



Specialists in Surgery

### CONSENT FORM

Patient Name: Shabnam Churawale Age: 53/f  
 UHID Number: Star - 59981 Company Name: Arcotemi

I Shabnam Churawale Employee of Bank of Baroda  
 (Company) Want to inform you that I am not interested in getting Sono - Mammogram  
 Tests done which is a part of my routine health check package. Gynaec Consultation  
 And I claim the above statement in my full consciousness. TBC Pap Test

Patient Signature: Shurawale

Date: 06/12/2023



<b>Patient Name</b>	: Mrs. Shabnam Farook Chunawala	<b>Age/Gender</b>	: 53 Y/F
<b>UHID/MR No.</b>	: STAR.0000059981	<b>OP Visit No</b>	: STAROPV65375
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 06-12-2023 12:09
<b>LRN#</b>	: RAD2170062	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 219423923019		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**USG OF BOTH BREASTS**

**Real time B-Mode USG of both breasts:**

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**CONCLUSION:**

No significant abnormality is seen in this study.

**Consultant Radiologist.**

(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.



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. Shabnam Farook Chunawala	<b>Age/Gender</b>	: 53 Y/F
<b>UHID/MR No.</b>	: STAR.0000059981	<b>OP Visit No</b>	: STAROPV65375
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 06-12-2023 12:09
<b>LRN#</b>	: RAD2170062	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 219423923019		

**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 9.4 x 4.2 cms and the **LEFT KIDNEY** measures 9.8 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 5.0 x 2.8 x 2.1 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 3.8 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 1.1 x 0.9 cms. Left ovary measures 1.6 x 0.8 cms. There is no free fluid seen in cul de.

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

**Patient Name** : Mrs. Shabnam Farook Chunawala

**Age/Gender** : 53 Y/F

---



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. Shabnam Farook Chunawala	<b>Age/Gender</b>	: 53 Y/F
<b>UHID/MR No.</b>	: STAR.0000059981	<b>OP Visit No</b>	: STAROPV65375
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 06-12-2023 10:58
<b>LRN#</b>	: RAD2170062	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 219423923019		

**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

**Apollo Spectra Hospitals**

156, Famous Cine Labs, Behind  
Everest Building, Tardeo,  
Mumbai, Maharashtra 400034



Patient Name: Shabnam C. Age: 53

Address: Mumbai Date: 6/12/2023

- R,  
- Sealing  
- Filling  
- Both

Signature  
Dr. Rinal Modi B.D.S (Mumbai)  
Dental Surgeon  
Reg. No. : A -28591  
M: 87792 56365 / 98922 90876  
E:doctorrinal@gmail.com

**OUT-PATIENT RECORD**

Date : 6/12/23  
MRNO : 059981  
Name : Mrs. Shabnam Farook  
Age/Gender : 53M / Female  
Mobile No :  
Passport No :  
Aadhar number :

Pulse : 64/min	B.P : 120/80 mmHg	Resp : 24/min	Temp : (R)
Weight : 66.4 kg	Height : 152 cm	BMI : 28.7	Waist Circum : 85 cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

- HBA1C 6 LDL 143
- ① Avoid Sugar/sweets/oil/ghee/Anar/foods
  - ② Morning walk 45 minutes
  - ③ Repeat Sugar/Lipid after 2 months
  - ④ Ast for job



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

*[Signature]*  
Doctor Signature

Follow up date:

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

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

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

TOUC

Patient Name <sup>S</sup> : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 10:56AM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 01:43PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, morphology and distribution. No abnormal cells seen  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen  
 IMPRESSION : Normocytic normochromic blood picture  
 Note/Comment : Please Correlate clinically





Patient Name : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 10:56AM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 01:43PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

**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	13.1	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	40.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.2	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,650	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2825	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2260	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226	Cells/cu.mm	20-500	Calculated
MONOCYTES	339	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	343000	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



TOUCHING LIVES

Patient Name : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 10:56AM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 02:18PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

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



Patient Name : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 12:59PM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 01:17PM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 03:10PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

<b>GLUCOSE, FASTING , NAF PLASMA</b>	99	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	149	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.



<b>Patient Name</b> : Mrs.SHABNAM FAROOK CHUNAWALA	<b>Collected</b> : 06/Dec/2023 08:59AM
<b>Age/Gender</b> : 53 Y 1 M 22 D/F	<b>Received</b> : 06/Dec/2023 05:10PM
<b>UHID/MR No</b> : STAR.0000059981	<b>Reported</b> : 06/Dec/2023 07:10PM
<b>Visit ID</b> : STAROPV65375	<b>Status</b> : Final Report
<b>Ref Doctor</b> : Dr.SELF	<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
<b>Emp/Auth/TPA ID</b> : 219423923019	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>6</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	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.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 10:55AM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 01:44PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

**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	<b>216</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	51	mg/dL	<150	
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>154</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>143.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.48		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.



Patient Name : Mrs.SHABNAM FAROOK CHUNAWALA Age/Gender : 53 Y 1 M 22 D/F UHID/MR No : STAR.0000059981 Visit ID : STAROPV65375 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 219423923019	Collected : 06/Dec/2023 08:59AM Received : 06/Dec/2023 05:10PM Reported : 06/Dec/2023 05:46PM 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
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.27	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.12	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	108.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.30	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.00	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.15</b>		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.

TOUGH NERVES

Patient Name : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 05:10PM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 05:46PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

**DEPARTMENT OF BIOCHEMISTRY**

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

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



Patient Name : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 10:55AM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 12:40PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

**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				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.62	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	25.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE





TOUCHING LIVES

<b>Patient Name</b> : Mrs.SHABNAM FAROOK CHUNAWALA	<b>Collected</b> : 06/Dec/2023 08:59AM
<b>Age/Gender</b> : 53 Y 1 M 22 D/F	<b>Received</b> : 06/Dec/2023 05:10PM
<b>UHID/MR No</b> : STAR.0000059981	<b>Reported</b> : 06/Dec/2023 05:46PM
<b>Visit ID</b> : STAROPV65375	<b>Status</b> : Final Report
<b>Ref Doctor</b> : Dr.SELF	<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED
<b>Emp/Auth/TPA ID</b> : 219423923019	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>10.00</b>	U/L	12-43	Glycylcysteine Nitroanalide



Patient Name <sup>S</sup> : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 10:56AM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 12:04PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

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	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.04	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.640	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



TOUCH

Patient Name : Mrs.SHABNAM FAROOK CHUNAWALA	Collected : 06/Dec/2023 08:59AM
Age/Gender : 53 Y 1 M 22 D/F	Received : 06/Dec/2023 01:17PM
UHID/MR No : STAR.0000059981	Reported : 06/Dec/2023 03:44PM
Visit ID : STAROPV65375	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 219423923019	

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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



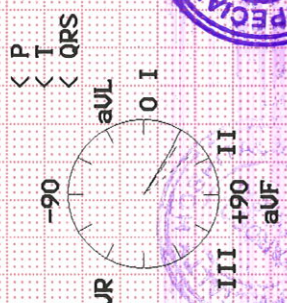
Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



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

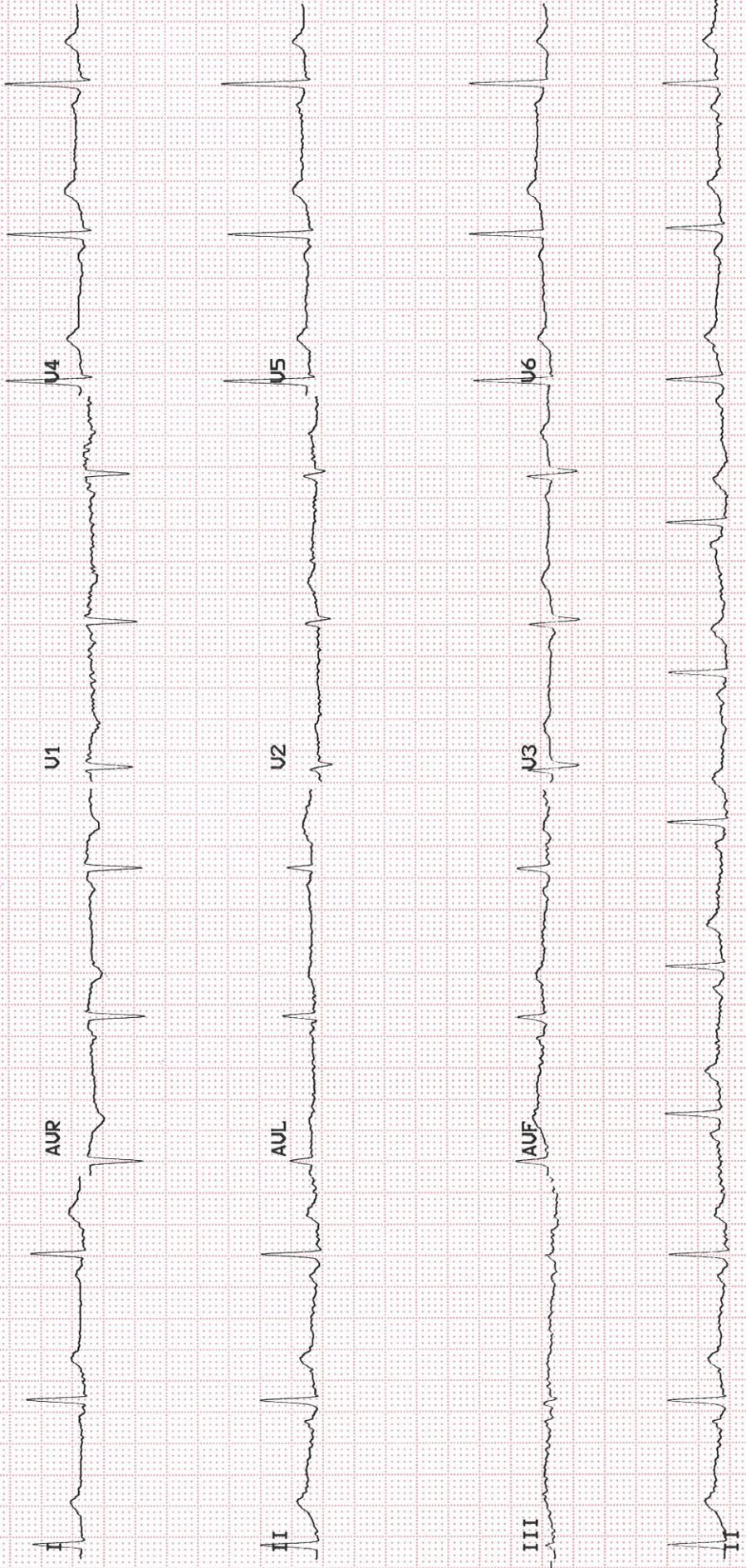
Interpretation:  
12SL - Interpretation:  
Normal sinus rhythm  
Normal ECG

*Normal Sinus*



Measurement Results:	
QRS	80 ms
QT/QTcB	392 / 404 ms
PR	154 ms
P	112 ms
RR/PP	936 / 935 ms
P/QRS/T	49 / 32 / 35 degrees

Unconfirmed report.



6/12/23

Patient Name : Mrs. Shabnam Farook Chunawala Age : 53 Y F  
UHID : STAR.0000059981 OP Visit No : STAROPV65375  
Reported on : 06-12-2023 10:58 Printed on : 06-12-2023 10:59  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

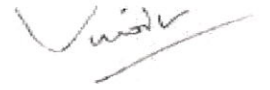
Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:06-12-2023 10:58

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mrs.Shabnam Chunawala  
Age : 53 Year(s)

Date : 06/12/2023  
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%).  
Grade I 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 WITH GRADE I DD.

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

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

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

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

Name : Mrs.Shabnam Chunawala  
Age : 53 Year(s)

Date : 06/12/2023  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	90mm/sec
EPSS	06mm
LA	23mm
AO	30mm
LVID (d)	42mm
LVID(s)	24mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

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

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

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

Patient Name : MRS.SHABNAM CHUNAWAL  
Ref. By : HEALTH CHECK UP

Date : 06-12-2023  
Age : 53 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 9.4 x 4.2 cms and the **LEFT KIDNEY** measures 9.8 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.

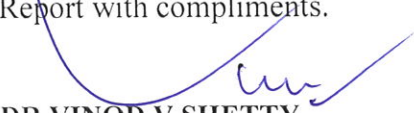
**URINARY BLADDER** : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 5.0 x 2.8 x 2.1 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 3.8 mms. No focal mass lesion is noted within the uterus.

**OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 1.1 x 0.9 cms. Left ovary measures 1.6 x 0.8 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  
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 Shabnam. F.  
Chunawala

Age: 53yr / F

- For Health Check Up
- Offers no complaints

O/E - Ears -



B/L TM intact, mobile

Nose -



Septum central  
Mucosa pale  
No discharge

Throat - Congestion of Uvula, PPW

- Adv:
- Warm saline gargles 3-4 times/day
  - Steam inhalation twice a day

Imp: ENT-RHIN

*Dr*  
**DR. SHRUTI ANIL SHARMA**  
M.S. (ENT) PGD HHM. PGDMLS  
MMC. 2019096177

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

**EYE REPORT**

Name: *Shabnam Churawala*

Date: *06/12/2023*

Age / Sex: *53y / F*

Ref No.:

Complaint: *No ocular clo*  
*No r/o SI / DA*

**Examination**

Spectacle Rx *U<sub>r</sub> C 6/60 c.p.H 6/20*  
*ECH (L) 6/18 c.p.H 6/12* *Near U<sub>r</sub> & N<sub>r</sub>*

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

Remarks: *U<sub>r</sub> & N<sub>r</sub>*

Medications: *As & M<sub>r</sub>*

Trade Name	Frequency	Duration

Follow up: *Preventive & wear*

*Related fundus  
exam<sup>n</sup> on 6/4*

Consultant:



# InBody

Ms. Shaesnam Farook  
 ID 059981  
 Age 53

Height 152cm | Date 6.12.2023  
 Gender Female | Time 09:18:48

APOLLO SPECTRA HOSPITAL

## Body Composition

	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				41.2 ~ 55.8
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				18.2 ~ 22.2
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520				9.7 ~ 15.5
TBW Total Body Water	26.2 kg (24.7 ~ 30.2)		FFM Fat Free Mass	35.7 kg (31.5 ~ 40.3)	
Protein	7.0 kg (6.6 ~ 8.1)		Mineral*	2.54 kg (2.29 ~ 2.79)	

\* Mineral is estimated.

## Segmental Lean

Lean Mass Evaluation	Value	Lean Mass Evaluation
Left	1.8kg Normal	1.9kg Normal
Trunk	17.1kg Normal	
Right		4.8kg Under
	4.9kg Under	

## Segmental Fat

Segmental Fat	Value	PBF Fat Mass Evaluation
Left	53.8%	52.4%
Trunk	47.0%	
Right		44.5%
	44.3%	
	4.1kg Over	4.1kg Over

\* Segmental Fat is estimated.

## Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	28.7	18.5 ~ 25.0
PBF Percent Body Fat (%)	46.2	18.0 ~ 28.0
WHR Waist-Hip Ratio	0.99	0.75 ~ 0.85
BMR Basal Metabolic Rate (kcal)	1141	1364 ~ 1585

## 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	

## Muscle-Fat Control

Muscle Control	+ 1.7 kg	Fat Control	- 19.5 kg	Fitness Score	59
----------------	----------	-------------	-----------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	361.8	386.1	27.4	297.4	291.1
100kHz	330.9	360.2	23.4	273.1	266.4

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

## Exercise Planner

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

Energy expenditure of each activity (base weight: 66.4 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
133	232	199	232	216	232	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
150	199	232	332	126	150	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
332	332	332	199	232	117	
Push-ups 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**