

CONSENT FORM

Patient Name: Sreshi Chatterjee Age: 34
UHID Number: 10000 - 8che: -76443 Company Name: BOB

I Mr/Mrs/Ms SRESHSI CHATTERJEE Employee of Bank of Baroda
(Company) Want to inform you that I am not interested in getting Gynaecological & Diet consult
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.

Patient Signature:  Date: 03/01/2024



OUT- PATIENT RECORD

Date : 3/1/24
MRNO : 076443
Name : Mrs. Sreeshi
Age/Gender : 34y / Female
Mobile No :
Passport No :
Aadhar number :

Pulse : 86/min	B.P : 110/80 mmHg	Resp : 20/min	Temp : (N)
Weight : 55.8kg	Height : 155cm	BMI : 23.2	Waist Circum : 28''

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonveg No Allergy.
Sleep : @ B/B @ mc 4-5 / 30 days
No addiction
FH: Nil.
Normal Reports
Physically fit

APOLLO SPECIALTY HOSPITALS
TARDEO, MUMBAI

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

Follow up date:

Doctor Signature

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

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

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

Patient Name	Mrs.SREOSHI CHATTERJEE	Collected	03/Jan/2024 09:19AM
Age/Gender	34 Y 9 M 29 D/F	Received	03/Jan/2024 10:38AM
UHID/MR No	SCHE.0000076443	Reported	03/Jan/2024 12:03PM
Visit ID	STAROPV66122	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	117186		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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



TOU Patient Name : Mrs.SREOSHI CHATTERJEE Age/Gender : 34 Y 9 M 29 DiF UHID/MR No : SCHE.0000076443 Visit ID : STAROPV96122 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 117186	Collected : 03/Jan/2024 09:19AM Received : 03/Jan/2024 10:38AM Reported : 03/Jan/2024 12:03PM 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. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	38.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.37	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.3	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,870	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3088.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1412.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	146.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	243.5	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	257000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	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				



TOURIST DETAILS Patient Name : Mrs.SREOSHI CHATTERJEE Age/Gender : 34 Y 9 M 29 D/F UHID/MR No : SCHE.0000076443 Visit ID : STAROPV66122 Ref Doctor : Dr.SELF Empl/Auth/TPA ID : 117186	Collected : 03/Jan/2024 09:19AM Received : 03/Jan/2024 10:38AM Reported : 03/Jan/2024 12:03PM 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. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name	Mrs.SREOSHI CHATTERJEE	Collected	03/Jan/2024 12:44PM
Age/Gender	34 Y 9 M 29 D/F	Received	03/Jan/2024 01:07PM
UHI/IMR No	SCHE.0000076443	Reported	03/Jan/2024 02:04PM
Visit ID	STAROPV66122	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID	117188		

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	77	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 \geq or = 126 mg/dL, and/or a random / 2 hr post glucose value of \geq 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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	92	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.



Patient Name : Mrs.SREOSHI CHATTERJEE Age/Gender : 34 Y 9 M 29 D/F UHID/MR No : SCHE.0000076443 Visit ID : STAROPV66122 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 112186	Collected : 03/Jan/2024 09:19AM Received : 03/Jan/2024 03:49PM Reported : 03/Jan/2024 06:16PM 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
-----------	--------	------	-----------------	--------

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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.SREOSHI CHATTERJEE	Collected	: 03/Jan/2024 09:19AM
Age/Gender	: 34 Y 9 M 29 D/F	Received	: 03/Jan/2024 10:34AM
UHID/MR No	: SCHE.0000076443	Reported	: 03/Jan/2024 11:59AM
Visit ID	: STAROPV66122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 117186		

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
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	186	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	62	mg/dL	<150	
HDL CHOLESTEROL	55	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.38		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.



Patient Name : Mrs.SREOSHI CHATTERJEE Age/Gender : 34 Y 9 M 29 D/F UHID/MR No : SCHE.0000076443 Visit ID : STAROPV66122 Ref Doctor : Dr.SELF Emp/AUTH/TPA ID : 117186	Collected : 03/Jan/2024 09:19AM Received : 03/Jan/2024 10:34AM Reported : 03/Jan/2024 11:59AM 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	0.80	mg/dL	0.1-1.2	Azobillirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	84.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



Patient Name	: Mrs.SREOSHI CHATTERJEE	Collected	: 03/Jan/2024 09:19AM	<i>Expertise. Empowering you.</i>
Age/Gender	: 34 Y 9 M 29 D/F	Received	: 03/Jan/2024 10:34AM	
UHID/MR No	: SCHE.0000078443	Reported	: 03/Jan/2024 11:58AM	
Visit ID	: STAROPV86122	Status	: Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Empl/Auth/TPA ID	: 117186			

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	25.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



Patient Name	: Mrs.SREOSHI CHATTERJEE	Collected	: 03/Jan/2024 09:19AM
Age/Gender	: 34 Y 9 M 29 D/F	Received	: 03/Jan/2024 10:34AM
UHI/DIR No	: SCHE.0000076443	Reported	: 03/Jan/2024 11:59AM
Visit ID	: STAROPV66122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 117186		

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	48.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name	Mrs.SREOSHI CHATTERJEE	Collected	03/Jan/2024 09:19AM
Age/Gender	34 Y 9 M 29 D/F	Received	03/Jan/2024 10:39AM
UHID/MR No	: SCHE.0000076443	Reported	03/Jan/2024 11:37AM
Visit ID	: STAROPV66122	Status	Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Erip/Auth/TPA ID	: 117166		

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)	1.17	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.57	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.900	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



Patient Name	: Mrs.SREOSHI CHATTERJEE	Collected	: 03/Jan/2024 09:18AM
Age/Gender	: 34 Y 9 M 29 D/F	Received	: 03/Jan/2024 11:38AM
UHID/MH No	: SCHE.0000076443	Reported	: 03/Jan/2024 01:51PM
Visit ID	: STAROPV66122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 117186		

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	7.5		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Results to Follow:

LBK PAP TEST (PAPSURE)

DR. APEKSHA MADAN
MBBS, DPO
PATHOLOGY

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

Page 11 of 11

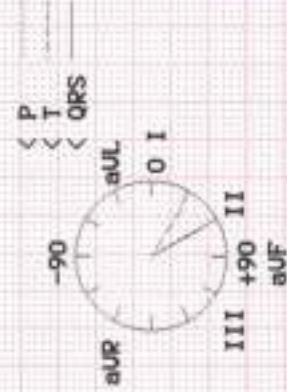


SIN No:UR22566X0

Measurement Results:

QRS : 90 ms
 QT/QTcB : 370 / 442 ms
 PR : 140 ms
 P : 98 ms
 RR/PP : 698 / 695 ms
 P/QRS/T : 59/ 61/ 33 degrees

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

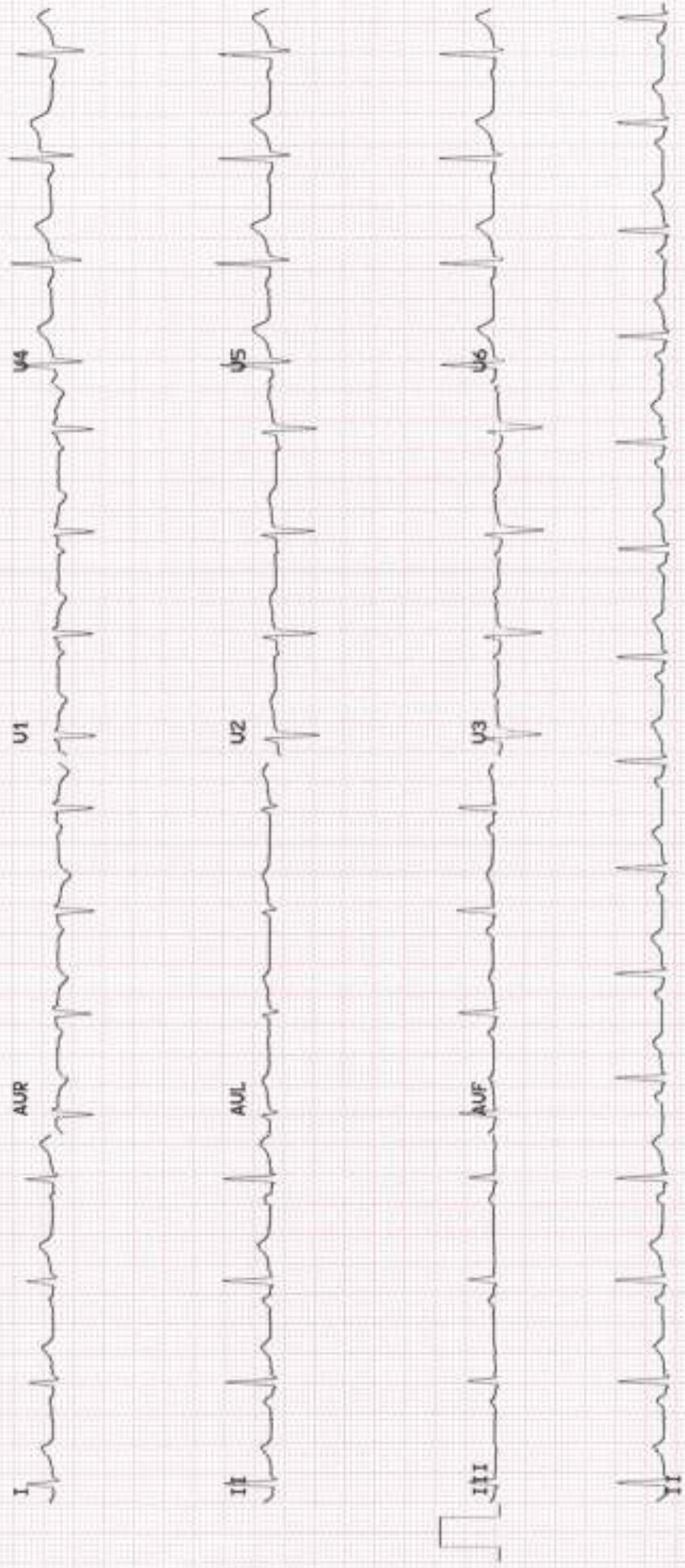


Incomplete RBB

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



Unconfirmed report



3/1/24

Patient Name : MRS.SREOSHI CHATTERJEE
Ref. By : HEALTH CHECK UP

Date : 03-01-2024
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 10.1 x 4.3 cms and the **LEFT KIDNEY** measures 10.2 x 4.9 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

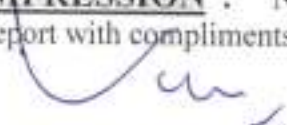
The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

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

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.0 x 3.2 x 3.2 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.0 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.4 x 1.7 cms. Left ovary measures 2.7 x 2.0 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, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apolloh.com

Patient Name	: Mrs. Sreoshi Chatterjee	Age	: 34 Y F
UHID	: SCHE.0000076443	OP Visit No	: STAROPV66122
Reported on	: 03-01-2024 12:48	Printed on	: 03-01-2024 12:48
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:03-01-2024 12:48

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mrs.Sreoshi Chatterjee
Age : 34 Year(s)

Date : 03/01/2024
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

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

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

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

Name : Mrs.Sreoshi Chatterjee
Age : 34 Year(s)

Date : 03/01/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	100mm/sec
EPSS	04mm
LA	24mm
AO	23mm
LVID (d)	32mm
LVID(s)	21mm
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

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, Amierpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohi.com

EYE REPORT

Name: *Sreoshi Chatterjee.*

Date: *3/1/2023*

Age / Sex: *34 / F.*

Ref No.:

Complaint: *occ. watering. on PC work;
Mild. meibomitis; papillae, cong.*

Examination

rest wnc

*PGK -3.0. Dsph.
6/9.*

*- 0.5:1 -
FR +*

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	<i>6/6</i>	<i>-2.0</i>	<i>—</i>	<i>—</i>	<i>6/6</i>	<i>-2.0</i>	<i>—</i>	<i>—</i>
Read								

Remarks:

*Cont Rx for allergies.
CHANGE GLASSES.
Dilated peripheral examination of retina.*

Medications:

Trade Name	Frequency	Duration

Follow up:

[Signature]

Consultant:

Name: Mrs. Sneeshi Chatterjee
Age: 34 yrs/F

03/01/2024

- For Health Consultation

- k/o Allergic Rhinitis & ? bronchitis
on medication

O/E - Nose -



Mild deviation
of septum to (R)
Mucosa pale
Mucopurulent discharge +

Ears -



R L

B/c TM intact, mobile

Throat - NAD
No PND

Imp: Allergic Rhinitis


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

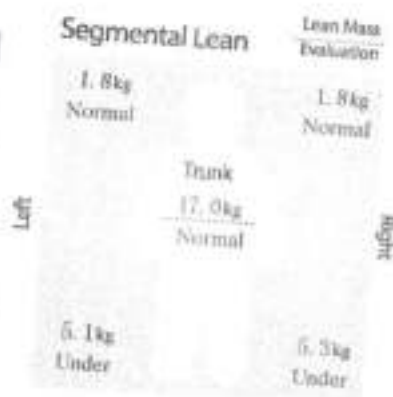
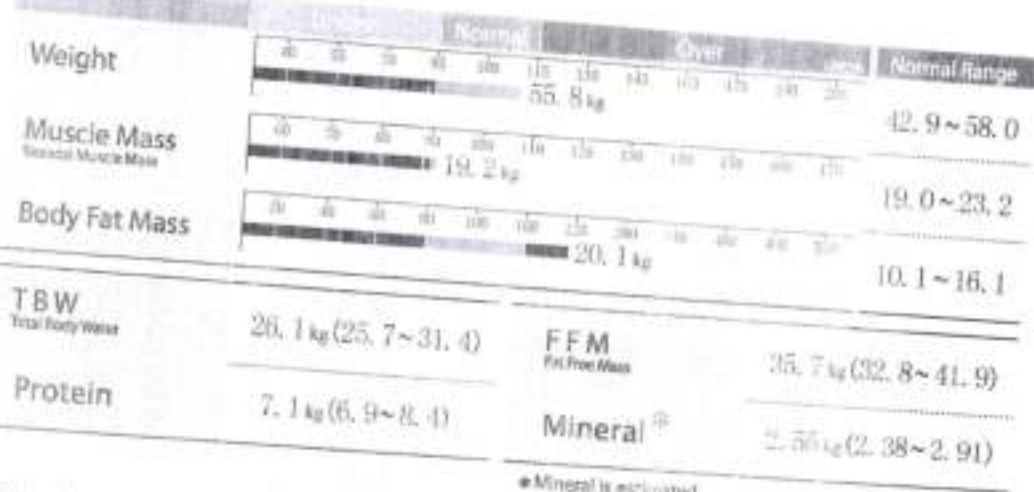
MR. SYEASTU
ID 076443
Age 34

Height 155cm
Gender Female

Date 3.1.2024
Time 09:47:27

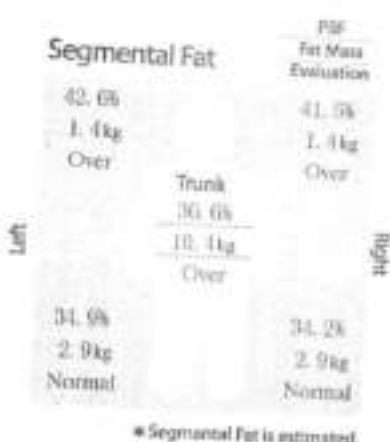
APOLLO SPECTRA HOSPITAL

Body Composition



Obesity Diagnosis

	Value	Normal Range	Nutritional Evaluation
BMI <small>Body Mass Index (kg/m²)</small>	23.2	18.5 ~ 25.0	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
PBF <small>Percent Body Fat (%)</small>	36.0	18.0 ~ 28.0	Weight Management Weight <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input 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
WHR <small>Waist Hip Ratio</small>	0.93	0.75 ~ 0.85	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
BMR <small>Basal Metabolic Rate (kcal)</small>	1142	1205 ~ 1391	



Muscle-Fat Control

Muscle Control 3.1 kg Fat Control 3.5 kg Fitness Score 68

Impedance

Z	RA	LA	TR	RL	LL
20kHz	417.5	427.7	27.8	326.1	355.4
100kHz	377.7	388.8	24.3	292.4	330.0

① 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: 55.8 kg / Duration: 30min / unit: kcal)

Walking 112	Jogging 195	Bicycle 167	Swim 195	Swimming (Crawling) 182	Aerobic 195
Tennis 126	Tennis 187	Football 195	Oriental Fencing 279	Cardio 100	Badminton 126
Hockey ball 279	Tae kwon-do 279	Squash 279	Badminton 167	Step Jarring 195	Golf 98
Push-ups ①	Sit-ups ①	Weight lifting ①	Dumbbell exercise ①	Swim ①	Squats ①

How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

Recommended calorie intake per day

1500 kcal

① Calculation for expected total weight loss for 4 weeks: $Total\ energy\ expenditure\ (kcal/week) \times 4\ weeks \div 7700$

CONSENT FORM

Patient Name: Sreeshi Chatterjee Age: 34
UHID Number: ~~12345~~ - Sche: -76443 Company Name: BOB

I Mr/Mrs/Ms SREESHI CHATTERJEE Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting Gynaecological & Diet consultation

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 03/01/2024

Dear Sreoshi chatterjee,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA TARDEO clinic** on **2023-06-28** at **09:05-09:10**.

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]

Warm Regards,
Apollo Team