

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
Age/Gender : 39 Y 7 M 1 D/F
UHID/MR No : SCHE.0000041458
Visit ID : SCHEOPV100801
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 21446

Collected : 20/Apr/2024 08:49AM
Received : 20/Apr/2024 01:42PM
Reported : 20/Apr/2024 02:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240106328



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	12-15	Spectrophotometer
PCV	39.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.05	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	96	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical Impedence
LYMPHOCYTES	33	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4026	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2178	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	132	Cells/cu.mm	20-500	Calculated
MONOCYTES	264	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	342000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

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)	107	mg/dL	70-110	Oxidase & Peroxidase-reflectance spectrophotometry

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.



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SIN No:PLP1446965



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	137	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	44	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.55		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.13		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

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Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Note:

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
ALKALINE PHOSPHATASE	92.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.50	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.30	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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.

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- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.58	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	16.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	141	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.7	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.50	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.30	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	92.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	27.4	mg/L	0-10	IMMUNOENZYMATIC

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).



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ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ELECTROLYTES - SERUM , SERUM				
SODIUM	141	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.7	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	98	mmol/L	98-106	Ion Selective Electrode-potentiometric

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM				
	20.00	U/L	16-73	catalytic activity-reflectance spectrophotometry

Test Name	Result	Unit	Bio. Ref. Range	Method
PHOSPHORUS, INORGANIC , SERUM				
	3.60	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.718	µIU/mL	0.38-5.33	CLIA

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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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	7.91	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	197	pg/mL	120-914	CLIA

Comment:

Page 15 of 18



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



SIN No:SPL24071747

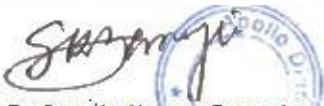
Patient Name : Mrs.JYOTI SURENDRA SANKHLA
 Age/Gender : 39 Y 7 M 1 D/F
 UHID/MR No : SCHE.0000041458
 Visit ID : SCHEOPV100801
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 21446

Collected : 20/Apr/2024 08:49AM
 Received : 20/Apr/2024 02:10PM
 Reported : 20/Apr/2024 03:03PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



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

SIN No:SPL24071747



Patient Name : Mrs.JYOTI SURENDRA SANKHLA
Age/Gender : 39 Y 7 M 1 D/F
UHID/MR No : SCHE.0000041458
Visit ID : SCHEOPV100801
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 21446

Collected : 20/Apr/2024 08:49AM
Received : 20/Apr/2024 01:42PM
Reported : 20/Apr/2024 02:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2334062



Patient Name : Mrs.JYOTI SURENDRA SANKHLA
 Age/Gender : 39 Y 7 M 1 D/F
 UHID/MR No : SCHE.0000041458
 Visit ID : SCHEOPV100801
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 21446

Collected : 20/Apr/2024 12:36PM
 Received : 21/Apr/2024 04:58PM
 Reported : 24/Apr/2024 10:52AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

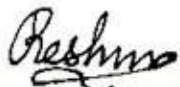
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	9747/24
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
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
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. Reshma Stanly
 M.B.B.S, DNB(Pathology)
 Consultant Pathologist



SIN No:CS079520

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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
 Begumpet, Hyderabad, Telangana - 500016

Address:

Uppar Compound, Opp. Cleaner Bus Depot Main Gate,
 Deonar, Chennai, Mumbai, Maharashtra
 Ph: 022-4334-4600

Customer Pending Tests
Mrs. JYOTI SURENDRA SANKHLA lbc report pending

SANKHLA, JYOTI

Patient ID: 041
20/04/2024
9:44:13am

Female 158 cm 60.8 kg
39 yrs Asian

67 bpm
110/80 mmHg

ADD, MVA

Measured at 60 ms Post J (10mm/mV)
Auto Points

Lead ST(mm)

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	-0.15
II	-0.15	V2	0.55
III	-0.50	V3	0.15
aVR	0.05	V4	0.40
aVL	0.25	V5	0.30
aVF	-0.25	V6	0.20

CARDIO BEATS



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V1)

Patient ID: 041
 20/04/2024
 9:45:13am

Female 158 cm 60.8 kg
 19 yrs Asian

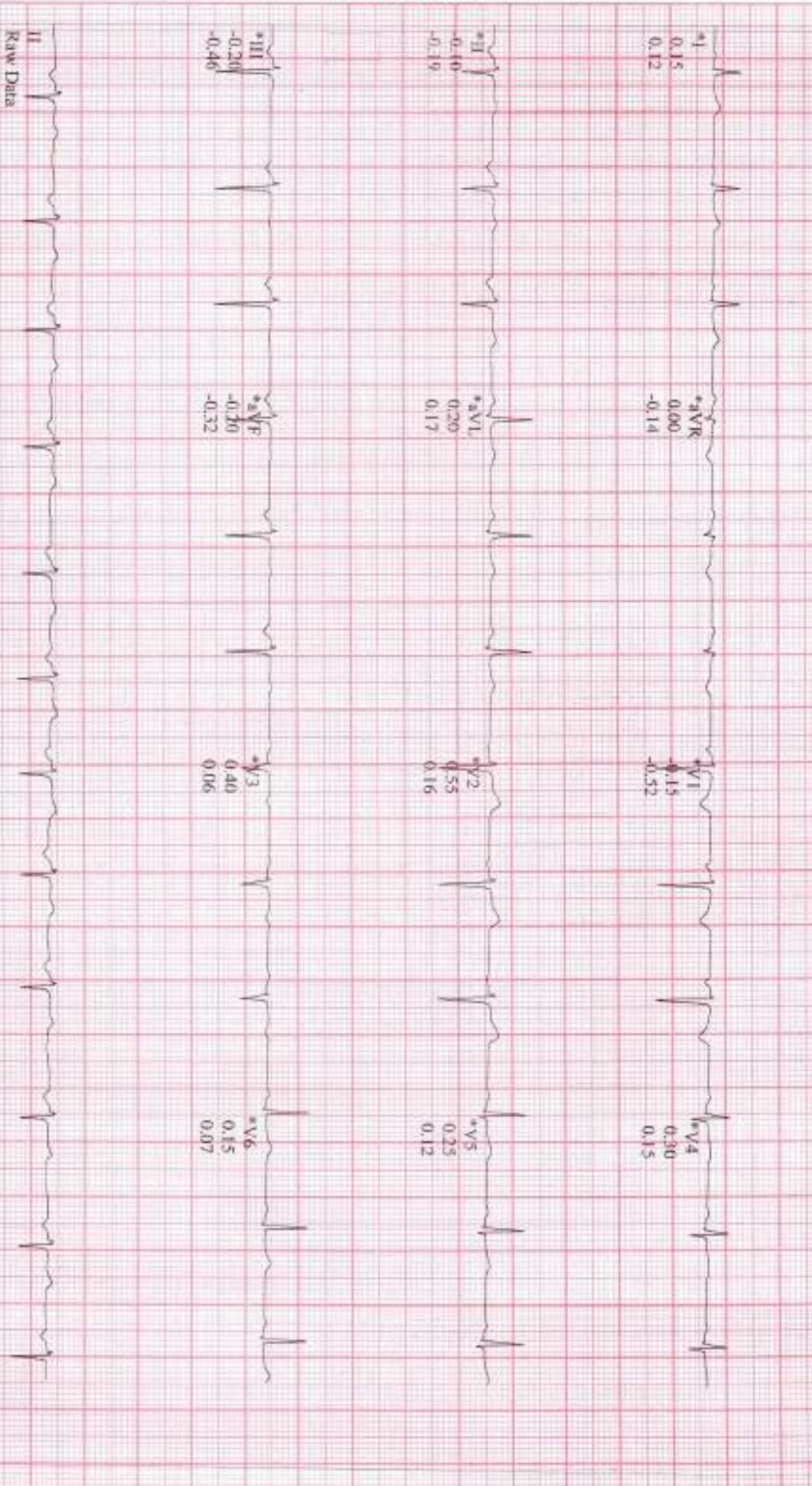
70 bpm

PRETEST
 SUPINE
 00:01

HR/ECG

Lead
 ST Level (mm)
 ST Slope (mV/s)

CARDIO BEATS



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V7.0 (100)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V1)

Start of Test: 9:45:12am

Patient ID: 041
20/04/2024
9:45-23am

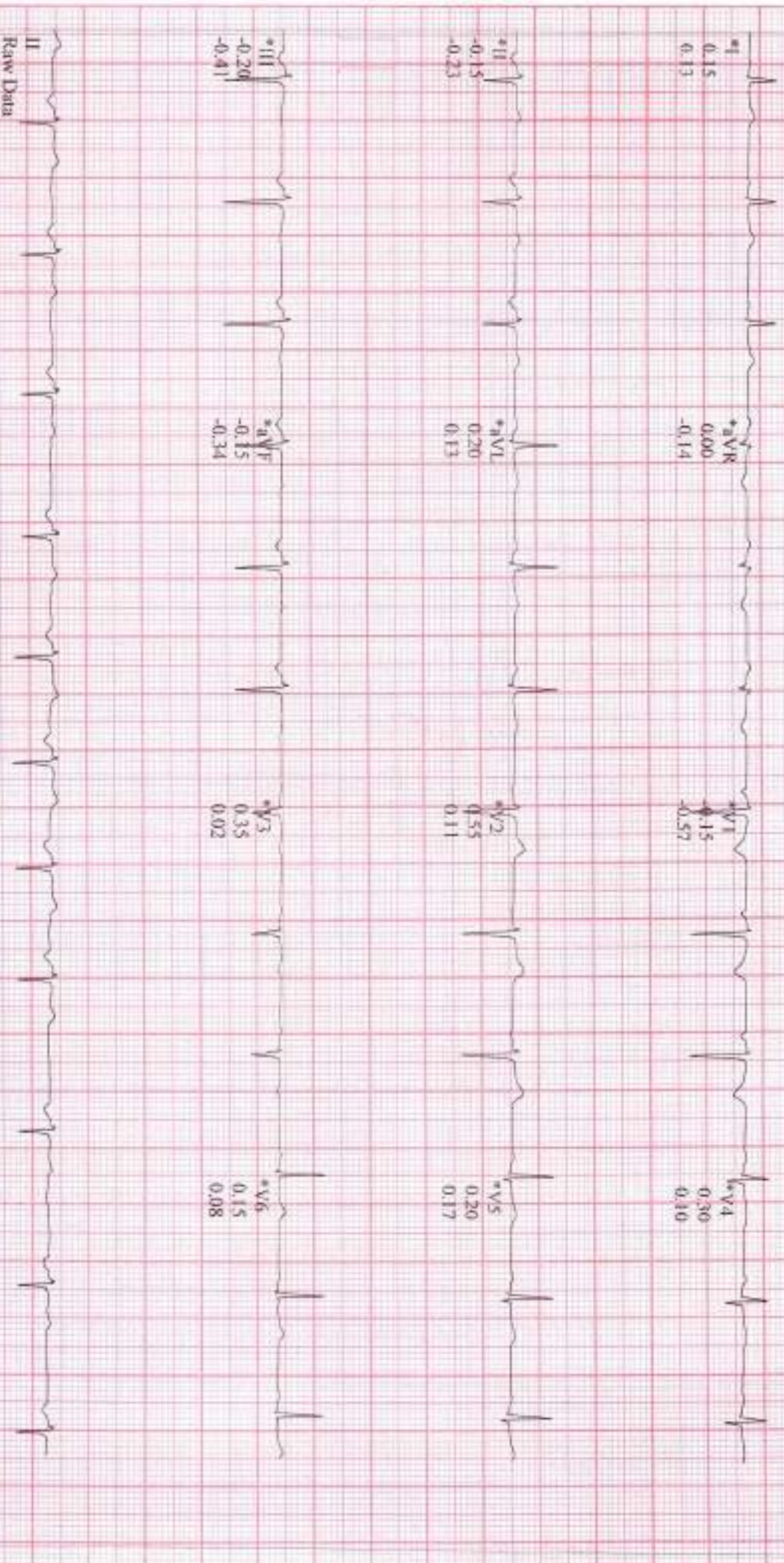
Female
158 cm
60.8 kg
39 yrs. Asian

PRETEST
STANDING
00:11

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)

CARDIO BEATS



II
Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V2.0 (11)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V1)

Start of Test: 9:45:12am

Patient ID: 041
20.04.2024
9:45:33am

Female 158 cm 60.8 kg
39 yrs Asian

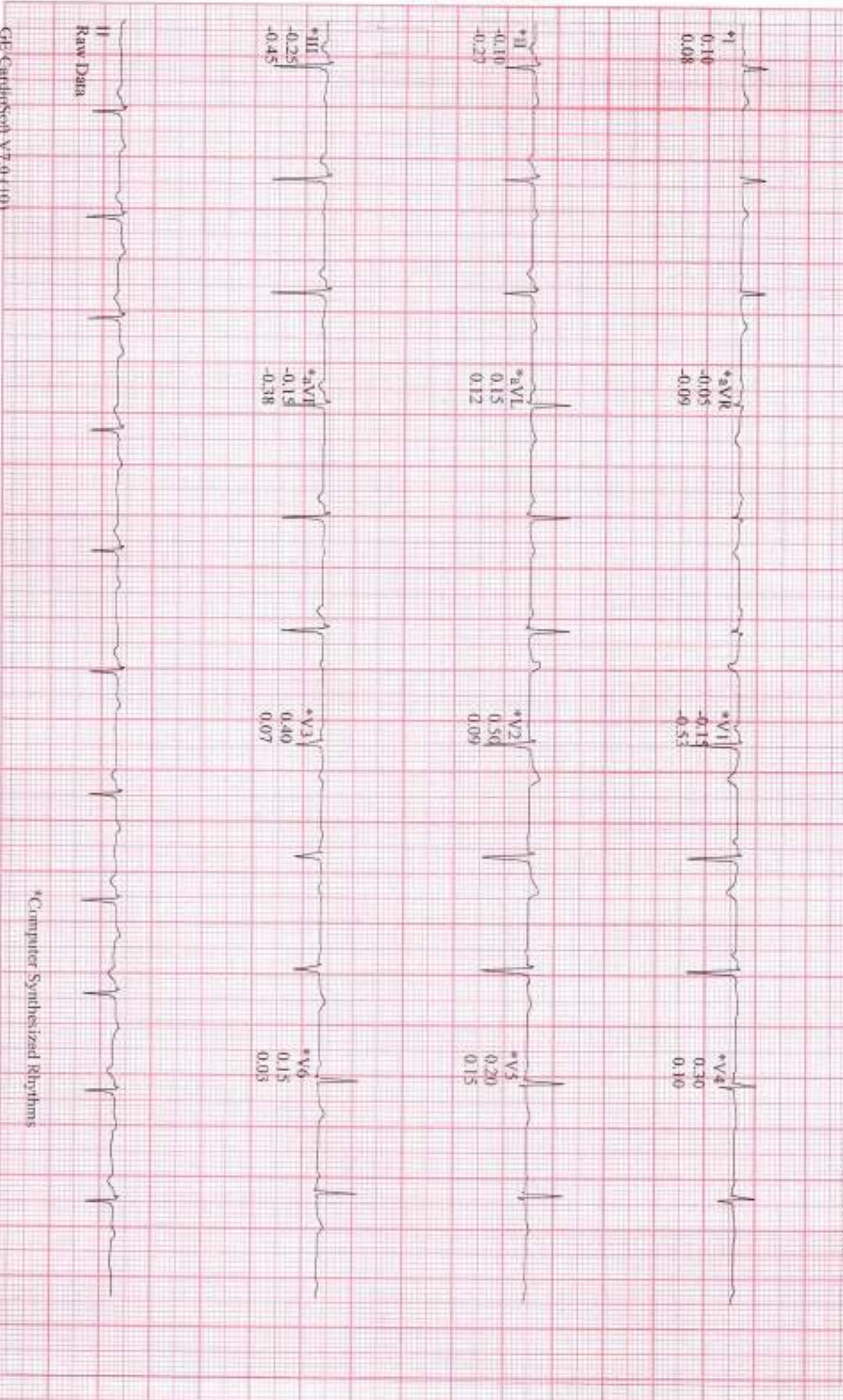
67 bpm

PRETEST
HYPERV.
00:21

BRIEFC
0.0 mph
0.0%

Lead
ST Level (mm)
ST Slope (mV/s)

CARDIO BEATS



Raw Data

GE CardioSoft V7.0(10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V1)

*Computer Synthesized Rhythms

Start of Test: 9:45:12am

Patient ID: 041
20.04.2024
9:49:14am

Female 158 cm 60.8 kg
108 bpm
116/80 mmHg

EXERCISE
STAGE 1
02:50

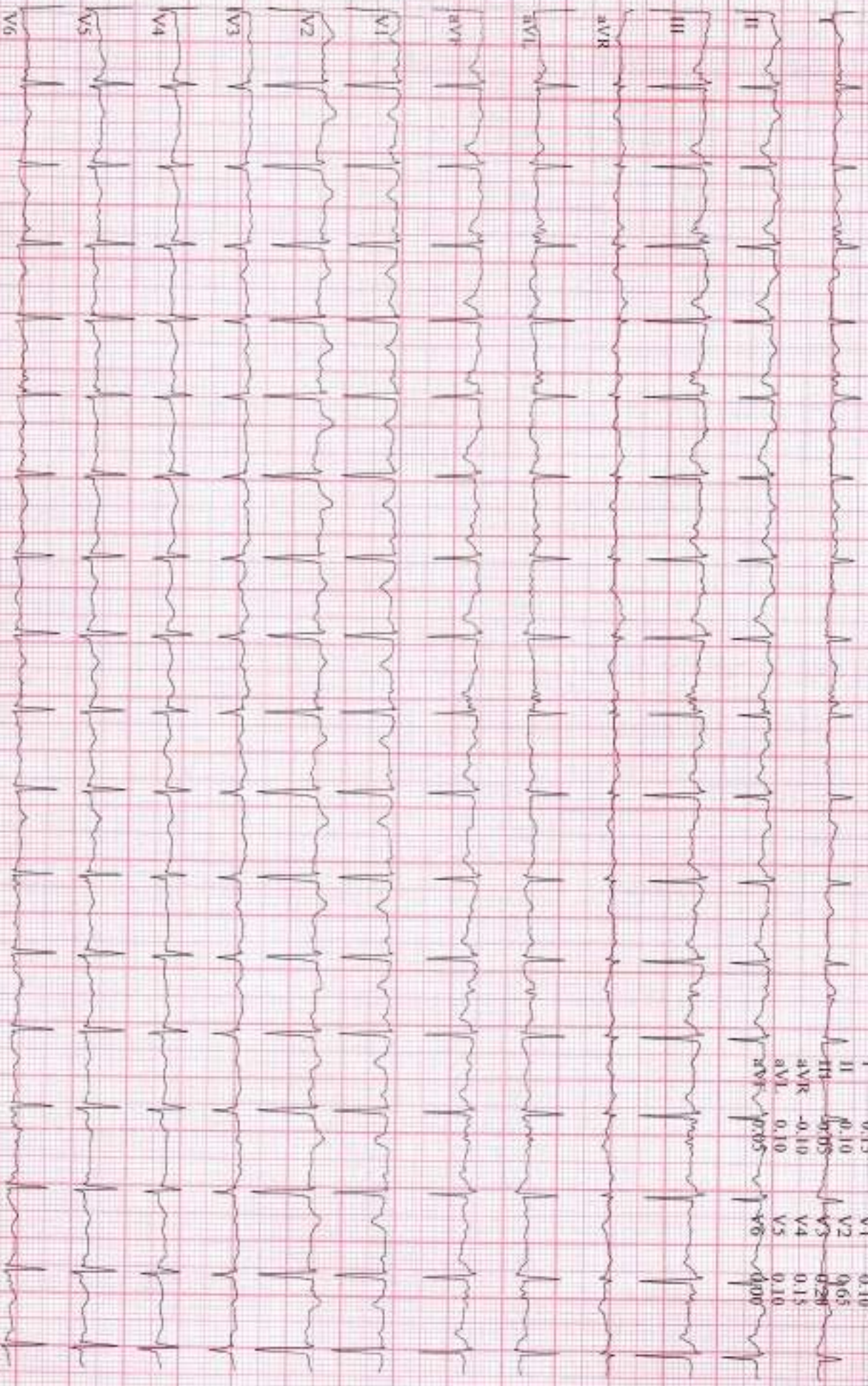
BURDE
1.7 mph

10.0% Measured at 60 rps Post J (10mm/mV)

Auto Points
Lead ST(mm) Lead ST(mm)

I	0.15	V1	0.10
II	0.10	V2	0.65
III	0.05	V3	0.20
aVR	-0.10	V4	0.15
aVL	0.10	V5	0.10

CARDIO BEATS



GE Cardiosoft V7.0 (16)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V1)

Start of Test: 9:45:12am

Patient ID: 601
 20.04.2024
 9:52:04am
 Female 158 cm 60.8 kg
 39 yrs Asian

121 bpm
 120/80 mmHg

EXERCISE
 STAGE 2
 05:50

BRUCE
 2.5 mph

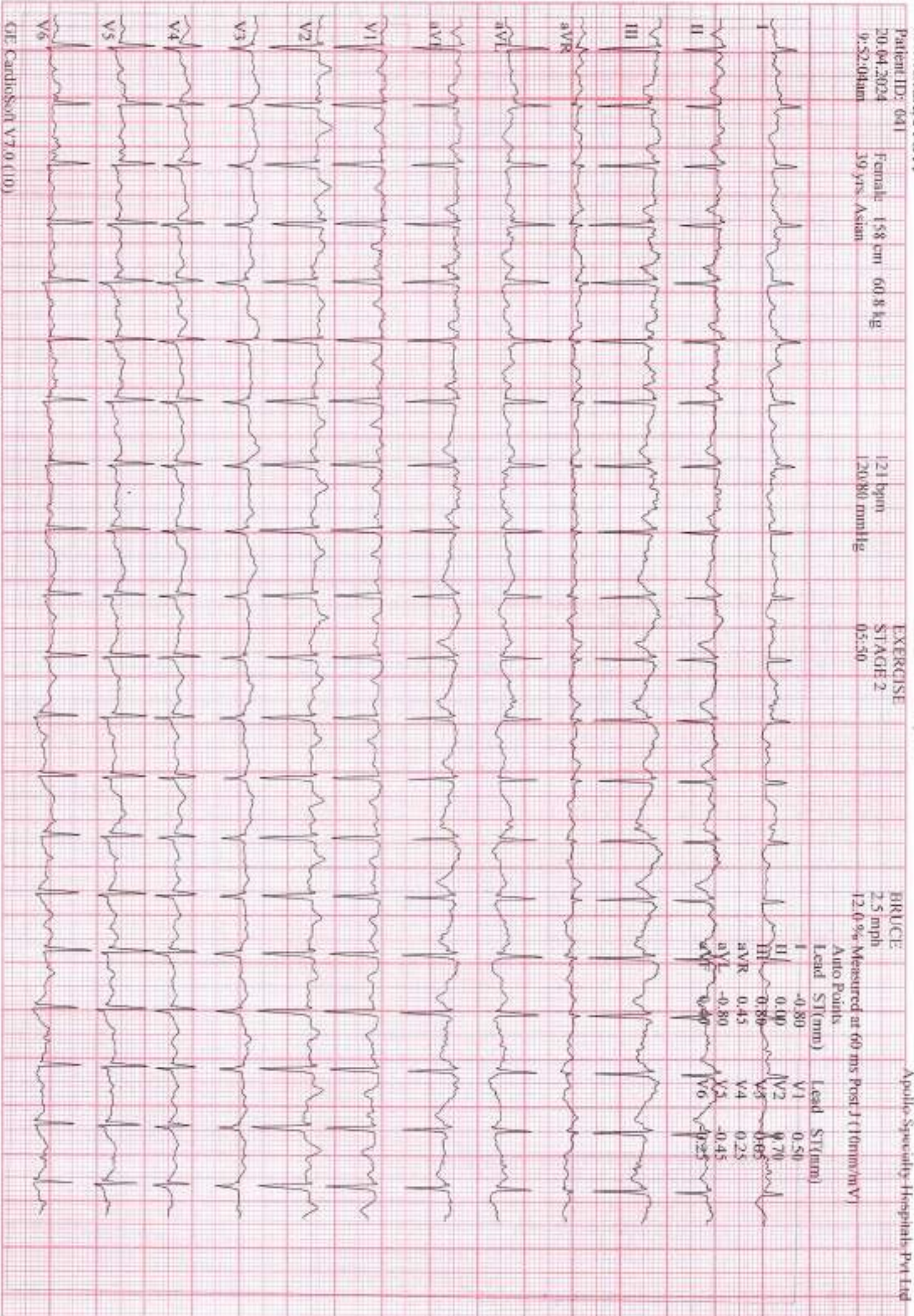
12.0% Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm) Lead ST(µm)

I	-0.80	V1	0.50
II	0.00	V2	0.70
III	0.80	V3	0.65
aVR	0.45	V4	0.25
aVL	-0.80	V5	
		V6	-0.45

CARDIO BEATS



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V1)

Start of Test: 9:45:12am

Patient ID: 041
 20/04/2024
 9:53:14am

Female - 158 cm - 60.8 kg
 39 yrs Asian

137 bpm

EXERCISE
 STAGE 3
 07:05

BRUCE
 3.4 mph
 14.0%

Lead
 ST Level (mm)
 ST Slope (mV/s)

CARDIO BEATS



*AVR
 -0.05
 0.69

*V1
 -0.40
 -1.02

*V4
 0.15
 0.49



*V2
 0.25
 0.39

*V3
 0.20
 0.53

*V5
 0.50
 0.62



*V6
 0.20
 -1.62

*V7
 0.60
 0.03

*V8
 0.40
 0.13



Raw Data

GE Cardiosoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.051Hz FRF + HR(V5,V2)

*Computer Synthesized Rhythms

Start of Test: 9:45:12am

Patient ID: 041
20.04.2024
9:54:08am
Female 158 cm 60.8 kg
39 yrs Asian

108 bpm

RECOVERY #1
40:50

BRICE
0.0 mph

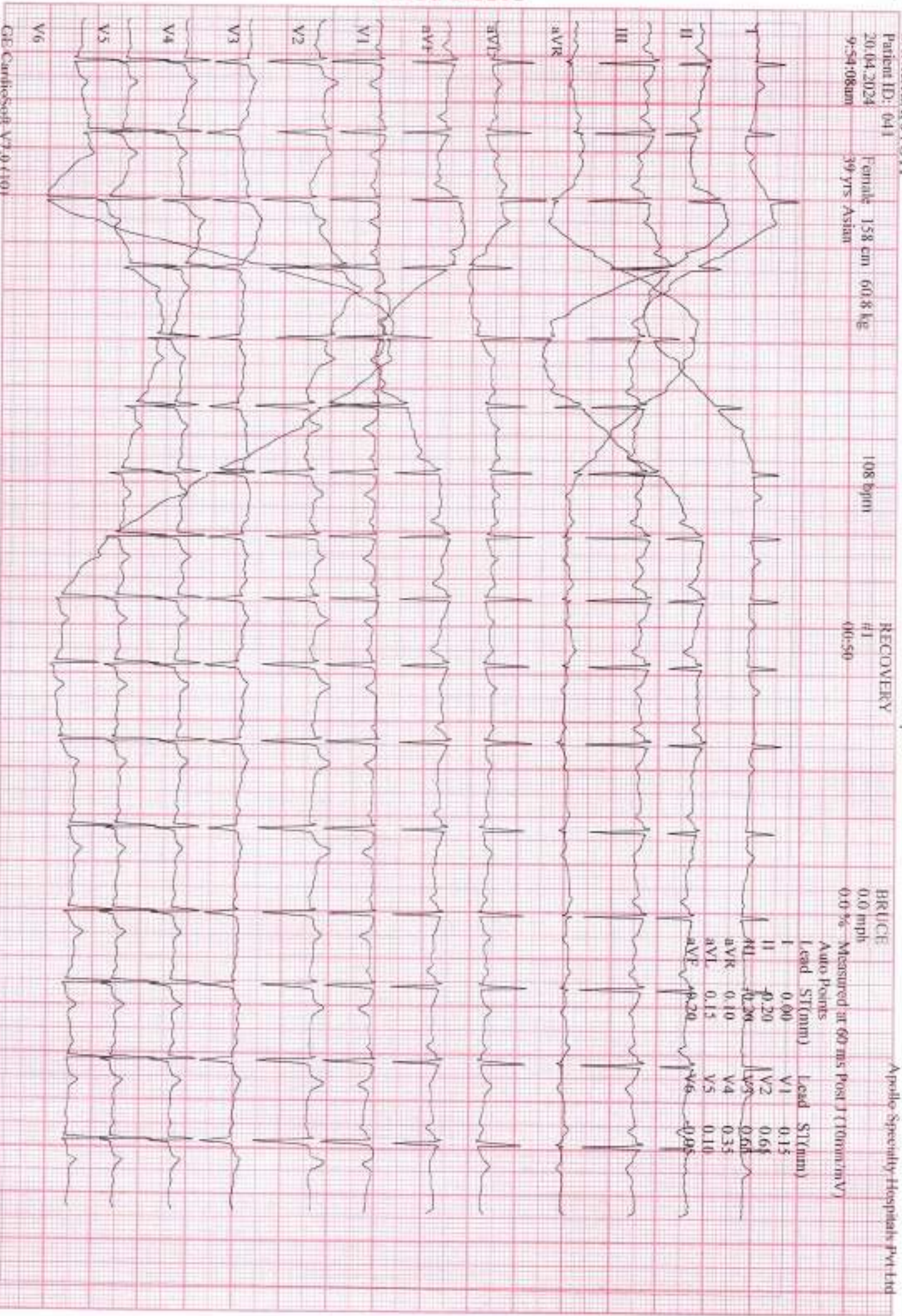
0.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mv) Lead ST(mv)

I	0.00	V1	0.15
II	-0.20	V2	0.64
III	-0.20	V3	0.64
aVR	0.10	V4	0.35
aVL	0.15	V5	0.10
aVF	0.20	V6	0.05

CARDIO BEATS



GE CardioSoft V7.0(10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRC+ HR(V2,V5)

Start of Test: 9:45:12am

Patient ID: 041
 20/04/2024
 9:55:08am

Female - 158 cm - 60.8 kg
 39 yrs Asian

87 bpm

RECOVERY
 #1
 01:50

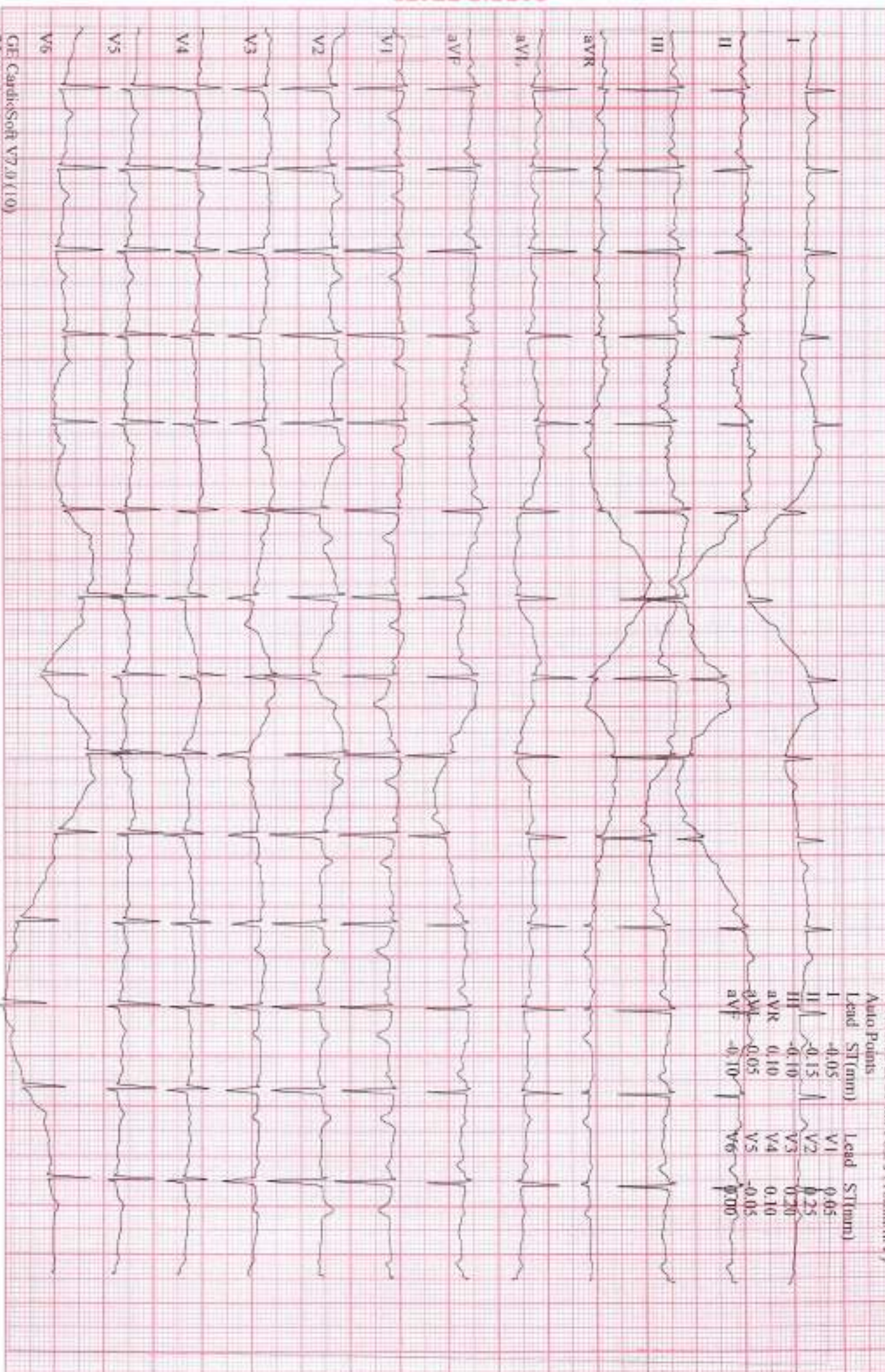
BRUCE
 0.0 mph

0.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.05
II	-0.15	V2	0.25
III	-0.10	V3	0.20
aVR	0.10	V4	0.10
aVL	-0.05	V5	-0.05
aVF	-0.10	V6	0.00

CARDIO BEATS



GE CardiacSoft V7.0(10)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V5)

Start of Test: 9:45:12am

Patient ID: 041
 20/04/2024
 9:45:12am

Female 158 cm 60.8 kg
 39 yrs Asian
 Meds:

Test Reasons:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 07:04
 Max HR: 141 bpm 77% of max predicted 181 bpm HR at rest: 70
 Max BP: 124/80 mmHg Max RPP: 16920 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max ST: -0.80 mm, 0.22 mV/s in I; EXERCISE STAGE 2 6:00
 Arrhythmia: A:48, PSVC:1
 ST/HR index: 0.22 μ V/bpm
 HR reserve used: 60 %
 HR recovery: 42 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.030 mV (HU)
 QRS duration: BASELINE: 97 ms, PEAK EX: 90 ms, REC: 92 ms
 Reasons for Termination: Target heart rate achieved
 Room:
 Location: * 0 *

CARDIO BEATS

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bpm]	VE [l/min]	ST Level [mm]	Comment
PRETEST	SUPINE	00:11	0.00	0.00	1.0	70			0	-0.15	
	STANDING	00:11	0.00	0.00	1.0	67			0	-0.10	
	HYPERV	00:13	0.00	0.00	1.0	70			0	-0.15	
	WARM-Up	00:26	1.00	0.00	1.2	160			0	-0.15	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	105	110/80	11550	0	0.05	
	STAGE 2	03:00	2.50	12.00	7.0	125	120/80	15000	0	-0.80	
	STAGE 3	01:05	3.40	14.00	10.1	137	164/40	16440	0	0.15	
RECOVERY		02:15	0.00	0.00	1.0	88	124/80	10912	0	-0.10	

Apollo Specialty Hospitals Pvt Ltd
Chembur
Mumbai

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SANKHLA, JYOTI
Patient ID: 041
Height: 158 cm
Weight: 60.8 kg

DOB: 19.09.1984
Age: 39 yrs.
Gender: Female
Race: Asian

Study Date: 20.04.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:11	0.00	0.00	70		
	STANDING	00:13	0.00	0.00	67		
	HYPERV.	00:13	0.00	0.00	70		
	WARM-UP	00:26	1.00	0.00	100		
EXERCISE	STAGE 1	03:00	1.70	10.00	105	110/80	
	STAGE 2	03:00	2.50	12.00	125	120/80	
	STAGE 3	01:05	3.40	14.00	137		
RECOVERY		02:15	0.00	0.00	88	124/80	

The patient exercised according to the BRUCE for 7:04 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 70 bpm rose to a maximal heart rate of 141 bpm. This value represents 77 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg, rose to a maximum blood pressure of 124/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

--

Conclusions: *Negative stress test*

--

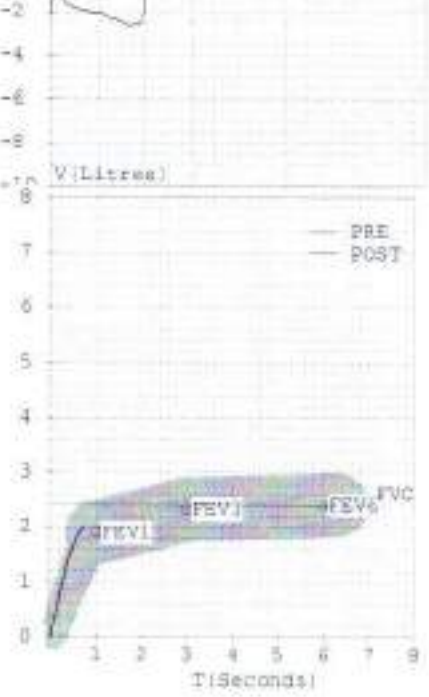
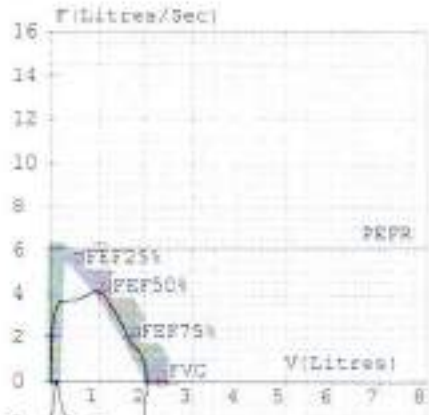
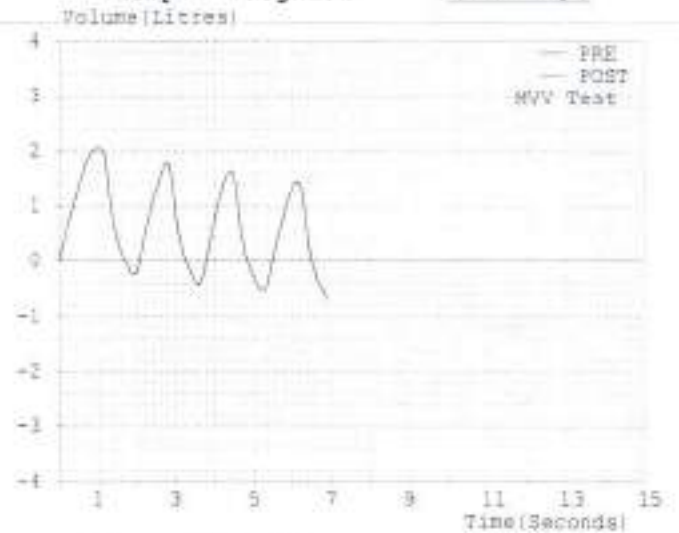
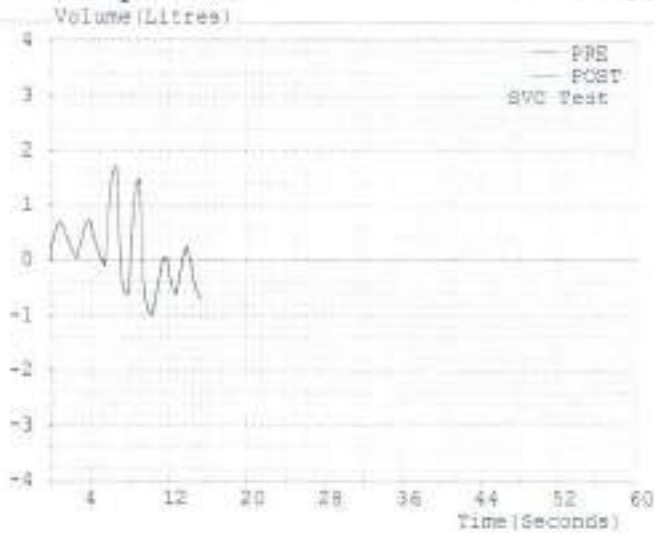
Physician:  *[Signature]*
 Technician: *[Signature]*
 ASH/107

APOLLO SPECIALTY HOSPITALS PVT. LTD.

Ujagar Compound Opp Deonar Bus Depot, Main Gate, Deonar, Chembur, Mumbai -40008

Patient: JYOTI SANKHLA
 Refd. By:
 Pred.Eqns: RECORDERS
 Date : 20-Apr-24 10:18 AM


Age : 39 Years Gender : Female
 Height : 158 Cms Smoker : Yes
 Weight : 60 Kgs Eth. Corr: 100
 ID: 41458 Temp : degrees



Spirometry Results						
Parameter	Pred	M.Pred	%Pred	M.Pos	%Pred	%Imp
FVC (L)	02.39	02.02	085	----	---	---
FEV1 (L)	01.89	02.02	107	----	---	---
FEV1/FVC (%)	79.08	100.00	126	----	---	---
FEF25-75 (L/s)	02.60	03.54	136	----	---	---
PEFR (L/s)	06.13	04.08	067	----	---	---
FIVC (L)	-----	03.54	---	----	---	---
FEV.5 (L)	-----	01.68	---	----	---	---
FEV3 (L)	02.32	02.02	087	----	---	---
PIFR (L/s)	-----	02.65	---	----	---	---
FEF75-85 (L/s)	-----	01.92	---	----	---	---
FEF.2-1.2 (L/s)	04.80	03.78	079	----	---	---
FEF 25% (L/s)	05.68	03.71	065	----	---	---
FEF 50% (L/s)	04.36	04.03	092	----	---	---
FEF 75% (L/s)	02.28	02.54	111	----	---	---
FEV.5/FVC (%)	-----	83.17	---	----	---	---
FEV3/FVC (%)	97.07	100.00	103	----	---	---
FST (Sec)	-----	00.78	---	----	---	---
ExpTime (Sec)	-----	00.13	---	----	---	---
Lung Age (Yrs)	039	036	092	----	---	---
FEV6 (L)	02.39	-----	---	----	---	---
FIF 25% (L/s)	-----	02.42	---	----	---	---
FIF 50% (L/s)	-----	01.33	---	----	---	---
FIF 75% (L/s)	-----	00.00	---	----	---	---
SVC (L)	01.09	02.67	245	----	---	---
ERV (L)	-----	00.34	---	----	---	---
IRV (L)	-----	00.97	---	----	---	---
Vz (L/min)	-----	18.21	---	----	---	---
Rz (l/min)	-----	21.43	---	----	---	---
Ti (sec)	-----	01.20	---	----	---	---
Te (sec)	-----	01.80	---	----	---	---
VT (L)	-----	00.85	---	----	---	---
VT/Ti	-----	00.71	---	----	---	---
Ti/Ttot	-----	00.43	---	----	---	---
IC (L)	-----	01.82	---	----	---	---
MVY (L/min)	101	076	075	----	---	---
MWF (l/min)	-----	34.66	---	----	---	---
MVT (L)	-----	02.20	---	----	---	---

Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred



Name : Mrs. JYOTI SURENDRA SANKHLA	Age : 39 Y	UHID :SCHE.0000041458
Address : A/704 STELLA LEPPHIRE SHELL COLONY ROAD SAKAR NAGAR CHEMBUR	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCHEOPV100801
		Bill No :SCHE-OCR-23654
		Date : 20.04.2024 08:45

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	CALCIUM, SERUM	
✓3	LIVER FUNCTION TEST (LFT)	
✓4	GLUCOSE, FASTING	
✓5	HEMOGRAM + PERIPHERAL SMEAR	
✓6	GYNACOLOGY CONSULTATION	
✓7	PULMONARY FUNCTION TEST	
✓8	DIET CONSULTATION	
✓9	COMPLETE URINE EXAMINATION	
✓10	URINE GLUCOSE(POST PRANDIAL)	
✓11	PERIPHERAL SMEAR	
✓12	ECG	
✓13	LBC PAP TEST- PAPSURE	
✓14	ELECTROLYTES - SERUM	
✓15	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓16	DENTAL CONSULTATION	
✓17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	09:20
✓18	VITAMIN D - 25 HYDROXY (D2+D3)	11:20
✓19	URINE GLUCOSE(FASTING)	
✓20	PHOSPHORUS, INORGANIC - SERUM	
✓21	SONO MAMOGRAPHY - SCREENING	
✓22	C-REACTIVE PROTEIN CRP (QUANTITATIVE)	
✓23	ALKALINE PHOSPHATASE - SERUM/PLASMA	
✓24	X-RAY CHEST PA	
✓25	ENT CONSULTATION	
✓26	CARDIAC STRESS TEST(TMT)	
✓27	FITNESS BY GENERAL PHYSICIAN	
✓28	BLOOD GROUP ABO AND RH FACTOR	
✓29	VITAMIN B12	
✓30	LIPID PROFILE	
✓31	BODY MASS INDEX (BMI)	
✓32	OPHTHAL BY GENERAL PHYSICIAN	
✓33	ULTRASOUND - WHOLE ABDOMEN	
✓34	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

TOUCHING LIVES

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
Age/Gender : 39 Y 7 M 1 D/F
UHID/MR No : SCHE.0000041458
Visit ID : SCHEOPV100801
Ref Doctor : Dr.SELF
Emp/Ault/TPA ID : 21446

Collected : 20/Apr/2024 08:49AM
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Reported : 20/Apr/2024 02:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Page 1 of 17



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240106328



TOUCHING LIVES

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	12-15	Spectrophotometer
PCV	39.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	98	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4026	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2178	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	132	Cells/cu.mm	20-500	Calculated
MONOCYTES	264	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	342000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR
 NO HEMOPARASITES SEEN

Page 2 of 17



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SIN No:BED240106328

TOUCHING LIVES

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324


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TOUCHING LIVES		Collected	: 20/Apr/2024 08:49AM
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Ref Doctor	: Dr.SELF		
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

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



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SIN No:BED240106328



TOUCHING LIVES Patient Name : Mrs. JYOTI SURENDRA SANKHLA Age/Gender : 39 Y 7 M 1 D/F UHID/MR No : SCHE.0000041458 Visit ID : SCHEOPV100801 Ref Doctor : Dr. SELF Emp/Auth/TPA ID : 21446		Collected : 20/Apr/2024 11:35AM Received : 20/Apr/2024 02:40PM Reported : 20/Apr/2024 04:23PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

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 $>= 126$ 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-110	Oxidase & Peroxidase-reflectance spectrophotometry

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.



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TOUCHING LIVES

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
 Age/Gender : 39 Y 7 M 1 D/F
 UHD/IMR No : SCHE.0000041458
 Visit ID : SCHEOPY100801
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 21446

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	137	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	44	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.55		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.13		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

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TOUCHING LIVES Patient Name : Mrs.JYOTI SURENDRA SANKHLA Age/Gender : 39 Y 7 M 1 DF UHID/MR No : SCHE.0000041458 Visit ID : SCHEOPV100801 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 21446		Collected : 20/Apr/2024 08:49AM Received : 20/Apr/2024 01:14PM Reported : 20/Apr/2024 02:21PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Note:

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
ALKALINE PHOSPHATASE	92.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.50	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.30	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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 disease, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.

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TOUCHING LIVES

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
Age/Gender : 39 Y 7 M 1 D/F
UHID/MR No : SCHE.0000041458
Visit ID : SCHEOPV100801
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 21446

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

- 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.58	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	16.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	141	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.7	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.50	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.30	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



TOUCHING LIVES

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	92.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot



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SIN No:SE04700481



TOUCHING LIVES Patient Name : Mrs.JYOTI SURENDRA SANKHLA Age/Gender : 39 Y 7 M 1 DF UHID/MR No : SCHE.0000041458 Visit ID : SCHEOPV100801 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 21446		Collected : 20/Apr/2024 08:50AM Received : 20/Apr/2024 02:10PM Reported : 20/Apr/2024 03:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	27.4	mg/L	0-10	IMMUNOENZYMATIC

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).



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SIN No: SE04700485

TOUCHING LIVES

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
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 UHID/MR No : SCHE.0000041458
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ELECTROLYTES - SERUM , SERUM				
SODIUM	141	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.7	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	98	mmol/L	98-106	Ion Selective Electrode-potentiometric

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM				
	20.00	U/L	16-73	catalytic activity-reflectance spectrophotometry

Test Name	Result	Unit	Bio. Ref. Range	Method
PHOSPHORUS, INORGANIC , SERUM				
	3.60	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph



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Patient Name : Mrs. JYOTI SURENDRA SANKHLA
 Age/Gender : 39 Y 7 M 1 D/F
 UHID/MR No : SCHE.0000041458
 Visit ID : SCHEOPV100801
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 21446

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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOETHYRONINE (T3, TOTAL)	1.14	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.718	µIU/mL	0.38-5.33	CLIA

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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SIN No: SPL24071747

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
 Age/Gender : 39 Y 7 M 1 D/F
 UHID/MR No : SCHE.0000041458
 Visit ID : SCHEOPV100801
 Ref Doctor : Dr.SELF
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	7.91	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-dihydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	197	pg/mL	120-914	CLIA

Comment:

Page 15 of 17



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

SIN No:SPL24071747



YOUNGERS LIVE!

Patient Name : Mrs.JYOTI SURENDRA SANKHLA
 Age/Gender : 39 Y 7 M 1 D/F
 UHID/MR No : SCHE.0000041458
 Visit ID : SCHEOPV100801
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 21446

Collected : 20/Apr/2024 08:49AM
 Received : 20/Apr/2024 02:10PM
 Reported : 20/Apr/2024 03:03PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.




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

SIN No:SPL24071747

TOUCHING LIVES

Expertise. Empowering you.

Patient Name	: Mrs.JYOTI SURENDRA SANKHLA	Collected	: 20/Apr/2024 08:49AM
Age/Gender	: 39 Y 7 M 1 D/F	Received	: 20/Apr/2024 01:42PM
UHID/MR No	: SCHE.0000341458	Reported	: 20/Apr/2024 02:48PM
Visit ID	: SCHEOPV100801	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Autv/TPA ID	: 21446		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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

Page 17 of 17


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:UR2334062





Patient Name: Mrs. JYOTI SURENDRA SANKHLA Age: 39 Y F
UHID: SCHE.0000041458OP Visit No: SCHEOPV100801
Reported on: 20-04-2024 12:13 Printed on: 20-04-2024
12:13Adm/Consult Doctor: Ref Doctor: SELF

SONOLOGIC STUDY OF BOTH BREAST

-There is few (2-3) simple left breast cysts of average size measuring 4 mm seen intra mammary plane of left breast in 12 o'clock position and 2 o'clock .

No e/o any raised internal vascularity/ calcifications within.
The lesion is wide than taller .

- No e/o any architextural distortion of surrounding breast parenchyma .
- Rest of both the breast shows normal parenchymal and stromal echotexture.
- . Retroareolar area is normal of both sides.
- The subcutaneous area appears normal.
- The mammary lobules, surrounding connective tissue and ducts are normal.
- No evidence of axillary lymphadenopathy on either side.

IMPRESSION: FEW TINY LEFT SIMPLE BREAST CYST S/O BENIGN ETIOLOGY (BIRADS II).

Clinical correlation and follow ups recommended

DR JAVED SIKANDER TADVI
RADIOLOGIST



Patient Name : Mrs. JYOTI SURENDRA SANKHLA Age : 39 Y F
UHID : SCHE.0000041458 OP Visit No : SCHEOPV100801
Reported on : 20-04-2024 12:13 Printed on : 20-04-2024 12:36
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Partially-distended, Wall thickness is within normal limits. CBD not dilated.

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 8.9 X 4.2 cm.

LK : 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 8.1 x 4.8 x 3.9 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries: Both the ovaries are normal in size and echopattern.

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.

Printed on:20-04-2024 12:13

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name	: Mrs. JYOTI SURENDRA SANKHLA	Age	: 39 Y F
UHID	: SCHE.0000041458	OP Visit No	: SCHEOPV100801
Reported on	: 20-04-2024 12:06	Printed on	: 20-04-2024 12:17
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:20-04-2024 12:06

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



OUT-PATIENT RECORD

Date: 20/4/24
 MRNO: _____
 Name: Mrs. Jyoti Sankhla
 Age / Gender: 39 ys
 Mobile No: _____

Department: **M.B.D.N.B.(General Medicine)**
 Consultant: **Dr. Amit Shobhavat**
 Reg. No: 2001/09/3124
 Qualification: F.C.C.M, Dip. Diabetology

Pulse: <u>54</u>	B.P: <u>110/80</u>	Resp: <u>18</u>	Temp: <u>98°F</u>
Weight: <u>60.8 kg.</u>	Height: <u>158 cm.</u>	BMI: <u>24.4</u>	Waist Circum: <u>94/97</u>

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Subclinical Hypothyroid
 vit D def.
 Dyslipidemia
 Prediabetic.

Rx:
 ① Lifestyle modification -
 ② C. VANCE 60K
 Dose a wk for 3 mths -

RU > 3 mths c
 HHA/L / TSH

Follow up date:

A
 Doctor Signature



OUT-PATIENT RECORD

Date : 20/4/24
MRNO :
Name :- Mrs Jyoti
Age / Gender : 39 (F)
Mobile No:-

Department : **Consultant ENT Surgeon**
Consultant **Dr. Roshni Nambiar**
Reg. No : 2006/02/1129
Qualification : M.B.B.S., DNB. Otorhinolaryngology

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

General Examination / Allergies History

Gl. Sensation extending from nose to back of head while bending down

H/o URTI - 2 months ago taken a course of antibiotics (details unavailable)

no rhinorrhoea / nasal block / sneezing

Family H/O asthma (+)

Hypothyroidism on T4

Clinical Diagnosis & Management Plan

OK
Now: mild DNS to (L)

BLW ITH air block marginally ↓ on (L)

PNS - Mild tenderness althmoid region

Throat / Ear / NAD

Chronic Rhinitis

After 5 days

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date: 20/4/24
MRNO: SCHE.00000
Name: Jyoti Sankhala
Age / Gender: 39yr
Mobile No:

Department: Gynaecology
Consultant: Dr. Ila Tyagi
Reg. No: 66818
Qualification: Consultant Gynaecology

Table with 4 columns: Pulse, B.P., Resp, Temp; Weight, Height, BMI, Waist Circum.

General Examination / Allergies History

Clinical Diagnosis & Management Plan

M.S. 11 yrs.
P2L2 - M 8yr, M 5 1/2 yr
Both legs a few.
KMP: 4/4/2020. Last rec.
2-3 dg-2ED
No reg. H/O of illness -
Hypertension: 8-9 yr
75mg Thiazide
LAC Pap taken.
RU c report

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date : _____
MRNO : _____
Name :- Mrs. Jyoti S. Sankhla
Age / Gender : 39 / F
Mobile No:- _____

Department : **OPHTHALMOLOGY**
Consultant : **Dr. Pallavi Bipte**
Reg. No : **2004031763**
Qualification : **MBBS,MS, Eye Surgeon**

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No Eye complaints

NO SI/DA

(CBH)
CV K (N)
V/A K 6/6
NV K NG

SLC
dryness ++

Acto

(CBH)
Systane Ultra
Eid
1-1-1
x 1-2 ml

Follow up date:

Doctor Signature



Jyoti Sankhla
O/E

- Calenture - +

- Canker $\frac{+}{2}$

Treatment plan
oral prophylactic

[Handwritten signature]

DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds)** 2 tsp- roasted; whole or powdered to be eaten daily.
- **Avoid coconut & groundnut usage in gravies and chutney.**
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar: Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.**
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits: 1-2 fruits** (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- **Restrict fruits** like mango; grapes, chikoo, Custard apple, Jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ¼ kg oil per month per person.**

- Oils to be used for cooking prefer e.g. Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

A	B	C
Low Kcal(Consume Liberally)	40 kcal (Less amts)	100 kcal (Restrict)
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc	Jackfruit (raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

FRUIT SERVING SIZE:

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	Fruit Juice	NO
Pineapple, Papaya	2 thin boat slice	Sugarcane Juice	NO
Raspberries, Strawberries	150gm	Coconut water	NO
Fresh Figs	1 big/ 2 small		

Susan Thomas
Executive Dietician
E: diet.cbr@apollospectra.com

Ccf Team

From: noreply@apolloclinics.info
Sent: 18 April 2024 14:54
To: jyotisankhla1909@gmail.com
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear Jyoti Sankhla,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-04-20** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:



भारत सरकार
GOVERNMENT OF INDIA



ज्योती सुरेन्द्र संखला
Jyoti Surendra Sankhla
जनम तिथि/ DOB: 19/09/1984
लिंग / FEMALE



5792 7980 7002

माझी आधार, माझी ओळख

To health checked

[Signature]



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:

W/O: सुरेन्द्र संखला, ए-2,26, श्री
राम सीएचएस, कामगार नगर, तिलक
नगर रेलवे स्टेशन के पास, कुर्ला ईस्ट,
मुंबई, मुंबई,
महाराष्ट्र - 400024

Address:

W/O: Surendra Sankhla,
A-2,26, Shree Ram CHS,
KamgarNagar, Near Tilak Nagar
RailwayStation, Kurla East,
Mumbai,Mumbai, Maharashtra -
400024



1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

P.O. Box No. 1947,
Bangalore-560 001



Jyoti Sankhla
F - 39 yrs

20/4/24

Hi,

My Consultation for 'Fitness by General Physician' is pending. Request to book an appointment for the same on Thursday, 25th April, 2024 at 9:30 am.

Thanks & Regards,
Jyoti Sankhla


Patient Name	: Mrs. JYOTI SURENDRA SANKHLA	Age/Gender	: 39 Y/F
UHID/MR No.	: SCHE.0000041458	OP Visit No	: SCHEOPV100801
Sample Collected on	:	Reported on	: 20-04-2024 12:13
LRN#	: RAD2305280	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 21446		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Partially-distended, Wall thickness is within normal limits. CBD not dilated.

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 8.9 X 4.2 cm.

LK : 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 8.1 x 4.8 x 3.9 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries: Both the ovaries are normal in size and echopattern.

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Patient Name	: Mrs. JYOTI SURENDRA SANKHLA	Age/Gender	: 39 Y/F
UHID/MR No.	: SCHE.0000041458	OP Visit No	: SCHEOPV100801
Sample Collected on	:	Reported on	: 20-04-2024 12:06
LRN#	: RAD2305280	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 21446		

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. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology