

Patient Name : Mrs.SONALI BHUSHAN BAND	Collected : 26/Oct/2024 08:57AM
Age/Gender : 28 Y 4 M 21 D/F	Received : 26/Oct/2024 10:38AM
UHID/MR No : SCHE.0000088982	Reported : 26/Oct/2024 01:48PM
Visit ID : SCHEOPV107356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S36376	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3430	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1225	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	98	Cells/cu.mm	20-500	Calculated
MONOCYTES	147	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.8		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

Page 1 of 12



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240241800



Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

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Test Name	Result	Unit	Bio. Ref. Interval	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



DR. APARNA NAIK
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SIN No:BED240241800



Patient Name : Mrs.SONALI BHUSHAN BAND	Collected : 26/Oct/2024 12:14PM
Age/Gender : 28 Y 4 M 21 D/F	Received : 26/Oct/2024 01:47PM
UHID/MR No : SCHE.0000088982	Reported : 26/Oct/2024 02:05PM
Visit ID : SCHEOPV107356	Status : Final Report
Ref Doctor : Dr.SELF	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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	95	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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. APARNA NAIK
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SIN No:PLP1487542



Patient Name : Mrs.SONALI BHUSHAN BAND	Collected : 26/Oct/2024 08:57AM
Age/Gender : 28 Y 4 M 21 D/F	Received : 26/Oct/2024 02:07PM
UHID/MR No : SCHE.0000088982	Reported : 26/Oct/2024 04:04PM
Visit ID : SCHEOPV107356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S36376	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	85	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Sandip Kumar Banerjee
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Consultant Pathologist

SIN No:EDT240093451



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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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	39	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	7.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.91		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	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



DR. APARNA NAIK
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.60	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	51.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.76	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.30	mg/dL	3.0-5.5	URICASE
CALCIUM	8.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	17.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.87	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.41	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.148	µIU/mL	0.38-5.33	CLIA

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

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Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***

Result/s to Follow:
COMPLETE URINE EXAMINATION (CUE)

Page 12 of 12


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M.B.B.S.,M.D(PATHOLOGY),D.P.B
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


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M.B.B.S, M.D (PATHOLOGY), D.P.B
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OUT-PATIENT RECORD

Date : 26.10.24
MRNO : _____
Name :- Mrs. Somati.
Age / Gender : 28y/F
Mobile No:- _____

Department : **OPHTHALMOLOGY**
Consultant **Dr. Neeta Sharma**
Reg. No : **68446**
Qualification : MBBS, DIP. Ophthal, DNB (Ophthal)

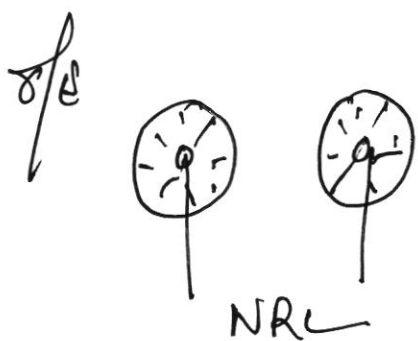
Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

for me

BCW
- Normal
V R 6/6
AT 4 6/6



V R 6/5
AT 4 N/5

F.U. see

NS

Follow up date:

Doctor Signature

RECOMMENDED INVESTIGATIONS

S. NO.	NAME OF DRUG & STRENGTH	MEDICATION DOSAGE	B				C	(A*B*C)	INSTRUCTIONS FOR ADMINISTERING DOSAGE
			MORNING	AFTERNOON	EVENING	NIGHT			
1									
2									
3									
4									
5									
6									
7									
8									
9									

- | | | |
|--|--|--|
| <input type="checkbox"/> 2D-ECHO WITH COLOUR DOPPLER
<input type="checkbox"/> ABSOLUTE EOSINOPHIL COUNT
<input type="checkbox"/> ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM
<input type="checkbox"/> BLOOD GROUP ABO & Rh FACTOR
<input type="checkbox"/> CALCIUM, SERUM
<input type="checkbox"/> CARDIAC STRESS TEST - (TMT)
<input type="checkbox"/> CBC (includes ESR)
<input type="checkbox"/> COMPLETE BLOOD COUNT
<input type="checkbox"/> C-REACTIVE PROTEIN (Qualitative)
<input type="checkbox"/> CREATININE - SERUM / PLASMA
<input type="checkbox"/> CREATININE, SERUM
<input type="checkbox"/> CULTURE AND SENSITIVITY [URINE]
<input type="checkbox"/> DENGUE IgM
<input type="checkbox"/> DENGUE IgM & IgG
<input type="checkbox"/> DENGUE NS1 ANTIGEN
<input type="checkbox"/> ECG
<input type="checkbox"/> ERYTHROCYTE SEDIMENTATION RATE (ESR)
<input type="checkbox"/> FERRITIN - SERUM
<input type="checkbox"/> FREE T4 - SERUM
<input type="checkbox"/> FREE T4 (FT4) SERUM | <input type="checkbox"/> GLUCOSE - SERUM / PLASMA (FASTING)
<input type="checkbox"/> GLUCOSE - SERUM / PLASMA (POST PRANDIAL)
<input type="checkbox"/> GLUCOSE, FASTING (F) AND POST PRANDIAL (PP), 2 HOURS (POST MEAL)
<input type="checkbox"/> GLUCOSE, RANDOM,
<input type="checkbox"/> HbA1c; GLYCOSYLATED HEMOGLOBIN; GLYCO-HEMOGLOBIN
<input type="checkbox"/> HEMOGRAM (CBP+ ESR)
<input type="checkbox"/> HIV I AND II ANTIBODIES
<input type="checkbox"/> IgE (TOTAL)
<input type="checkbox"/> LIPID PROFILE
<input type="checkbox"/> LIVER FUNCTION TESTS (LFT)
<input type="checkbox"/> MALARIAL ANTIGEN (VIVAX AND FALCIPARUM)
<input type="checkbox"/> PERIPHERAL SMEAR FOR MALARIAL PARASITE (MP)
<input type="checkbox"/> PLATELET COUNT
<input type="checkbox"/> PROLACTIN - SERUM
<input type="checkbox"/> PULMONARY FUNCTION TEST
<input type="checkbox"/> RHEUMATOID FACTOR -SERUM
<input type="checkbox"/> SERUM ELECTROLYTES
<input type="checkbox"/> THYROID FUNCTION TEST, TOTAL
<input type="checkbox"/> VACCINATIONS - ADULT | <input type="checkbox"/> Total BETA- HCG (TB-HCG)
<input type="checkbox"/> TSH- THYROID STIMULATING HORMONE - SERUM
<input type="checkbox"/> TYPHI DOT - M
<input type="checkbox"/> ULTRASOUND - ABDOMEN AND PELVIS
<input type="checkbox"/> ULTRASOUND - WHOLE ABDOMEN
<input type="checkbox"/> ULTRASOUND EARLY PREGNANCY (WITHIN 10 WEEKS)
<input type="checkbox"/> UREA - SERUM / PLASMA
<input type="checkbox"/> URIC ACID - SERUM
<input type="checkbox"/> URINE ROUTINE (CUE)
<input type="checkbox"/> Urine Routine And Microscopy
<input type="checkbox"/> VITAMIN B12 -SERUM
<input type="checkbox"/> VITAMIN D TOTAL -SERUM/PLASMA
<input type="checkbox"/> VITAMIN D3
<input type="checkbox"/> WIDAL (SLIDE)
<input type="checkbox"/> WIDAL TEST
<input type="checkbox"/> X-RAY CERVICAL SPINE AP AND LAT
<input type="checkbox"/> X-RAY CHEST PA
<input type="checkbox"/> X-RAY LUMBAR SPINE AP AND LAT
<input type="checkbox"/> X-RAY PNS
<input type="checkbox"/> VACCINATIONS - PAEDIATRICS |
|--|--|--|

Additional Investigation Recommended:

In case emergency, Please call 08448440991 or come directly to emergency room of the hospital

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Customer Pending Tests
ent, lbc , urine skiped

Customer Pending Tests

ENT SKIPPED

URINE and lbc test pending patient will call and come nov. month

11

Name : Mrs. Sonali Bhushan Band

Age: 28 Y

UHID:SCHE.0000088982

Sex: F



Address : Ghatkopar West

OP Number:SCHEOPV107356

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SCHE-OCR-25333

Date : 26.10.2024 08:50

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 9:50 / 11:50	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION — Secy.	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN Dr N. Chame — Paper	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

7709996303

Patient Name : Mrs.SONALI BHUSHAN BAND
Age/Gender : 28 Y 4 M 21 D/F
UHID/MR No : SCHE.0000088982
Visit ID : SCHEOPV107356
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S36376

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 10:38AM
Reported : 26/Oct/2024 01:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3430	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1225	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	98	Cells/cu.mm	20-500	Calculated
MONOCYTES	147	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.8		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Page 1 of 12


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240241800



Patient Name : Mrs.SONALI BHUSHAN BAND
Age/Gender : 28 Y 4 M 21 D/F
UHID/MR No : SCHE.0000088982
Visit ID : SCHEOPV107356
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S36376

Collected : 26/Oct/2024 08:57AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240241800

Page 2 of 12



Patient Name : Mrs.SONALI BHUSHAN BAND
 Age/Gender : 28 Y 4 M 21 D/F
 UHID/MR No : SCHE.0000088982
 Visit ID : SCHEOPV107356
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S36376

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 10:38AM
 Reported : 26/Oct/2024 01:48PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:BED240241800



Patient Name : Mrs.SONALI BHUSHAN BAND	Collected : 26/Oct/2024 12:14PM
Age/Gender : 28 Y 4 M 21 D/F	Received : 26/Oct/2024 01:47PM
UHID/MR No : SCHE.0000088982	Reported : 26/Oct/2024 02:05PM
Visit ID : SCHEOPV107356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S36376	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	95	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:

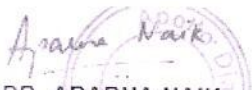
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	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. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:PLP1487542



Patient Name : Mrs.SONALI BHUSHAN BAND	Collected : 26/Oct/2024 08:57AM
Age/Gender : 28 Y 4 M 21 D/F	Received : 26/Oct/2024 02:07PM
UHID/MR No : SCHE.0000088982	Reported : 26/Oct/2024 04:04PM
Visit ID : SCHEOPV107356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S36376	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	85	mg/dL		Calculated

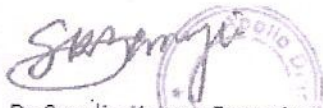
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No:EDT240093451



Patient Name : Mrs.SONALI BHUSHAN BAND	Collected : 26/Oct/2024 08:57AM
Age/Gender : 28 Y 4 M 21 D/F	Received : 26/Oct/2024 11:26AM
UHID/MR No : SCHE.0000088982	Reported : 26/Oct/2024 01:53PM
Visit ID : SCHEOPV107356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S36376	

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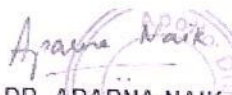
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	39	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	7.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.91		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	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


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:SE04839268



Patient Name	: Mrs.SONALI BHUSHAN BAND	Collected	: 26/Oct/2024 08:57AM
Age/Gender	: 28 Y 4 M 21 D/F	Received	: 26/Oct/2024 11:26AM
UHID/MR No	: SCHE.0000088982	Reported	: 26/Oct/2024 01:53PM
Visit ID	: SCHEOPV107356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S36376		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.60	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	51.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment: *Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04839268



Patient Name	: Mrs.SONALI BHUSHAN BAND	Collected	: 26/Oct/2024 08:57AM
Age/Gender	: 28 Y 4 M 21 D/F	Received	: 26/Oct/2024 11:26AM
UHID/MR No	: SCHE.0000088982	Reported	: 26/Oct/2024 01:53PM
Visit ID	: SCHEOPV107356	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S36376		

DEPARTMENT OF BIOCHEMISTRY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04839268

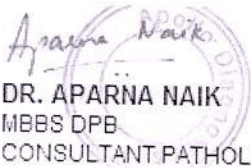


Patient Name	: Mrs.SONALI BHUSHAN BAND	Collected	: 26/Oct/2024 08:57AM
Age/Gender	: 28 Y 4 M 21 D/F	Received	: 26/Oct/2024 11:26AM
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Emp/Auth/TPA ID	: 22S36376		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.76	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.30	mg/dL	3.0-5.5	URICASE
CALCIUM	8.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04839268



TOUCHING LIVES

Patient Name : Mrs.SONALI BHUSHAN BAND
Age/Gender : 28 Y 4 M 21 D/F
UHID/MR No : SCHE.0000088982
Visit ID : SCHEOPV107356
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S36376

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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04839268



Patient Name : Mrs.SONALI BHUSHAN BAND	Collected : 26/Oct/2024 08:57AM
Age/Gender : 28 Y 4 M 21 D/F	Received : 26/Oct/2024 02:08PM
UHID/MR No : SCHE.0000088982	Reported : 26/Oct/2024 03:38PM
Visit ID : SCHEOPV107356	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S36376	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.87	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.41	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.148	µIU/mL	0.38-5.33	CLIA

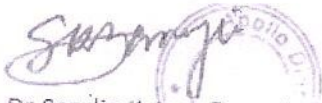
Comment:

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

Page 11 of 12



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



SIN No: SPL24144862

TOUCHING LIVES

Patient Name : Mrs.SONALI BHUSHAN BAND
 Age/Gender : 28 Y 4 M 21 D/F
 UHID/MR No : SCHE.0000088982
 Visit ID : SCHEOPV107356
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S36376

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 02:08PM
 Reported : 26/Oct/2024 03:38PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

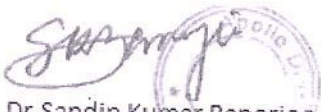
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE)



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

SIN No:SPL24144862

Page 12 of 12



DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- Alsi / Jawas (Flaxseeds) 2 tsp- roasted: whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar: Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.**
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits: 1-2 fruits** (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**

- Oils to be used for cooking prefer e.g....Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

A	B	C
Low Kcal(Consume Liberally)	40 kcal (Less amts)	100 kcal (Restrict)
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc	Jackfruit (raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

FRUIT SERVING SIZE:

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	Fruit Juice	NO
Pineapple, Papaya	2 thin boat slice	Sugarcane Juice	NO
Raspberries, Strawberries	150gm	Coconut water	NO
Fresh Figs	1 big/ 2 small		

Susan Thomas
Executive Dietician
E: diet.cbr@apollospectra.com

28years

BAND, MRS. SONALI
Female

10/26/2024 10:32

APOLLO SPECIALTY HOSPITALS(0888>

Rate: 59 . SINUS RHYTHM
 RR 1,020 . MINIMAL ST DEPRESSION, LATERAL LEADS
 PR 134 . BASELINE WANDER IN LEAD(S) I II III AVL AVF V1 V2 V5 V6
 QRSD 81
 QT 397
 QTcB 393

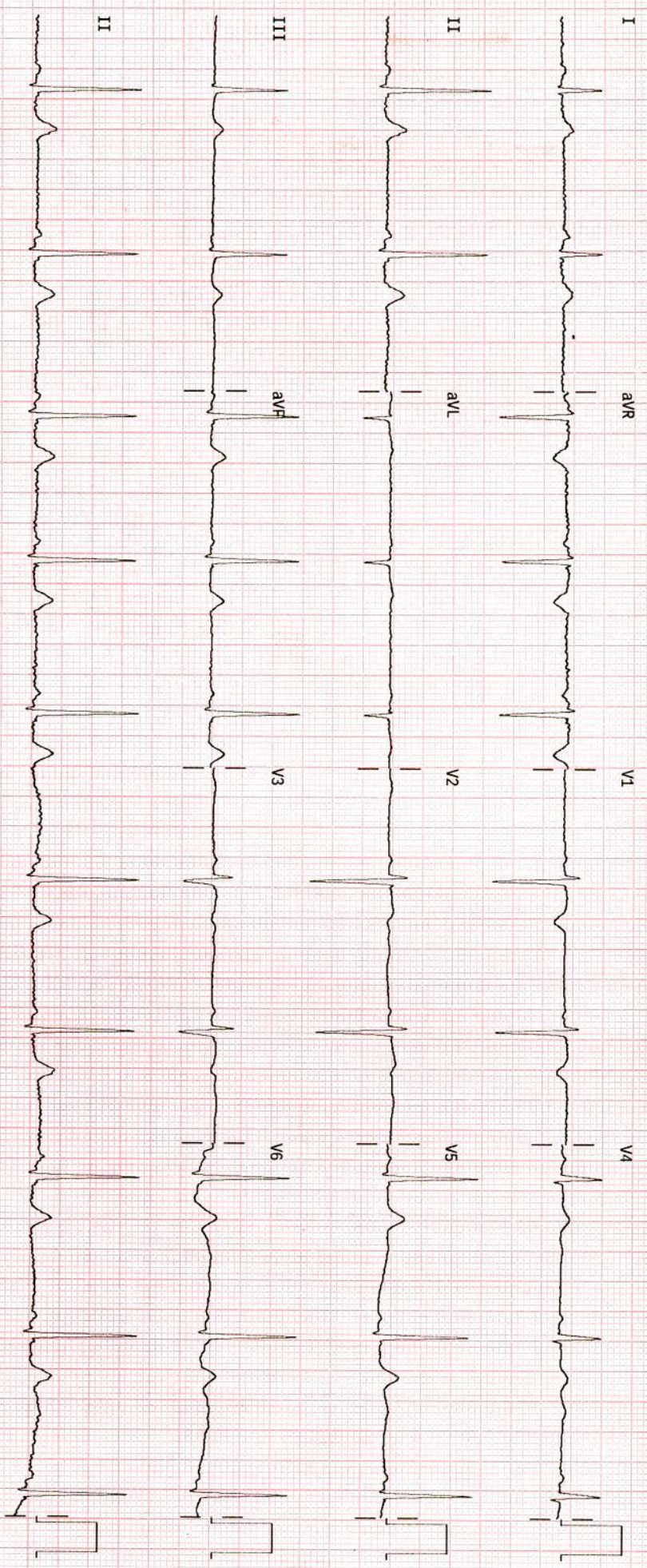
--AXIS--
 P 36
 QRS 69
 T 38

12 Leads; Standard Placement

- OTHERWISE NORMAL ECG -



WMA
Ar



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50- 0.50-40 HZ W

110C CL

P?



Patient Name : Mrs. Sonali Band
Age / Sex : 28 yrs / Female.
Ref Doctor : Health Check

Bill No : SCHE -OCR-25333
UHID NO : SCHE.0000088982
Report Date : 26 / 10 / 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | 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



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm): 21
IVSd (mm): 10
IVSs (mm): 14
LVPWd (mm): 9
EF(Teich)(mm) : 60%

LA (mm) : 23
LVIDd (mm) : 40
LVIDs (mm) : 24
LVPWs (mm) : 14

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



Patient Name : Mrs. Sonali Bhushan Band Age : 28 Y F
UHID : SCHE.0000088982 OP Visit No : SCHEOPV107356
Reported on : 26-10-2024 12:16 Printed on : 26-10-2024 13:45
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:26-10-2024 12:16

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



OUT- PATIENT RECORD

Date : 26/10/24
MRNO : _____
Name :- Sonali B. Band
Age / Gender : _____
Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
Consultant **Dr. Amit Shobhavat**
Reg. No : 2001/09/3124
Qualification : F.C.C.M, Dip. Diabetology

Pulse : <u>68</u>	B.P : <u>90/60</u>	Resp : <u>16</u>	Temp : <u>97.8°f</u>
Weight : <u>44.9</u>	Height : <u>151</u>	BMI : <u>19.7</u>	Waist Circum : <u>87/97</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

chest:-83/84
SpO2:-99.1

No Hemorrbal Acco

No Surgical h/m

W/W P.

R_s

h/m P.

Physically fit

Follow up date:

Doctor Signature

ORAL EXAMINATION FORM



Date: 25/10/24 Phone No!:- 7709996303 Source!:- HC

Patient ID: _____ MHC

Patient Name: Sonali Band Age: 28 Sex: Male Female

Chief Complaint: pt. C/o sensitivity in right upper back teeth region.

Medical History: -

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings :

Dental Caries: 81

Missing Teeth :

Impacted Teeth: 8/8

Attrition / Abrasion :

Bleeding :

Pockets / Recession: 43/

Calculus / Stains :

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /
Root Stumps :

Malocclusion :

Others :

Advice :-
Extrn 8/8
RCT 43/ ?

Doctor
Name & Signature: Dr. Sayali-D

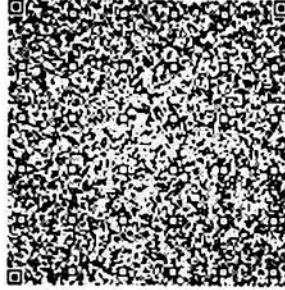


भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक: / Enrolment No.: 0648/00435/77199

To
सोनाली भुषन बंड
Sonali Bhushan Band
Gitai Niwas,
AI/Po Bolthan,
VTC: Nandgaon,
PO: Nandgaon,
Sub District: Nandgaon,
District: Nashik,
State: Maharashtra,
PIN Code: 423106,
Mobile: 9284754408



Signature Not Verified
Digitally signed by Sonali Bhushan Band
UNIQUE IDENTIFICATION
AUTHORITY of India, DN
C=IN, O=UIDAI, CN=Sonali Bhushan Band
Date: 2023.12.07 17:34:15
GMT+05:30

आपला आधार क्रमांक / Your Aadhaar No. :

7233 1991 0842

VID : 9174 7182 2642 1151

माझे आधार, माझी ओळख



भारत सरकार
Government of India



सोनाली भुषन बंड
Sonali Bhushan Band
जन्म तारीख/DOB: 05/06/1996
महिला/ FEMALE

आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा जन्मतारखेचा नाही.
हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाइन प्रमाणीकरण किंवा QR कोडचे स्कॅनिंग/ ऑफलाइन XML)
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

7233 1991 0842

माझे आधार, माझी ओळख



Government of India



माहिती / INFORMATION

- आधार हा ओळखीचा पुरावा आहे, नागरिकत्वाचा किंवा जन्मतारखेचा नाही. जन्मतारीख आधार क्रमांक धारकाने प्रस्तुत केलेल्या नियमांमध्ये निर्दिष्ट केलेल्या जन्मतारीख दस्तऐवजाच्या पुराव्याद्वारे समर्थित असलेल्या माहितीवर आधारित आहे.
- हा आधार पत्राची पडताळणी UIDAI-नियुक्त प्रमाणीकरण एजन्सीद्वारे ऑनलाइन प्रमाणीकरणाद्वारे किंवा ॲप स्टोअरमध्ये उपलब्ध mAadhaar किंवा Aadhaar QR स्कॅनर ॲप वापरून किंवा www.uidai.gov.in वर उपलब्ध सुरक्षित QR कोड रीडर ॲप वापरून QR कोड स्कॅनिंगद्वारे सत्यापित केले जावे.
- आधार अद्वितीय आणि सुरक्षित आहे.
- ओळख आणि पत्त्याला आधार देणारी कागदपत्रे आधार नोंदणीच्या तारखेपासून दर 10 वर्षांनी आधारमध्ये अद्यतनित केली जावीत.
- आधार तुम्हाला विविध सरकारी आणि गैर-सरकारी लाभ/सेवांचा लाभ घेण्यास मदत करते.
- आधारमध्ये तुमचा मोबाईल नंबर आणि ईमेल आयडी अपडेट ठेवा.
- आधार सेवांचा लाभ घेण्यासाठी mAadhaar ॲप डाउनलोड करा.
- आधार/बायोमेट्रिक्स वापरत नसताना सुरक्षितता सुनिश्चित करण्यासाठी लॉक/अनलॉक आधार/बायोमेट्रिक्सचे वैशिष्ट्य वापरा.
- आधारची मागणी करणाऱ्या संस्थांनी संमती घेणे बंधनकारक आहे.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



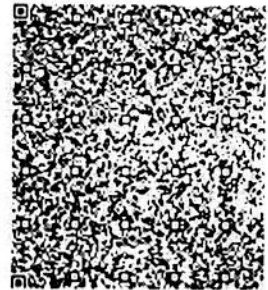
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
गीताई निवास, अट/पोस्ट बोलथान, नांदगाव, नांदगाव,
नाशिक,
महाराष्ट्र - 423106

Address:
Gitai Niwas, AI/Po Bolthan, Nandgaon, PO:
Nandgaon, DIST: Nashik,
Maharashtra - 423106

Details as on: 07/12/2023



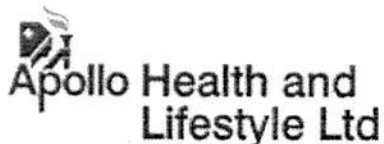
7233 1991 0842

VID : 9174 7182 2642 1151

1047 | help@uidai.gov.in | www.uidai.gov.in

Customer Care

From: noreply@apolloclinics.info
Sent: 24 October 2024 10:13
To: bhushan.band@bankofbaroda.co.in
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear Sonali Bhushan Band,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR clinic** on **2024-10-26** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

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

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

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

Patient Name : Mrs. Sonali Bhushan Band

Age/Gender : 28 Y/F

UHID/MR No. : SCHE.0000088982

OP Visit No : SCHEOPV107356

Sample Collected on :

Reported on : 26-10-2024 12:27

LRN# : RAD2429340

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S36376

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen: Normal in size, echopattern

Kidneys: Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK: 8.9 X 4.2 cm.

LK: 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 6.9 X 4.8 X 4.0 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries: Both the ovaries are normal in size and echopattern

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Patient Name : Mrs. Sonali Bhushan Band

Age/Gender : 28 Y/F

UHID/MR No. : SCHE.0000088982

OP Visit No : SCHEOPV107356

Sample Collected on :

Reported on : 26-10-2024 12:17

LRN# : RAD2429340

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S36376

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. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology