $\frac{3-4d}{30}$ Reg
- mod
- PIC

PH - Nil

FH - Father - DM
Mother - Hypothyroid.

BLE
Cx (H)
wt SFM
Fx clear
CBC taken.

Mrs. Bharti Vijan 31/F

Rx

Date: 25/3/2022

- scaling → ₹ 1900/-

- Filling → ₹ 2100/-

- Replacement



Dr. Rinal Modi
B.D.S. (Mumbai)
Dental Surgeon
Reg. No. : A-28591
Email : doctorrinal@gmail.com
M : 8779256365 / 9892290876

EYE REPORT

Name: Mrs Bharti Vyas

Date: 25/03/2023

Age / Sex: 31 yr / F

Ref No.:

Complaint:

No pain do
No r/o 85 / No r/o DA

Examination

Spectacle Rx

V_r < 6/8
6/6

Near V_r < 10/6

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

Remarks:

Colour V_r & w_r

Medications:

As K_r

Trade Name	Frequency	Duration

Follow up:

Recheck K_r

Consultant:



Name: Mrs Bharti Vijan
Age: 31/F

- For Health check up
- Offers no complaints



B/L TM intact, mobile

Nose - External deformity +
Mild DNS to (L)



Airblast not reduced

Throat - NAD

Δ - DNS (L)

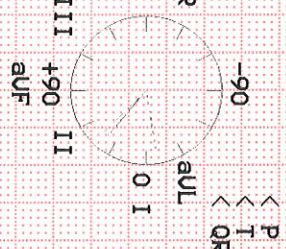

MAJ. (DR.) SHRUTIKA ANIL SHARMA
M.S. (ENT) PGD HRM, FGDMLS
MMC. 2019096177

Blasht Vign

HR 70 bpm

Measurement Results:

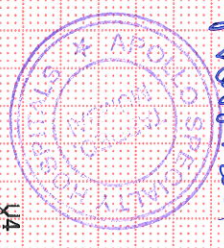
QRS	88 ms
QT/QTcB	372 / 405 ms
PR	124 ms
P	96 ms
RR/PP	842 / 840 ms
P/QRS/T	-10/ 40/ 45 degrees
QTd/QTcBd	22 / 24 ms
Sokolow	1.8 mV
NK	9



Interpretation:

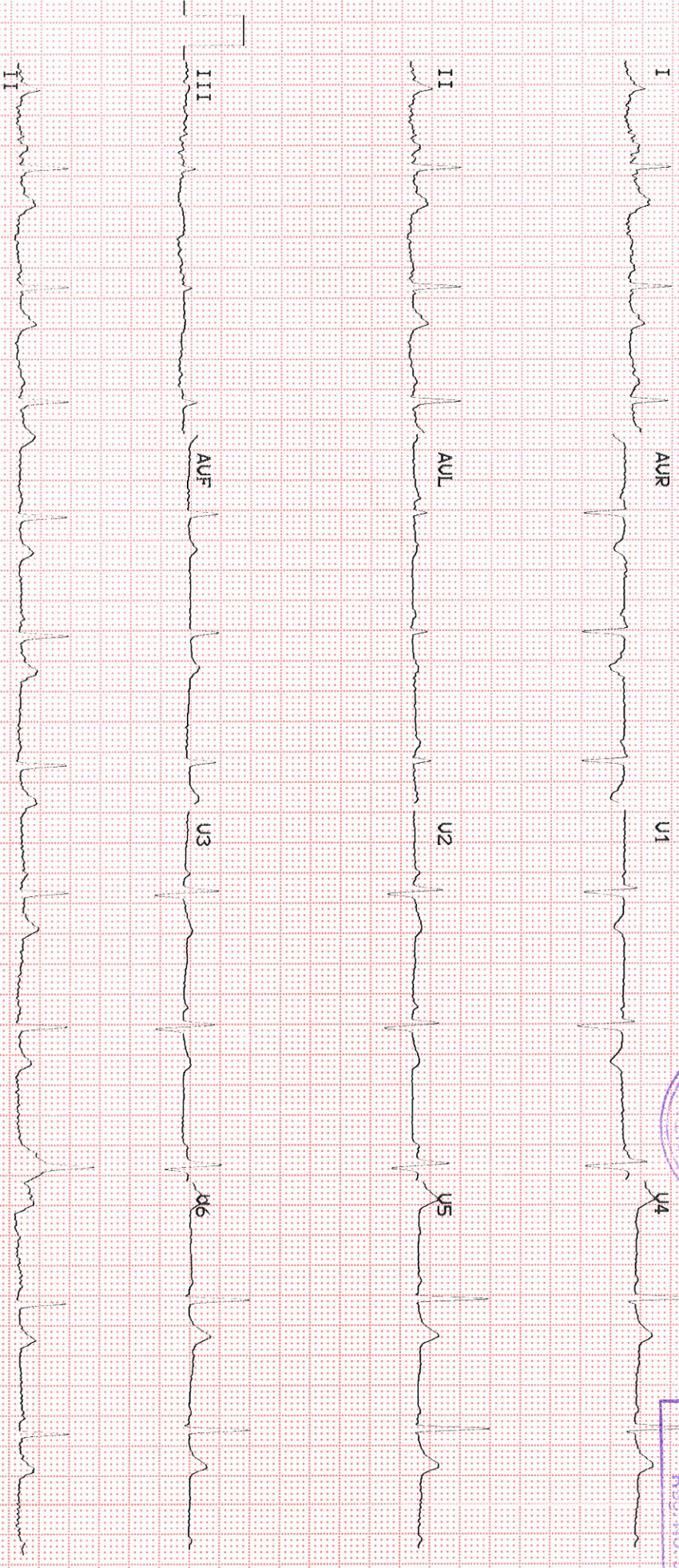
R/S Inversion area between U1 and U2 probably normal ECG

Wesley Normal limits



Unconfirmed report

DR. (MS) SURESH R. VAJJA
 M.D. (MUN)
 Physician - Cardiologist
 Reg. No. 66942





बैंक ऑफ़ बड़ोदा
Bank of Baroda



नाम भारतीय विजन

Name Bharati Vijan

कर्मचारी कूट क्र.

E.C. No. 125048

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder

Patient Name	: Mrs. Bharti Vijan	Age/Gender	: 31 Y/F
UHID/MR No.	: STAR.0000055325	OP Visit No	: STAROPV57978
Sample Collected on	:	Reported on	: 25-03-2023 15:23
LRN#	: RAD1958551	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 125048		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. 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 well distended and reveals normal wall thickness. There is no evidence of calculus 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 10.9 x 3.8 cms and the **LEFT KIDNEY** measures 11.1 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.

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

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 6.9 x 4.1 x 3.7 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 10.0 mm.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.9 x 1.6 cms.
Left ovary measures 2.4 x 2.1 cms.
There is no free fluid seen in cul de sac.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver.
No other significant abnormality is detected



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Bharti Vijan	Age/Gender	: 31 Y/F
UHID/MR No.	: STAR.0000055325	OP Visit No	: STAROPV57978
Sample Collected on	:	Reported on	: 25-03-2023 10:51
LRN#	: RAD1958551	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 125048		

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