

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ABEPO4651J



नाम / Name
PRAVARA SHRIPAD OGALE

पिता का नाम / Father's Name
SHRIPAD RAMCHANDRA OGALE

जन्म की तिथि /
Date of Birth
01/10/1990


हस्ताक्षर / Signature

OUT-PATIENT RECORD

Date : 24/2/24
MRNO : 061607
Name :
Age/Gender : Mrs. Pravara Ogale
Mobile No :
Passport No : 33M Female
Aadhar number :

Pulse : 64/min	B.P : 120/80	Resp : 24/min	Temp : (N)
Weight : 92.kg	Height : 164cm	BMI : 34.2	Waist Circum : 40cm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Unmarried, Vegetarian
Sleep/B/B @ No Allergy.
MC : 4/27 to 28 days.
NO alcohol/tobacco
FH Nil.

Lipid ↑

- 1) Avoid oil/fat
- 2) Morning walk 45 minutes
- 3) Repeat Lipid after 2 months
- 4) 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, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

TOU Patient Name	: Ms PRAVARA S OGALE	Collected	: 24/Feb/2024 09:02AM
Age/Gender	: 33 Y 4 M 23 D/F	Received	: 24/Feb/2024 11:03AM
UHID/MR No	: STAR.0000061607	Reported	: 24/Feb/2024 01:09PM
Visit ID	: STAROPV67662	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ABEP04851J		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240047977



TOURNAI ANALYSES	Patient Name : MsPRAVARA S OGALE Age/Gender : 33 Y 4 M 23 D/F UHID/MR No : STAR.0000061607 Visit ID : STAROPV67662 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : ABEP04651J	Collected : 24Feb/2024 09:02AM Received : 24Feb/2024 11:03AM Reported : 24Feb/2024 01:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.8	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.8	fL	83-101	Calculated
MCH	23.5	pg	27-32	Calculated
MCHC	30.2	g/dL	31.5-34.5	Calculated
R.D.W	17.2	%	11.5-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,450	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4063.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1677	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	193.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	516	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.42		0.78- 3.53	Calculated
PLATELET COUNT	355000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

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DR. APEKSHA MADAN
MBBS, OPB
PATHOLOGY

SIN No:BED240047977

Patient Name	: M/sPRAVARA S OGALE	Collected	: 24/Feb/2024 09:02AM
Age/Gender	: 33 Y 4 M 23 D/F	Received	: 24/Feb/2024 11:03AM
UHID/MR No	: STAR.0000081607	Reported	: 24/Feb/2024 01:09PM
Visit ID	: STAROPV67862	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ABEPO4851J		

DEPARTMENT OF HAEMATOLOGY

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

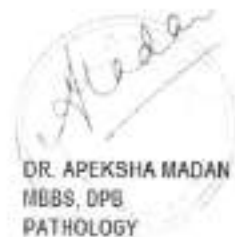
WBC : Normal in number, morphology and distribution. No abnormal cells seen

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Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240047977

Patient Name	: M/S PRAVARA S OGALE	Collected	: 24/Feb/2024 09:02AM
Age/Gender	: 33 Y 4 M 23 D/F	Received	: 24/Feb/2024 11:03AM
UHID/MR No	: STAR.0000061607	Reported	: 24/Feb/2024 02:48PM
Visit ID	: STAROPV67662	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ABEPO4651J		

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
BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: BED240047977

TDU Patient Name : M/sPRAVARA S OGALE Age/Gender : 33 Y 4 M 23 D/F UHID/MR No : STAR.0000081607 Visit ID : STAROPV87662 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : ABEPO4661J	Collected : 24/Feb/2024 09:02AM Received : 24/Feb/2024 12:14PM Reported : 24/Feb/2024 12:24PM 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
GLUCOSE, FASTING , NAF PLASMA	80	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

Notes:

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




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:PLF02111928

Patient Name : M/sPRAVARA S OGALE Age/Gender : 33 Y 4 M 23 D/F UHID/MR No : STAR.0000061607 Visit ID : STAROPV67662 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : ABEP04651J	Collected : 24/Feb/2024 02:16PM Received : 24/Feb/2024 04:36PM Reported : 24/Feb/2024 05:21PM 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	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:PLP1421758

Patient Name	: MsPRAVARA S OGALE	Collected	: 24/Feb/2024 09:02AM
Age/Gender	: 33 Y 4 M 23 D/F	Received	: 24/Feb/2024 03:59PM
UHID/MR No	: STAR.0000061807	Reported	: 24/Feb/2024 06:01PM
Visit ID	: STAROPV67862	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empi/Auth/TPA ID	: ABEPO4651J		

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	91	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. Saachi Pravin Garg
M.B.B.S, DNB(Pathologist)
Consultant Pathologist

SIN No: EDT240021473

Patient Name	: MsPRAVARA S OGALE	Collected	: 24/Feb/2024 09:02AM
Age/Gender	: 33 Y 4 M 23 D/F	Received	: 24/Feb/2024 03:59PM
UHID/MR No	: STAR.0000061607	Reported	: 24/Feb/2024 04:37PM
Visit ID	: STAROPV87682	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID	: ABEP04651J		

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	194	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	188	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.24		0-4.97	Calculated

Comment:

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

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

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



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



SIN No: BI18462341

Patient Name : M's PRAVARA S OGALE Age/Gender : 33 Y 4 M 23 D/F UHID/MR No : STAR.0000061607 Visit ID : STAROPV57662 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : ABEPO4651J	Collected : 24/Feb/2024 09:02AM Received : 24/Feb/2024 12:08PM Reported : 24/Feb/2024 03:40PM 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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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 conclusion 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
 MBS, DPB
 PATHOLOGY

SIN No:SE04639844

Patient Name	: Mrs PRAVARA S OGALE	Collected	: 24/Feb/2024 09:02AM	<i>Expertise. Empowering you.</i>
Age/Gender	: 33 Y 4 M 23 D/F	Received	: 24/Feb/2024 12:08PM	
LHID/MR No	: STAR.0000061607	Reported	: 24/Feb/2024 03:40PM	
Visit ID	: STAROPV57662	Status	: Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: ABEP04651J			

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	15.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SE04639844

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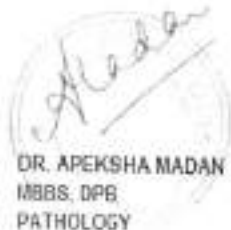


Patient Name	: MsPRAVARA S OGALE	Collected	: 24/Feb/2024 09:02AM
Age/Gender	: 33 Y 4 M 23 DiF	Received	: 24/Feb/2024 12:08PM
LHID/MR No	: STAR.0000061607	Reported	: 24/Feb/2024 03:40PM
Visit ID	: STAROPV57662	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ABEP04651J		

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	12.00	UL	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SE04639844

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Patient Name	: M/S PRAVARA S. OGALE	Collected	: 24/Feb/2024 09:02AM
Age/Gender	: 33 Y 4 M 23 DF	Received	: 24/Feb/2024 12:08PM
UHID/MR No	: STAR.0000061607	Reported	: 24/Feb/2024 02:44PM
Visit ID	: STAROPV67662	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ABEPO4651J		

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, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.31	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.580	µIU/mL	0.25-5.0	ELFA

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




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No: SPL24031564

Patient Name : Mrs PRAVARA S OGALE	Collected : 24/Feb/2024 09:02AM
Age/Gender : 33 Y 4 M 23 D/F	Received : 24/Feb/2024 01:34PM
UHID/MR No : STAR.0000061607	Reported : 24/Feb/2024 03:28PM
Visit ID : STAROPV67662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ABEPC4651J	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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

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DR. APEKSHA MADAN
MBBS, DNB
PATHOLOGY

SIN No:UR2290103

Measurement Results:

QRS	:	94 ms
QT/QTcB	:	398 / 410 ms
PR	:	ms
P	:	ms
RR/PP	:	894 / 200 ms
P/ORS/T	:	/ 6/ 29 degrees



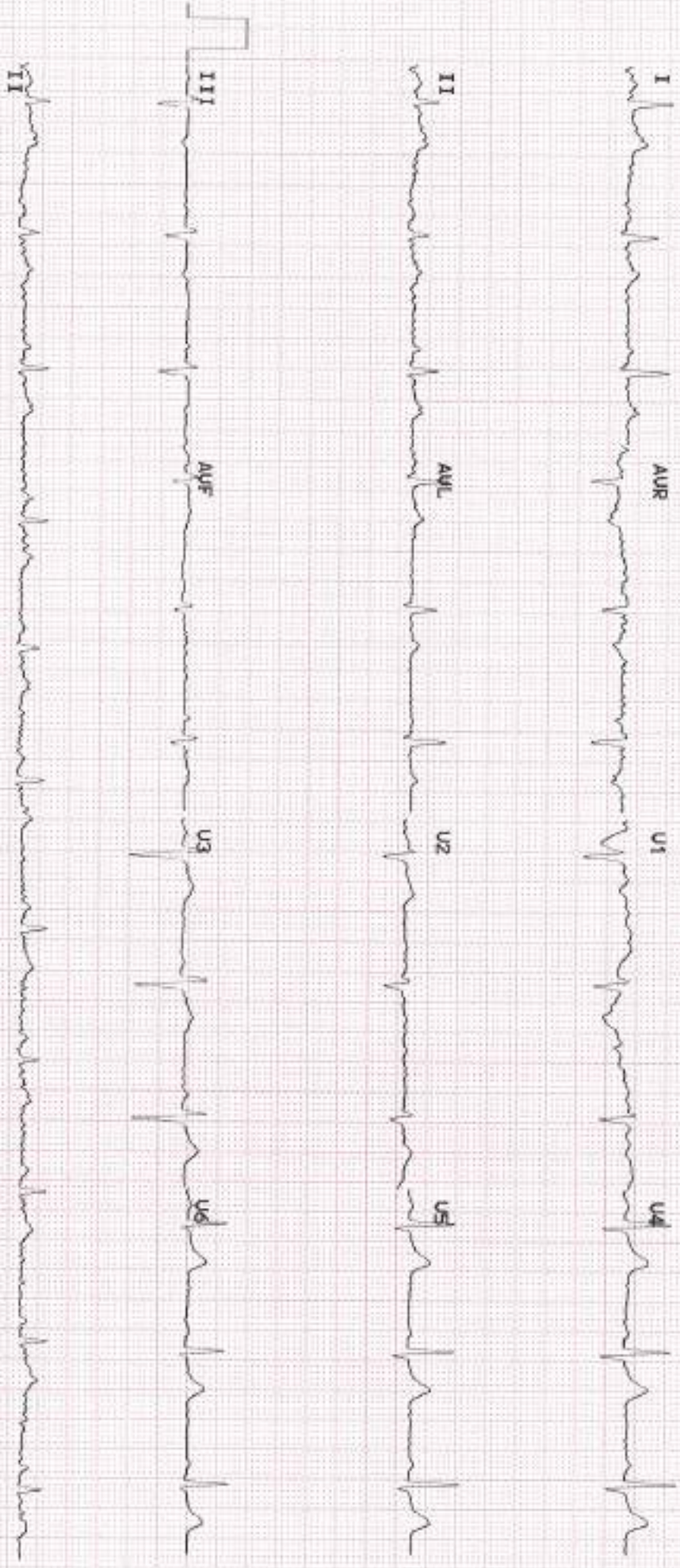
Interpretation:
 12SL - Interpretation:
 Undetermined rhythm
 Otherwise normal ECG

Meein Normal Sinus

~~Unconfirmed report.~~



Dr. (Mrs.) CHHAYA P. VAJA
 M.D. (MDIM)
 Physician & Cardiologist
 Reg No 55942



Patient Name : M/s PRAVARA S OGALE Age : 33 Y F
UHID : STAR.0000061607 OP Visit No : STAROPV67662
Reported on : 24-02-2024 13:36 Printed on : 24-02-2024 13:37
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:24-02-2024 13:36

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Ms. Pravara Ogale
Age : 33 Year(s)

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

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


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

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

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

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

Name : Ms. Pravara Ogale
Age : 33 Year(s)

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

Dimension:

EF Slope	110mm/sec
EPSS	08mm
LA	30mm
AO	28mm
LVID (d)	45mm
LVID(s)	22mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR. CHHAYA P. VAJA. M. D. (MUM)
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Ph No: 040 - 4904 7777 | www.apolloh.com

Patient Name : MS. PRAVARA OGALE
Ref. by : HEALTH CHECKUP

Date : 24-02-2024
Age : 33 years

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 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 9.8 x 4.9 cms and the **LEFT KIDNEY** measures 10.7 x 5.0 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 7.1 x 3.9 x 3.7 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 10.7 mm. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.8 x 1.7 cms. Left ovary measures 2.4 x 1.5 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. VANDANA S. SHETTY
M.D., 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

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

Pravara Ogala 83yrs 24/2/24.

NO Gynaec Complaints.

M/H - $\frac{6 \text{ days}}{24-25}$ - Reg - mod - PLU CMP - 16/2/24.

P/H - Allergic bronchitis
Spinal # - bedrest last year.

F/H - Nil.

O/E

Cx VAG | (H)

WBC taken

lsoni

EYE REPORT

Name: *Mr Pravar Ogale*

Date: *26/02/2024*

Age / Sex: *33 / F*

Ref No.:

Complaint: *No ocular dis*
No n/o SI

Examination

Spectacle Rx *R L 5/6* *near 6/6*

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

Remarks: *Corrective lens*

Medications: *As per*

Trade Name	Frequency	Duration

Follow up: *As per*

Consultant:



DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

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

ID *msk. Pyavara Ozale*
061602
 Age 33

Height 164cm | Date 24.2.2024
 Gender Female | Time 10:37:58

APOLLO SPECTRA HOSPITAL

Body Composition

	Under	Normal	Over	UNIT	Normal Range
Weight	40 50 60 70 80 90 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250			kg	48.0 ~ 65.0
Muscle Mass <small>Skeletal Muscle Mass</small>	40 50 60 70 80 90 100 110 120 130 140 150 160 170			kg	21.5 ~ 26.2
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300			kg	11.3 ~ 18.1
TBW <small>Total Body Water</small>	36.2 kg (28.8 ~ 35.2)		FFM <small>Fat Free Mass</small>	49.5 kg (36.7 ~ 46.9)	
Protein	9.6 kg (7.7 ~ 9.4)		Mineral*	3.71 kg (2.66 ~ 3.25)	

*Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m²)</small>	34.2	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	46.1	18.0 ~ 28.0
WHR <small>Waist-Hip Ratio</small>	0.97	0.75 ~ 0.85
BMR <small>Basal Metabolic Rate (kcal)</small>	1440	1747 ~ 2053

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 type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" 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 type="checkbox"/> Over	<input checked="" 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	- 27.7 kg	Fitness Score	58
----------------	--------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kg	369.8	360.3	18.9	237.8	228.8
100kg	338.2	331.1	16.6	217.7	209.5

* 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: 92.0 kg / Duration: 30min. / unit: kcal)						
Walking 184	Jogging 322	Bicycle 276	Swim 322	Mountain Climbing 300	Aerobic 322	
Table Tennis 208	Tennis 276	Football 322	Oriental Fencing 460	Gate ball 175	Badminton 208	
Racket ball 460	Table-tennis 460	Squash 460	Basketball 276	Rope jumping 322	Golf 162	
Push-ups <small>development of upper body</small>	Sit-ups <small>abdominal muscle training</small>	Weight training <small>backside posture prevention</small>	Dumbbell exercise <small>muscle strength</small>	Elastic band <small>muscle strength</small>	Squats <small>maintenance of lower body muscle</small>	

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

1500 kcal

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

Patient Name	: M/s PRAVARA S OGALE	Age/Gender	: 33 Y/F
UHID/MR No.	: STAR.0000061607	OP Visit No	: STAROPV67662
Sample Collected on	:	Reported on	: 24-02-2024 13:37
LRN#	: RAD2246698	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: ABEPO4651J		

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	: M/s PRAVARA S OGALE	Age/Gender	: 33 Y/F
UHID/MR No.	: STAR.0000061607	OP Visit No	: STAROPV67662
Sample Collected on	:	Reported on	: 24-02-2024 12:28
LRN#	: RAD2246698	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: ABEPO4651J		

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 : 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.

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Endometrial thickness is 10.7 mm.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.8 x 1.7 cms.
Left ovary measures 2.4 x 1.5 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 : M/sPRAVARA S OGALE
Age/Gender : 33 Y 4 M 23 D/F
UHID/MR No : STAR.0000061607
Visit ID : STAROPV67662
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : ABEP04651J

Collected : 24/Feb/2024 09:02AM
Received : 24/Feb/2024 11:03AM
Reported : 24/Feb/2024 01:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte


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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : M/sPRAVARA S OGALE
Age/Gender : 33 Y 4 M 23 D/F
UHID/MR No : STAR.0000061607
Visit ID : STAROPV67662
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : ABEP04651J

Collected : 24/Feb/2024 09:02AM
Received : 24/Feb/2024 11:03AM
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.8	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.8	fL	83-101	Calculated
MCH	23.5	pg	27-32	Calculated
MCHC	30.2	g/dL	31.5-34.5	Calculated
R.D.W	17.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,450	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4063.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1677	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	193.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	516	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.42		0.78- 3.53	Calculated
PLATELET COUNT	355000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

Page 2 of 14

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240047977

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

Patient Name : M/sPRAVARA S OGALE
Age/Gender : 33 Y 4 M 23 D/F
UHID/MR No : STAR.0000061607
Visit ID : STAROPV67662
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : ABEP04651J

Collected : 24/Feb/2024 09:02AM
Received : 24/Feb/2024 11:03AM
Reported : 24/Feb/2024 01:09PM
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 : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240047977

Apollo Speciality Hospitals Private Limited

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Begumpet, Hyderabad, Telangana - 500016

Address:


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

Patient Name : M/sPRAVARA S OGALE	Collected : 24/Feb/2024 09:02AM
Age/Gender : 33 Y 4 M 23 D/F	Received : 24/Feb/2024 11:03AM
UHID/MR No : STAR.0000061607	Reported : 24/Feb/2024 02:48PM
Visit ID : STAROPV67662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ABEP04651J	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240047977

Patient Name : M/sPRAVARA S OGALE
 Age/Gender : 33 Y 4 M 23 D/F
 UHID/MR No : STAR.0000061607
 Visit ID : STAROPV67662
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : ABEPO4651J

Collected : 24/Feb/2024 09:02AM
 Received : 24/Feb/2024 12:14PM
 Reported : 24/Feb/2024 12:24PM
 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	80	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.



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



Patient Name : M/sPRAVARA S OGALE	Collected : 24/Feb/2024 02:18PM
Age/Gender : 33 Y 4 M 23 D/F	Received : 24/Feb/2024 04:35PM
UHID/MR No : STAR.0000061607	Reported : 24/Feb/2024 05:21PM
Visit ID : STAROPV67662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ABEP04651J	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	116	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



SIN No:PLP1423758

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Begumpet, Hyderabad, Telangana - 500016

Address:

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

Patient Name : M/sPRAVARA S OGALE
Age/Gender : 33 Y 4 M 23 D/F
UHID/MR No : STAR.0000061607
Visit ID : STAROPV67662
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : ABEPO4651J

Collected : 24/Feb/2024 09:02AM
Received : 24/Feb/2024 03:59PM
Reported : 24/Feb/2024 06:01PM
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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	91	mg/dL		Calculated


Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No:EDT240021473



Patient Name : M/sPRAVARA S OGALE	Collected : 24/Feb/2024 09:02AM
Age/Gender : 33 Y 4 M 23 D/F	Received : 24/Feb/2024 03:59PM
UHID/MR No : STAR.0000061607	Reported : 24/Feb/2024 04:37PM
Visit ID : STAROPV67662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ABEPO4651J	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	194	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	188	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.24		0-4.97	Calculated

Comment:

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

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

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



Dr. Sandip Kumar Banerjee
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Consultant Pathologist



SIN No:BI18462341

Patient Name : M/sPRAVARA S OGALE	Collected : 24/Feb/2024 09:02AM
Age/Gender : 33 Y 4 M 23 D/F	Received : 24/Feb/2024 12:08PM
UHID/MR No : STAR.0000061607	Reported : 24/Feb/2024 03:40PM
Visit ID : STAROPV67662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ABEPO4651J	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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.



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MBBS, DPB
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SIN No:SE04639844

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Patient Name : M/sPRAVARA S OGALE
Age/Gender : 33 Y 4 M 23 D/F
UHID/MR No : STAR.0000061607
Visit ID : STAROPV67662
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : ABEP04651J

Collected : 24/Feb/2024 09:02AM
Received : 24/Feb/2024 12:08PM
Reported : 24/Feb/2024 03:40PM
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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	15.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



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Ph: 022-4552 4500

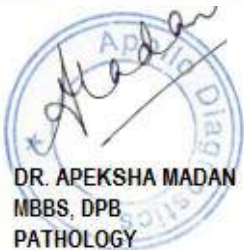
Patient Name : M/sPRAVARA S OGALE
 Age/Gender : 33 Y 4 M 23 D/F
 UHID/MR No : STAR.0000061607
 Visit ID : STAROPV67662
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : ABEP04651J

Collected : 24/Feb/2024 09:02AM
 Received : 24/Feb/2024 12:08PM
 Reported : 24/Feb/2024 03:40PM
 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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	16-73	Glycylglycine Kinetic method

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Patient Name : M/sPRAVARA S OGALE	Collected : 24/Feb/2024 09:02AM
Age/Gender : 33 Y 4 M 23 D/F	Received : 24/Feb/2024 12:08PM
UHID/MR No : STAR.0000061607	Reported : 24/Feb/2024 02:44PM
Visit ID : STAROPV67662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ABEP04651J	

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, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.17	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.31	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.580	µIU/mL	0.25-5.0	ELFA

Comment:

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

- 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

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Ph: 022-4552 4500

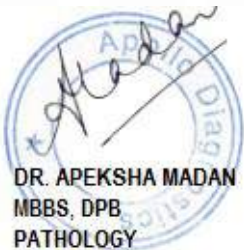
Patient Name : M/sPRAVARA S OGALE
Age/Gender : 33 Y 4 M 23 D/F
UHID/MR No : STAR.0000061607
Visit ID : STAROPV67662
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : ABEP04651J

Collected : 24/Feb/2024 09:02AM
Received : 24/Feb/2024 01:34PM
Reported : 24/Feb/2024 03:28PM
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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Patient Name : M/sPRAVARA S OGALE	Collected : 24/Feb/2024 02:06PM
Age/Gender : 33 Y 4 M 23 D/F	Received : 25/Feb/2024 09:37PM
UHID/MR No : STAR.0000061607	Reported : 28/Feb/2024 10:56AM
Visit ID : STAROPV67662	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ABEPO4651J	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	4029/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



Dr.A. Kalyan Rao
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Page 14 of 14
CAP
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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS075120

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

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