


Patient Name	: Mrs.PRIYANKA KAINATURA	Collected	: 01/Oct/2024 09:10AM
Age/Gender	: 32 Y 1 M 16 D/F	Received	: 01/Oct/2024 09:40AM
UHID/MR No	: CAOP.000001930	Reported	: 01/Oct/2024 12:09PM
Visit ID	: CAOPOPV02459	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S34222		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic normochromic along with few microcytic hypochromic cells
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Mild Anemia
Advice	Clinical correlation.



Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP241000008

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK


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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. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.4	g/dL	12-15	Spectrophotometer
PCV	31.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	25.5	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	34	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3712	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2176	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	213000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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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. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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Patient Name : Mrs.PRIYANKA KAINATURA	Collected : 01/Oct/2024 12:23PM
Age/Gender : 32 Y 1 M 16 D/F	Received : 01/Oct/2024 03:29PM
UHID/MR No : CAOP.0000001930	Reported : 01/Oct/2024 05:10PM
Visit ID : CAOPOPV02459	Status : Final Report
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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	96	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)	82	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY 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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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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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	96	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	102	mg/dL	<150	
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	50	mg/dL	<130	Calculated
LDL CHOLESTEROL	29.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.09		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



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	105.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.42	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	8.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	4.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	3.0-5.5	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated



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Patient Name	: Mrs.PRIYANKA KAINATURA	Collected	: 01/Oct/2024 09:10AM
Age/Gender	: 32 Y 1 M 16 D/F	Received	: 01/Oct/2024 10:27AM
UHID/MR No	: CAOP.0000001930	Reported	: 01/Oct/2024 11:14AM
Visit ID	: CAOPOPV02459	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S34222		

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	19.00	U/L	16-73	Glycylglycine Kinetic method



Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP241000007

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name : Mrs.PRIYANKA KAINATURA	Collected : 01/Oct/2024 09:10AM
Age/Gender : 32 Y 1 M 16 D/F	Received : 01/Oct/2024 03:04PM
UHID/MR No : CAOP.0000001930	Reported : 01/Oct/2024 05:59PM
Visit ID : CAOPOPV02459	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34222	

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)	1.17	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.22	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.779	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

- 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



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist

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Phone : 044.26224504 / 05



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Patient Name : Mrs.PRIYANKA KAJINTURA	Collected : 01/Oct/2024 09:10AM
Age/Gender : 32 Y 1 M 16 D/F	Received : 01/Oct/2024 03:04PM
UHID/MR No : CAOP.0000001930	Reported : 01/Oct/2024 05:59PM
Visit ID : CAOPOPV02459	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34222	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP241000009

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.PRIYANKA KAINATURA	Collected : 01/Oct/2024 09:10AM
Age/Gender : 32 Y 1 M 16 D/F	Received : 01/Oct/2024 12:57PM
UHID/MR No : CAOP.0000001930	Reported : 01/Oct/2024 01:07PM
Visit ID : CAOPOPV02459	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34222	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



Dr. Shivangi Chauhan
M.B.B.S., M.D (Pathology)
Consultant Pathologist



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP241000012

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name	: Mrs.PRIYANKA KAINATURA	Collected	: 01/Oct/2024 09:10AM
Age/Gender	: 32 Y 1 M 16 D/F	Received	: 01/Oct/2024 12:57PM
UHID/MR No	: CAOP.0000001930	Reported	: 01/Oct/2024 01:10PM
Visit ID	: CAOPOPV02459	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S34222		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Dr. Shivangi Chauhan
M.B.B.S, M.D(Pathology)
Consultant Pathologist



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SIN No: AOP241000011

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.PRIYANKA KAINATURA	Collected : 01/Oct/2024 11:24AM
Age/Gender : 32 Y 1 M 16 D/F	Received : 01/Oct/2024 06:55PM
UHID/MR No : CAOP.000001930	Reported : 03/Oct/2024 11:03AM
Visit ID : CAOPPOV02459	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34222	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL SAMPLE

	CYTOLOGY NO.	L/1566/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial, intermediate squamous cells.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Page 14 of 14



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:AOP241000058

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Patient Name : Mrs.PRIYANKA KAINATURA
Age/Gender : 32 Y 1 M 16 D/F
UHID/MR No : CAOP.0000001930
Visit ID : CAOPPV02459
Ref Doctor : Self
Emp/Auth/TPA ID : 22S34222

Collected : 01/Oct/2024 11:24AM
Received : 01/Oct/2024 06:55PM
Reported : 03/Oct/2024 11:03AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:AOP241000058

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Patient Name	: Mrs. Priyanka kaintura	Age	: 32Yrs 1Mths 18Days
UHID	: CAOP.0000001930	OP Visit No.	: CAOPOPV02459
Printed On	: 01-10-2024 07:10 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S34222		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(13.1cm) and shows diffuse increase in echotexture with suggestive of Grade I fatty infiltration. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially distended, does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 10.3 x 5.2cm, LK 11.1x6.0cm in length), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (8.9cm) and echotexture.

Pancreas visualized part appears normal.

Urinary bladder is partially filled and shows no mural or intraluminal pathology.

Uterus is anteverted, normal in size(8.8x5.4x4.7cm), shape and echo pattern.

IUCD in situ.

Left ovary shows a hemorrhagic cyst of 45x42mm, and right ovary is normal in shape, size and echotexture.

**IMPRESSION: -Left ovarian hemorrhagic cyst
Grade I fatty liver**

Please correlate clinically.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr. SEEMA PRAJAPATI
MBBS MD Radio
DMC111002
Radiology

Patient Name	: Mrs. Priyanka kaintura	Age	: 32Yrs 1Mths 20Days
UHID	: CAOP.0000001930	OP Visit No.	: CAOPOPV02459
Printed On	: 03-10-2024 05:41 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S34222		

DEPARTMENT OF CARDIOLOGY

ECG

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 83 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr.RAJNI SHARMA
MBBS MD DM Cardiologist
DMC 22672
Cardiology

Dr. Rajeev Nangia

MBBS, MS (ENT)

Experience : 31 Years

Height : 149 cm	Weight : 76 kg	BMI : 34.23	Waist Circum :
Temp : 98.0F	Pulse : 94 bpm	Resp : 18 mt	B.P : 112 / 76 mmHg

General Examination / Allergies History

SpO2 98%
Clinical Diagnosis & Management Plan

Ear: Normal ENT Exam

Ear: Normal ENT Exam
NAD

Ear: Normal ENT Exam

[Signature]
APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005

Follow up date:

Doctor Signature

Eye Checkup

NAME:- Mrs. Priyanka Kainturia

Age:- 32

Date:- 11/02/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	6/6	6/6
Near vision	6/6	6/6
Color vision	OK	OK
Fundus examination	/	/
Intraocular pressure	/	/
Slit lamp exam	/	/

Signature:



Apollo One (Unit of Apollo Health and Lifestyle Ltd)
Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

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ID caop000001930	Height 149cm	Age 32	Gender Female	Test Date / Time 01.10.2024. 08:56
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Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	27.0 (23.8~29.0)	27.0	34.7 (30.5~37.3)	36.8 (32.3~39.5)	76.6 (39.6~53.6)
Protein (kg)	7.3 (6.4~7.8)	non-ossious			
Minerals (kg)	2.54 (2.20~2.68)				
Body Fat Mass (kg)	39.8 (9.3~14.9)				

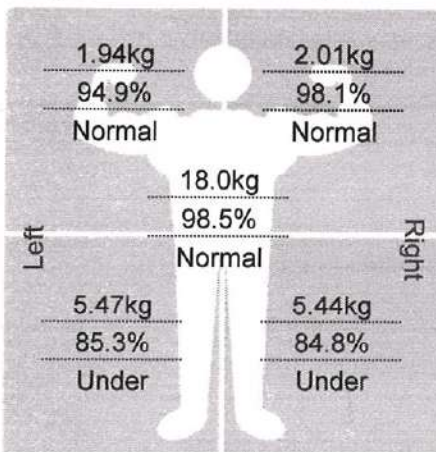
Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %	76.6	
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	19.8	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 (516.3) %	39.8	

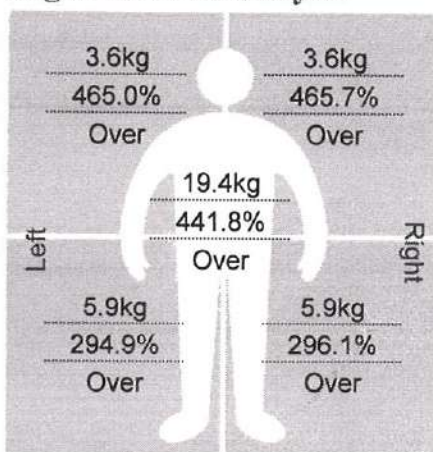
Obesity Analysis

	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	34.5	
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0	52.0	

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	01.10.24 08:56				
Weight (kg)	76.6				
SMM (kg)	19.8				
PBF (%)	52.0				

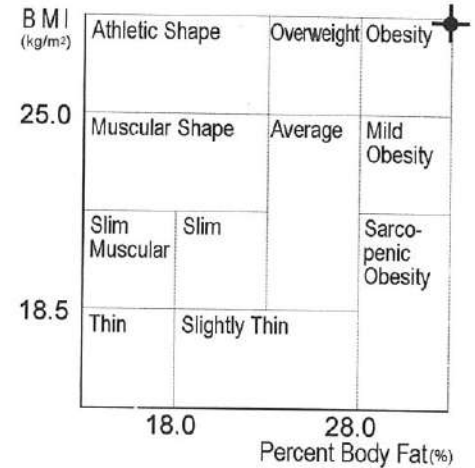
Recent Total

InBody Score

52/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Body Type



Weight Control

Target Weight	47.7 kg
Weight Control	- 28.9 kg
Fat Control	- 28.9 kg
Muscle Control	0.0 kg

Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over

Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input type="checkbox"/> Balanced <input checked="" type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1164 kcal (1517~1771)
Waist-Hip Ratio	0.95 (0.75~0.85)
Visceral Fat Level	20 (1~9)
Obesity Degree	164 % (90~110)
Bone Mineral Content	2.08 kg (1.81~2.21)
SMI	6.7 kg/m ²
Recommended calorie intake	1647 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	392.5	410.9	27.7	282.5	278.0
50 kHz	358.6	375.5	25.3	253.7	249.1
250 kHz	324.9	339.6	22.6	226.8	223.1

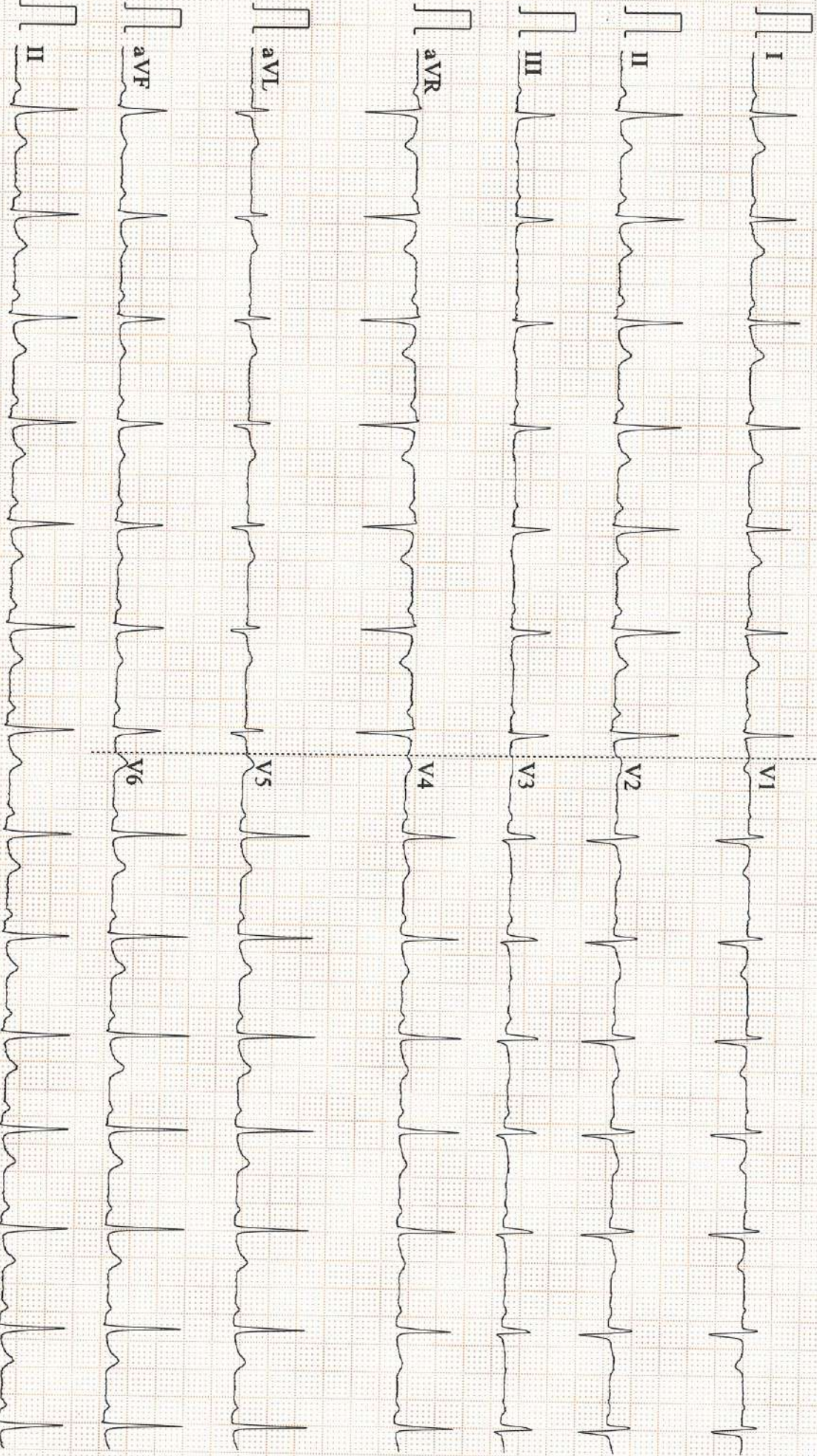
ID: 0000001950
MRS PRIYANKA
Female 32Years
Req. No. :

01-10-2024 08:50:15 AM

HR : 83 bpm
P : 90 ms
PR : 151 ms
QRS : 94 ms
QT/QTcBz : 358/421 ms
P/QRS/T : 57/57/25 °
RV5/SV1 : 1.319/0.580 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



DR. ALVEEN KAUR

Senior Consultant - Dental
BDS, MIDA, REG NO- A-12249
Specialized in Surgical, & Cosmetic procedures & Trauma
For Booking Call on - 9817966537
Days: - Mon to Sat
10AM to 5PM

Mrs. Priyanka Kaintua
32/M

pt:- Gen. deposits
Calculus.

De Int

0.	0
----	---

Adv.
fillings & oral prophylaxis
+ polishing.

Dr. Alveen
Signature: -

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

www.apolloclinic.com

Mrs Priyanka Kaintura
Age - 32y / F

Height : 149 cm	Weight : 76	BMI : 34.23	Waist Circum :
Temp : 98.0 F	Pulse : 94 bpm	Resp : 18 mt	B.P : 112/76 mmHg
SpO2 98%		General Examination / Allergies	

History :-

Past His :-

NO relevant H/o

Surgical His :-

NO relevant H/o.

Allergy :-

No relevant H/o.

Family His :-

F - NO relevant H/o.
M -

Covid Vaccines :- 2 dose.

Diet :-

Mixed diet.

Physical Activity :-

Moderate.

Menstruation His :-

Regular
LMP - 6/9/24.

Marital His :-

Married, 3 years

Addictions :-

NO relevant H/o.

CVS - S2S cleared

RS - Bll adequate. endly Ent

CNS - Pt. conscious & alert

P/A - Soft and nontender

ADVICE :-

Review after reports.

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भारत सरकार
Government of India



Aadhaar no. issued: 19/10/2013



प्रियंका कैतुरा
Priyanka Kaintura
जन्म तिथि/DOB: 15/08/1992
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
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).

7584 9850 7877

मेरा आधार, मेरी पहचान

Apollo One Pusaroad

From: Manmohan Singh Kaintura <MANMOHAN.KAINTURA@bankofbaroda.com>
Sent: 01 October 2024 08:21
To: Apollo One Pusaroad
Subject: Fw: Health Check up Booking Confirmed Request(22S34222),Package Code-PKG10000377, Beneficiary Code-288727

[Get Outlook for Android](#)

From: Mediwheel <wellness@mediwheel.in>
Sent: Monday, September 30, 2024 2:20:04 PM
To: Manmohan Singh Kaintura <MANMOHAN.KAINTURA@bankofbaroda.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>
Subject: Health Check up Booking Confirmed Request(22S34222),Package Code-PKG10000377, Beneficiary Code-288727

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.



Mediwheel
...Your wellness partner



011-41195959

Dear **Manmohan Singh Kaintura,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Name of Diagnostic/Hospital : Apollo One-karol bagh
Address of Diagnostic/Hospital- Apollo One, Pusa Road, Plot No.3, Block No:34, Metro Pillar Number:77, Karolbagh, New Delhi-110005
City : Delhi
State : DELHI
Pincode : 110005
Appointment Date : 01-10-2024
Confirmation Status : Booking Confirmed

Preferred Time : 08:30 AM - 09:00 AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Priyanka	32 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. Click here to unsubscribe.

अस्वीकरण:

** यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अग्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है.

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**

online consult Apollo One.

Dr. Pakhee Aggarwal

MS, MIPHA, FICOG, MRCOG (UK), PGPMRCH
Commonwealth Fellow Gynae-Oncology (Oxford, UK)
UICC Fellow Robotic Gynae-Oncology (McGill, Canada)
ESGO-SERGS trained in Robotic Gynae & Oncology (ORSI, Belgium)
Former Senior Resident, AIIMS, Former Assistant Professor, LHMC
Senior Consultant, Gynae-Oncology & Robotic Surgery
Contact: 9858602466, DMC No.-R/2512

PRIYANKA KASHTURA

321 F

3.10.24.

for. General Health Check.

MIH LMP - 6.9.24. ycter. 4-5/28d.

OHV multiblood since 2yrs.
PIL, - 3yrs, NVD.

PLN NS

FW NS

-LBC omitted

USG Abdo (1/10)

W AIV.

JUCD in situ.

(LW h'gic 4.5x4.2

of 5 PIL

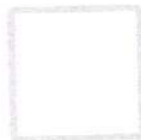
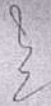
AI
- (Da) CA-125, CEA

- Duls - TVS pelvis

- Cap Pong 100mg BD →

- Tab Metformin 400mg BD → } 7d.

- HIV 2 above.



Mr. Priyanka Kanture
34y female.



Advanced Diagnostics Powered by AI

03/10/2024.

BMI - 34.5

Dysmenorrhea
Menorrhagia, (L) Ovarian haemorrhage in 2019.
Anaemia Hb 10.4.

adv

- (1) Gynae consult.
- (2) diet & lifestyle modification for wt loss.
referred to a nutritionist.

By

Tab. fofa - 2

Tab A - 2

after 2 weeks Hb, (CBC), vit D₃, vit B₁₂.

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