

9/3/2024 **OUT-PATIENT RECORD**

Date : 6/9/24
MRNO : ms. Pragyaa Bisen
Name : 39 yrs / Female
Age/Gender :
Mobile No :
Passport No :
Aadhar number :

Pulse : 70/min	B.P : 130/90	Resp : 22/min	Temp : (N)
Weight : 62.0	Height : 164	BMI : 23.1	Waist Circum : 78 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Unmarried, Nonvegetarian
Sleep BFB (N) No Allergy MC 4/25-28
No addiction
FH: Father: DM/HT Mother: HT
HT: 2020 T. Eritel LN 40 IOD
Normal Reports
Physically fit



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

Follow up date:

Doctor Signature

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

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

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

TOUC Patient Name S : Mrs.PRAGYA BISEN
Age/Gender : 39 Y 9 M 5 D/F
UHID/MR No : STAR.0000061916
Visit ID : STAROPV68126
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 383437

Collected : 09/Mar/2024 09:41AM
Received : 09/Mar/2024 11:31AM
Reported : 09/Mar/2024 12:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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:BED240063062

TOUCHING LIVES

Patient Name : Mrs.PRAGYA BISEN
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.3	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	42.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.78	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.9	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,480	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	22	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6105.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1865.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	84.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	424	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.27		0.78- 3.53	Calculated
PLATELET COUNT	188000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic




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PATHOLOGY

SIN No:BED240063062

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DEPARTMENT OF HAEMATOLOGY

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

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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MBBS, DPB
PATHOLOGY

SIN No:BED240063062



TOUCH YOUR LIVES
 Patient Name : Mrs.PRAGYA BISEN
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 Ref Doctor : Dr.SELF
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Collected : 09/Mar/2024 09:41AM
 Received : 09/Mar/2024 11:31AM
 Reported : 09/Mar/2024 01:21PM
 Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:BED240063062

TOUC Patient Name S	: Mrs.PRAGYA BISEN	Collected	: 09/Mar/2024 01:11PM	Expertise. Empowering you.
Age/Gender	: 39 Y 9 M 5 D/F	Received	: 09/Mar/2024 01:25PM	
UHID/MR No	: STAR.0000061916	Reported	: 09/Mar/2024 03:24PM	
Visit ID	: STAROPV68126	Status	: Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: 383437			

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	92	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 > 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)	86	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:PLP1429360



TOUCH SCREENS	Patient Name : Mrs.PRAGYA BISEN	Collected : 09/Mar/2024 09:41AM	Expertise. Empowering you.
	Age/Gender : 39 Y 9 M 5 D/F	Received : 09/Mar/2024 05:28PM	
	UHID/MR No : STAR.0000061916	Reported : 09/Mar/2024 06:29PM	
	Visit ID : STAROPV68126	Status : Final Report	
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
	Emp/Auth/TPA ID : 383437		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No: EDT240028698



TOUCHING LIVES	Patient Name : Mrs.PRAGYA BISEN	Collected : 09/Mar/2024 09:41AM	Expertise. Empowering you.
Age/Gender : 39 Y 9 M 5 D/F	Received : 09/Mar/2024 11:01AM	Reported : 09/Mar/2024 01:46PM	Status : Final Report
UHID/MR No : STAR.0000061916	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED		
Visit ID : STAROPV68126			
Ref Doctor : Dr.SELF			
Emp/Auth/TPA ID : 383437			

DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	182	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	86	mg/dL	<150	
HDL CHOLESTEROL	72	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.53		0-4.97	Calculated

Comment:

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

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

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04655640

Patient Name	: Mrs.PRAGYA BISEN	Collected	: 09/Mar/2024 09:41AM
Age/Gender	: 39 Y 9 M 5 D/F	Received	: 09/Mar/2024 11:01AM
UHID/MR No	: STAR.0000061916	Reported	: 09/Mar/2024 01:46PM
Visit ID	: STAROPV68126	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383437		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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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PATHOLOGY

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	14.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	4.0-7.0	URICASE
CALCIUM	10.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



Madan
 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04655640



TOUCHING LIVES	Patient Name : Mrs.PRAGYA BISEN	Collected : 09/Mar/2024 09:41AM	Expertise. Empowering you.
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	16-73	Glycylglycine Kinetic method



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 MBBS, DPB
 PATHOLOGY

SIN No:SE04655640

TOUCHING LIVES	Patient Name : Mrs.PRAGYA BISEN	Collected : 09/Mar/2024 09:41AM	Expertise. Empowering you.
	Age/Gender : 39 Y 9 M 5 D/F	Received : 09/Mar/2024 11:07AM	
	UHID/MR No : STAR.0000061916	Reported : 09/Mar/2024 03:26PM	
	Visit ID : STAROPV68126	Status : Final Report	
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
	Emp/Auth/TPA ID : 383437		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.06	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.98	µIU/mL	0.25-5.0	ELFA


Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24041878

Patient Name : Mrs.PRAGYA BISEN
 Age/Gender : 39 Y 9 M 5 D/F
 UHID/MR No : STAR.0000061916
 Visit ID : STAROPV68126
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 383437

Collected : 09/Mar/2024 09:41AM
 Received : 09/Mar/2024 01:22PM
 Reported : 09/Mar/2024 03:32PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8-10	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Few Bacteria seen.			MICROSCOPY

*** End Of Report ***

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

Page 12 of 12




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:UR2301286

Measurement Results:

QRS : 74 ms
 QT/QTcB : 358 / 386 ms
 PR : 152 ms
 P : 114 ms
 RR/PP : 840 / 855 ms
 P/QRS/T : 64/ 54/ 26 degrees

< P

< T

< QRS

-90

aVL

0 I

aUR

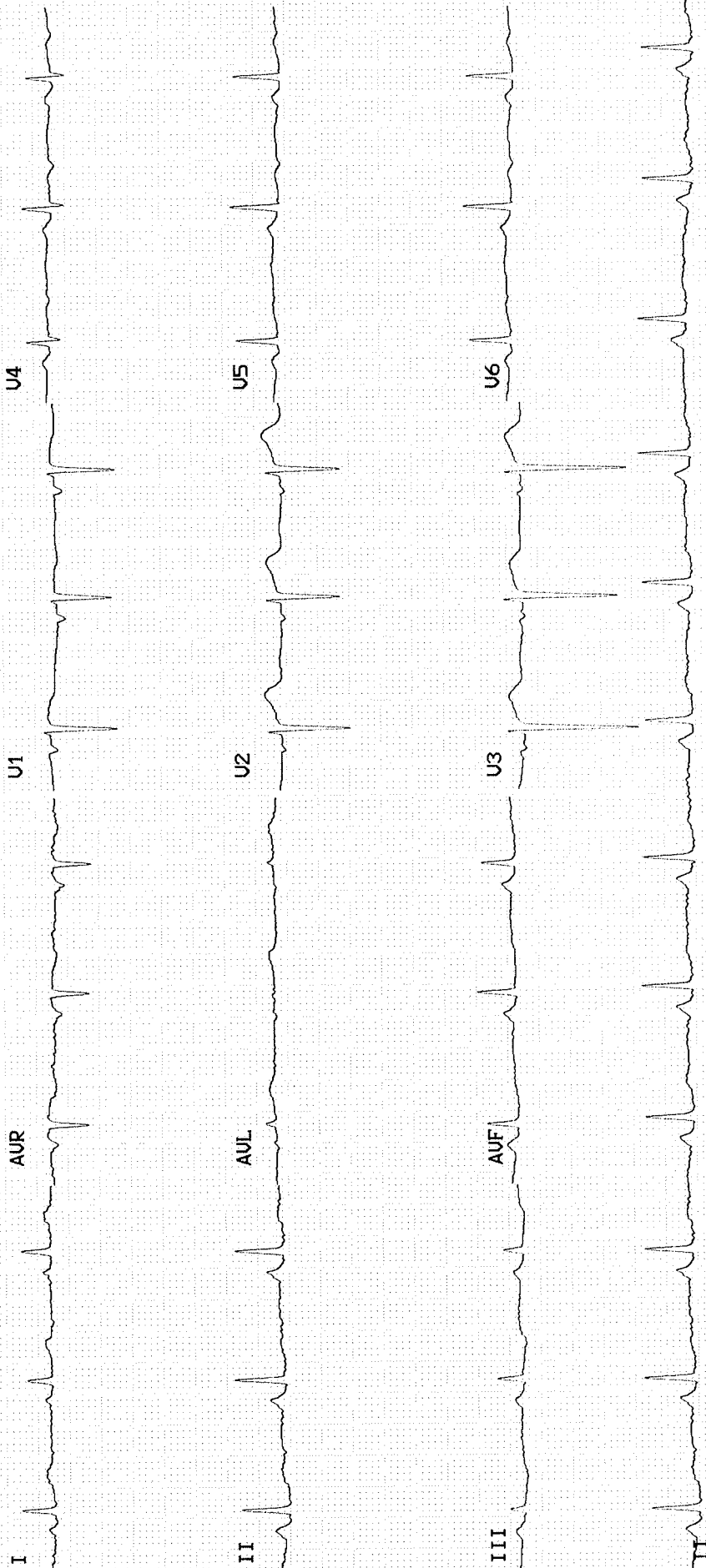
III +90 II

aVF

Interpretation:

12SL - Interpretation:
 Normal sinus rhythm
 Possible Left atrial enlargement
 Nonspecific T wave abnormality
 Abnormal ECG

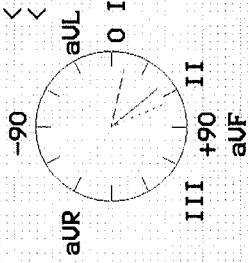
Unconfirmed report.



Measurement Results:

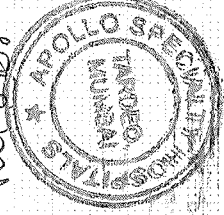
QRS : 78 ms
 QT/QTcB : 372 / 401 ms
 PR : 150 ms
 P : 116 ms
 RR/PP : 848 / 855 ms
 P/QRS/T : 66 / 50 / 13 degrees

< P
 < T
 < QRS

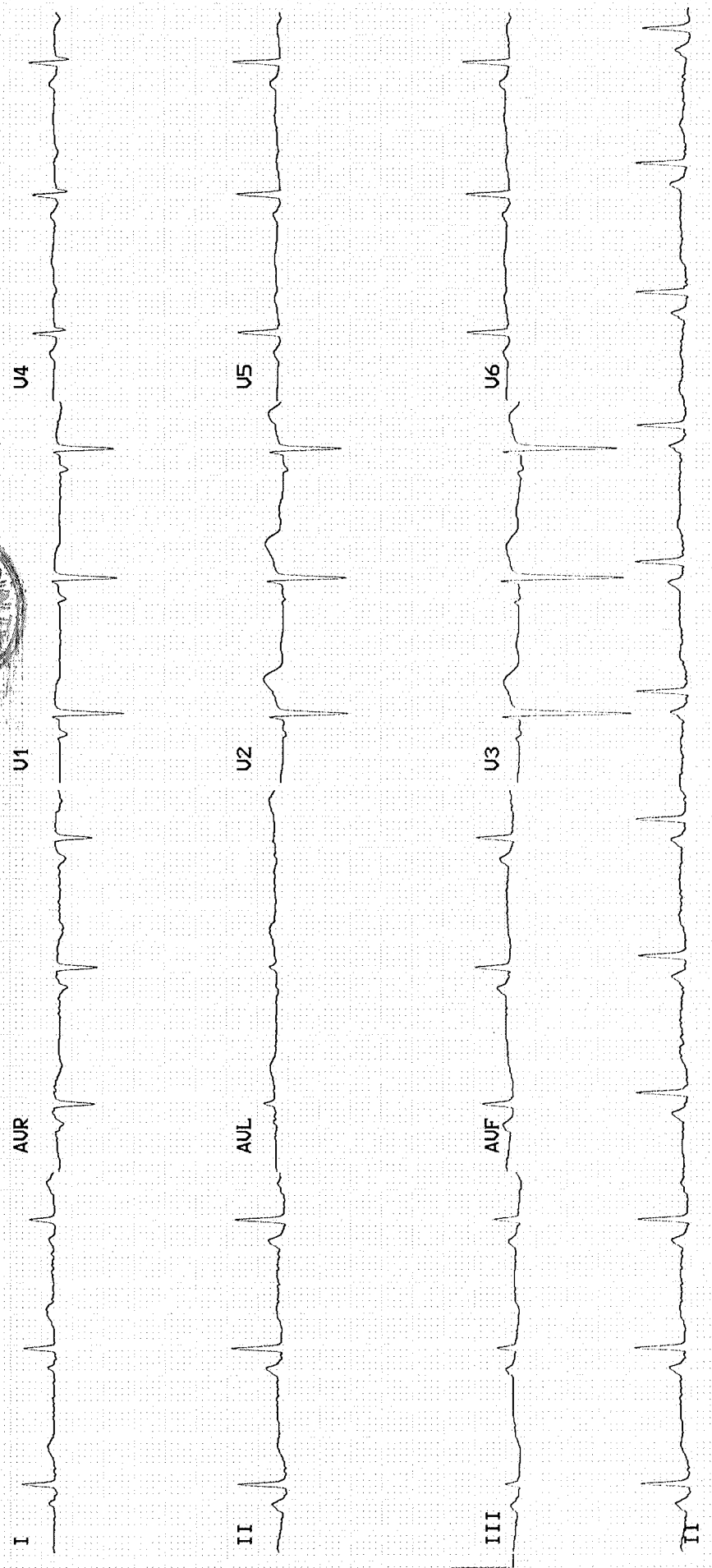


Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Possible Left atrial enlargement
 Nonspecific T wave abnormality
 Abnormal ECG

Niger Trese Charya



DR. (MRS.) CHHAYAN P. VA.
 M.D. (MUMBAI)
 PHYSICIAN
 Unconfirmed report



Patient Name : Mrs. Pragya Bisen Age : 39 Y F
UHID : STAR.0000061916 OP Visit No : STAROPV68126
Reported on : 09-03-2024 14:16 Printed on : 09-03-2024 14:17
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:09-03-2024 14:16

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MRS. PRAGYA BISEN
Ref. By : HEALTH CHECK UP

Date : 09-03-2024
Age : 39 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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 10.0 x 3.6 cms and the **LEFT KIDNEY** measures 10.6 x 3.8 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.

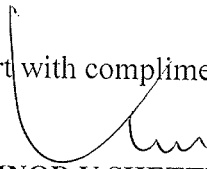
URINARY BLADDER : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.3 x 4.4 x 3.2 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.2 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.7 x 1.7 cms. Left ovary measures 2.4 x 1.7 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


DR. VINOD V. SHETTY
MD, D.M.R.D. Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

CONSULTANT SONOLOGIST.

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

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

Name : Mrs.Pragya Bisen
Age : 39 Year(s)

Date : 09/03/2024
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

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

Name : Mrs.Pragya Bisen
Age : 39 Year(s)

Date : 09/03/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	110mm/sec
EPSS	05mm
LA	30mm
AO	28mm
LVID (d)	40mm
LVID(s)	14mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

DR.CHHAYA P.VAJA. M. D.(MUM)
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DIETARY GUIDELINES FOR LOW FAT SALT RESTRICTED DIET

Should avoid both fasting and feasting.

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

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

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

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

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

Add salt to taste while preparing food only. Do not take table salt.

Do not add salt in chapatti dough, curd, rice and salad.

FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer , dates , pumpkin seeds, flax seeds, niger seeds, garden cress seeds.

S/B Dr. Mitul C. Bhatt (ENT)

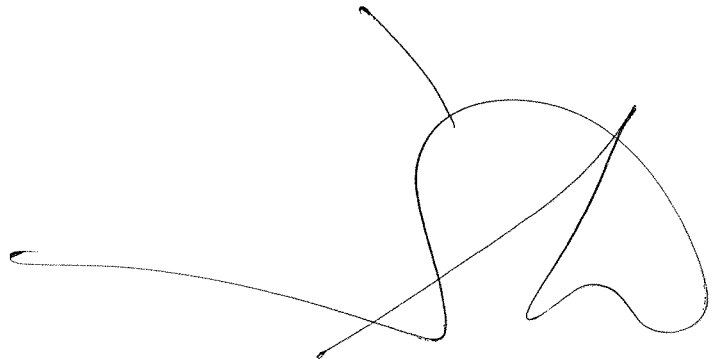
9/3/24

Pt. for ENT Check up.

Ear → TBL TM intact R ++
++
W (→)

Nose → DNS to (L)

Throat → WNL.



EYE REPORT

Name: *Pragya Bisen*

Date: *9/3/24*

Age / Sex: *39 / F*

Ref No.:

Complaint: *Mild meibomitis*

occ. BOV for near

rest well
FR+

Examination

Vn 6/6, N6

Spectacle Rx

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

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:

Consultant:



MS.

~~MRS~~ Pragya Bisen 39yrs

9/3/24.

- Excessive leucorrhoea.
- Itching.
- Foul smelling discharge.

M/H $\frac{3-5}{28-28}$ Reg
mod
PIL

CMP - 21/2/24

~~OH~~ - ..

PH - HTN on Rx.

FLH - father - DM
No Grandfather - prostate Ca.

OLE

Cx | (H)
vag

discharge +.

CBC taken.

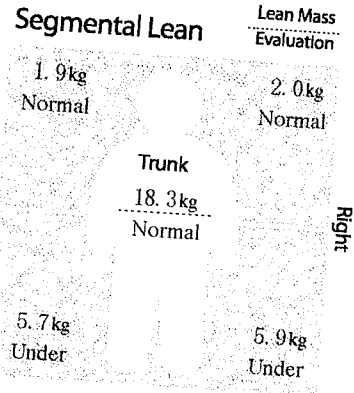
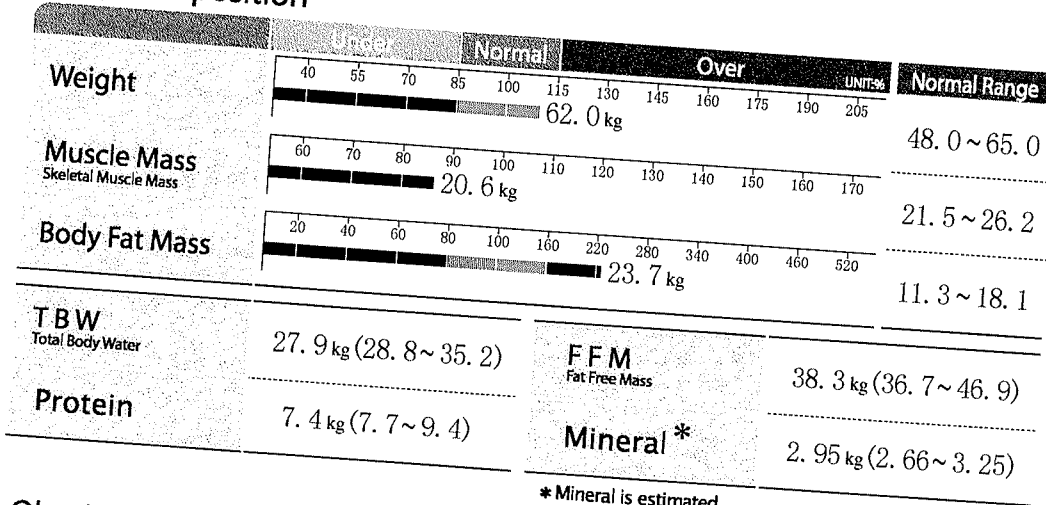
InBody

ID 0 *Pragya Bisen*

Age 39 | Height 164cm | Date 9.3.2024
 Gender Female | Time 11:01:04

APOLLO SPECTRA HOSPITAL

Body Composition



Obesity Diagnosis

Parameter	Value	Normal Range
BMI (Body Mass Index) (kg/m ²)	23.1	18.5 ~ 25.0
PBF (Percent Body Fat) (%)	38.2	18.0 ~ 28.0
WHR (Waist-Hip Ratio)	0.98	0.75 ~ 0.85
BMR (Basal Metabolic Rate) (kcal)	1198	1298 ~ 1504

Nutritional Evaluation

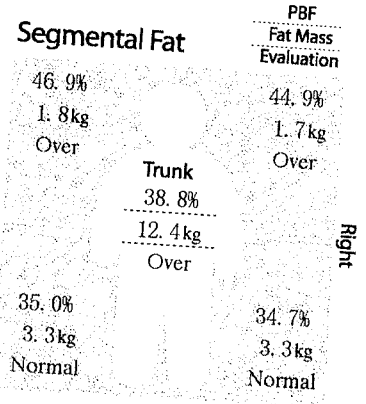
Protein Normal Deficient
 Mineral Normal Deficient
 Fat Normal Deficient Excessive

Weight Management

Weight Normal Under Over
 SMM Normal Under Strong
 Fat Normal Under Over

Obesity Diagnosis

BMI Normal Under Over
 Extremely Over
 PBF Normal Under Over
 WHR Normal Under Over



Muscle-Fat Control

Muscle Control + 5.2 kg | Fat Control - 10.7 kg | Fitness Score 64

Impedance

Z	RA	LA	TR	RL	LL
20kHz	489.6	515.3	25.8	397.9	423.4
100kHz	448.8	476.4	22.9	352.3	378.3

* 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: 62.0 kg / Duration: 30min. / unit: kcal)

Walking: 124	Jogging: 217	Bicycle: 186	Swim: 217	Mountain Climbing: 202	Aerobic: 217
Table tennis: 140	Tennis: 186	Football: 217	Oriental Fencing: 310	Gate ball: 118	Badminton: 140
Racket ball: 310	Tae-kwon-do: 310	Squash: 310	Basketball: 186	Rope jumping: 217	Golf: 109
Push-ups: development of upper body	Sit-ups: abdominal muscle training	Weight training: backache prevention	Dumbbell exercise: muscle strength	Elastic band: muscle strength	Squats: maintenance of lower body muscle

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

Recommended calorie intake per day

1600 kcal

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