

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
Age/Gender : 48 Y 7 M 5 D/F
UHID/MR No : STAR.0000061841
Visit ID : STAROPV68020
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 376445

Collected : 06/Mar/2024 10:23AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

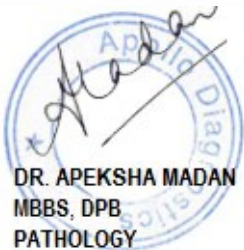
WBC : Normal in number, Eosinophilia

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, Eosinophilia

Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY

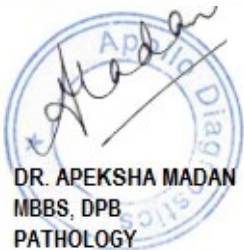
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	38.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.36	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.2	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,120	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	12	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4200.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1708.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	854.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	356	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.46		0.78- 3.53	Calculated
PLATELET COUNT	246000	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 : Normocytic normochromic

Page 2 of 14

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240059223

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

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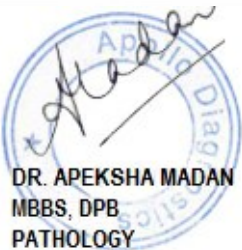
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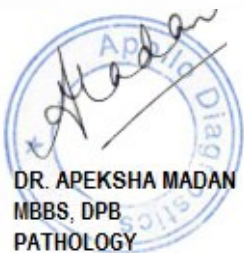
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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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	92	mg/dL	70-100	GOD - POD

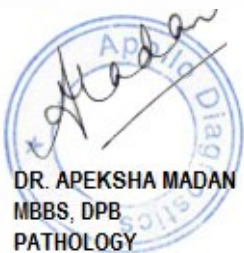
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ 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.



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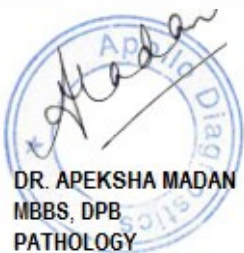
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	138	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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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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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:EDT240026711

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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	140	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	171	mg/dL	<150	
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	56.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.86		0-4.97	Calculated

Comment:

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

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

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



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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	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	75.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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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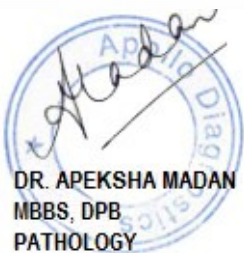
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	21.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated



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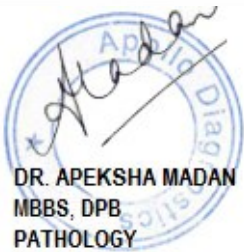
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	16-73	Glycylglycine Kinetic method


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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)	1.59	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.78	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	5.020	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: SPL24039160

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

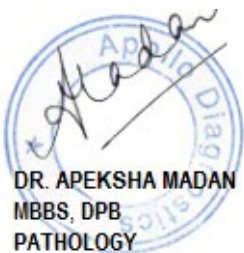
Patient Name : Mrs.NILANJANA SARMA GOSWAMI
Age/Gender : 48 Y 7 M 5 D/F
UHID/MR No : STAR.0000061841
Visit ID : STAROPV68020
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 376445

Collected : 06/Mar/2024 10:23AM
Received : 06/Mar/2024 02:11PM
Reported : 06/Mar/2024 04:12PM
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	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2298371

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.NILANJANA SARMA GOSWAMI	Collected : 06/Mar/2024 01:05PM
Age/Gender : 48 Y 7 M 5 D/F	Received : 07/Mar/2024 03:37PM
UHID/MR No : STAR.0000061841	Reported : 08/Mar/2024 04:45PM
Visit ID : STAROPV68020	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376445	

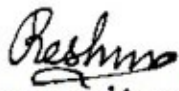
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5021/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

Page 14 of 14
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS075775

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

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Begumpet, Hyderabad, Telangana - 500016

Address:

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

Dear Mrs. Nilanjana Goswami,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-03-06** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI MEDIWHEEL PRIVATE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED CREDIT PAN INDIA OP AGREEMENT FY2425]
Package Name	[ARCOFEMI MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE 2D ECHO]

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

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

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

OUT- PATIENT RECORD

Date : 6/3/24.
MRNO :
Name : Mrs Nilanjana
Age/Gender :
Mobile No :
Passport No :
Aadhar number :

Pulse : 74/min	B.P : 130/80	Resp : 22	Temp : 37
Weight : 67.9	Height : 156	BMI : 27.9	Waist Circum : 88cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian
Except B/B^W Dust / Bod mile Allergy
MC : HRT
Hypothyroid T. Thyroxin 100ug daily
Allergic bronchitis on occ prong.
2 LSES above it past
FH: Father: Paemaku Mother: HT
IHD.
TG 171, LDL 34.

- 1) Avoid oil/ghee/fried foods
- 2) Morning walk 45 min daily
- 3) Repeat Lipid after 2 months.



Dr. (Mrs.) JHAYAL K. WAJA
M.D. (MUM)
Physician & Cardiologist
Reg. No. 56942

Doctor Signature

Follow up date:

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
Age/Gender : 48 Y 7 M 5 D/F
UHID/MR No : STAR.0000061841
Visit ID : STAROPV68020
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 376445

Collected : 06/Mar/2024 10:23AM
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Reported : 06/Mar/2024 12:40PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

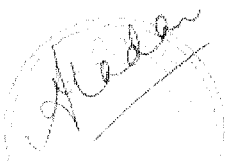
WBC : Normal in number, Eosinophilia

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, Eosinophilia

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:BED240059223

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
Age/Gender : 48 Y 7 M 5 D/F
UHID/MR No : STAR.0000061841
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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	12.1	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	38.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.36	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.2	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,120	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	12	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4200.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1708.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	854.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	356	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.46		0.78- 3.53	Calculated
PLATELET COUNT	246000	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 : Normocytic normochromic




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240059223

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
Age/Gender : 48 Y 7 M 5 D/F
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DEPARTMENT OF HAEMATOLOGY

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

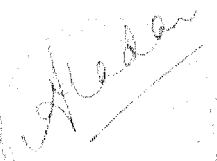
WBC : Normal in number, Eosinophilia

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Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240059223

TOUCHING LIVES


Patient Name	: Mrs.NILANJANA SARMA GOSWAMI	Collected	: 06/Mar/2024 10:23AM
Age/Gender	: 48 Y 7 M 5 D/F	Received	: 06/Mar/2024 11:12AM
UHID/MR No	: STAR.0000061841	Reported	: 06/Mar/2024 12:40PM
Visit ID	: STAROPV68020	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 376445		

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

Page 4 of 13

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240059223

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
 Age/Gender : 48 Y 7 M 5 D/F
 UHID/MR No : STAR.0000061841
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 Ref Doctor : Dr.SELF
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Collected : 06/Mar/2024 10:23AM
 Received : 06/Mar/2024 11:09AM
 Reported : 06/Mar/2024 12:40PM
 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	92	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1. 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.
2. Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLF02118844

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
 Age/Gender : 48 Y 7 M 5 D/F
 UHID/MR No : STAR.0000061841
 Visit ID : STAROPV68020
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 376445

Collected : 06/Mar/2024 01:04PM
 Received : 06/Mar/2024 01:22PM
 Reported : 06/Mar/2024 01:38PM
 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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	138	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:PLP1427710

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
Age/Gender : 48 Y 7 M 5 D/F
UHID/MR No : STAR.0000061841
Visit ID : STAROPV68020
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 376445

Collected : 06/Mar/2024 10:23AM
Received : 06/Mar/2024 04:29PM
Reported : 06/Mar/2024 05:14PM
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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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:EDT240026711

TOUCHING LIVES

Expertise. Empowering you.

Patient Name	: Mrs.NILANJANA SARMA GOSWAMI	Collected	: 06/Mar/2024 10:23AM
Age/Gender	: 48 Y 7 M 5 D/F	Received	: 06/Mar/2024 11:09AM
UHID/MR No	: STAR.0000061841	Reported	: 06/Mar/2024 01:08PM
Visit ID	: STAROPV68020	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 376445		

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	140	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	171	mg/dL	<150	
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	56.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.86		0-4.97	Calculated

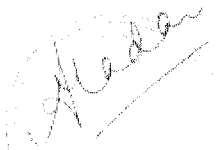
Comment:

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

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

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




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04651745

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
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UHID/MR No : STAR.0000061841
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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	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	75.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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.




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04651745

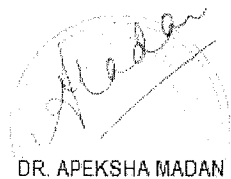
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DEPARTMENT OF BIOCHEMISTRY

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	0.74	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	21.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04651745

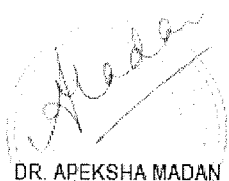
TOUCHING LIVES

Patient Name	: Mrs.NILANJANA SARMA GOSWAMI	Collected	: 06/Mar/2024 10:23AM
Age/Gender	: 48 Y 7 M 5 D/F	Received	: 06/Mar/2024 11:09AM
UHID/MR No	: STAR.0000061841	Reported	: 06/Mar/2024 01:08PM
Visit ID	: STAROPV68020	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 376445		

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 TRANSEPTIDASE (GGT) , SERUM	10.00	U/L	16-73	Glycylglycine Kinetic method

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04651745

Patient Name : Mrs.NILANJANA SARMA GOSWAMI	Collected : 06/Mar/2024 10:23AM
Age/Gender : 48 Y 7 M 5 D/F	Received : 06/Mar/2024 11:07AM
UHID/MR No : STAR.0000061841	Reported : 06/Mar/2024 12:40PM
Visit ID : STAROPV68020	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 376445	

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)	1.59	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	5.02	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



(Signature)
DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24039160

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
Age/Gender : 48 Y 7 M 5 D/F
UHID/MR No : STAR.0000061841
Visit ID : STAROPV68020
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 376445

Collected : 06/Mar/2024 10:23AM
Received : 06/Mar/2024 02:11PM
Reported : 06/Mar/2024 04:12PM
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	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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

Page 13 of 13

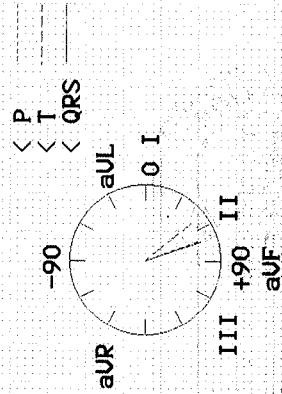



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2298371

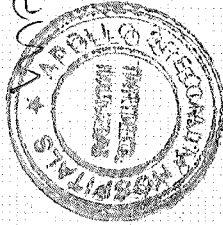
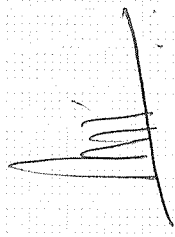
Measurement Results:

QRS : 94 ms
 QT/QTcB : 374 / 415 ms
 PR : 114 ms
 P : 98 ms
 RR/PP : 794 / 810 ms
 P/QRS/T : 69/ 70/ 51 degrees



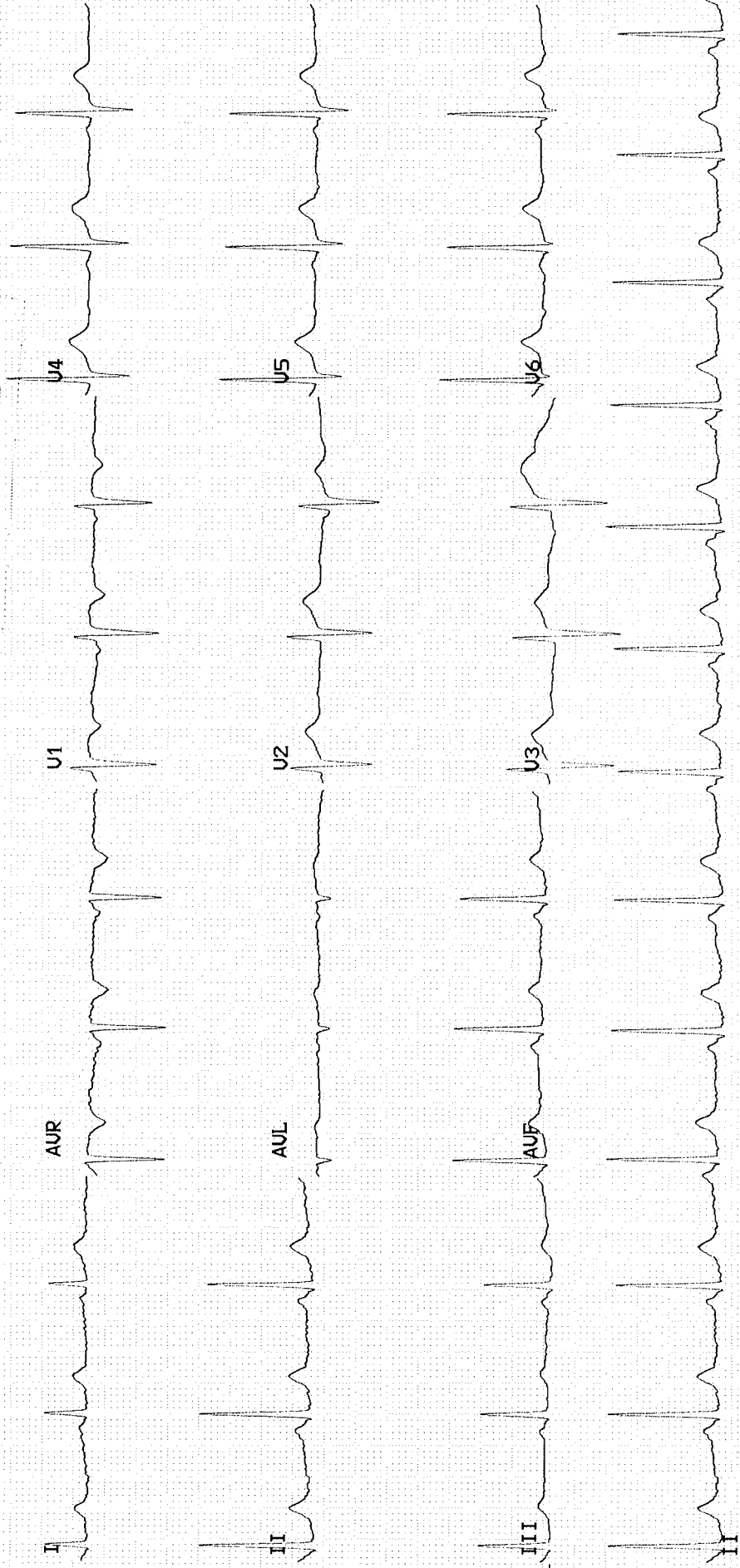
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Within Normal limits



DR. (MPS) CHHAYA P. VAJIA
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No. 36942

Unconfirmed report.



Patient Name : Mrs. Nilanjana Sarma Goswami Age : 48 Y F
UHID : STAR.0000061841 OP Visit No : STAROPV68020
Reported on : 06-03-2024 12:05 Printed on : 06-03-2024 12:05
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:06-03-2024 12:05

---End of the Report---


Dr. VINOD SHETTY
Radiology

Patient Name : MRS. NILANJANA GOSWAMI
Ref. By : HEALTH CHECK UP

Date : 06-03-2024

Age : 48 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.9 x 3.9 cms and the **LEFT KIDNEY** measures 10.4 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.

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

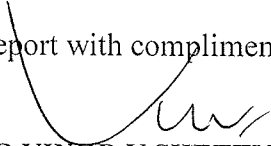
URINARY BLADDER : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.7 x 3.6 x 3.1 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 6.0 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.4 x 1.4 cms. Left ovary measures 2.3 x 1.8 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


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

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

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

Name : Mrs.Nilanjana Goswami
Age : 48 Year(s)

Date : 06/03/2024
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
Ph No: 022 - 4332 4500 | www.apollospectra.com

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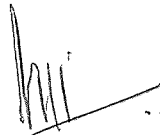
Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mrs. Nilanjana Goswami
Age : 48 Year(s)

Date : 06/03/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	60mm/sec
EPSS	06mm
LA	26mm
AO	30mm
LVID (d)	42mm
LVID(s)	23mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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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.

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.

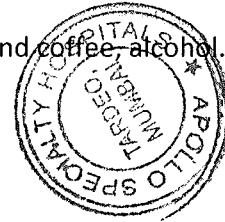
Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

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

DR. TEJAL SONI
MBBS, MD, DGO, DFP, FCPS,
OBSTETRICIAN & GYNAECOLOGIST
REG. NO. 2005/02/01015

Mrs. Nilanjana Goswami

48 yrs.

6/3/24

Currently on Novelon - 2 yrs.
for Irregular periods.

M/H - $\frac{3 \text{ days}}{28 \text{ d.}}$

UMP - 14/2/24.

O/H - P₂L₂

♀ 21 yrs LSCS.
O → 13 yrs LSCS.

PH - Hypothyroid.

- No major Sx in past
- Allergic bronchitis.

PIE - mother - HTN
father - Pacemaker.

OLE
Cx (M)
vag

LBC facen

Name: Mrs Nilayana. S Goswami
Age: 48yrs/F

06/03/2024

- For Health Consultation
- Offers no complaints

O/E - Ear



B/L TM intact, mobile


Nose -



Septum central
Mucosa (w)
No discharge

Throat - NAD

Imp: ENT - NAD


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

EYE REPORT

Name: Mrs. Nilanjana Goswami

Date: 06/03/2024

Age / Sex: 48 yr / F

Ref No.:

Complaint: H/O glasses.
K/clo Myopia hypermetropia ✓R

Examination

Spectacle Rx: V_r < 6/6P Near V_r 4, N₆

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

Remarks: Color V_r 4, N₆

Medications: 07s f m

Trade Name	Frequency	Duration

Follow up: Pseudis f m

Consultant:

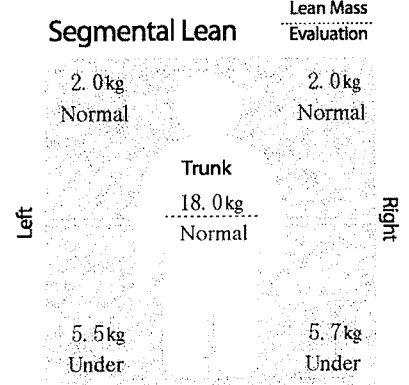
ID 0 *Xilanyana Gaswami* | Height 156cm | Date 6. 3. 2024 | APOLLO SPECTRA HOSPITAL
 Age 48 | Gender Female | Time 11:46:44

Body Composition

	Under	Normal	Over	UNIT: %	Normal Range									
Weight	40	55	70	85	100	115	130	145	160	175	190	205	67.9 kg	43.4 ~ 58.8
Muscle Mass Skeletal Muscle Mass	60	70	80	90	100	110	120	130	140	150	160	170	20.7 kg	19.3 ~ 23.5
Body Fat Mass	20	40	60	80	100	160	220	280	340	400	460	520	29.4 kg	10.2 ~ 16.4
TBW Total Body Water	28.2 kg (26.0 ~ 31.8)			FFM Fat Free Mass			38.5 kg (33.2 ~ 42.4)							
Protein	7.6 kg (7.0 ~ 8.5)			Mineral*			2.74 kg (2.41 ~ 2.94)							

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Wide	Normal Range
BMI Body Mass Index (kg/m ²)	27.9	18.5 ~ 25.0
PBF Percent Body Fat (%)	43.3	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.96	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1202	1386 ~ 1612

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

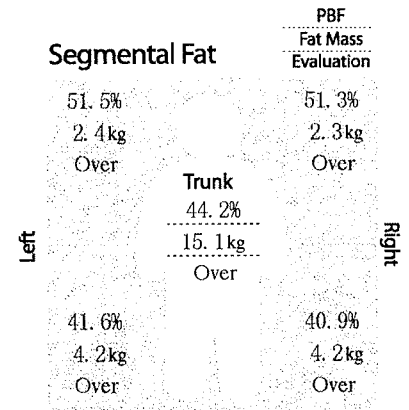
Weight Management

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

Segmental Fat



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 0.8 kg | Fat Control - 17.6 kg | Fitness Score 62

Impedance

Z	RA	LA	TR	RL	LL
20kHz	371.5	374.1	27.6	267.7	285.6
100kHz	341.2	344.4	23.9	244.0	260.1

* 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: 67.9 kg / Duration: 30min. / unit: kcal)						
Walking 136	Jogging 238	Bicycle 204	Swim 238	Mountain Climbing 221	Aerobic 238	
Table tennis 153	Tennis 204	Football 238	Oriental Fencing 340	Gate ball 129	Badminton 153	
Racket ball 340	Tae-kwon-do 340	Squash 340	Basketball 204	Rope jumping 238	Golf 120	
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle	

How to do

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

1300 kcal

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



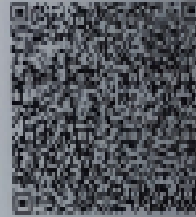
भारत सरकार

Government of India



नीलांजना शर्मा गोस्वामी
Nilanjana Sarma Goswami

जन्म तिथि / DOB : 01/08/1975
महिला / Female



6484 0331 5785

मेरा **आधार**, मेरी पहचान

CONSENT FORM

Client Name: NILANJANA SARMA GOSWAMI Age: 49 yrs

UHID Number: 8741-61841 Company Name: Bank of Baroda

I Mr/Mrs/Ms Nilanjana Employee of BOB

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

Tests done which is a part of my routine health check package, as required a female to administer the test.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 06.02.24



TOUCHING LIVES

Patient Name : Mrs.NILANJANA SARMA GOSWAMI
 Age/Gender : 48 Y 7 M 5 D/F
 UHID/MR No : STAR.0000061841
 Visit ID : STAROPV68020
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 376445

Collected : 06/Mar/2024 01:05PM
 Received : 07/Mar/2024 03:37PM
 Reported : 08/Mar/2024 04:45PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5021/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr. Reshma Stanly
 M.B.B.S, DNB (Pathology)
 Consultant Pathologist

Page 1 of 1
CAP
 ACCREDITED ✓
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No: CS075775

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

Patient Name	: Mrs. Nilanjana Sarma Goswami	Age/Gender	: 48 Y/F
UHID/MR No.	: STAR.0000061841	OP Visit No	: STAROPV68020
Sample Collected on	:	Reported on	: 06-03-2024 12:05
LRN#	: RAD2257902	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 376445		

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



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Radiology

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UHID/MR No.	: STAR.0000061841	OP Visit No	: STAROPV68020
Sample Collected on	:	Reported on	: 06-03-2024 11:54
LRN#	: RAD2257902	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 376445		

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ULTRASOUND - WHOLE ABDOMEN

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

GALL : 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 10.9 x 3.9 cms and the **LEFT KIDNEY** measures 10.4 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.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any

lymphadenopathy seen in the abdomen.

URINARY The urinary bladder distends well and is normal in shape and contour No intrinsic

BLADDER: lesion or calculus is seen in it. The bladder wall is normal in thickness.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.7 x 3.6 x 3.1 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 6.0 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.4 x 1.4 cms. Left ovary measures 2.3 x 1.8 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

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SONO MAMMOGRAPHY - SCREENING

PATIENT REFUSES TO DO THE SONOMAMMOGRAPHY.



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