

OUT- PATIENT RECORD

Date : 10/2/24
MRNO :
Name : Maya Mishra
Age/Gender : 34/F
Mobile No :
Passport No :
Aadhar number :

Pulse : 84b/m	B.P : 100/60	Resp : 20b/m	Temp : 98°F
Weight : 56.3kg	Height : 157cm	BMI : 22.8	Waist Circum : 92

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

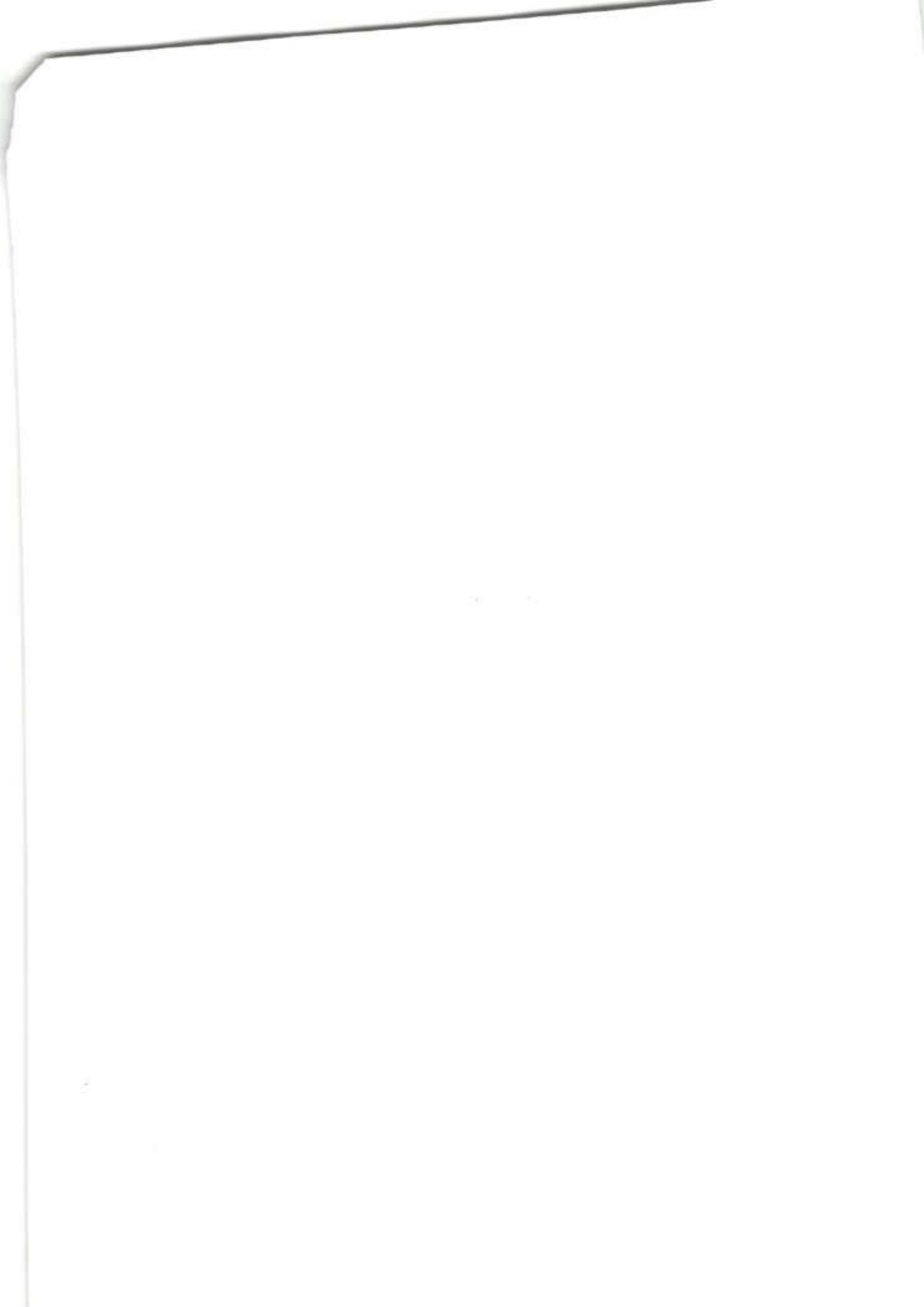
Married, vege
Sleep (B/B @) No Allergy
No addiction MC : 4/30 days.
FH: Father: IHD.
Normal Report
Physically fit

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



Follow up date:

Doctor Signature

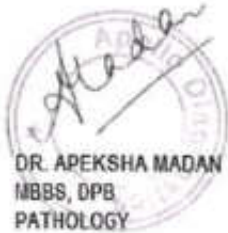


TOUG Patient Name [®] : Mrs.MAYA MISHRA	Collected : 10/Feb/2024 09:58AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 10/Feb/2024 12:51PM
UHID/MR No : STAR.0000061315	Reported : 10/Feb/2024 04:57PM
Visit ID : STAROPV67243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7718839889	

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240033691

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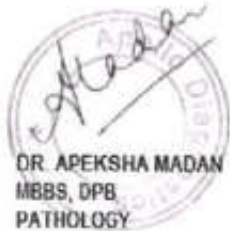
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	38.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.64	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.9	fL	83-101	Calculated
MCH	26.1	pg	27-32	Calculated
MCHC	31.1	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,610	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5862.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2883	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	384.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	480.5	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	200000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren
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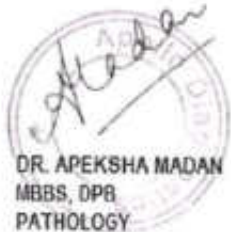
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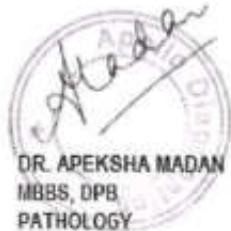
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Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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TOUGH & RESILIENT Patient Name : Mrs.MAYA MISHRA Age/Gender : 34 Y 8 M 1 D/F UHID/MR No : STAR_0000061315 Visit ID : STAROPV67243 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 7718839889	Collected : 10/Feb/2024 04:41PM Received : 10/Feb/2024 05:48PM Reported : 10/Feb/2024 06:40PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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:

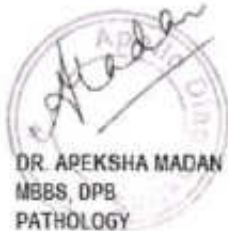
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	76	mg/dL	70-140	GOD - POD

Comment:

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

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:PLP1418071

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TOU Patient Name :	Mrs.MAYA MISHRA	Collected :	10/Feb/2024 09:58AM
Age/Gender :	34 Y 6 M 1 D/F	Received :	10/Feb/2024 04:37PM
UHID/MR No :	STAR.0000061315	Reported :	10/Feb/2024 05:04PM
Visit ID :	STAROPV67243	Status :	Final Report
Ref Doctor :	Dr.SELF	Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID :	7718839889		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)



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M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

SIN No:EDT240014882



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	99	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	69	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	50	mg/dL	<130	Calculated
LDL CHOLESTEROL	36.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.02		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.




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Patient Name : Mrs.MAYA MISHRA
 Age/Gender : 34 Y 6 M 1 D/F
 UHID/MR No : STAR.0000061315
 Visit ID : STAROPV67243
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 7718839889

Collected : 10/Feb/2024 09:58AM
 Received : 10/Feb/2024 04:40PM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	78.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.05		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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.20	mg/dL	2.5-6.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138.5	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.0	mmol/L	98 - 107	Direct ISE

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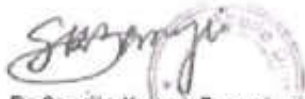
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Test Name	Result	Unit	Bio. Ref. Range	Method
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Trichy : G6 and F6, Bharath Shopping Mall, 2/50, E.V.R Road, (Opp G.H), Puthur, Trichy, Tamil Nadu - 620017 T: 9100910982

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WEST BENGAL

Kolkata: 336, Canal Street, VIP Road, Lake Town, Kolkata -700048, Near Lake Town Clock Tower, West Bengal 700048; T- 03340623245

Cooch Behar: B.S.Road, Near Central Bank, Cooch Behar, West Bengal, 736101; T- 9832400083

Siliguri: 3A,3B Crescent Court Building, Jhankar More, Burdwan Road, Darjeeling, Pin 734005 ; T- 8231944412

Berhampore: 13/3/A, A. C. ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

TOUCHING LIVES

Expertise. Empowering you.

Patient Name : Mrs.MAYA MISHRA	Collected : 10/Feb/2024 09:58AM
Age/Gender : 34 Y 6 M 1 D/F	Received : 10/Feb/2024 01:13PM
UHID/MR No : STAR.0000061315	Reported : 10/Feb/2024 04:38PM
Visit ID : STAROPV67243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7718839889	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	1.12	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.91	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.750	µIU/mL	0.25-5.0	ELFA


Comment:

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

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

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




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SPL24022192

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Patna: Suhavana Complex, 105p, Saguna More, Danapur, Patna-801503:8336978922

ASSAM

Dibrugarh : South Amolapatty, A T Road, Dibrugarh, Assam - 786001 T: 8820444418

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Silchar : Manti Mansion, Opposite Surana Motors, Haliakandi Road T: 03842 241147 / 9957644441

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TOUCH	Patient Name : Mrs.MAYA MISHRA	Collected : 10/Feb/2024 09:58AM	Expertise. Empowering you.
	Age/Gender : 34 Y 6 M 1 D/F	Received : 10/Feb/2024 05:01PM	
	UHID/MR No : STAR.0000061315	Reported : 10/Feb/2024 08:40PM	
	Visit ID : STAROPV87243	Status : Final Report	
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
	Emp/Auth/TPA ID : 7718839889		

DEPARTMENT OF CLINICAL PATHOLOGY

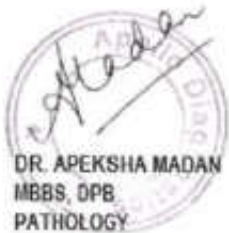
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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

Page 12 of 12

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2279652

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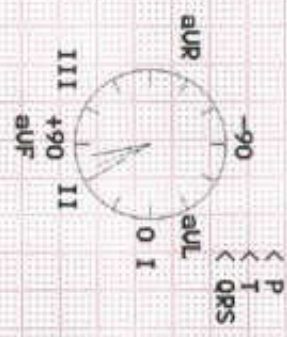
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Measurement Results:
 QRS : 74 ms
 QT/QTcB : 352 / 413 ms
 PR : 130 ms
 P : 88 ms
 RR/PP : 712 / 720 ms
 P/QRS/T : 67 / 78 / 60 degrees

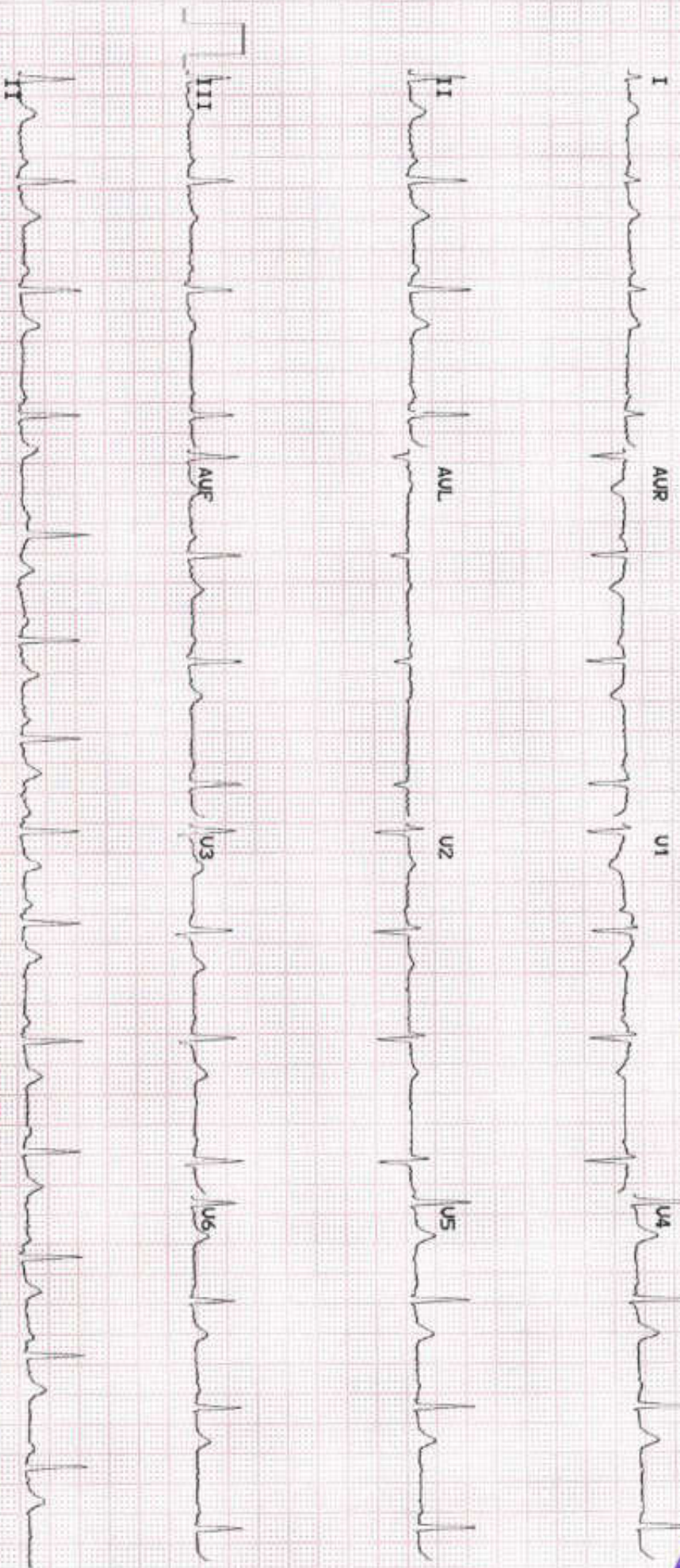


Interpretation:
 12SL - Interpretation:
 Sinus rhythm with sinus arrhythmia
 Normal ECG

Mexico General Hospital

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

Confirmed report.



Patient Name	: Mrs. Maya Mishra	Age	: 34 Y F
UHID	: STAR.0000061315	OP Visit No	: STAROPV67243
Reported on	: 12-02-2024 11:30	Printed on	: 12-02-2024 11:30
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:12-02-2024 11:30

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MRS. MAYA MISHRA
Ref. By : HEALTH CHECK UP

Date : 10-02-2024
Age : 34 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 10.7 x 4.7 cms and the **LEFT KIDNEY** measures 10.4 x 4.3 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 retroverted & it appears normal in size, shape and echotexture. It measures 7.8 x 5.0 x 4.2 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.7 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.9 x 1.8 cms. Left ovary measures 2.8 x 1.9 cms. There is no free fluid seen in cul de.

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


DR. VINOD 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

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, Amcerpet, Hyderabad, Telangana - 500038

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

Name : Mrs.Maya Mishra
Age : 34 Year(s)

Date : 10/02/2024
Sex : Female
Visit Type : OPD


ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


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

Name : Mrs.Maya Mishra
Age : 34 Year(s)

Date : 10/02/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	110mm/sec
EPSS	04mm
LA	22mm
AO	26mm
LVID (d)	35mm
LVID(s)	20mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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

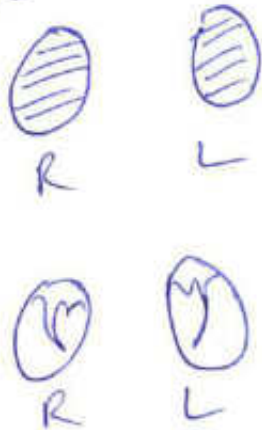
Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohi.com

Name: Mrs Naya Mishra
Age: 34 yr / F

10/02/2024

- For Health Consultation

- Offers no complaints
 - Septoplasty 15 yrs ago
- O/E - Ears -



B/L Impacted wax

↓
Wax removed

↓
B/L TM intact/mobile

Nose -



External deviation of septum to (R)

Spur on (L)

Caudal dislocation (R)

Mucosa (N)

No discharge

Throat - NAD

Imp: DNS (L)

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

Maya 34/F 10/2/2024.

PaLa (ITND) LCB. 3 yrs
No active complaints.

M/H :- Regular | 3 | 28 | (N) flow
Clots (+) Dysmenorrhoea (-)
LMP:- 22/1/2024.

Past history :- NAD.

O/E P/A left

Ps - Cervical erosion ++.

Pv - Ut Pv (N)
Bl FF.

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. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

Keep yourself hydrated 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 grain product like Whole wheat flour, daliya, rava bajara, jowar, ragi, oats, nachni, barley, rye.etc
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

FOODS TO AVOID

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

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

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

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

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

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

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

Papad, pickles, chutney.

Alcohol, smoking and Tobacco should be strictly avoided.

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

ID: 61315
Age: 34

Height: 157cm
Gender: Female

Date: 10.2.2024
Time: 11:18:12

APOLLO SPECTRA HOSPITAL

BP: 100/60 mmHg

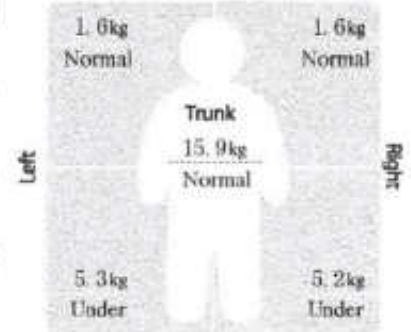
Body Composition

	Under	Normal	Over	Unit/kg	Normal Range
Weight	40 55 70 85 100	115 130 145 160 175 190 205		56.3 kg	44.0 ~ 59.5
Muscle Mass <small>Skeletal Muscle Mass</small>	60 70 80 90 100	110 120 130 140 150 160 170		17.9 kg	19.5 ~ 23.9
Body Fat Mass	20 40 60 80 100	160 200 240 280 320 360 400 440 480 520		22.5 kg	10.4 ~ 16.6
TBW <small>Total Body Water</small>	24.8 kg (26.4 ~ 32.2)		FFM <small>Fat Free Mass</small>	33.8 kg (33.6 ~ 43.0)	
Protein	6.5 kg (7.1 ~ 8.6)		Mineral*	2.48 kg (2.44 ~ 2.98)	

* Mineral is estimated.

Segmental Lean

Lean Mass Evaluation



Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m²)</small>	22.8	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	39.9	18.0 ~ 28.0
WHR <small>Waist Hip Ratio</small>	0.91	0.75 ~ 0.85
BMR <small>Basal Metabolic Rate (kcal)</small>	1101	1213 ~ 1400

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

PBF Fat Mass Evaluation



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	+ 6.0 kg	Fat Control	- 10.6 kg	Fitness Score	63
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	485.4	480.2	30.2	351.7	339.1
100kHz	441.3	436.9	26.5	318.5	309.8

* 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: 56.3 kg / Duration: 30min. / unit: kcal)						
Walking: 113	Jogging: 197	Bicycle: 169	Swim: 197	Mountain Climbing: 184	Aerobic: 197	
Table Tennis: 127	Tennis: 169	Football: 197	Oriental Fencing: 282	Gate ball: 107	Badminton: 127	
Racket ball: 282	Tae-kwon-do: 282	Squash: 282	Basketball: 169	Rope jumping: 197	Golf: 99	
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

1400 kcal

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

