

Patient Name : M/sSHENAZ SABIR SHAIKH
Age/Gender : 56 Y 1 M 24 D/F
UHID/MR No : STAR.0000061301
Visit ID : STAROPV67229
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9820818595

Collected : 10/Feb/2024 09:08AM
Received : 10/Feb/2024 12:52PM
Reported : 10/Feb/2024 04:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Hypochromasia (++) , Anisocyte (+) , Microcyte (+)

WBC : Normal in number , Eosinophilia.


Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Hypochromasia (++) , Anisocyte (+) , Microcyte (+) blood picture, Eosinophilia.

Note/Comment : Please Correlate clinically

Advice:- Serum iron studies & Hb HPLC to rule out Hb variant.


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240033205

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

190, Parnona One Labs, Behind Everest Building,
Tardeo (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.8	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	35.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.49	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	65.3	fL	83-101	Calculated
MCH	19.7	pg	27-32	Calculated
MCHC	30.2	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,970	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	11	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3554.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2230.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	766.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	418.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	438000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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Page 2 of 13



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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Hypochromasia (++) , Anisocyte (+), Microcyte (+) blood picture, Eosinophilia.

Note/Comment : Please Correlate clinically

Advice:- Serum iron studies & Hb HPLC to rule out Hb variant.


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name : M/sSHENAZ SABIR SHAIKH	Collected : 10/Feb/2024 05:00PM
Age/Gender : 56 Y 1 M 24 D/F	Received : 10/Feb/2024 05:48PM
UHID/MR No : STAR.0000061301	Reported : 10/Feb/2024 06:32PM
Visit ID : STAROPV67229	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:


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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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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SIN No: EDT240014573

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	149	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.86		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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SIN No:SE04624778

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	112.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	18.20	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	2.5-6.2	Uricase
CALCIUM	9.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138.9	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102.1	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	12-43	Glycylglycine Nitoranalide



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Age/Gender : 56 Y 1 M 24 D/F	Received : 10/Feb/2024 01:13PM
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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.44	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.080	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2279191

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Age/Gender : 56 Y 1 M 24 D/F	Received : 11/Feb/2024 06:08PM
UHID/MR No : STAR.0000061301	Reported : 13/Feb/2024 04:33PM
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DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	2822/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Parabasal and basal cells with reactive nuclear changes. Negative for intraepithelial lesion/malignancy.
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 ***



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

Page 13 of 13
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS074306

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
190, Panjara Gira Labs, Behind Everest Building,
Taraola (Jubilee Centre), Huzuri, Maracostina
Ph: 022 4552 4500

 बैंक ऑफ बड़ोदा
Bank of Baroda



नाम MS. MOTORWALA SHAINAZ
Name ABDUL RAZAK

कार्यवाही क्र. 90848
E.C. No.

जारी करने वाली प्राधिकारिता
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

OUT- PATIENT RECORD

Date : 10/2/24
MRNO :
Name : Shehaz Shaikh
Age/Gender : 56/F
Mobile No :
Passport No :
Aadhar number :

Pulse : 84	B.P : 140/80	Resp : 22/min.	Temp : 98°F
Weight : 77.8kg.	Height : 156	BMI : 32.	Waist Circum : 90

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Widow, Vegetarian
Sleep: @ B(B@)
Postmenopausal
No addiction
FH: Nil
USG: Cholelithiasis Refer to Gynaec
Normal Reports
Physically fit.

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

Follow up date:

Doctor's Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400045
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
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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 :	M/s SHENAZ SABIR SHAIKH	Collected :	10/Feb/2024 09:08AM	Expertise. Empowering you.
Age/Gender :	56 Y 1 M 24 D/F	Received :	10/Feb/2024 12:52PM	
UHID/MR No :	STAR.0000061301	Reported :	10/Feb/2024 04:48PM	
Visit ID :	STAROPV67229	Status :	Final Report	
Ref Doctor :	Dr. SELF	Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED	
Emp/Ault/TPA ID :	9820818595			

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Hypochromasia (++) , Anisocyte (+) , Microcyte (+)

WBC : Normal in number , Eosinophilia.

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Hypochromasia (++) , Anisocyte (+) , Microcyte (+) blood picture, Eosinophilia.

Note/Comment : Please Correlate clinically

Advice:- Serum iron studies & Hb HPLC to rule out Hb variant.



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: BED24003205

Page 1 of 12



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Vizakhapatnam : Plot NO- MIG-7B, Sector-3, D No-1-83-18/1/1, Double Road, MYP Colony, Vizag - 530017 T: 9100910952

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Silchar : Monti Mansion, Opposite Surana Motors, Hallakandi Road T: 03842 241147 / 9857644441

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TRIPURA

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WEST BENGAL

Kolkata: 336, Canal Street, VIP Road, Lake Town, Kolkata -700048, Near Lake Town Clock Tower, West Bengal 700046; T- 03340623245

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

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

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

Patient Name : Mrs SHENAZ SABIR SHAIKH Age/Gender : 66 Y 1 M 24 D/F UHD/MR No : STAR.0000061301 Visit ID : STAROPV67229 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9820818595	Collected : 10/Feb/2024 09:08AM Received : 10/Feb/2024 12:52PM Reported : 10/Feb/2024 04:48PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.8	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	35.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.49	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	65.3	fL	83-101	Calculated
MCH	19.7	pg	27-32	Calculated
MCHC	30.2	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,970	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	11	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3554.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2230.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	766.7	Cells/cu.mm	20-600	Calculated
MONOCYTES	418.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	438000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic


RBC : Hypochromasia (++) , Anisocyte (+) , Microcyte (+)

WBC : Normal in number, Eosinophilia,

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

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DR. APEKSHA MADAN
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 PATHOLOGY

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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Hypochromasia (++), Anisocyte (+), Microcyte (+) blood picture, Eosinophilia.
 Note/Comment : Please Correlate clinically

Advice:- Serum iron studies & Hb HPLC to rule out Hb variant.




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

Patient Name	: M/SHENAZ SABIR SHAIKH	Collected	: 10/Feb/2024 09:08AM
Age/Gender	: 56 Y 1 M 24 D/F	Received	: 10/Feb/2024 12:52PM
UHIDMR No	: STAR.0000061301	Reported	: 10/Feb/2024 08:25PM
Visit ID	: STAROPV67229	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9620818595		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 12




DR. APEKSHA MADAN
MBBS, DPE
PATHOLOGY

SIN No:BED246033205

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OUR LAB NETWORK

ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-91/3, Amaravathi Nagar, M R Paia Main Road, Tirupathi - 517501 T: 9515965966 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 520010:06662497978 / 9100105801

Visakhapatnam : Plot NO- MIG-76, Sector-3, D No-1-83-18/1/1, Double Road, MVP Colony, Vizag - 530017 T: 9100910952

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ASSAM

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Guwahati : Royal Orchard, Beltola Basistha Road, Wireless, Dispur, Guwahati - 781036 T: 8820144414

Silchar : Manil Mansion, Opposite Surana Motors, Hallakandi Road T: 03842 241147 / 9957644441

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Hubli : Marvel Signet Shop no.13 Shirur Park, Marvel Properties, Hubli, Karnataka - 560030 T: 9100910983

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Patient Name : Mrs SHENAZ SABIR SHAIKH
Age/Gender : 56 Y 1 M 24 D/F
UHID/MR No : STAR.0000061301
Visit ID : STAROPV67229
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9820818595

Collected : 10/Feb/2024 05:00PM
Received : 10/Feb/2024 05:48PM
Reported : 10/Feb/2024 06:32PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	105	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

Notes:

- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	mg/dL	70-140	GOD - POD

Comment:

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

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




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SLN No:PLP1418C86

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TOUC	Patient Name : Ms SHENAZ SABIR SHAIKH	Collected : 10/Feb/2024 09:08AM	Expertise. Empowering you.
	Age/Gender : 56 Y 1 M 24 D/F	Received : 10/Feb/2024 04:40PM	
	UHID/MR No : STARL0000051301	Reported : 10/Feb/2024 05:52PM	
	Visit ID : STAROPY67229	Status : Final Report	
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)

Page 6 of 12



Dr. Pratibha Kadam
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: EDT240014573



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	149	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.86		0-4.97	Calculated

Comment:

Reference Interval is per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

SIN No: SE04624778



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Berhampore: 13/3/A, A. C. ROAD, INDTAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0346291029

Patient Name : M/SHENAZ SABIR SHAIKH
Age/Gender : 58 Y 1 M 24 D/F
UHID/MR No : STAR.0000061301
Visit ID : STAROPV67229
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9820619585

Collected : 10/Feb/2024 09:08AM *Expertise. Empowering you.*
Received : 10/Feb/2024 04:40PM
Reported : 10/Feb/2024 06:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	112.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



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

Patient Name : Ms SHENAZ SABIR SHAIKH Age/Gender : 56 Y 1 M 24 D/F UHID/MR No : STAR.0000061301 Visit ID : STAROPV67229 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9820818595	Collected : 10/Feb/2024 09:08AM Received : 10/Feb/2024 04:40PM Reported : 10/Feb/2024 06:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	18.20	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	2.5-6.2	Uricase
CALCIUM	9.10	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138.9	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102.1	mmol/L	98 - 107	Direct ISE



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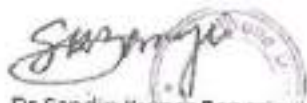
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	12-43	Glydycycline Nitoranalide



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

ASSAM

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

Guwahati : Royal Orchard, Beltola Basistha Road, Wireless, Dispur, Guwahati - 781036 T: 8820144414

Silchar : Meni Manali, Opposite Surana Motors, Hallakandi Road T: 03842 241147 / 9957644441

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Hubli : Marvel Signet Shop no.13 Shirur Park, Marvel Properties, Hubli, Karnataka - 560030 T: 9100910983

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Bangalore 2 : No.209, Kasturinagar Main Road, Kasturi Nagar, Bangalore- 560043 T: 9100910985

Mandya : #1135, Makam Towers, Vivekananda Road, Ashoka Nagar, Mandya - 571401 T:08232 225566

Mangalore : Shop No 002, Groundfloor, Janavi Plaza, Near Bunts Hostel Circle, Mangalore - 575003 T:9100910984

Mysore : Plot No.#485/1, Ramanula Road, Opp.JSS Hospital, Agrahara, Mysore - 570004 T:9100910975

MADHYA PRADESH

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Hyderabad 1 : Survey Nos. 140/A, 140/B, 140/C, 141/A, 141/B and 141/C, Thokatta Village, Bowenpally, Secunderabad - 500011 T: 910091393

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

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

Patient Name : M/SHENAZ SABIR SHAIKH	Collected : 10/Feb/2024 09:08AM
Age/Gender : 66 Y 1 M 24 D/F	Received : 10/Feb/2024 01:13PM
UHID/MR No : STAR.0000061301	Reported : 10/Feb/2024 04:38PM
Visit ID : STAROPV67229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9620819595	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOETHYRONINE (T3, TOTAL)	1.22	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.44	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.080	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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




DR. APEKSHA MADAN
MBBS, DNB
PATHOLOGY

SIN No: SPL24021822

TERMS AND CONDITIONS GOVERNING THIS REPORT

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- This report is not valid for medico legal purposes.

OUR LAB NETWORK

ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Biji Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910986

Tirupathi : D No:23-9-99/3, Amaravathi Nagar, M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 520010:08662497878 / 9100105801

Visakhapatnam : Plot NO- MIG-76, Sector-3, D No-1-83-18/1/1, Double Road, MVP Colony, Vizag - 530017 T: 9100910952

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Berhampore: 13/3/A, A. C ROAD, INDAPRASTHAPO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742303; T- 0348291029

Patient Name : Ms SHENAZ SABIR SHAIKH	Collected : 10/Feb/2024 09:08AM
Age/Gender : 56 Y 1 M 24 D/F	Received : 10/Feb/2024 05:01PM
UHID/MR No : STAR.C000061301	Reported : 10/Feb/2024 08:39PM
Visit ID : STAROPV67229	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0820618595	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Results to Follow:
LBC PAP TEST (PAPSURE)



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:UR2279191

Page 12 of 12



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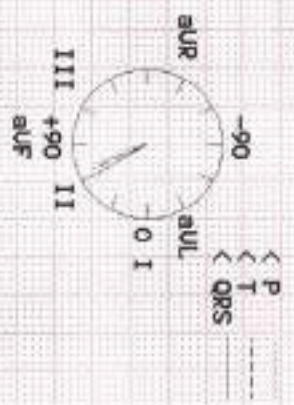
Siliguri: 3A,3B Creascent Court Building, Shankar More, Burdwan Road, Darjeeling, Pin 734005 ; T- 8231944412

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

01/2/21

Measurement Results:

QRS	:	86 ms
QT/QTcB	:	376 / 447 ms
PR	:	160 ms
P	:	120 ms
RR/PP	:	706 / 705 ms
P/QRS/T	:	69 / 59 / 65 degrees

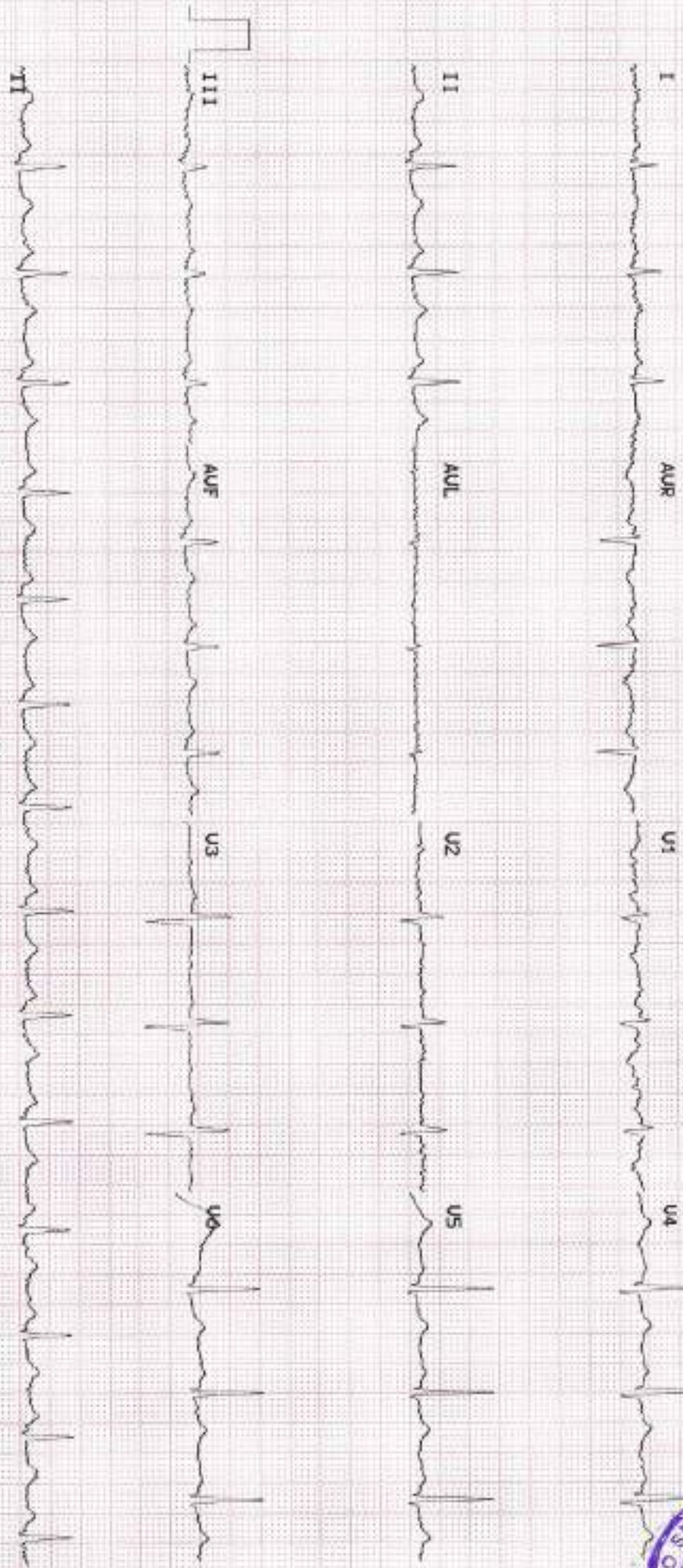


Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Possible left atrial enlargement
Nonspecific ST and T wave abnormality
Abnormal ECG

Mesin Normal Limit

Unconfirmed report.

Dr. (Mrs.) CHHAYA P. VAJIA
M.D. (MUM)
Physician & Cardiologist
Reg. No. 56342



Patient Name	: M/s SHENAZ SABIR SHAIKH	Age	: 56 Y F
UHID	: STAR.0000061301	OP Visit No	: STAROPV67229
Reported on	: 12-02-2024 11:10	Printed on	: 12-02-2024 11:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

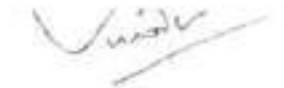
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:12-02-2024 11:10

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Ms. Shenaz Shaikh
Age : 56 Year(s)

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

ECHO Cardiography

Comments:

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

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT WITH GRADE I DD.


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

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

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

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

Name : Ms. Shenaz Shaikh
Age : 56 Year(s)

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

Dimension:

EF Slope	90mm/sec
EPSS	07mm
LA	20mm
AO	26mm
LVID (d)	38mm
LVID(s)	15mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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Patient Name : MS.SHENAZ SHAIKH
Ref. By : HEALTH CHECK UP

Date : 10-02-2024
Age : 56 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). 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 well distended and reveals two intraluminal calculi of measuring 26.6 mms and 15.5mms. The wall is normal in thickness.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 9.7 x 3.8 cms and the **LEFT KIDNEY** measures 9.6 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

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

UTERUS : The uterus is retroverted & it appears normal in size, shape and echotexture. It measures 5.5 x 2.9 x 2.8 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 4.1 mms. No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 1.3 x 1.2 cms. Left ovary measures 1.6 x 1.0 cms. There is no free fluid seen in cul de.

IMPRESSION: The Ultrasound examination reveals Cholelithiasis and mild fatty infiltration of the Liver as described above.
No other significant abnormality is detected.

Report with compliments.


DR. VINOD V. SHETTY
MD, D.M.R.D. Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Sheraz

56/F.

10/2/2024

Postmenopausal since 2-3 yrs

P₁L₁ (FTND) LCB 27 yrs

No gynae complaints

Post history :- NAD.

Adv

O/E. Breast (N)

No active gynae intervention

P/A left

Ps (N)

Vagina (N)

Pv - Ut (N) B/L FF.

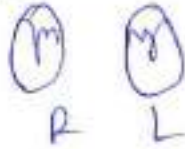
[Signature]

Name: Ms Sheraz Shaikh
Age: 56 yrs / F

10/02/2024

- for Health Consultation
- Offers no ENT complaints

O/E - Ears -



BILTM intact, mobile

Nose -



Septum central
Mucosa @
No discharge

Throat - NAD

Imp: ENT - NAD

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

EYE REPORT

Name: *Shreyas Shinde*

Date: *10/12/2024*

Age / Sex: *56 y / M*

Ref No.:

Complaint: *He sees of*

near 2/0 58/20

Examination

Spectacle Rx

*U-2⁹⁹
6/18*

Near U-2⁹⁹

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

Remarks:

Wear the glasses

Medications:

As known

Trade Name	Frequency	Duration

Follow up:

Recheck after

Consultant:



DIETARY GUIDLINE FOR DIABETES CONTROL

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals to be extend beyond 3 hours.

Always carry some biscuits or candy with you whenever you are away from home to take care of hypoglycaemia.

You can use small amount of artificial sweeteners, whenever necessary.

Regular blood- sugar monitoring would help you to control your food intake.

Meals should be consumed within ½ to 1 hours of taking hypoglycaemia drug /short acting insulin.

Exercise regularly for at least 30-45 minutes daily. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

Keep yourself hydrated by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

FOOD GROUPS	
Cereals	Whole grain product like Whole wheat flour, daliya, rava, bajara, jowar, ragi, oats, nachni, barley, rye.etc
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetables except listed in food to avoid list.
Fruits	Papaya, watermelon, muskmelon (8-10 small pieces) and apple, pear, orange, sweetlime (1 whole) and pineapple (2 thin slices)
Nuts	2 Almonds, 2 walnuts, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	Chicken, fish, (skin removed) twice a week. You should eat in grill and gravy form. 2 egg white daily.

FOODS TO AVOID

Rice, subudana, Maida and all product made from Maida like Khari, toast, butter, pav, white bread, bakery product like cake, nankhatal, pastry etc.

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

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

Tubers and starchy vegetable like potato, sweet potato, raw banana, suran, arbi, yam, beetroot, carrot, radish.

Mango, banana, grapes, sitaphal, chiku, jackfruit.

In nuts coconuts (dry and fresh), groundnuts, cashewnuts, dates, anjeer, pista.

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

Sugar, jaggery, honey, jam, jelly, other sweet.

Pickles, chutney, mayonnaise, dalda.

Ready to eat items, fast food, processed, preserves and canned food.

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

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

ID:
 Age: 35

Height: 177cm
 Gender: Male

Date: 10.2.2024
 Time: 10:11:01

APOLLO SPECTRA HOSPITAL

Body Composition

			Normal Range
Weight		63.4 kg	63.4 ~ 68.8
Muscle Mass <small>Skeletal Muscle Mass</small>		19.3 kg	19.3 ~ 23.5
Body Fat Mass		11.2 kg	11.2 ~ 15.4
TBW <small>Total Body Water</small>	28.6 kg (26.0 ~ 31.8)	Fat Free	28.6 kg (33.2 ~ 42.4)
Protein	7.6 kg (7.0 ~ 8.5)	Minerals*	3.75 kg (2.41 ~ 2.91)

Segmental Lean

2.1 kg
Normal

Lean Mass Evaluation

2.0 kg
Normal

Trunk

18.0 kg
Normal

Right

5.8 kg
Under

5.8 kg
Under

Segmental Fat

5.8 kg
Over

PPF
Fat Mass Evaluation

5.7 kg
Over

Trunk

15.0 kg
Over

Right

4.8 kg
Over

4.8 kg
Over

* Segmental Fat is estimated.

Obesity Diagnosis

				Segmental Evaluation	
BMI <small>Body Mass Index</small> (kg/m ²)	32.0	18.5 ~ 24.9	25.0 ~ 29.9	30.0 ~ 34.9	35.0 ~ 39.9
PBF <small>Percent Body Fat</small> (%)	45.9	10 ~ 14.9	15.0 ~ 19.9	20.0 ~ 24.9	25.0 ~ 29.9
WHR <small>Waist Hip Ratio</small>	0.98	0.75 ~ 0.84	0.85 ~ 0.94	0.95 ~ 1.04	1.05 ~ 1.14
BMR <small>Basal Metabolic Rate</small> (kcal)	1212	1000 ~ 1299	1300 ~ 1399	1400 ~ 1499	1500 ~ 1599

Muscle-Fat Control

Muscle Control: 4.1 kg Fat Control: 1.7 kg

Impedance

Z	SW	LA	TP	RL	LL
20kg	81.8	100.1	55.9	225.8	226.6
100kg	371.0	306.1	211.2	235.3	237.1

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

Exercise Planner

Plan your weekly exercise program to lose weight from those activities.

Energy expenditure of each activity (base weight: 60kg, 1hr)			Goal: 1000 kcal	
Walking	Jogging	Bicycling	Swimming	Aerobic
135	272	250	110	272
Tennis	Football	Basketball	Badminton	Table Tennis
224	250	250	110	110
Badminton	Table Tennis	Squash	Tennis	Jogging
110	110	250	272	272

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 week.

Activity	Day	Time	Energy Expenditure (kcal)
Walking	1	30	405
Jogging	2	30	810
Bicycling	3	30	750
Swimming	4	30	550
Tennis	5	30	672
Football	6	30	750
Basketball	7	30	750
Badminton	8	30	330
Table Tennis	9	30	330
Squash	10	30	750
Tennis	11	30	810
Jogging	12	30	810
Total			6000

Patient Name	: M/s SHENAZ SABIR SHAIKH	Age/Gender	: 56 Y/F
UHID/MR No.	: STAR.0000061301	OP Visit No	: STAROPV67229
Sample Collected on	:	Reported on	: 12-02-2024 09:57
LRN#	: RAD2231837	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9820818595		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Patient has refused sonomammography .



Dr. VINOD SHETTY
Radiology

Patient Name	: M/s SHENAZ SABIR SHAIKH	Age/Gender	: 56 Y/F
UHID/MR No.	: STAR.0000061301	OP Visit No	: STAROPV67229
Sample Collected on	:	Reported on	: 12-02-2024 11:10
LRN#	: RAD2231837	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9820818595		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VINOD SHETTY
Radiology

Patient Name	: M/s SHENAZ SABIR SHAIKH	Age/Gender	: 56 Y/F
UHID/MR No.	: STAR.0000061301	OP Visit No	: STAROPV67229
Sample Collected on	:	Reported on	: 12-02-2024 18:11
LRN#	: RAD2231837	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9820818595		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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BLADDER: lesion or calculus is seen in it. The bladder wall is normal in thickness.

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IMPRESSION: The Ultrasound examination reveals Cholelithiasis and mild fatty infiltration of the Liver as described above. No other significant abnormality is detected.

(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.

Patient Name : M/s SHENAZ SABIR SHAIKH

Age/Gender : 56 Y/F



Dr. VINOD SHETTY
Radiology