

Patient Name : Mrs.SHWETA R CHANDE
Age/Gender : 50 Y 3 M 5 D/F
UHID/MR No : STAR.0000062160
Visit ID : STAROPV68474
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 383629

Collected : 23/Mar/2024 08:12AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

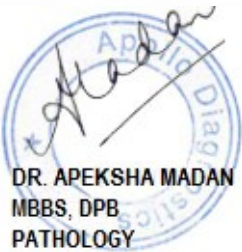
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY


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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	34.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	71.5	fL	83-101	Calculated
MCH	21	pg	27-32	Calculated
MCHC	29.3	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,110	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4692.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1706.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	284.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	426.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.75		0.78- 3.53	Calculated
PLATELET COUNT	351000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

Page 2 of 13



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PATHOLOGY



SIN No:BED240078767

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

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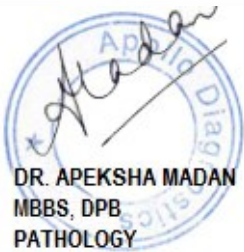


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Age/Gender : 50 Y 3 M 5 D/F	Received : 23/Mar/2024 12:05PM
UHID/MR No : STAR.0000062160	Reported : 23/Mar/2024 03:10PM
Visit ID : STAROPV68474	Status : Final Report
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Emp/Auth/TPA ID : 383629	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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



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Collected : 23/Mar/2024 06:00PM
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Reported : 23/Mar/2024 07:41PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

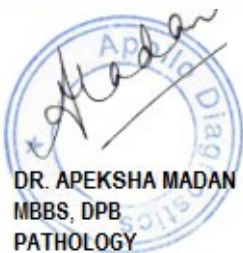
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	131	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.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	160	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	113	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.33		<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	

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



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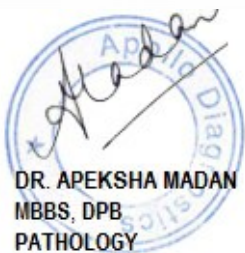
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DEPARTMENT OF BIOCHEMISTRY

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

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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	59.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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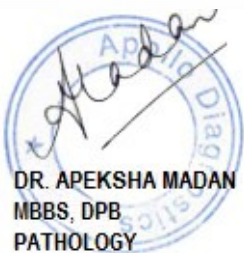
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	17.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
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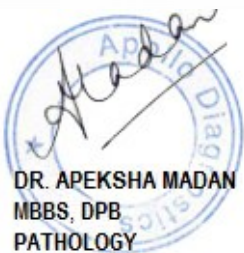
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	16-73	Glycylglycine Kinetic method

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DEPARTMENT OF IMMUNOLOGY

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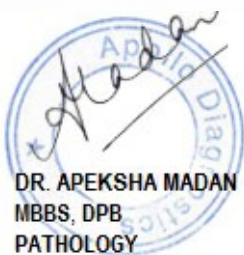
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.92	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.190	µIU/mL	0.25-5.0	ELFA

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

1. 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.
2. 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.
3. 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.
4. 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



SIN No: SPL24052671

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:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mrs.SHWETA R CHANDE
Age/Gender : 50 Y 3 M 5 D/F
UHID/MR No : STAR.0000062160
Visit ID : STAROPV68474
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 383629

Collected : 23/Mar/2024 08:12AM
Received : 23/Mar/2024 03:30PM
Reported : 23/Mar/2024 05:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

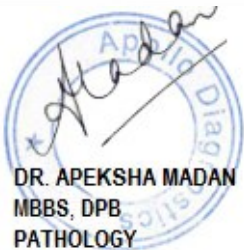
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	13-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-12	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Bacteria Present (+)			MICROSCOPY

*** End Of Report ***

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2313173

Apollo Speciality Hospitals Private Limited
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CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

03/3/2024 **OUT-PATIENT RECORD**
 Date : 03/3/2024
 MRNO : 82160
 Name : Mrs. Shweta Chande
 Age/Gender : 50YR Female
 Mobile No :
 Passport No :
 Aadhar number :

Pulse : 72/mid	B.P : 140/90	Resp : 22/mid	Temp : (N)
Weight : 66.3	Height : 148	BMI : 30.3	Waist Circum : 88cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

HEBAlc 5.8 Upoad 9
 1) Avoid Sugar/sweets/oil/ghee
 2) Morning walk 45 min daily
 3) Repeat Sugar/lipid after 3 months
 Physically fit



(Dr.) CHHA. S. A. JAJA
 M.D. (D.M.)
 Physician & Cardiologist
 Reg. No. 58542

(Handwritten Signature)
 Doctor Signature

Follow up date:

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

Patient Name : Mrs.SHWETA R CHANDE
Age/Gender : 50 Y 3 M 5 D/F
UHID/MR No : STAR.0000062160
Visit ID : STAROPV68474
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 383629

Collected : 23/Mar/2024 08:12AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild anisocyte

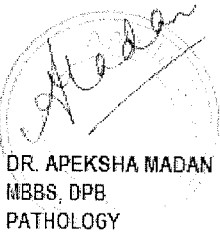
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild anisocyte blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240078767

Patient Name : Mrs.SHWETA R CHANDE
Age/Gender : 50 Y 3 M 5 D/F
UHID/MR No : STAR.0000062160
Visit ID : STAROPV68474
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 383629

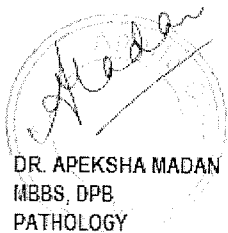
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	34.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	71.5	fL	83-101	Calculated
MCH	21	pg	27-32	Calculated
MCHC	29.3	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,110	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4692.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1706.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	284.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	426.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.75		0.78- 3.53	Calculated
PLATELET COUNT	351000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
Methodology : Microscopic				

RBC : Mild Hypochromasia, Mild anisocyte

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240078767

Patient Name	: Mrs.SHWETA R CHANDE	Collected	: 23/Mar/2024 08:12AM
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Visit ID	: STAROPV68474	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383629		

DEPARTMENT OF HAEMATOLOGY

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

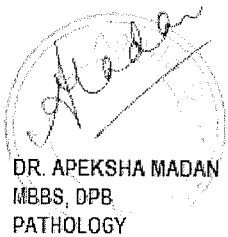
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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240078767

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TOUCHING LIVES
 Patient Name : Mrs.SHWETA R CHANDE
 Age/Gender : 50 Y 3 M 5 D/F
 UHID/MR No : STAR.0000062160
 Visit ID : STAROPV68474
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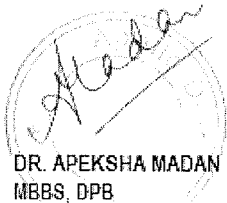
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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:BED240078767

Patient Name : Mrs.SHWETA R CHANDE
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 UHID/MR No : STAR.0000062160
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Collected : 23/Mar/2024 06:00PM
 Received : 23/Mar/2024 06:38PM
 Reported : 23/Mar/2024 07:41PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	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:

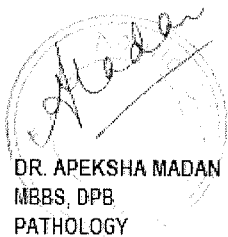
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	131	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:PLP1436793

TOUCHING LIVES
 Patient Name : Mrs.SHWETA R CHANDE
 Age/Gender : 50 Y 3 M 5 D/F
 UHID/MR No : STAR.0000062160
 Visit ID : STAROPV68474
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 383629

Collected : 23/Mar/2024 08:12AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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:EDT240035944

Patient Name : Mrs.SHWETA R CHANDE
Age/Gender : 50 Y 3 M 5 D/F
UHID/MR No : STAR.0000062160
Visit ID : STAROPV68474
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	160	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	113	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.33		<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	

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




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04671850

Patient Name : Mrs.SHWETA R CHANDE
Age/Gender : 50 Y 3 M 5 D/F
UHID/MR No : STAR.0000062160
Visit ID : STAROPV68474
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DEPARTMENT OF BIOCHEMISTRY

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

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.

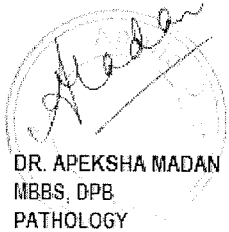
5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

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).

Page 8 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04671850

Patient Name	: Mrs.SHWETA R CHANDE	Collected	: 23/Mar/2024 08:12AM
Age/Gender	: 50 Y 3 M 5 D/F	Received	: 23/Mar/2024 01:02PM
UHID/MR No	: STAR.0000062160	Reported	: 23/Mar/2024 06:27PM
Visit ID	: STAROPV68474	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383629		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	59.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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.



Signature
DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

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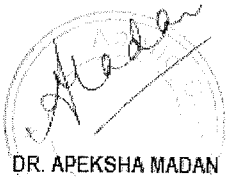
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	17.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04671850



Patient Name : Mrs.SHWETA R CHANDE
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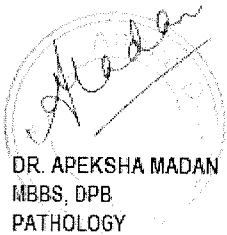
Collected : 23/Mar/2024 08:12AM
Received : 23/Mar/2024 01:02PM
Reported : 23/Mar/2024 06:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	15.00	U/L	16-73	Glycylglycine Kinetic method




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04671850

Patient Name : Mrs.SHWETA R CHANDE
Age/Gender : 50 Y 3 M 5 D/F
UHID/MR No : STAR.0000062160
Visit ID : STAROPV68474
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 383629

Collected : 23/Mar/2024 08:12AM
Received : 23/Mar/2024 09:45AM
Reported : 23/Mar/2024 10:34AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

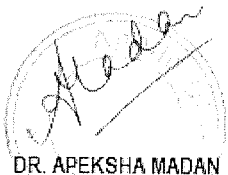
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.92	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.190	µIU/mL	0.25-5.0	ELFA

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:SPL24052671

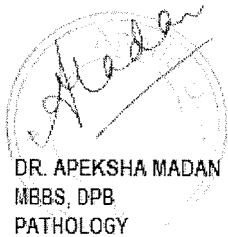
Patient Name	: Mrs.SHWETA R CHANDE	Collected	: 23/Mar/2024 08:12AM
Age/Gender	: 50 Y 3 M 5 D/F	Received	: 23/Mar/2024 03:30PM
UHID/MR No	: STAR.0000062160	Reported	: 23/Mar/2024 05:52PM
Visit ID	: STAROPV68474	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 383629		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	13-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-12	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Bacteria Present (+)			MICROSCOPY

*** End Of Report ***

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2313173

GE MAC1200 ST

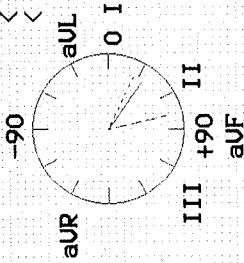
SHWETA,

HR 73 bpm

Measurement Results:

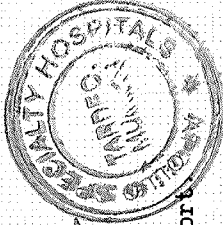
QRS : 88 ms
 QT/QTcB : 374 / 412 ms
 PR : 160 ms
 P : 108 ms
 RR/PP : 818 / 820 ms
 P/QRS/T : 26/ 36/ 76 degrees

< P
 < T
 < QRS



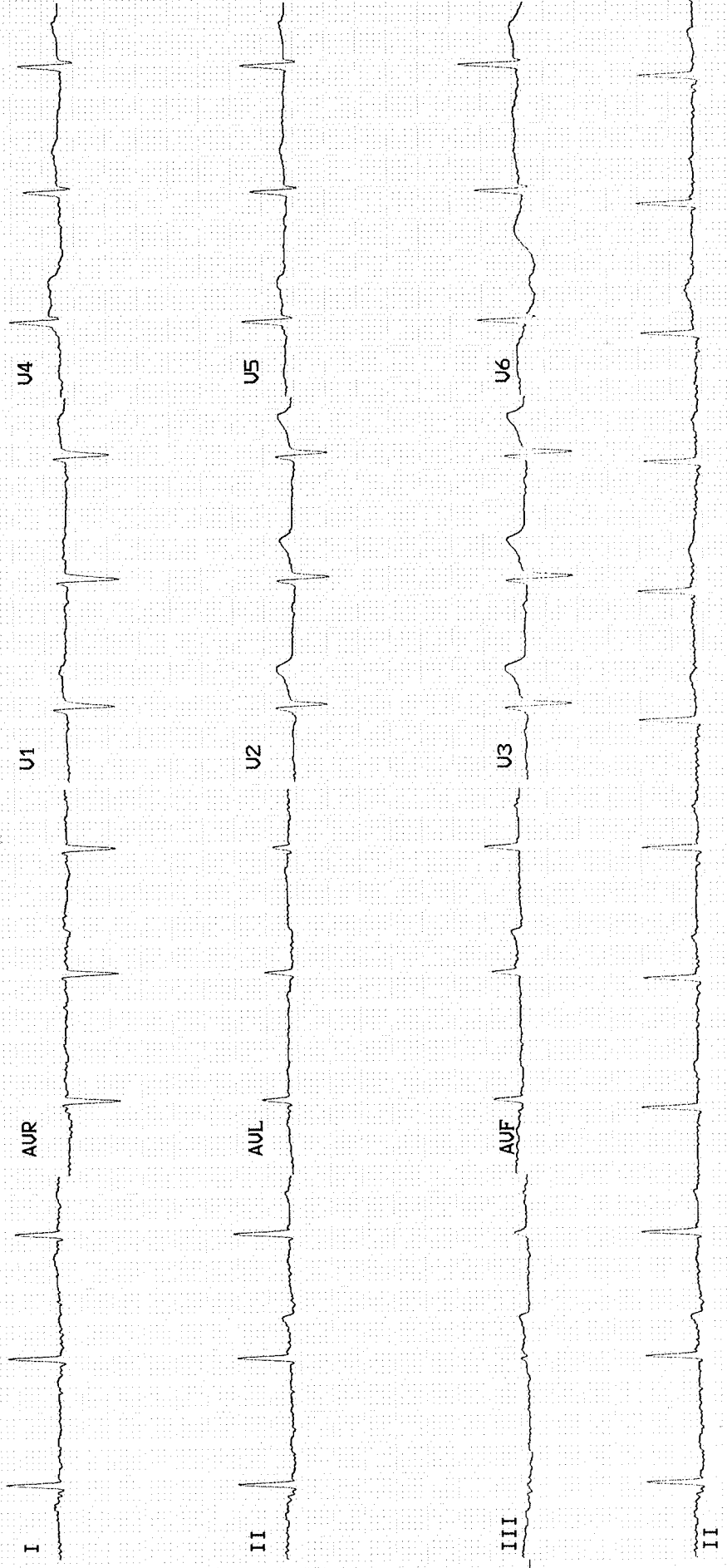
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Nonspecific T-wave abnormality
 Abnormal ECG

Minor Trace changes



Unconfirmed report

DR. (Mrs.) CHINAPPA VAJA
 M.D. (MUM)
 Physician / Cardiologist
 Reg. No. 56942



Patient Name : Mrs. Shweta R Chande Age : 50 Y F
UHID : STAR.0000062160 OP Visit No : STAROPV68474
Reported on : 25-03-2024 10:17 Printed on : 25-03-2024 10:18
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:25-03-2024 10:17

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MRS. SHWETA CHANDE
Ref. by : HEALTH CHECKUP

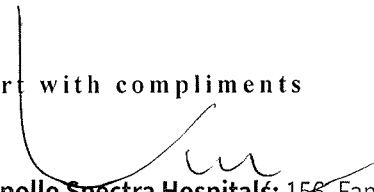
Date : 23-03-2024
Age : 50 years

SONOGRAPHY OF ABDOMEN & PELVIS

- LIVER** : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.
- GALL BLADDER** : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.
- PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.
- SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.
- KIDNEYS** : The **RIGHT KIDNEY** measures 10.5 x 4.4 cms and the **LEFT KIDNEY** measures 11.2 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.
- URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.
- UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture.
It measures 7.3 x 4.1 x 3.6 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 8.2 mm.
No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.5 x 1.4 cms.
Left ovary measures 2.8 x 1.9 cms.
There is no free fluid seen in cul de sac.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver.
No other significant abnormality is detected

Report with compliments


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

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 : Ms. Shweta Chande
Age : 50 Year(s)

Date : 23/03/2024
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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
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Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Ms. Shweta Chande
Age : 50 Year(s)

Date : 23/03/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	80mm/sec
EPSS	06mm
LA	25mm
AO	27mm
LVID (d)	47mm
LVID(s)	26mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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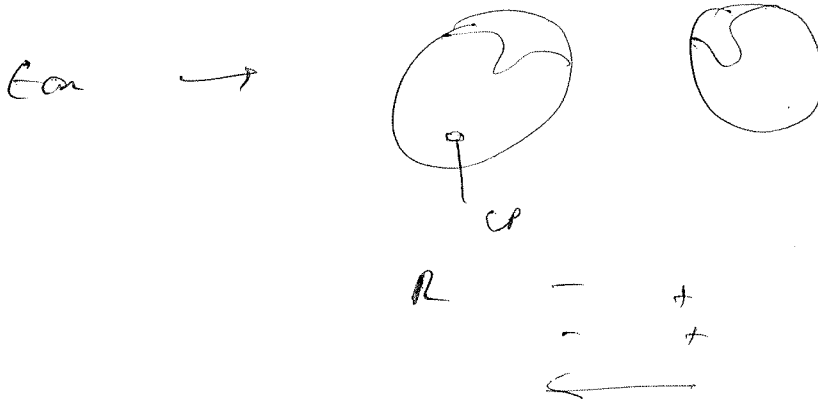
Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

23/3/24.

Dr. Mitul C. Bhatt (ENT)

Mrs. Shweta C. A (50 yrs.)

Pt. for ENT check up.



Nose }
Throat } WNL.

Imp. : (R) CSOM.
Rest ENT. WNL.

EYE REPORT

Name: *Shweta Chande*

Date: *23/3/24*

Age / Sex: *50 / F*

Ref No.:

Complaint: *Un. blur in present glasses*

Aut. Seg: — ELC —

Examination

*UCDR $\frac{1}{2}$ - 0.7:1 -
FR +*

Un (U.A) $\frac{1}{2}$ 6/12, N12

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	<i>6/6</i>	<i>+ 0.75</i>	<i>—</i>	<i>—</i>	<i>6/6</i>	<i>+ 0.75</i>	<i>—</i>	<i>—</i>
Read	<i>N6</i>	<i>(add + 1.75)</i>			<i>N6</i>	<i>(add + 1.75)</i>		

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:



Consultant:

Apollo Spectra Hospitals
Famous Cine Labs, 156, Pt. M. M.
Malviya Road, Tardeo, Mumbai - 400 034.
Tel.: 022 4332 4500 www.apollospectra.com

Dr. Nusrat J. Bulhari (Mistry)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2012/10/2914
Mob:- 8850 1858 73

DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

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

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

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

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

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

FOOD ALLOWED

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

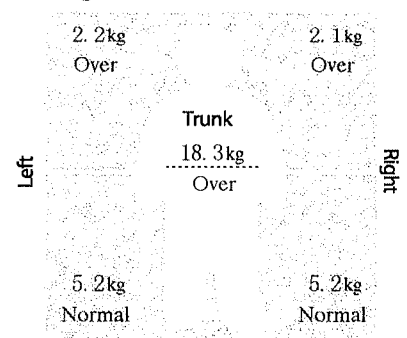
ID 0 *Shweta chandale* | Height 148cm | Date 23. 3. 2024 | APOLLO SPECTRA HOSPITAL
 Age 50 | Gender Female | Time 08:59:06

Body Composition

	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				66.3 kg 39.1 ~ 52.9
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				20.7 kg 17.1 ~ 21.0
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520				28.0 kg 9.2 ~ 14.7
TBW Total Body Water	28.2 kg (23.4 ~ 28.6)		FFM Fat Free Mass		38.3 kg (29.9 ~ 38.2)
Protein	7.5 kg (6.3 ~ 7.7)		Mineral*		2.57 kg (2.17 ~ 2.65)

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Actual	Normal Range
BMI Body Mass Index (kg/m ²)	30.3	18.5 ~ 25.0
PBF Percent Body Fat (%)	42.2	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.95	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1198	1362 ~ 1583

Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient	
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient	
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient	<input checked="" type="checkbox"/> Excessive

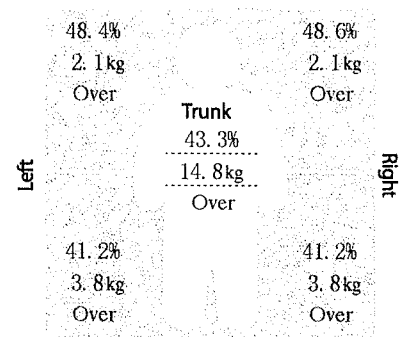
Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Obesity Diagnosis

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

Segmental Fat



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 16.5 kg	Fitness Score	66
----------------	--------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	314.9	313.0	23.2	248.4	248.6
100kHz	285.3	284.0	19.8	226.6	225.4

* 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: 66.3 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
133	232	199	232	216	232	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
150	199	232	332	126	150	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
332	332	332	199	232	117	
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats	
development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	maintenance of lower body muscle	

How to do

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

Recommended calorie intake per day

1200 kcal

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

CONSENT FORM

Client Name: Shweta Chaudhary Age: 50

UHID Number: Company Name: BOB

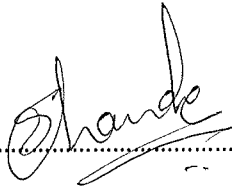
I Mr/Mrs/Ms Shweta R. Chaudhary Employee of BOB

(Company) Want to inform you that I am not interested in getting Gynaecology Pap

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Dono Mammogram
Dental Consultation

Patient Signature: 

Date: 23.03.2024



From: shweta chande <shwetachande2474@gmail.com>
Sent: 22 March 2024 11:18
To: ictm.serbom
Subject: Fwd: Health Check up Booking Confirmed Request(bobE13297),Package Code-PKG10000477, Beneficiary Code-295911

You don't often get email from shwetachande2474@gmail.com. [Learn why this is important](#)

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Thu, Mar 14, 2024, 18:16
Subject: Health Check up Booking Confirmed Request(bobE13297),Package Code-PKG10000477, Beneficiary Code-295911
To: <shwetachande2474@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear **Shweta Rajendra Chande**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40

Name of Diagnostic/Hospital : Apollo Spectra - Tardeo

Address of Diagnostic/Hospital- Famous Cine Labs,156, Pt.M.M.Malviya Raod,Tardeo,Mumbai - 400034

City : Mumbai

State :

Pincode : 400034
Appointment Date : 23-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MRS. CHANDE SHWETA RAJENDRA	50 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Patient Name : Mrs. Shweta R Chande

Age/Gender : 50 Y/F

UHID/MR No. : STAR.0000062160

OP Visit No : STAROPV68474

Sample Collected on :

Reported on : 25-03-2024 10:18

LRN# : RAD2277718

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 383629

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Shweta R Chande	Age/Gender	: 50 Y/F
UHID/MR No.	: STAR.0000062160	OP Visit No	: STAROPV68474
Sample Collected on	:	Reported on	: 23-03-2024 11:59
LRN#	: RAD2277718	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 383629		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

PATIENT REFUSES TO DO THE SONO MAMMOGRAPHY.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Shweta R Chande	Age/Gender	: 50 Y/F
UHID/MR No.	: STAR.0000062160	OP Visit No	: STAROPV68474
Sample Collected on	:	Reported on	: 23-03-2024 11:57
LRN#	: RAD2277718	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 383629		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

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

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

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 10.5 x 4.4 cms and the **LEFT KIDNEY** measures 11.2 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.

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

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.3 x 4.1 x 3.6 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 8.2 mm.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.5 x 1.4 cms.
Left ovary measures 2.8 x 1.9 cms.
There is no free fluid seen in cul de sac.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver.
No other significant abnormality is detected



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