

**OUT-PATIENT RECORD**

Date : 10/12/2024  
 MRNO : 61312  
 Name : Bharati Vijan  
 Age/Gender :  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 88	B.P : 120/70	Resp : 16/hr	Temp : (N)
Weight : 75.6	Height : 157	BMI : 30.2	Waist Circum : 86

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Pregnant 16 week, Normafe  
 B/B/sleep @ Allergy No.  
 No addiction  
 2 miscarriage  
 Mother: Hypertension Father: DM  
 Lipid P  
 1) Avoid oil / ghee  
 2) Morning walk 15 min  
 3) Repeat Lipid after 2 months.

Follow up date:

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

Doctor Signature



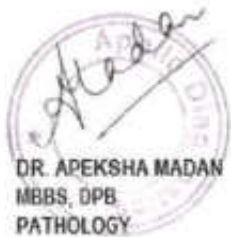


<b>TOUCHING LIVES</b> Patient Name : Mrs.BHARATI VIJAN Age/Gender : 32 Y 5 M 21 D/F UHID/MR No : STAR.0000061312 Visit ID : STAROPV67240 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8340392400	Collected : 10/Feb/2024 09:48AM Received : 10/Feb/2024 12:52PM Reported : 10/Feb/2024 04:48PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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



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

SIN No:BED240033596

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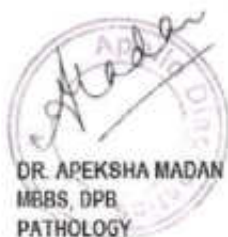
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.5	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>38.60</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.23	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.3	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,260	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYCYTIC COUNT (DLC)</b>				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	22	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4194.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1377.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	187.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	500.8	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	167000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	45	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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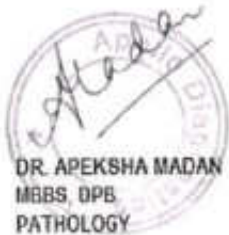
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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
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Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 5200101.08662497878 / 9100105801

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Berhampore: 13/3/A, A. C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

<b>TOUCHING LIVES</b> Patient Name : Mrs.BHARATI VIJAN Age/Gender : 32 Y 5 M 21 D/F UHID/MR No : STAR.0000061312 Visit ID : STAROPV67240 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8340392400	Collected : 10/Feb/2024 04:49PM Received : 10/Feb/2024 05:48PM Reported : 10/Feb/2024 06:40PM 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
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:**

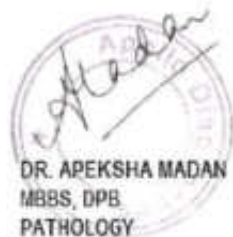
- The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq 200$  mg/dL on at least 2 occasions.
- Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	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:PLP1418078



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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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. Pratibha Kadam  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240014827



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	172	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.29		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 350mg/dl. When Triglycerides are more than 350 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:SE04625177

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<b>Patient Name</b> : Mrs.BHARATI VIJAN <b>Age/Gender</b> : 32 Y 5 M 21 D/F <b>UHID/MR No</b> : STAR.0000061312 <b>Visit ID</b> : STAROPV67240 <b>Ref Doctor</b> : Dr.SELF <b>Emp/Auth/TPA ID</b> : 8340392400	<b>Collected</b> : 10/Feb/2024 09:48AM <b>Received</b> : 10/Feb/2024 04:40PM <b>Reported</b> : 10/Feb/2024 06:08PM <b>Status</b> : Final Report <b>Sponsor Name</b> : 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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	113.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.30	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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

SIN No: SE04625177





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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	<b>9.80</b>	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>4.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.60	mg/dL	2.5-6.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137.7	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102.0	mmol/L	98 - 107	Direct ISE




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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	54.00	U/L	12-43	Glycylglycine Nitoranalide



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Berhampore: 13/3/A. A. C ROAD, INDTAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

<b>Patient Name</b> : Mrs.BHARATI VIJAN	<b>Collected</b> : 10/Feb/2024 09:48AM
<b>Age/Gender</b> : 32 Y 5 M 21 D/F	<b>Received</b> : 10/Feb/2024 01:12PM
<b>UHID/MR No</b> : STAR.0000061312	<b>Reported</b> : 10/Feb/2024 08:50PM
<b>Visit ID</b> : STAROPV67240	<b>Status</b> : Final Report
<b>Ref Doctor</b> : Dr.SELF	<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
<b>Emp/Auth/TPA ID</b> : 8340392400	

**DEPARTMENT OF IMMUNOLOGY**

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

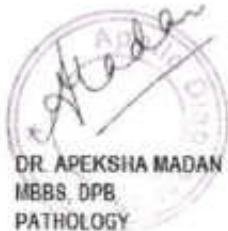
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.88	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.34	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.880	µIU/mL	0.25-5.0	ELFA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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: SPL24022116



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## OUR LAB NETWORK

### ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar, M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 5200101:08662497878 / 9100105801

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**DEPARTMENT OF CLINICAL PATHOLOGY**

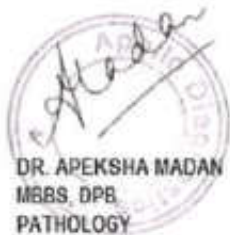
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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

Page 12 of 12

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

SIN No:UR2279565



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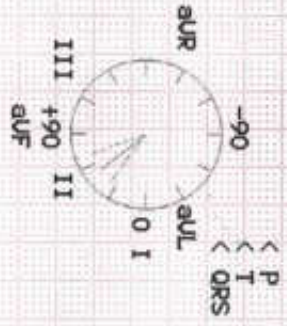


Mrs. Bharti Vigan HR 88 bpm

10/2/2024

Measurement Results:

QRS	:	86	ms
QT/QTcB	:	342 /	413 ms
PR	:	128	ms
P	:	102	ms
RR/PP	:	668 /	680 ms
P/QRS/T	:	68° /	51° / 37 degrees

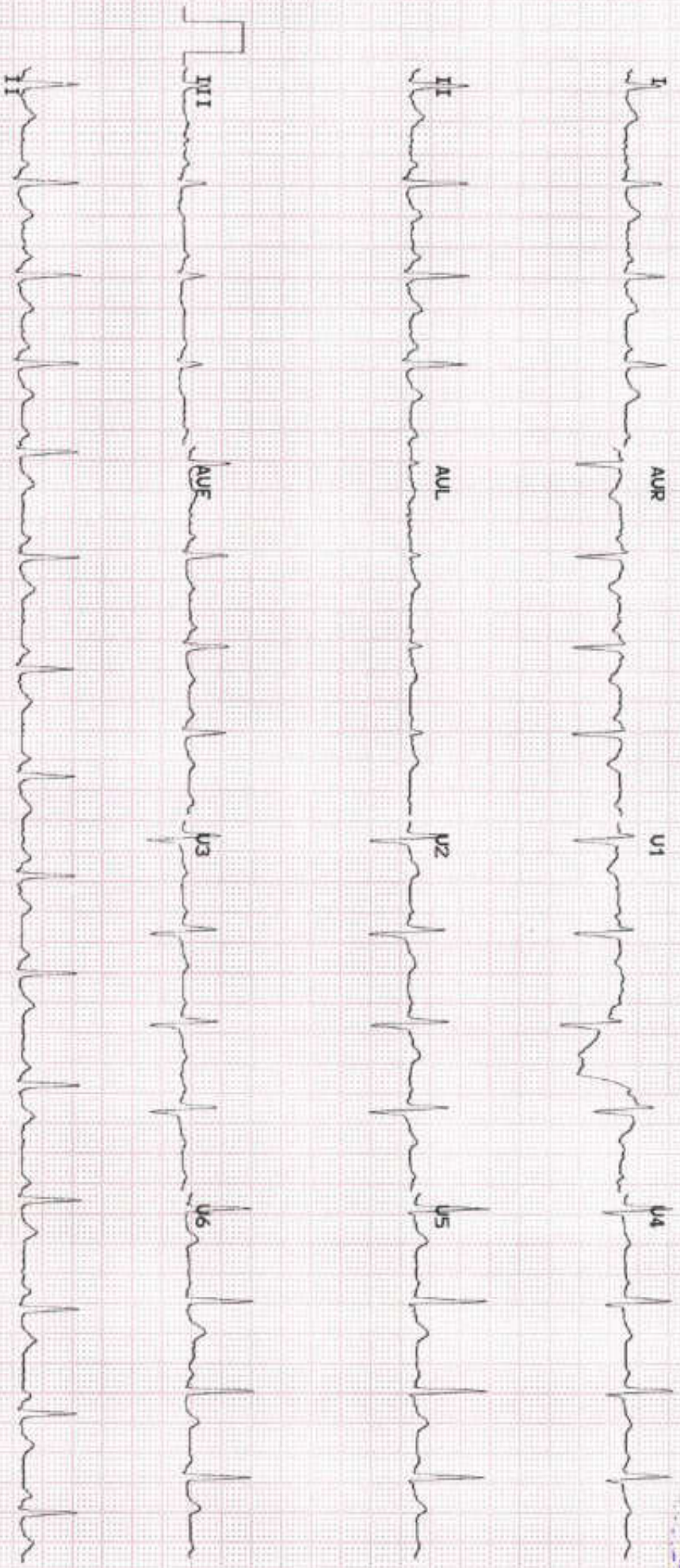


Interpretation:  
 12SL - Interpretation:  
 Sinus rhythm with sinus arrhythmia  
 Normal ECG

*within Normal limits*

Unconfirmed report.

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







Name : Mrs. Bharati Vijan  
Age : 32 Year(s)

Date : 10/02/2024  
Sex : Female  
Visit Type : OPD

### ECHO Cardiography

#### Comments:

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

#### Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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






Name : Mrs.Bharati Vijan  
Age : 32 Year(s)

Date : 10/02/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	140mm/sec
EPSS	07mm
LA	25mm
AO	28mm
LVID (d)	40mm
LVID(s)	23mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
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**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)



Patient Name : MRS. BHARATI VIJAN  
Ref. By : HEALTH CHECK UP

Date : 10-02-2024

Age : 32 years

### SONOGRAPHY OF ABDOMEN

**LIVER :** The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER :** The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.

**PANCREAS :** The pancreas is normal in size and echotexture. No focal mass lesion is seen.

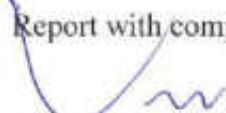
**SPLEEN :** The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS :** The **RIGHT KIDNEY** measures 10.9 x 4.9 cms and the **LEFT KIDNEY** measures 11.3 x 4.3 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

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

Report with compliments.

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





Bharati 32/f. 12/2/2024.

G3 A2  
~~Para~~ @ 16.5 wks GA.

LMP: - 3/10/2023

M/H: - Regular cycles

O/H: - G1 } Blighted ovum.  
G2 }

Dard C  
dori.

Past history: - NAD.

Wt - 75.4 kg.

Adv

B.P. - Not pale CT all.

110/70.

P/A 16 wks

FPO FHS





Name: Mrs Bharati Vijan  
Age: 32 yrs/F

10/02/2024

- For Health Consultation
- Offers no complaints

O/E - Ears



BILTM intact, mobile

Nose -

Septum  
central  
Mucosa @  
No discharge



Septum central  
Mucosa @  
No discharge

Throat - NAD

Imp: ENT - NAD

  
MAJ (DR) SHRUTI ANAND SHARMA  
M.S. (ENT), PGDHHM, PGDMLS  
MMC - 2019096177





**EYE REPORT**

Name: *Shanti Ujan*

Date: *10/02/2022*

Age / Sex: *72 yr / F*

Ref No.:

Complaint: *No to the order clo  
Pt is asthenic - 16wks*

**Examination**

Spectacle Rx *6/6  
UV 6/6*

*Near U & N<sub>6</sub>*

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

Remarks: *UV 6/6*

Medications: *As f*

Trade Name	Frequency	Duration

Follow up: *Preceder f*

Consultant:







## DIETARY GUIDELINES IN PREGNANCY

- Good nutrition during pregnancy is very important to keep you healthy & for baby to grow and develop. For this you need not double your intake, but ensure sufficient intake of all nutrients like, proteins, calcium, iron, Vitamin A, Folate, Vitamin B12 etc.
- Although nausea and vomiting during the first few months of pregnancy can make this Difficult, try to eat a well-balanced diet and take prenatal vitamins.
- In case of morning sickness, eat Marie biscuit or crackers first to make the mouth & then start Eating the main dish. Avoid fried & greasy foods.

Eat a variety of foods to get all the nutrients.

- No feasting, no fasting.
- Have small frequent & regular meals. Do not exceed the interval between two meals beyond 3 hours. This would help you to avoid incidences of heart burn & acidity
- Take early & light dinner. Avoid whole pulses like Chana, chhole, rajma & vegetables like, cauliflower, cabbage, potato, raw onion, cucumber, broccoli leaves in dinner which may cause flatulence due to indigestion.
- Keep yourself hydrating by sipping water throughout the day. You can have lemon juice( without sugar), buttermilk, lassi, milkshakes, coconut water, vegetable soups, and porridges for the same.
- This would help you to avoid incidences of constipation.  
Exercise regularly. Walking is a good & safe form of exercise in pregnancy.
- Moderate amount of fat i.e. ½ kg oil/ person/ month can be used to cook food. Please stick to this.
- Keep rotating the type of oil used to take the benefit of all types of oil.

Group-A: Groundnut oil, Rice bran oil, Sesame oil, Mustard seed oil, Olive oil

Group-B: Soybean oil, Sunflower oil, safflower oil, cotton seed oil

### FOODS TO EAT:

- ✓ Whole grains like, unpolished &/or parboiled rice, wheat, bajara, jowar, ragi, oats
- ✓ Dals & whole Pulses like; moong, masoor, chana, chhole, rajma etc. (At least 2 servings in the form of thick dals, sprouts usal, sprouts chat or sprouts soup etc.)
- ✓ Milk (at least 2 cups/day) & milk products like, curd, buttermilk, paneer, cheese, ghee etc.
- ✓





- ✓ All types of vegetables (at least 2 servings in a day in the form of subji, salad, soups, parathas etc.)
- ✓ All fresh & seasonal fruits (at least 1 fruit/day)
- ✓ Almonds, walnuts, dry anjeer, raisins, apricot, dates, pumpkin seeds, flax seeds, garden cress seeds, Niger seeds
- ✓ Egg, Fish, chicken (skin removed).

**FOODS TO AVOID:**

- ✓ Maida, white bread, bakery products like, cakes, pastry, nankhatai, khari
- ✓ Fried sev, fafda, fried moong, fried dals, farsan, fried foods like, wada, samosa concentrated milk sweets
- ✓ Carbonated beverages (soft drinks), alcohol, excess amount of tea & coffee
- ✓ Margarine, hydrogenated fats like, dalda
- ✓ Processed & preserved food items, ready-to-eat items, fast food
- ✓ Papad, pickle, chutneys
- ✓ Mutton, beef, pork, sausages, organ meat (kidney, brain, liver)

Fauziya Ansari  
DIETICIAN/NUTRITIONIST  
[diet.trdapollospectra.com](mailto:diet.trdapollospectra.com)



# InBody

ID 0 *Bharati Vijay* Height 157cm Date 10.2.2024 APOLLO SPECTRA HOSPITAL  
 Age 32 Gender Female Time 13:48:17

## Body Composition

	Under	Normal	Over	UNIT	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205			kg	44.0 ~ 59.5
Muscle Mass <small>Seriated Muscle Mass</small>	60 70 80 90 100 110 120 130 140 150 160 170			kg	19.5 ~ 23.9
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520			kg	10.4 ~ 16.6
TBW <small>Total Body Water</small>	33.9 kg (26.4 ~ 32.2)		FFM <small>Fat Free Mass</small>	46.3 kg (33.6 ~ 43.0)	
Protein	9.1 kg (7.1 ~ 8.6)		Mineral*	3.27 kg (2.44 ~ 2.98)	

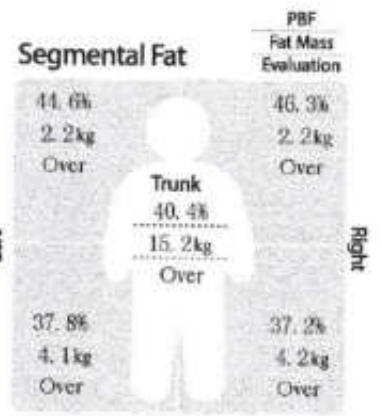
\* Mineral is estimated.



## Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m<sup>2</sup>)</small>	30.7	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	38.7	18.0 ~ 28.0
WHR <small>Waist-Hip Ratio</small>	0.94	0.75 ~ 0.85
BMR <small>Basal Metabolic Rate (kcal)</small>	1371	1502 ~ 1753

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



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 15.4 kg	Fitness Score	71
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## Impedance

Z	RA	LA	TR	RL	LL
20kHz	345.0	329.7	21.1	243.6	260.9
100kHz	312.4	296.9	17.0	217.1	233.3

\* 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: 75.6 kg / Duration: 30min. / unit: kcal)						
Walking 151	Jogging 265	Bicycle 227	Swim 265	Mountain Climbing 246	Aerobic 265	
Table tennis 171	Tennis 227	Football 265	Oriental Fencing 378	Gate ball 144	Badminton 171	
Racket ball 378	Tae kwon-do 378	Squash 378	Basketball 227	Rope Jumping 265	Golf 133	
Push-ups 100	Sit-ups 100	Weight training 100	Dumbbell exercise 100	Elastic band 100	Squats 100	

### How to do

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

**Recommended calorie intake per day**  
 1400 kcal

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



