

Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 07:55AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 03:20PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite see



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240029621

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 07:55AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 03:20PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	33.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.8	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.6	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.8	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4038.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1800.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	77.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	507.97	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.43	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC's are Normocytic Normochromic, WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells/hemoparasite see				



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240029621

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 10:19AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:47PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 03:13PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	HEXOKINASE

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	mg/dL	70-140	HEXOKINASE

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1416018

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 07:55AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 04:07PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No:EDT240012845

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 07:55AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:50PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 03:14PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	142	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.56	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.17	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.14		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04621047

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 07:55AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:50PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 03:14PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.2	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	98.16	U/L	30-120	IFCC
PROTEIN, TOTAL	6.59	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant-Pathologist

SIN No:SE04621047

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 07:55AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:50PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 03:14PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	7.84	U/L	<38	IFCC



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04621047

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 10:19AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 07/Feb/2024 01:13PM
UHID/MR No : CPIM.0000116411	Reported : 07/Feb/2024 01:46PM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UPP016437

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.SHIVALI R MANDAL	Collected : 07/Feb/2024 11:15AM
Age/Gender : 42 Y 6 M 6 D/F	Received : 08/Feb/2024 01:53PM
UHID/MR No : CPIM.0000116411	Reported : 10/Feb/2024 10:52AM
Visit ID : CPIMOPV156638	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS7873	

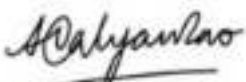
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	2439/24
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. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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



SIN No:CS073973

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



Patient Name	: Mrs. SHIVALI R MANDAL	Age/Gender	: 42 Y/F
UHID/MR No.	: CPIM.0000116411	OP Visit No	: CPIMOPV156638
Sample Collected on	:	Reported on	: 07-02-2024 11:30
LRN#	: RAD2228069	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS7873		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B–Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

RIGHT BREAST AT 6 O CLOCK POSITION NEAR NIPPLE SHOWS A WELL DEFINED ,OVAL, SOLID LESION MEASURING 22X18MM. IT SHOWS FEW FOCI OF CALCIFICATIONS.

RIGHT BREAST ALSO SHOWS A5X3MM SIMPLE CYST AT 10 O CLOCK POSITION.

No evidence of other focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

- **RIGHT BREAST FIBROADENOMA.**
- **SUBCENTIMETER SIMPLE RIGHT BREAST CYST.**

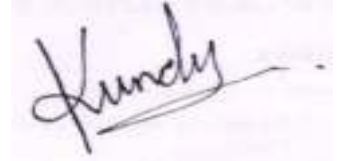
Consultant Radiologist.

(The sonography findings should always be considered in correlation with the clinical and other

Patient Name : Mrs. SHIVALI R MANDAL

Age/Gender : 42 Y/F

investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mrs. SHIVALI R MANDAL

Age/Gender : 42 Y/F

UHID/MR No. : CPIM.0000116411

OP Visit No : CPIMOPV156638

Sample Collected on :

Reported on : 07-02-2024 12:19

LRN# : RAD2228069

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS7873

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

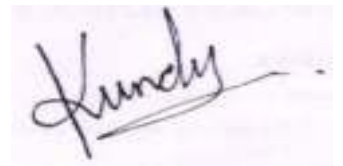
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name	: Mrs. SHIVALI R MANDAL	Age/Gender	: 42 Y/F
UHID/MR No.	: CPIM.0000116411	OP Visit No	: CPIMOPV156638
Sample Collected on	:	Reported on	: 07-02-2024 11:30
LRN#	: RAD2228069	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS7873		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.4 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

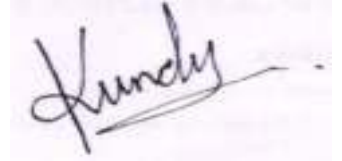
No significant abnormality detected.

Suggest – clinical correlation.

Patient Name : Mrs. SHIVALI R MANDAL

Age/Gender : 42 Y/F

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Shivali Mandal on 02/02/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after: _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after: _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. Anamdar
Dr. Anam A. A. Inamdar
 Medical Officer MBBS
 Apollo Clinic, (NIGDI) Reg. No. 2017050720

This certificate is not meant for medico-legal purposes

Patient Name	: Mrs. SHEVAJI R. MANDAL	Collected	: 07/Feb/2024 07:55AM
Age/Gender	: 42 Y 6 M 6 D/F	Received	: 07/Feb/2024 01:25PM
UFI/MPH No	: CHIMUGUC17641	Reported	: 07/Feb/2024 03:20PM
Mail ID	: GP.MOH@156698	Status	: Final Report
Ref Doctor	: Dr. SELF	Spreader Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Audit/TPA ID	: auc87873		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM - WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	33.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.8	Million/cu.mm	3.8-4.5	Electrical Impedance
MCV	88.8	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.8	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4038.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1800.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	77.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	507.97	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.43	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen



Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: DED240029621


This test has been performed at Apollo Health and Lifestyle Pvt. Ltd. - Sadashiv Park Pune, Diagnostics Lab

Patient Name	: Mrs. SHIVALI R MANDAL	Collected	: 07-Feb-2024 07:55AM
Age/Gender	: 42 Y F M B DF	Received	: 07-Feb-2024 01:50PM
L-10MR No	: GPW/0000116411	Reported	: 07-Feb-2024 03:14PM
Visit ID	: CPIMOPV159638	Status	: Final Report
Ref Doctor	: Dr. SELF	Sanction Name	: ARCOFEMI HEALTH-CARE LIMITED
Emp/Accr/PAID	: bobS7673		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.33	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.77	mg/dL	2.8-8.0	Uricase PAP
CALCIUM	8.51	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.55	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.68	mmol/L	101-109	ISE (Indirect)


Dr. Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 S/N No:SE0421047

This test has been performed at Apollo Clinic and Lifestyle Hub - Saiasahy Pulli Park, Durgam Chaloan




ID: 521

SHIVALI MANDAL
Female 42Ycars

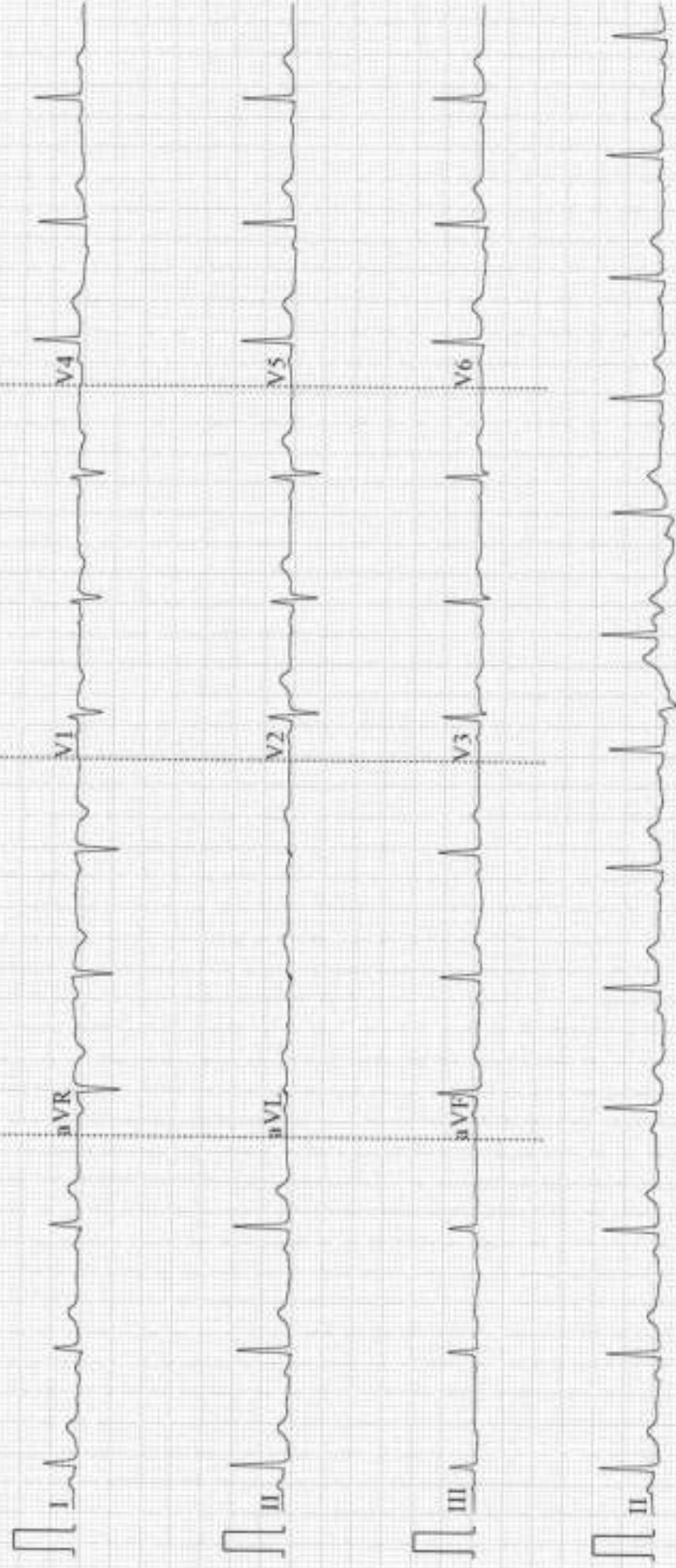
07-02-2024 08:44:31 AM

HR : 75 bpm
P : 103 ms
PR : 143 ms
QRS : 83 ms
QT/QTc : 364/408 ms
P/QRS/T : 28/58/21 °
RV5/SV1 : 0.838/0.393 mV

Diagnosis Information:
Sinus Rhythm
Low Voltage(Chest Leads)


Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236

Report Confirmed by:



Patient Name : Mrs. SHIVAJI R MANDAL

Age : 42 Y F

UHID : CPIM.0000116411

OP Visit No : CPIMOPV156638

Reported on : 07-02-2024 12:10

Printed on : 07-02-2024 12:19

Attending Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on: 07-02-2024 12:10

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name	: Mrs. SHIVALIR MANDAL	Age	: 42 Y F
UHID	: CPIM.0000116411	OP Visit No	: CP1MOPV156638
Reported on	: 07-02-2024 11:16	Printed on	: 07-02-2024 11:30
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.4 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

Apollo Health and Lifestyle Limited

ICIN - 0051101G200PLC1158150

Regd. Office: 110 GD/62, Ashoka Baghupachi Chambers, 5th Floor, Bagumtel, Hyderabad, Telangana - 500016.

PH No: 019-1901 7777, Fax No: 0901 7799 | Email: enquiry@apolloclinic.com | www.apolloclinic.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune | Mumbai | Nagpur | Nigdi | Parelhikareri | Siminagar | Yashwantrao

Online appointments: www.apolloclinic.com

Patient Name : Mrs. SHIVALI R. MANDAL

UHID : CPIM.0000116411

Reported on : 07-02-2024 11:16

Adm/Consult Doctor :

Age : 42 Y F

OP Visit No : CPIMOPV156638

Printed on : 07-02-2024 11:30

Ref Doctor : SELF

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:07-02-2024 11:16

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name	: Mrs. SHIVALI R MANDAL	Age	: 42 Y F
UHID	: CPM.0000116411	OP Visit No	: CPMOPV156638
Reported on	: 07-02-2024 11:17	Printed on	: 07-02-2024 14:51
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

RIGHT BREAST AT 6 O CLOCK POSITION NEAR NIPPLE SHOWS A WELL DEFINED ,OVAL, SOLID LESION MEASURING 22X18MM. IT SHOWS FEW FOCI OF CALCIFICATIONS.

RIGHT BREAST ALSO SHOWS A5X3MM SIMPLE CYST AT 10 O CLOCK POSITION.

No evidence of other focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

Patient Name : Mrs. SHIVALI R MANDAL

UHID : CPIM.0000116411

Reported on : 07-02-2024 11:17

Adm/Consult Doctor :

Age : 42 Y F

OP Visit No : CPIMOPV156638

Printed on : 07-02-2024 14:51

Ref Doctor : SELF

CONCLUSION:

- **RIGHT BREAST FIBROADENOMA.**
- **SUBCENTIMETER SIMPLE RIGHT BREAST CYST.**

Consultant Radiologist.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:07-02-2024 11.17

--End of the Report--



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. SHIVALI MANDAL	Age/Sex: 42 / F
Ref: ARCOFEMI	Date: 07.02.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR, Mild MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	31.0 mm	Aortic Root	27.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	42.0 mm	LVID (s)	24.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR/TR

NO PULMONARY HYPERTENSION

IAS/VS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION



DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

ION: 155110762000-CT:5819

Regd. Office: 1-10-50/62, Anand Bhagupathi Chambers, 5th floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph: No. 040 4504 7777, Fax No. 4054 7744 | Email ID: enquiry@apollohld.com | www.apollohld.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune | Ldh | Kharadi | Nigdi | Pradhikaran | Viman Nagar | Wankore

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Apollo Clinic,
 Nigdi, Pune - 411044.

Date - 07.02.24

Patient Name *Shivali Mandel*

UHID:

Age / Sex: *42.40 f*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N/6</i>	<i>N/6</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

plano BE

IMPRESSION: -

normal

[Signature]
OPTOMETRIST

Shinadi Mandal

7/2/24

42yrs

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Imp: 31/1/24

PMC 34 days RMP2

Primary: PAIN

LD: 184u

NO Abdo

Varicelony by M

PA central obesity

NOT on any medicine

S/S: Co-~~Ag~~ (H)

Hypertrophied

P/V: UA R.U, N.S.

No acute gyneco problem at now

Follow up date:

TAC NIGDI
Dr. Archana Chandak
MBBS, DGO
Reg. No. 23033
Doctor Signature

Mrs Shivali Mandar

42 yrs / F.

Wt. - 68.9 kg

Ht - 158 cm

7th Feb 2024.

Δ - Overweight

Dietary Habit :- Mixed diet.Daily Dietसुबह - प्रश्न करने के बाद 9 बजे गुनगुना पानी में अजवाइन, सैंड, नमक डालकर पिया है। स्वाद अनुसार लिंबूबंस मिला सकते हैं।सुबह :- व्यायाम - चप्पल चलना / योगासनसुबह :- 9 कप Black tea + 2 मारी बिस्किटसुबह :- Smoothie + Salad
OR 1 Boiled egg + Salad
OR 1 Roti + Sabjiसुबह 99 बजे :- छोटा + सहजा बीज
दुपहर का खाना :- सलाद / दहीरायता + सहजा बी
+ 2 रोटी + सहजा + दाल

P.T. 0 →

Date : 07-02-2024
MR NO : CPIM.0000116411

Department : GENERAL
Doctor :

Name : Mrs. SHIVALI R MANDAL

Registration No :

Age/Gender : 42 Y / Female

Qualification :

Consultation Timing: 07:54

wt 68.9

HA 158

BP 120/80

BMI-27.6

Father: HTN.

Diet Mix:


SI (+)
COS: S₁ S₂ (+)
RS: AEBL
PA: NAD.
CNS: NAD.

No known allergy.

No past sx

Anam.

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236

Name : Mrs. SHYAL K. Bhandal	Age : 42 Y	ICHD : CPIM.0200.16411
Address : 401, SWAPNEEL SOCIETY, TC COLONY, V. NAGNAGAR, 2ND ROAD	Sex : F	
Plan : ARCO-EMI MEDICAL FEMALE ABO CREDIT PAN INDIA OP AGREEMENT		OP Number : CPIMOPV156678 Bill No : CPIM-OCR-75905 Date : 10/02/2024 07:54

Sno	Service Type/Service Name	Department
1	ARCO-EMI - MID.WHTEL - FULL BODY ANNEAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - PY2124	
1	URINE GLUCOSE (FASTING)	
2	GAMMA GUTAMYL TRANSFERASE (GGT)	
3	SONO MAMMOGRAPHY - SCREENING	
4	HBA1c GLYCATED HEMOGLOBIN	
5	SMI (CTG)	
6	HEPATIC FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	CHOLEST, FASTING	
9	ULTRASONOGRAM - PERIPHERAL SMEAR	
10	EXT. CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNACOLOGY CONSULTATION	
13	PHYSICIAN CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE (POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	EKG	
18	TYPED GROUP ABO AND R.H FACTOR	
19	HEPATIC PROFILE	
20	SOXKASS INDEX (BMI)	
21	ECG PAP TEST - PAPERLESS	
22	OPHTH. BY GENERAL PHYSICIAN	
23	RENAL PROFILE: RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	
27	GLUCOSE, POST PRANDIAL (2H), 2 HOURS (POST MEAL) 10:15 Am	

vit D3
B 12 3050k
Audio

68.9

158

120/80

ID: 521
SHIVALI MANDAL
Female 42Years

07-02-2024 08:44:31 AM
HR : 75 bpm
P : 103 ms
PR : 143 ms
QRS : 83 ms
QT/QTc : 364/408 ms
P/QRST : 28/58/21 °
RV5/SV1 : 0.838/0.393 mV

AMW CE

Diagnosis Information:
Sinus Rhythm
Low Voltage(Chest Leads)

Report Confirmed by:



Name: Mrs. SHIVALI R MANDAL
Age/Gender: 42 Y/F
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKASNAGAR, DEHU
ROAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000116411
Visit ID: CPIMOPV156638
Visit Date: 07-02-2024 07:54
Discharge Date:
Referred By: SELF

Doctor's Signature

Date : 07-02-2024
MR NO : CPIM.0000116411

Department : GENERAL
Doctor :

Name : Mrs. SHIVALI R MANDAL

Registration No :

Age/ Gender : 42 Y / Female

Qualification :

Consultation Timing: 07:54

wt 68.9

HA 158

BP 120/80

BMI-27.6

Father: HTN.

Diet Mix

S/E
CVS: S₁S₂ ⊕

RS: AEBCL

PA: NAD.

CNS: NAD.

No known allergy.

No past sx

Arans.

Name: Mrs. SHIVALI R MANDAL
Age/Gender: 42 Y/F
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKASNAGAR, DEHU
ROAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000116411
Visit ID: CPIMOPV156638
Visit Date: 07-02-2024 07:54
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SHIVALI R MANDAL
Age/Gender: 42 Y/F
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKASNAGAR, DEHU
ROAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000116411
Visit ID: CPIMOPV156638
Visit Date: 07-02-2024 07:54
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SHIVALI R MANDAL
Age/Gender: 42 Y/F
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKASNAGAR, DEHU
ROAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000116411
Visit ID: CPIMOPV156638
Visit Date: 07-02-2024 07:54
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. SHIVALI R MANDAL
Age/Gender: 42 Y/F
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKASNAGAR, DEHU
ROAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000116411
Visit ID: CPIMOPV156638
Visit Date: 07-02-2024 07:54
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
07-02-2024 14:10	74 Beats/min	120/80 mmHg	20 Rate/min	98 F	158 cms	68.9 Kgs	%	%	Years	27.6	cms	cms	cms		AHLL09249

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
07-02-2024 14:10	74 Beats/min	120/80 mmHg	20 Rate/min	98 F	158 cms	68.9 Kgs	%	%	Years	27.6	cms	cms	cms		AHLL09249

Patient Name : Mrs. SHIVALI R MANDAL
UHID : CPIM.0000116411
Conducted By: :
Referred By : SELF

Age : 42 Y/F
OP Visit No : CPIMOPV156638
Conducted Date :

Patient Name : Mrs. SHIVALI R MANDAL
UHID : CPIM.0000116411
Conducted By :
Referred By : SELF

Age : 42 Y/F
OP Visit No : CPIMOPV156638
Conducted Date :

R

