

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 11:16AM
Reported : 23/Dec/2023 12:25PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

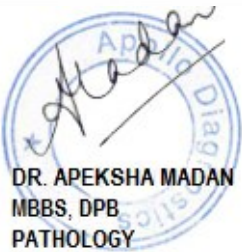
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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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	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	37.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.38	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,120	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4770.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1780	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	142.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	427.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	200000	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

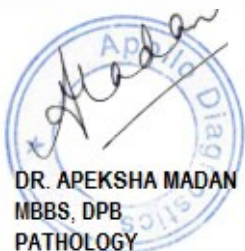
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WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED230318378

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

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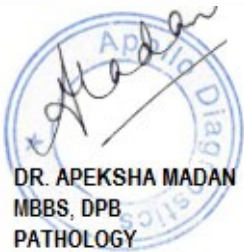
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



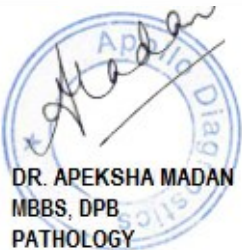
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Collected : 23/Dec/2023 08:33AM
 Received : 23/Dec/2023 11:22AM
 Reported : 23/Dec/2023 11:24AM
 Status : Final Report
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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	86	mg/dL	70-100	GOD - POD

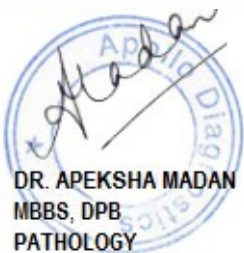
Comment:

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.



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 Received : 23/Dec/2023 02:46PM
 Reported : 23/Dec/2023 03:18PM
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DEPARTMENT OF BIOCHEMISTRY

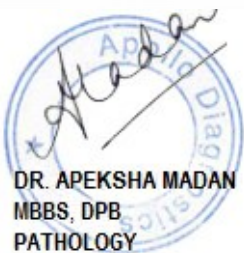
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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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Reported : 23/Dec/2023 07:55PM
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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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

RESULT RECHECKED. KINDLY CORRELATE CLINICALLY.

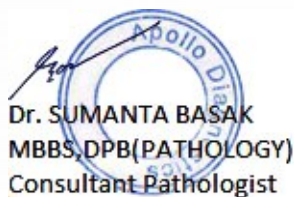
Comment:

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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. SUMANTA BASAK
MBBS,DPB(PATHOLOGY)
Consultant Pathologist

SIN No:EDT230117770



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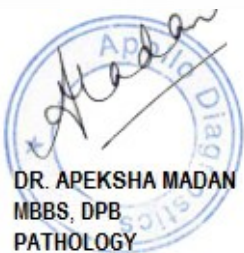
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	92	mg/dL	<150	
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.06		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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MBBS, DPB
PATHOLOGY



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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)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	86.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

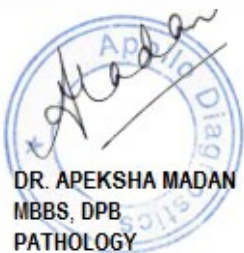
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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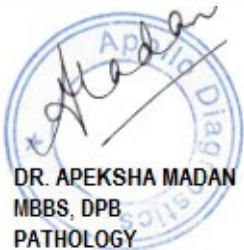
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	16.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE



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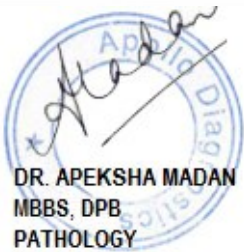
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method



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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)	1.11	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.38	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.280	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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SPL23188783

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Ph: 022 4332 4500

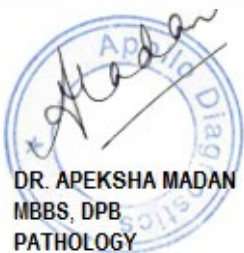
Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 01:12PM
Reported : 23/Dec/2023 03:02PM
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	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/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:UR2247984

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Patient Name	: Mrs.CHERYL SHANTARAM KOLGE	Collected	: 23/Dec/2023 06:16PM
Age/Gender	: 45 Y 6 M 0 D/F	Received	: 24/Dec/2023 07:48PM
UHID/MR No	: STAR.0000047830	Reported	: 26/Dec/2023 01:18PM
Visit ID	: STAROPV65862	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 5715768998310		

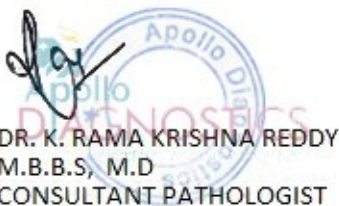
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , VAULT SAMPLE

	CYTOLOGY NO.	21650/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	VAULT 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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

Page 15 of 15
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ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS072069

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

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CIN- U85100TG2009PTC099414

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Patient Name : Mrs.CHERYL SHANTARAM KOLGE
 Age/Gender : 45 Y 6 M 0 D/F
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DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , VAULT SAMPLE

	CYTOLOGY NO.	21650/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	VAULT 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. K. RAMA KRISHNA REDDY
 M.B.B.S., M.D
 CONSULTANT PATHOLOGIST

Page 1 of 1



SIN No:CS072069

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

Patient Name	: Mrs. CHERYL SHANTARAM KOLGE	Age/Gender	: 45 Y/F
UHID/MR No.	: STAR.0000047830	OP Visit No	: STAROPV65862
Sample Collected on	:	Reported on	: 26-12-2023 11:31
LRN#	: RAD2187912	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 5715768998310		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING



Dr. VINOD SHETTY
Radiology



भारत सरकार

Government of India



चेरल शांताराम कोलगे
Cheryl Shantaram Kolge

जन्म तिथि/DOB: 05/01/1979
महिला / Female



5715 7699 8310

आधार - आम आदमी का अधिकार

OUT- PATIENT RECORD

Date : 23/12/23
MRNO :
Name : 047830 Mrs. Cheryl Kolge
Age/Gender : 45m / Female
Mobile No :
Passport No :
Aadhar number :

Pulse : 68/min	B.P : 160/100mmHg	Resp : 24/min	Temp : (N)
Weight : 72.1kg	Height : 152 cm	BMI : 31.2	Waist Circum : 30"

General Examination / Allergies History

Clinical Diagnosis & Management Plan

married, Nonvegetarian
Sleep: (N) B/B (N) No Allergy
MC: Hysterectomy done 2022
Kleb Det issue 2022.
No addiction
FH: Father: DM
USG: (C) ovarian cyst HBAC 5:8
① Avoid sugarcereals
② Morning walk 45 min daily
③ Repeat Sugar after 2 months.
④ Refer to Gynaecologist.
⑤ Physically fit

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

Follow up date:

Doctor Signature



TOUCHING LIVES

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 11:16AM
Reported : 23/Dec/2023 12:25PM
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

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



SIN No:BED230318378

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TOUCHING LIVES

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
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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	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	37.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.38	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,120	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4770.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1780	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	142.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	427.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	200000	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
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically

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Ph: 022 4332 4500

Patient Name : Mrs.CHERYL SHANTARAM KOLGE Age/Gender : 45 Y 4 M 20 D/F UHID/MR No : STAR.0000047830 Visit ID : STAROPV65862 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 5715768998310	Collected : 23/Dec/2023 08:33AM Received : 23/Dec/2023 11:16AM Reported : 23/Dec/2023 12:25PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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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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TOUCHING LIVES

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 11:22AM
Reported : 23/Dec/2023 11:24AM
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
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GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



SIN No:PLF02077707

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Patient Name : Mrs.CHERYL SHANTARAM KOLGE Age/Gender : 45 Y 6 M 0 D/F UHID/MR No : STAR.0000047830 Visit ID : STAROPV65862 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 5715768998310	Collected : 23/Dec/2023 01:35PM Received : 23/Dec/2023 02:46PM Reported : 23/Dec/2023 03:18PM 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)	96	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.



SIN No:PLP1401493

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Patient Name : Mrs.CHERYL SHANTARAM KOLGE	Collected : 23/Dec/2023 08:33AM
Age/Gender : 45 Y 4 M 20 D/F	Received : 23/Dec/2023 06:50PM
UHID/MR No : STAR.0000047830	Reported : 23/Dec/2023 07:55PM
Visit ID : STAROPV65862	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 5715768998310	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

RESULT RECHECKED. KINDLY CORRELATE CLINICALLY.

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)



SIN No:EDT230117770

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Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mrs.CHERYL SHANTARAM KOLGE	Collected : 23/Dec/2023 08:33AM
Age/Gender : 45 Y 4 M 20 D/F	Received : 23/Dec/2023 11:15AM
UHID/MR No : STAR.0000047830	Reported : 23/Dec/2023 01:20PM
Visit ID : STAROPV65862	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	162	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	92	mg/dL	<150	
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.06		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04579645

Apollo Speciality Hospitals Private Limited

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TOUCHING LIVES

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 11:15AM
Reported : 23/Dec/2023 01:20PM
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
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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)	11	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	86.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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.

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

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

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

TOUCHING LIVES

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 11:15AM
Reported : 23/Dec/2023 01:20PM
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
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SIN No:SE04579645

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Address:
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Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

TOUCHING LIVES

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 11:15AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.50	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	16.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE

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SIN No:SE04579645

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Address:

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

Patient Name : Mrs.CHERYL SHANTARAM KOLGE	Collected : 23/Dec/2023 08:33AM
Age/Gender : 45 Y 4 M 20 D/F	Received : 23/Dec/2023 11:15AM
UHID/MR No : STAR.0000047830	Reported : 23/Dec/2023 01:20PM
Visit ID : STAROPV65862	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 5715768998310	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04579645

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Address:

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Ph: 022 4332 4500

Patient Name : Mrs.CHERYL SHANTARAM KOLGE	Collected : 23/Dec/2023 08:33AM
Age/Gender : 45 Y 4 M 20 D/F	Received : 23/Dec/2023 09:45AM
UHID/MR No : STAR.0000047830	Reported : 23/Dec/2023 11:27AM
Visit ID : STAROPV65862	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 5715768998310	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.11	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.38	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.280	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



SIN No: SPL23188783

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Ph: 022 4332 4500

TOUCHING LIVES

Patient Name : Mrs.CHERYL SHANTARAM KOLGE
Age/Gender : 45 Y 4 M 20 D/F
UHID/MR No : STAR.0000047830
Visit ID : STAROPV65862
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 5715768998310

Collected : 23/Dec/2023 08:33AM
Received : 23/Dec/2023 01:12PM
Reported : 23/Dec/2023 03:02PM
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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION


Test Name	Result	Unit	Bio. Ref. Range	Method
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

Test Name	Result	Unit	Bio. Ref. Range	Method
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/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)


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY


Dr. SUMANTA BASAK
MBBS,DPB(PATHOLOGY)
Consultant Pathologist

Page 13 of 13



SIN No:UR2247984

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Begumpet, Hyderabad, Telangana - 500016

Address:
15B, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

ms, chenz

HR **68**bpm

Measurement Results:

QRS : 86 ms

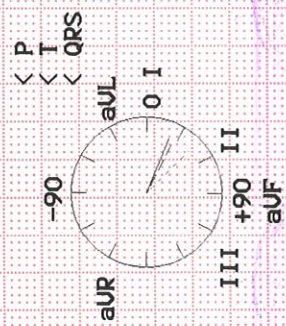
QT/QTcB : 412 / 438 ms

PR : 162 ms

P : 120 ms

RR/PP : 892 / 880 ms

P/QRS/T : 45/ 23/ 27 degrees



Interpretation:

12SL Interpretation:

Normal sinus rhythm

Possible Left atrial enlargement

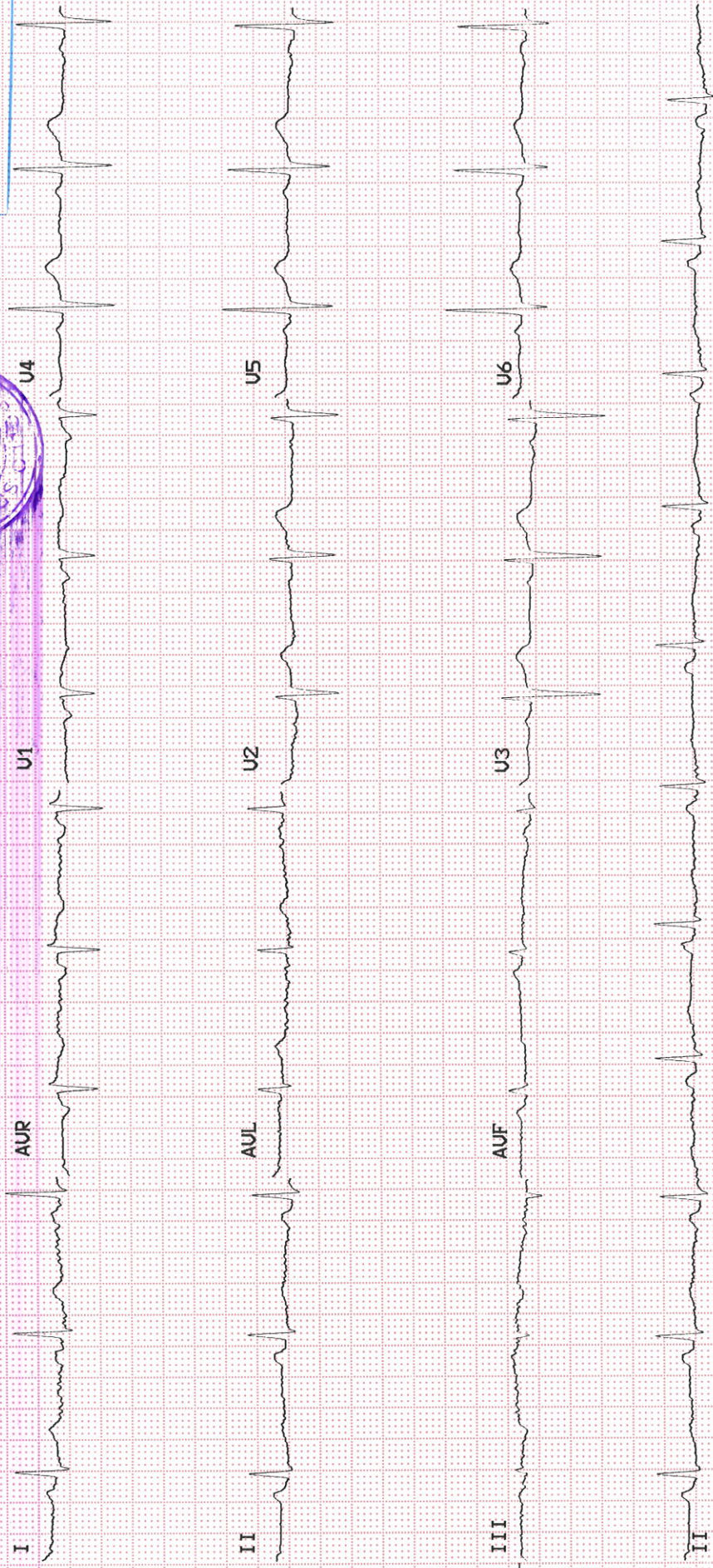
Borderline ECG

Within Normal limits



Unconfirmed report.

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



2.3/12/23

Patient Name : MRS. CHERYL S. KOLGE
Ref. By : HEALTH CHECK UP

Date : 23-12-2023
Age : 45 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 10.8 x 4.5 cms and the **LEFT KIDNEY** measures 10.3 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
- 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 not seen due to prior surgical removal.**
- OVARIES** : The Right Ovary measures 1.8 x 1.1 cms. and is normal in size shape and echotexture. **The Left Ovary shows well encapsulated anechoic cyst measuring 2.4 x 2.3 cms in size. No internal echoes or septation is seen.**
There is no free fluid seen in the cul de sac.
- IMPRESSION** : **The Ultrasound examination reveals a Left Ovarian small simple Cyst as described above.**
Post-Hysterectomy status.

Report with compliments.

DR. VINOD V. SHETTY
MD, 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

Name : Mrs. Cheryl S. Kolge
Age : 45 Year(s)

Date : 23/12/2023
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.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, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mrs. Cheryl S. Kolge
Age : 45 Year(s)

Date : 23/12/2023
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	140mm/sec
EPSS	05mm
LA	31mm
AO	29mm
LVID (d)	39mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
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Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mrs. CHERYL SHANTARAM KOLGE Age : 45 Y F
UHID : STAR.0000047830 OP Visit No : STAROPV65862
Reported on : 23-12-2023 13:19 Printed on : 23-12-2023 13:20
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

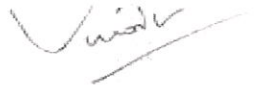
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:23-12-2023 13:19

---End of the Report---



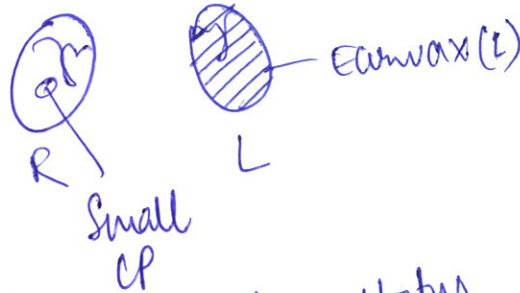
Dr. VINOD SHETTY
Radiology

Name: Cheryl S. Kolge
Age: 45y/F

23/12/2023

- for Health Consultation
- offers no complaints

O/E - Ears -



Throat - Post tonsillectomy status
Rest NAD

Nose - NAD

Imp - EARWAX (L)
COM (R)

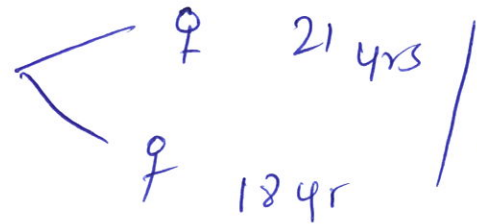


MAJ (DR) SHRUTI ANIL SHARMA
M.S. (ENT), PGDHHM, PGDMLS
MMC - 2019096177

Mrs Cheryl Kolge. 48 yrs

23/12/23.

open hysterectomy in 2022.
for fibroid uterus.

OH - P₂L₂  / FTND.

PH - HTN on Sx
Hernia Sx in may.

FLH - father - DM
No HD cancer in family.

OLE
Vault (H)
CBC taken.



EYE REPORT

Name: Cheryl Kolge

Date: 23/12/2013

Age / Sex: 45 yrs / F

Ref No.:

Complaint: No ocular c/o

Examination: No No ref. LR

Examination: K1 c/o ref. LR

Spectacle Rx: 6/9
in 2 6/9

Near in 2 NC

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

Remarks: Abnormal fundus

Medications: As fundus

Trade Name	Frequency	Duration

Follow up: Prudent fundus

Consultant:



MR. Cheryl Koffe
ID 047830
Age 45

Height 152cm | Date 23.12.2023
Gender Female | Time 09:01:20

APOLLO SPECTRA HOSPITAL

Body Composition

	Under	Normal	Over	UNIT	Normal Range
Weight	72.1 kg				41.2 ~ 55.8
Muscle Mass Skeletal Muscle Mass	19.8 kg				18.2 ~ 22.2
Body Fat Mass	35.0 kg				9.7 ~ 15.5
TBW Total Body Water	27.3 kg (24.7 ~ 30.2)		FFM Fat Free Mass	37.1 kg (31.5 ~ 40.3)	
Protein	7.2 kg (6.6 ~ 8.1)		Mineral*	2.60 kg (2.29 ~ 2.79)	

* Mineral is estimated.

Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	31.2	18.5 ~ 25.0
PBF Percent Body Fat (%)	48.6	18.0 ~ 28.0
WHR Waist-Hip Ratio	1.00	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1171	1449 ~ 1689

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

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

Segmental Lean

	Lean Mass Evaluation
2.0kg Normal	2.0kg Normal
Trunk 17.9kg Normal	
5.3kg Under	5.1kg Under

Segmental Fat

	PBF Fat Mass Evaluation
54.3%	54.4%
3.1kg Over	3.0kg Over
Trunk 48.6%	
18.0kg Over	
46.3%	46.9%
4.8kg Over	4.8kg Over

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 0.3 kg | Fat Control - 23.9 kg | Fitness Score 56

Impedance

Z	RA	LA	TR	RL	LL
20kHz	361.4	350.6	25.2	274.6	260.8
100kHz	329.9	323.4	22.5	252.7	240.3

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 72.1 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
144	252	216	252	235	252	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
163	216	252	361	137	163	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
361	361	361	216	252	127	
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

1200 kcal

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

Patient Name : MRS. CHERYL KOLGE
Ref. by : HEALTH CHECK UP

Date : 23-12-2023
Age : 45 years

SONOGRAPHY OF BREAST

Real time ultrasound of both breast was performed with a 11 mHz transducer.

There is evidence of a small ,well encapsulated, focal parenchymal hypoechoic mass lesion seen in the upper quadrant of Right breast at around 12'0 clock position measuring 1.1 x 1.0cms in size.

In addition there is evidence of a tiny anechoic Cyst seen in the upper inner quadrant of left breast at around 10' 0 clock position measuring 1.0 x 0.7 cms.

Rest of the breast on either side shows normal parenchymal echotexture.
No obvious focal calcification is seen within the breast.
No evidence of axillary lymph nodes seen.

IMPRESSION: The Ultrasound examination reveals a small ,well encapsulated, focal parenchymal hypoechoic mass in the upper quadrant of Right breast at around 12'0 clock position measuring 1.1 x 1.0cms ? Fibroadenoma.

In addition a tiny simple Cyst in the upper inner quadrant of Left breast at around 10' 0 clock position measuring 1.0 x 0.7 cms is also noted.

Report with compliments.

DR VINOD V SHETTY
M.D.,D.M.R.D.
CONSULTANT RADIOLOGIST

Patient Name	: Mrs. CHERYL SHANTARAM KOLGE	Age/Gender	: 45 Y/F
UHID/MR No.	: STAR.0000047830	OP Visit No	: STAROPV65862
Sample Collected on	:	Reported on	: 23-12-2023 13:20
LRN#	: RAD2187912	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 5715768998310		

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

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UHID/MR No.	: STAR.0000047830	OP Visit No	: STAROPV65862
Sample Collected on	:	Reported on	: 23-12-2023 12:27
LRN#	: RAD2187912	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 5715768998310		

DEPARTMENT OF RADIOLOGY

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 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 10.8 x 4.5 cms and the **LEFT KIDNEY** measures 10.3 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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 not seen due to prior surgical removal.**

OVARIES : The Right Ovary measures 1.8 x 1.1 cms. and is normal in size shape and echotexture.
The Left Ovary shows well encapsulated anechoic cyst measuring 2.4 x 2.3 cms in size. No internal echoes or septation is seen.
 There is no free fluid seen in the cul de sac.

IMPRESSION : **The Ultrasound examination reveals a Left Ovarian small simple Cyst as described above.**
Post-Hysterectomy status.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Specialists in Surgery

Patient Name : Mrs. CHERYL SHANTARAM KOLGE

Age/Gender : 45 Y/F

A handwritten signature in blue ink, appearing to read "Vinod", with a horizontal line underneath.

Dr. VINOD SHETTY
Radiology