

Patient Name	: Mrs. Tapasya Bhatt	Age/Gender	: 45 Y/F
UHID/MR No.	: STAR.0000060398	OP Visit No	: STAROPV65996
Sample Collected on	:	Reported on	: 29-12-2023 11:38
LRN#	: RAD2194902	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: E-9930934641		

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.5 x 3.8 cms and the **LEFT KIDNEY** measures 10.5 x 4.2 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 7.3 x 3.1 x 2.3 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 4.4 mms. No focal mass lesion is noted within the uterus.

Patient Name : Mrs. Tapasya Bhatt

Age/Gender : 45 Y/F

OVARIES : Both ovaries reveal normal size, shape and echopattern.

Right ovary measures 1.8 x 0.9 cms.

Left ovary measures 2.0 x 0.9 cms

There is no free fluid seen in cul de.

IMPRESSION : **Normal Ultrasound examination of the Abdomen and Pelvis.**

Report with compliments.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Tapasya Bhatt	Age/Gender	: 45 Y/F
UHID/MR No.	: STAR.0000060398	OP Visit No	: STAROPV65996
Sample Collected on	:	Reported on	: 29-12-2023 11:36
LRN#	: RAD2194902	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: E-9930934641		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

SONOGRAPHY OF BREAST

Real time Ultrasound of the Breast was performed with a 11 mHz transducer.

- The breast on either side shows normal parenchymal echotexture.
- Retroareolar region on either side appear normal. No duct dilatation is noted.
- No parenchymal focal solid or cystic mass lesion is noted on either side.
- No obvious focal calcification is seen within the breast.
- No evidence of axillary lymph nodes seen.

IMPRESSION: Normal Ultrasound examination of the Breast .

Report with compliments.



Dr. VINOD SHETTY
Radiology

Patient Name : Mrs. Tapasya Bhatt

Age/Gender : 45 Y/F

UHID/MR No. : STAR.0000060398

OP Visit No : STAROPV65996

Sample Collected on :

Reported on : 29-12-2023 12:33

LRN# : RAD2194902

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : E-9930934641

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



भारत सरकार
GOVERNMENT OF INDIA



तपस्या विपीन कुमार भट्ट
Tapasya Vipin Kumar Bhatt
जन्म वर्ष / Year of Birth : 1978
स्त्री / Female



4248 8357 9768

आधार — सामान्य माणसाचा अधिकार

29/12/2023 **OUT- PATIENT RECORD**

Date : 29/12/2023
MRNO : 60398
Name : Ms. Chhaya Bhat
Age/Gender : 45yrs Female
Mobile No :
Passport No :
Aadhar number :

Pulse : 88/min	B.P : 110/70	Resp : 22/min	Temp : (N)
Weight : 61.5	Height : 157 cm	BMI : 24.9	Waist Circum : 84 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

married, Vegetarian
Sleep: (W) B/B (W) MC: Postmenopausal
No addiction
HCS done
FH: Mother: DM/Ht.
Hb10.3 + HbA1C 6.
① Avoid Sugar/sweets
② morning walk 45 min daily
③ T. Softener good 1-0 x 2 months
Physically fit

Follow up date:

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

Doctor Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400084
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)

(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

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



TOUCHING LIVES Patient Name : Mrs.TAPASYA BHATT Age/Gender : 45 Y 0 M 9 D/F UHID/MR No : STAR.0000060398 Visit ID : STAROPV65996 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-9930934641	Collected : 29/Dec/2023 09:05AM Received : 29/Dec/2023 11:03AM Reported : 29/Dec/2023 02:57PM 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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Hypochromasia (++) , Microcyte (+) , Anisocyte (+) , Mild Teardrop cells

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Hypochromasia (++) , Microcyte (+) , Anisocyte (+) , Mild Teardrop cells blood picture

Note/Comment : Please Correlate clinically

Advice:- Serum Iron studies, Hb HPLC to rule out Hb variant.



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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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.3	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	36.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	67.2	fL	83-101	Calculated
MCH	19.2	pg	27-32	Calculated
MCHC	28.6	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,970	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	72	%	40-80	Electrical Impedance
LYMPHOCYTES	17	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4298.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1014.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	179.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	477.6	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	324000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY

ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

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Note/Comment : Please Correlate clinically

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	Age/Gender : 45 Y 0 M 9 D/F	Received : 29/Dec/2023 11:03AM
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	Visit ID : STAROPV65996	Status : Final Report
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : E-9930934641	

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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TOUCHING LIVES	Patient Name : Mrs.TAPASYA BHATT Age/Gender : 45 Y 0 M 9 D/F UHID/MR No : STAR.0000060398 Visit ID : STAROPV65996 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-9930934641	Collected : 29/Dec/2023 09:05AM Received : 29/Dec/2023 11:03AM Reported : 29/Dec/2023 02:38PM 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	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



TOUCHING LIVES

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Visit ID : STAROPV65996
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : E-9930934641

Collected : 29/Dec/2023 09:05AM
Received : 29/Dec/2023 10:58AM
Reported : 29/Dec/2023 11:42AM
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:

- 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.



Patient Name : Mrs.TAPASYA BHATT	Collected : 29/Dec/2023 01:04PM
Age/Gender : 45 Y 0 M 9 D/F	Received : 29/Dec/2023 01:42PM
UHID/MR No : STAR.0000060398	Reported : 29/Dec/2023 01:51PM
Visit ID : STAROPV65996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-9930934641	

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)	122	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
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HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Patient Name : Mrs.TAPASYA BHATT	Collected : 29/Dec/2023 09:05AM
Age/Gender : 45 Y 0 M 9 D/F	Received : 29/Dec/2023 10:58AM
UHID/MR No : STAR.0000060398	Reported : 29/Dec/2023 01:02PM
Visit ID : STAROPV65996	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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	170	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	50	mg/dL	<150	
HDL CHOLESTEROL	64	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.66		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.



TOUCHING LIVES Patient Name : Mrs.TAPASYA BHATT Age/Gender : 45 Y 0 M 9 D/F UHID/MR No : STAR.0000060398 Visit ID : STAROPV65996 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-9930934641	Collected : 29/Dec/2023 09:05AM Received : 29/Dec/2023 10:58AM Reported : 29/Dec/2023 01:02PM Status : Final Report 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
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		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.

TOUCHING LIVES

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Test Name	Result	Unit	Bio. Ref. Range	Method
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.66	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	21.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	11.00	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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.19	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.860	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



Patient Name : Mrs.TAPASYA BHATT	Collected : 29/Dec/2023 09:05AM
Age/Gender : 45 Y 0 M 9 D/F	Received : 29/Dec/2023 01:42PM
UHID/MR No : STAR.0000060398	Reported : 29/Dec/2023 03:19PM
Visit ID : STAROPV65996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-9930934641	

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				
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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/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.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

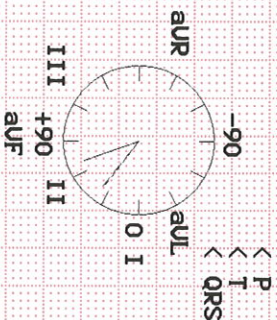
Page 14 of 14



SIN No:UR2253314

Measurement Results:

QRS	:	82 ms
QT/QTcB	:	414 / 440 ms
PR	:	146 ms
P	:	118 ms
RR/PP	:	870 / 880 ms
P/QRS/T	:	37 / 69 / 38 degrees

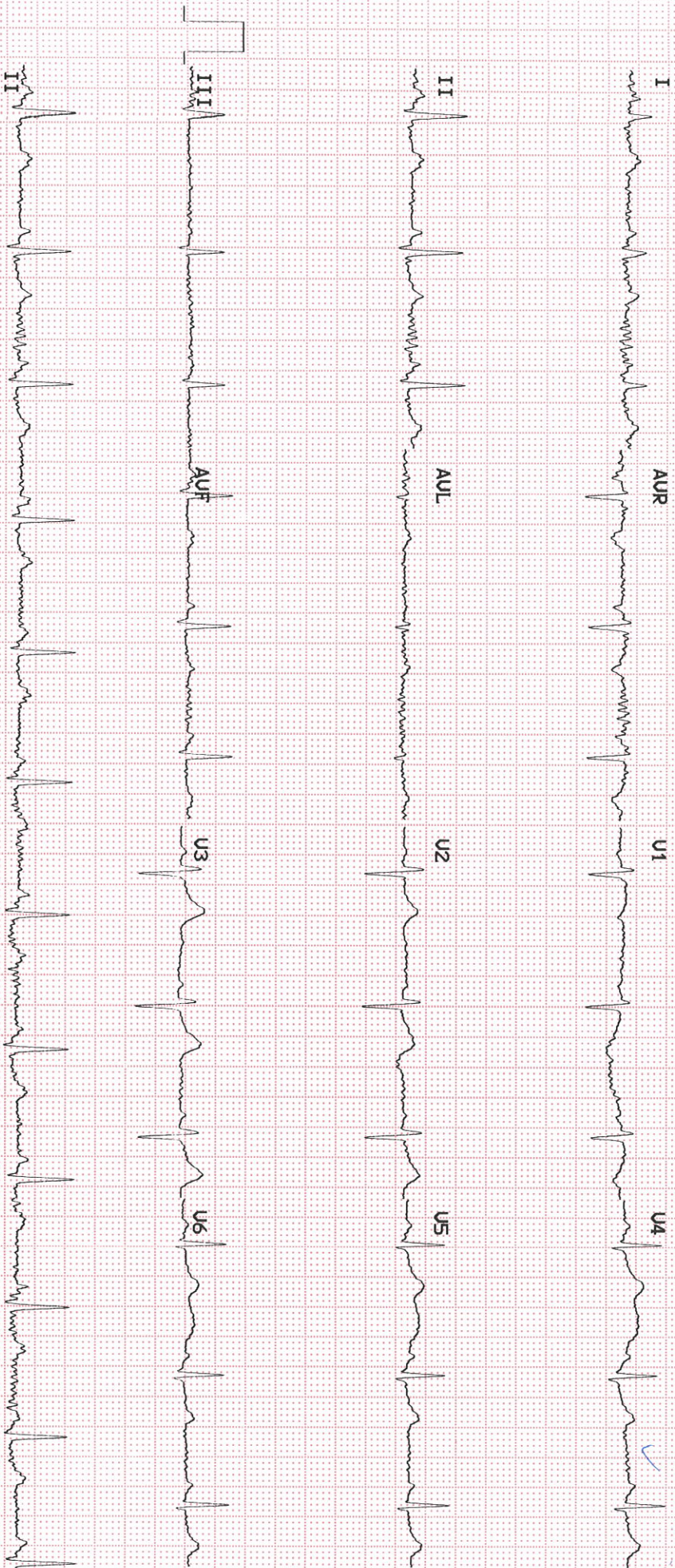


Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Maxin Normal limits

Unconfirmed report.

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



Patient Name : Mrs. Tapasya Bhatt Age : 45 Y F
UHID : STAR.0000060398 OP Visit No : STAROPV65996
Reported on : 29-12-2023 12:33 Printed on : 29-12-2023 12:57
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 .

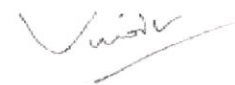
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:29-12-2023 12:33

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mrs . Tapasya bhatt
Age : 45 Year

Date : 29/12/2023
Sex : Female
Visit Type : HC

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 . Tapasya bhatt
Age : 45 Year

Date : 29/12/2023
Sex : Female
Visit Type : HC

Dimension:

EF Slope	85amm/sec
EPSS	07mm
LA	23mm
AO	22mm
LVID (d)	34mm
LVID(s)	18mm
IVS (d)	26mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Patient Name : MRS. TAPASYA BHATT
Ref. By : HEALTH CHECK UP

Date : 29-12-2023
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 10.5 x 3.8 cms and the **LEFT KIDNEY** measures 10.5 x 4.2 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


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

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

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.3 x 3.1 x 2.3 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 4.4 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 1.8 x 0.9 cms. Left ovary measures 2.0 x 0.9 cms. There is no free fluid seen in cul de sac.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.
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
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Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : MRS. TAPASYA BHATT
Ref. By : HEALTH CHECK UP

Date : 29-12-2023
Age : 45 years

SONOGRAPHY OF BREAST

Real time ultrasound of the Breast was performed with a 11 mHz transducer.

- The breast on either side shows normal parenchymal echotexture.
- Retroareolar region on either side appear normal. No duct dilatation is noted.
- No parenchymal focal solid or cystic mass lesion is noted on either side.
- No obvious focal calcification is seen within the breast.
- No evidence of axillary lymph nodes seen.

IMPRESSION: Normal Ultrasound examination of the Breast .

Report with compliments.



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

Mrs. Tapasya Bhatt 65 yrs.

29/12/23.

Post menopausal \therefore 5 yrs.

OH - P, L, A, - \rightarrow 22 yrs UCS.

PH - Nil.

H/O - ulcerative colitis - large intestine removed.

PH - mother - DM/HTN.

O/E

↑ vaginal cyst 2x3cm

Cx (A)

Adh


- CBC taken


T Soni

Name: Mrs Tapasya Bhatt
Age: 45yrs/f

29/12/2023

- for Health Consultation
- offers no complaints

O/E - Ears -  B/L TM intact, mobile

Nose -  Septum central
mucosa pale
No discharge

Throat - NAD

Imp: ENT - NAD

Dr.

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

EYE REPORT

Name: Mrs. Papanya Bhakta

Date: 29/12/2023

Age / Sex: 45 yr / F

Ref No.:

Complaint: clo 200 near
no M/O SB/DA

Examination

V. < 6/8
6/12p

Near V. & N₆

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance		ADD	(BE)	+1.25	DS	&	N ₆	
Read								

Remarks:

slow V. & near

Medications:

As & near

Trade Name	Frequency	Duration

Follow up:

Follow up & near

Adv
Reading glasses

Consultant:

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 exceed the interval between two meals beyond 3 hours.

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

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

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

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

FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
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.

FOODS TO AVOID

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

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

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

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

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

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

Papad, pickles, chutney.

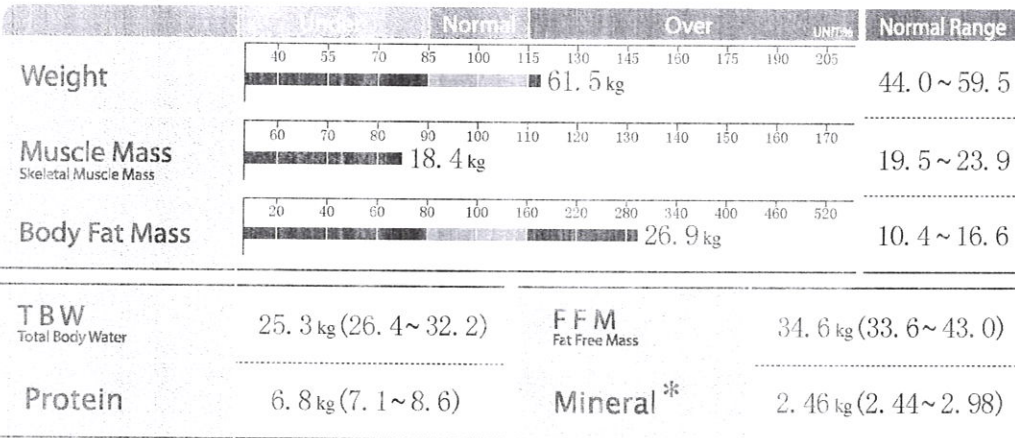
Alcohol, smoking and Tabaco should be strictly avoided.

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

InBody

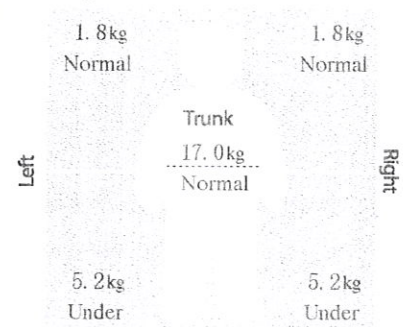
ID 0 *Napayya Bhatt* Height 157cm Date 29.12.2023 APOLLO SPECTRA HOSPITAL
 Age 45 Gender Female Time 09:46:37

Body Composition



* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	24.9	18.5 ~ 25.0
PBF Percent Body Fat (%)	43.8	18.0 ~ 28.0
WHR Waist-Hip Ratio	1.01	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1117	1291 ~ 1495

Nutritional Evaluation

Protein	<input type="checkbox"/> Normal	<input checked="" 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

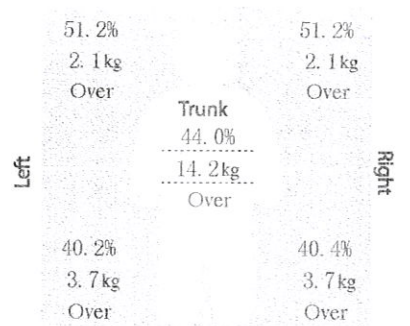
Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input type="checkbox"/> Normal	<input checked="" 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 checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input 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 + 5.3 kg Fat Control - 15.0 kg Fitness Score 60

Impedance

Z	RA	LA	TR	RL	LL
20kHz	426.1	423.7	32.8	348.4	343.6
100kHz	388.7	387.3	28.7	317.7	315.0

* 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: 61.5 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
123	215	185	215	200	215	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
139	185	215	308	117	139	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
308	308	308	185	215	108	
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle stretch	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

1500 kcal

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