

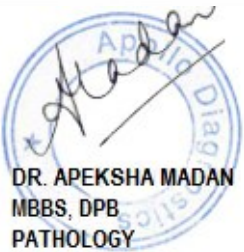
Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:40AM  
Reported : 01/Dec/2023 01:24PM  
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



Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:40AM  
Reported : 01/Dec/2023 01:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.5	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	<b>38.70</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,740	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3214.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1951.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	172.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.8	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	265000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>25</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

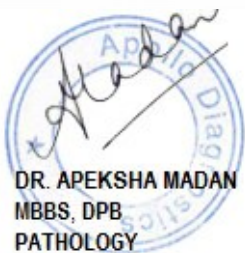
RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 16



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



SIN No:BED230295708

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

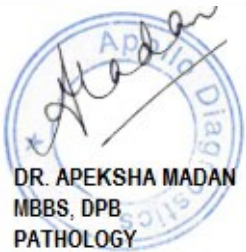
Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:40AM  
Reported : 01/Dec/2023 01:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically



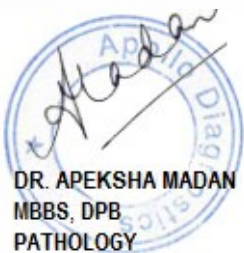
Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:40AM  
Reported : 01/Dec/2023 01:45PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			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:BED230295708

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:39AM  
Reported : 01/Dec/2023 12:36PM  
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	108	mg/dL	70-100	GOD - POD

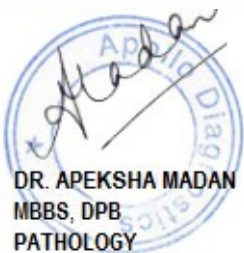
**Comment:**

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.



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



Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 12:19PM  
Received : 01/Dec/2023 12:56PM  
Reported : 01/Dec/2023 01:14PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

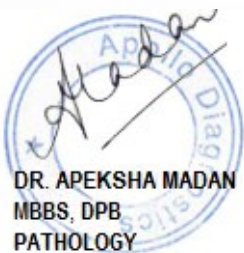
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	108	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 03:13PM  
Reported : 01/Dec/2023 04:58PM  
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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		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:EDT230108478

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:37AM  
Reported : 01/Dec/2023 01:24PM  
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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>265</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>169</b>	mg/dL	<150	
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>220</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>186.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>33.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.89</b>		0-4.97	Calculated


Kindly correlate clinically.

**Comment:**

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

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

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



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



SIN No:SE04555853

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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




Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:37AM  
Reported : 01/Dec/2023 01:24PM  
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**

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



SIN No:SE04555853

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 03:13PM  
Reported : 01/Dec/2023 04:58PM  
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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>0.15</b>	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.06	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>54</b>	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>45.0</b>	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	<b>135.00</b>	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.60	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.87		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 > 1In 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.

Page 10 of 16



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



SIN No:BI17186208

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 03:13PM  
Reported : 01/Dec/2023 04:58PM  
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**

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

SIN No:BI17186208



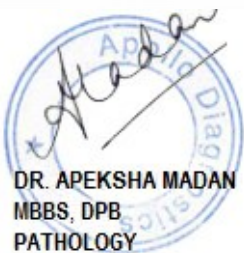
Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:37AM  
Reported : 01/Dec/2023 01:24PM  
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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.63	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE



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



SIN No:SE04555853

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 03:13PM  
Reported : 01/Dec/2023 04:58PM  
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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>64.00</b>	U/L	12-43	Glycylglycine Nitoranalide

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

SIN No:BI17186208



Patient Name : Mrs.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 11:38AM  
Reported : 01/Dec/2023 12:47PM  
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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.18	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.640	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: SPL23172367

**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.RICHA SINHA  
Age/Gender : 40 Y 5 M 8 D/F  
UHID/MR No : STAR.0000059905  
Visit ID : STAROPV65252  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : A-944449779670

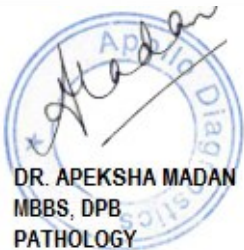
Collected : 01/Dec/2023 08:35AM  
Received : 01/Dec/2023 01:34PM  
Reported : 01/Dec/2023 01:45PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	EHRlich
BLOOD	POSITIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	20-25	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8-10	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Kindly Correlate Clinically.



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



SIN No:UR2231444

**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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

Patient Name	: Mrs.RICHA SINHA	Collected	: 01/Dec/2023 01:46PM
Age/Gender	: 40 Y 5 M 8 D/F	Received	: 02/Dec/2023 03:55PM
UHID/MR No	: STAR.0000059905	Reported	: 04/Dec/2023 01:47PM
Visit ID	: STAROPV65252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: A-944449779670		

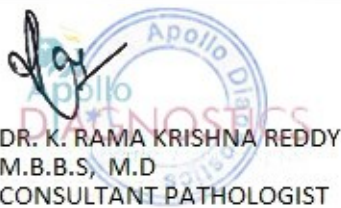
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	20130/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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. K. RAMA KRISHNA REDDY  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



SIN No:CS070793

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 RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

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



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 01:46PM
Age/Gender : 40 Y 5 M 8 D/F	Received : 02/Dec/2023 03:55PM
UHID/MR No : STAR.0000059905	Reported : 04/Dec/2023 01:47PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

**DEPARTMENT OF CYTOLOGY**


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

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	20130/23
<b>I</b>	<b>SPECIMEN</b>	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
a	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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. K. RAMA KRISHNA REDDY  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST

Page 1 of 1



SIN No:CS070793

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

Date : 01/12/2022 **OUT-PATIENT RECORD**  
 MRNO : 59905  
 Name : MS. Richa Sinha  
 Age/Gender : 40yrs / Female  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 60/min	B.P : 110/70	Resp : 22/min	Temp : (N)
Weight : 70.3	Height : 155cm	BMI : 29.3	Waist Circum : 88/min

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Vegetarian  
 Sleep: (N) B(B)(N) MC 3-4/30 days.  
 No allergy  
 No addiction  
 Moderately Active  
 FH: Father/mother: JET/DM.  
 HBA1C 5.8 Lipid/Used SCOT/PT/PLC  
 Urine PC 20-25  
 Tab. Norflex 400mg  
 1-0-1 x 10 days.  
 Avoid sugar/sweets/oil/ghee/fried food  
 Morning walk 45 min daily  
 Repeat HBA1C/lipid/SCOT/SLPT/Urinary  
 After 2 months

**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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
 Ph No: 040 - 4904 7777 | www.apollohl.com



Patient Name	: Mrs.RICHA SINHA	Collected	: 01/Dec/2023 08:35AM
Age/Gender	: 40 Y 5 M 8 D/F	Received	: 01/Dec/2023 11:40AM
UHID/MR No	: STAR.0000059905	Reported	: 01/Dec/2023 01:24PM
Visit ID	: STAROPV65252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: A-944449779670		

**DEPARTMENT OF HAEMATOLOGY**

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

**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



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 11:40AM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 01:24PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

**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**

<b>HAEMOGLOBIN</b>	12.5	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>38.70</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,740	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3214.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1951.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	172.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.8	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	265000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>25</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 11:40AM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 01:45PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 11:39AM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 12:36PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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	108	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:**

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



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 12:19PM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 12:56PM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 01:14PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

**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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 03:13PM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 04:58PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	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)





Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 11:37AM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 01:24PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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	265	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	169	mg/dL	<150	
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	220	mg/dL	<130	Calculated
LDL CHOLESTEROL	186.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.89		0-4.97	Calculated

Kindly correlate clinically.

Comment:

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

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

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



TOUCHING LIVES

Expertise. Empowering you.

Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 03:13PM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 04:58PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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	0.15	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.06	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	135.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.60	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.87		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.

Patient Name	: Mrs.RICHA SINHA	Collected	: 01/Dec/2023 08:35AM
Age/Gender	: 40 Y 5 M 8 D/F	Received	: 01/Dec/2023 03:13PM
UHID/MR No	: STAR.0000059905	Reported	: 01/Dec/2023 04:58PM
Visit ID	: STAROPV65252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: A-944449779670		

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
-----------	--------	------	-----------------	--------



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 11:37AM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 01:24PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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	0.63	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE



TOUCHING LIVES

Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 03:13PM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 04:58PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>64.00</b>	U/L	12-43	Glycylglycine Nitoranalide



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 11:38AM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 12:47PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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)	1.4	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.18	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.640	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



Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 01:34PM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 01:45PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	

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	1.010		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	EHRlich
BLOOD	POSITIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	20-25	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8-10	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Kindly Correlate Clinically.

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


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

Patient Name : Mrs.RICHA SINHA	Collected : 01/Dec/2023 08:35AM
Age/Gender : 40 Y 5 M 8 D/F	Received : 01/Dec/2023 01:34PM
UHID/MR No : STAR.0000059905	Reported : 01/Dec/2023 01:45PM
Visit ID : STAROPV65252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : A-944449779670	


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
-----------	--------	------	-----------------	--------



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



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





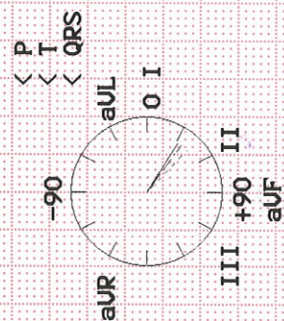
GE MAC1200 ST

RICHA,

HR 60 bpm

Measurement Results:

QRS : 82 ms  
 QT/QTcB : 408 / 408 ms  
 PR : 136 ms  
 P : 92 ms  
 RR/PP : 1014 / 1000 ms  
 P/QRS/T : 44/ 33/ 37 degrees



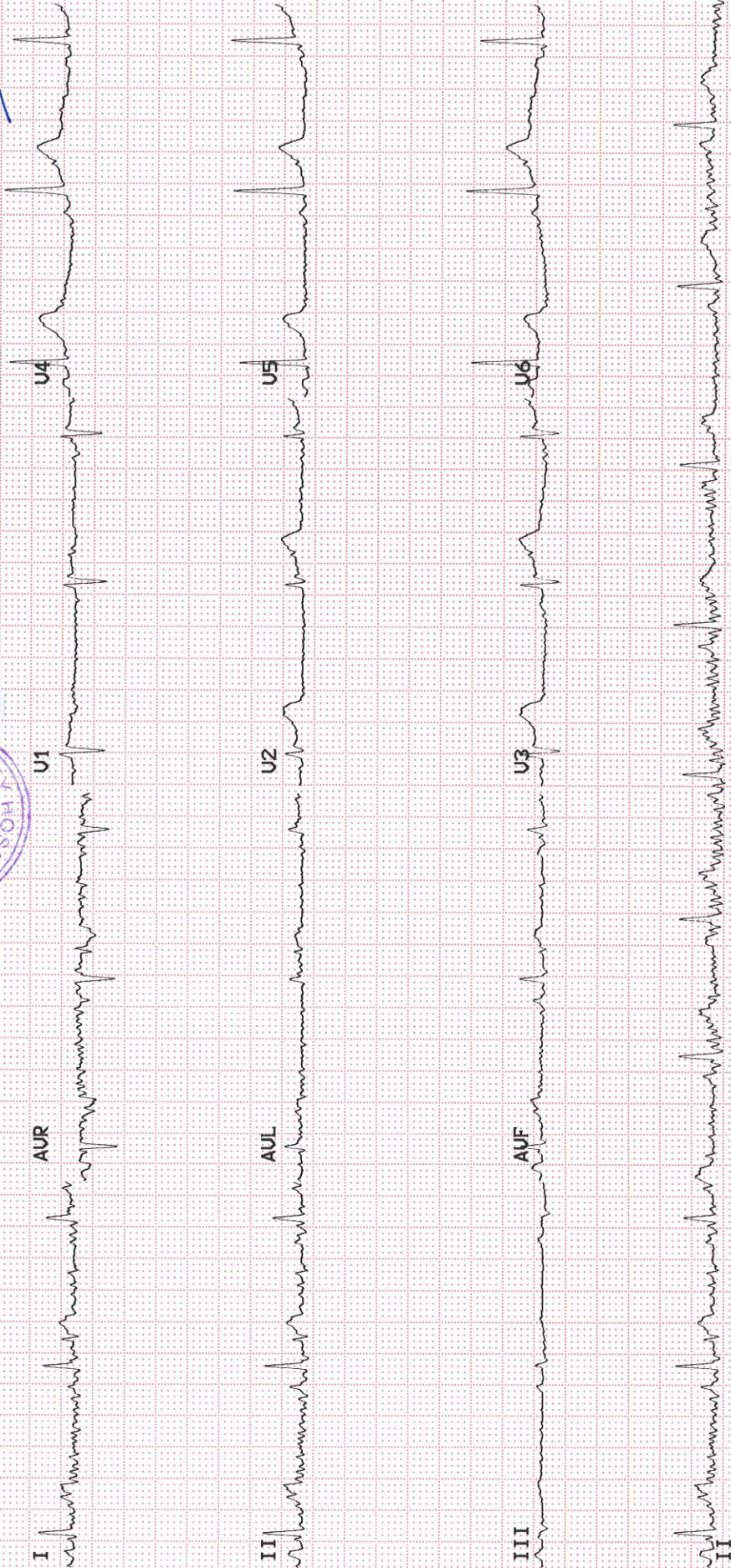
Interpretation:  
 12SL - Interpretation:  
 Sinus rhythm with sinus arrhythmia  
 Normal ECG

*Sinus Bradycardia with Incomplete RBBB*



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

Unconfirmed report.



01 Dec 2022 01:25:40  
 25mm/s 10mm/1mV ADS  
 2015 0 08  
 2015 2 51  
 1000 004

Patient Name	: Mrs. Richa Sinha	Age	: 40 Y F
UHID	: STAR.0000059905	OP Visit No	: STAROPV65252
Reported on	: 01-12-2023 10:55	Printed on	: 01-12-2023 10:56
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

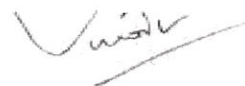
Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:01-12-2023 10:55

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mrs.Richa Sinha  
Age : 40 Year(s)

Date : 01/12/2023  
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. (Mrs.) CHHAYA P. VAJA**  
M.D. (MUM)  
Physician & Cardiologist  
Reg. No. 56942

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



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

**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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No:040 - 4904 7777 | www.apollohl.com

Name : Mrs.Richa Sinha  
Age : 40 Year(s)

Date : 01/12/2023  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	90mm/sec
EPSS	04mm
LA	27mm
AO	29mm
LVID (d)	40mm
LVID(s)	20mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

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

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

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

Patient Name : MRS. RICHA SINHA  
Ref. by : HEALTH CHECKUP

Date : 01-12-2023  
Age : 40 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 10.0 x 4.0 cms and the **LEFT KIDNEY** measures 10.9 x 4.8 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.

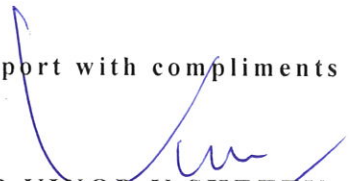
**URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.3 x 3.8 x 3.2 cms.  
Normal myometrial & endometrial echoes are seen.  
Endometrial thickness is 8.3 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 1.8 cms.  
Left ovary measures 2.7 x 1.7 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.

CONSULTANT SONOLOGIST

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

Richa Sinha 60 yrs

1/12/23

No Gynaec Complaints

MIH -  $\frac{3-6}{28-30}$  - Reg  
- mod  
- PII

UMP - 15/11/23

OH - P.L. - ♀ 10 yrs LSCS - PIH.

PH - NO major med / Sx illness.

PIH - mother - DM / HTN  
father - DM / HTN.

NO w/o cancer in family.

OLE  
min Cx erosion  
LBC taken

ESom

## 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 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.

### FOOD ALLOWED

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

## **FOODS TO AVOID**

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



**Fauziya Ansari**  
**Clinical Nutritionist/ Dietician**  
E: diet.trd@apollospectra.com  
Cont.: 8452884100



**EYE REPORT**

Name: Mrs. Richa Sankar

Date: 21/12/2023

Age / Sex: 40y / F

Ref No.:

Complaint: No ocular cl  
No n/o BI/DA

**Examination**

6/9  
6/9

Wear LG & NG

**Spectacle Rx**

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

Remarks: Wear LG & NG

As known

**Medications:**

Trade Name	Frequency	Duration

Follow up: Recheck 6m

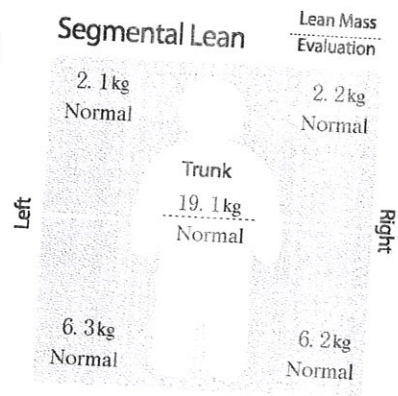
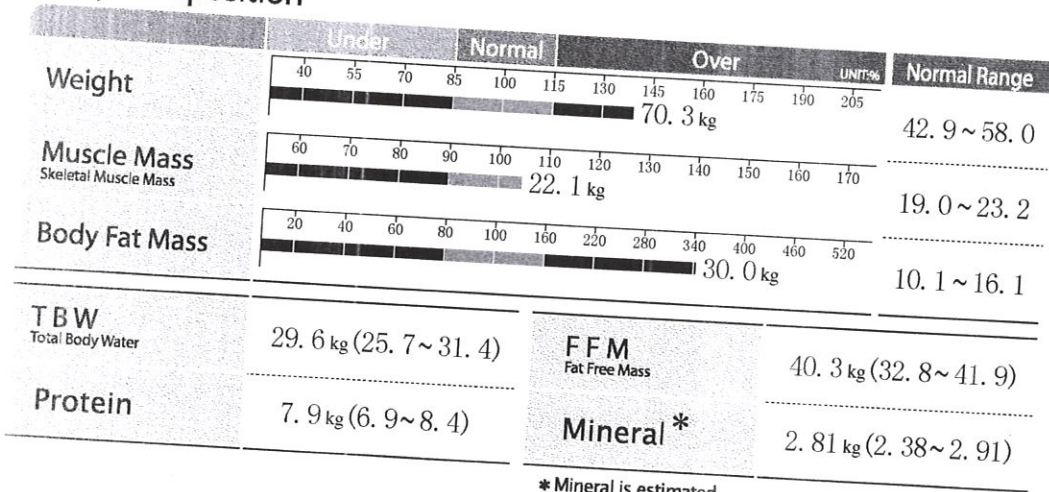
**Consultant:**

# InBody

ID 0 *Richa Sinha*

Age 40 | Height 155cm | Date 1.12.2023 | APOLLO SPECTRA HOSPITAL  
 Gender Female | Time 09:56:08

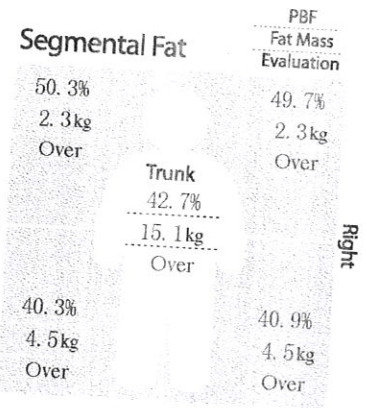
## Body Composition



## Obesity Diagnosis

Parameter	Value	Normal Range
BMI (kg/m <sup>2</sup> )	29.3	18.5 ~ 25.0
PBF (%)	42.6	18.0 ~ 28.0
WHR	0.93	0.75 ~ 0.85
BMR (kcal)	1241	1422 ~ 1656

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 checked="" type="checkbox"/> 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



\* Mineral is estimated.

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 17.9 kg	Fitness Score	64
----------------	--------	-------------	-----------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	373.5	377.9	27.2	278.8	264.0
100kHz	333.0	341.1	23.6	246.0	233.4

\* 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: 70.3 kg / Duration: 30min. / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic						
141	246	211	246	229	246						
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton						
159	211	246	352	134	159						
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf						
352	352	352	211	246	124						
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.

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

1300 kcal



भारत सरकार

GOVERNMENT OF INDIA

Download Date: 30/07/2020



ऋचा

Richa

పుట్టిన తేదీ / DOB : 23/06/1983

స్త్రీ / FEMALE

Mobile No. 9100107472

**9444 4977 9670**

VID : 9160 6681 1051 1878

Issue Date: 24/10/2019

ना आधार्, ना सुर्तिप्पु

## CONSENT FORM

Patient Name: Richa Sinha Age: 40 years  
UHID Number: 844 - 59905 Company Name: Bank of Baroda

I Mr/Mrs/Ms Richa Sinha Employee of Bank of Baroda  
(Company) Want to inform you that I am not interested in getting Sono Monography

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

And I claim the above statement in my full consciousness.

Patient Signature: 

Date: 11/12/2023



Customer Pending Tests  
ENT Consultation pending

<b>Patient Name</b>	: Mrs. Richa Sinha	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: STAR.0000059905	<b>OP Visit No</b>	: STAROPV65252
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 01-12-2023 12:22
<b>LRN#</b>	: RAD2165298	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: A-944449779670		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**PATIENT REFUSES TO DO THE SONOMAMMOGRAPHY.**



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. Richa Sinha	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: STAR.0000059905	<b>OP Visit No</b>	: STAROPV65252
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 01-12-2023 12:20
<b>LRN#</b>	: RAD2165298	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: A-944449779670		

**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 10.0 x 4.0 cms and the **LEFT KIDNEY** measures 10.9 x 4.8 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 3.8 x 3.2 cms.  
Normal myometrial & endometrial echoes are seen.  
Endometrial thickness is 8.3 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 1.8 cms.  
Left ovary measures 2.7 x 1.7 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



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. Richa Sinha	<b>Age/Gender</b>	: 40 Y/F
<b>UHID/MR No.</b>	: STAR.0000059905	<b>OP Visit No</b>	: STAROPV65252
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 01-12-2023 10:56
<b>LRN#</b>	: RAD2165298	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: A-944449779670		

**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