

OUT-PATIENT RECORD

Date : 13/1/24
MRNO : 060710
Name : Mrs. Deepa
Age/Gender : 41 YRS / F.
Mobile No :
Passport No :
Aadhar number :

Pulse : 67/min	B.P : 110/70	Resp : 18	Temp : 37
Weight : 59.5	Height : 148cm	BMI : 27.2	Waist Circum : 92

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married. Nonsmoker
Sleep (B/B @) No Allergy
No Addiction MC L/ 28 days
LSCS done in past
tubal opening operation done
Menses/Pauses: Irreg
USG: Cholelithiasis Sugar ↑
SGPT ↑
Refer to Gen Surgeon
Physically fit

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

Follow up date:

Doctor Sign



TOUCHING LIVES

Patient Name	: Mrs.DEEPA	Collected	: 13/Jan/2024 09:43AM
Age/Gender	: 41 Y 7 M 11 D/F	Received	: 13/Jan/2024 12:21PM
UHID/IR No	: STAR.0000060710	Reported	: 13/Jan/2024 03:36PM
Visit ID	: STAROPV66443	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9936056834		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
 RBC : Normocytic normochromic
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
 IMPRESSION : Normocytic normochromic blood picture
 Note/Comment : Please Correlate clinically

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:BED240009516

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:21PM
LHID/MR No : STAR.0000080710	Reported : 13/Jan/2024 03:38PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9938056834	

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	11.4	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	36.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.98	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	31.4	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,060	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2631.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1922.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	101.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	404.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	208000	calls/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

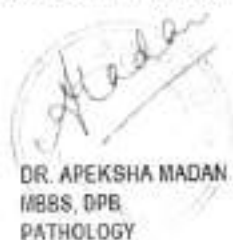
RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

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DR. APEKSHA MADAN
MBBS, DPE
PATHOLOGY

SIN No:BED240009516

Patient Name	: Mrs.DEEPA	Collected	: 13/Jan/2024 09:43AM
Age/Gender	: 41 Y 7 M 11 D/F	Received	: 13/Jan/2024 12:21PM
UHID/MR No	: STAR.0000080710	Reported	: 13/Jan/2024 03:36PM
Visit ID	: STAROPV68443	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9936056834		


DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocyte normochromic blood picture

Note/Comment : Please Correlate clinically

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:BED240009516

Patient Name : Mrs.DEEPA
 Age/Gender : 41 Y 7 M 11 D/F
 UHID/MR No : STAR.0000060710
 Visit ID : STAROPV66443
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9936056834

Collected : 13/Jan/2024 09:43AM
 Received : 13/Jan/2024 12:21PM
 Reported : 13/Jan/2024 01:58PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:BED240009516

Patient Name : Mrs. DEEPA	Collected : 13/Jan/2024 03:10PM
Age/Gender : 41 Y 7 M 11 DiF	Received : 13/Jan/2024 03:55PM
UHID/MR No : STAR.0000060710	Reported : 13/Jan/2024 04:45PM
Visit ID : STAROPV06443	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	104	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	142	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
SIN No:PLP1408580

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 04:39PM
UHIDMR No : STAR.0000080710	Reported : 13/Jan/2024 07:37PM
Visit ID : STAROPV06443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

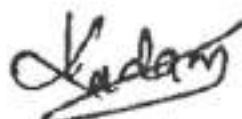
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

SIN No: EDT240004060

Patient Name : Mrs. DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.0000060710	Reported : 13/Jan/2024 03:51PM
Visit ID : STAROPV88443	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9938056834	

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	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	143	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.43		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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DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:SE04600070

TOUCHING LIVES

Patient Name : Mrs. DEEPA
 Age/Gender : 41 Y 7 M 11 D/F
 UHID/MR No : STAR.000060710
 Visit ID : STAROPV66443
 Ref Doctor : Dr. SELF
 Empl/Auth/TPA ID : 9938056834

Collected : 13/Jan/2024 09:43AM
 Received : 13/Jan/2024 12:10PM
 Reported : 13/Jan/2024 03:51PM
 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	0.20	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)	50	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	103.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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.




 DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SE04600070

Patient Name	: Mrs.DEEPA	Collected	: 13/Jan/2024 09:43AM
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Visit ID	: STAROPV66443	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9836056834		

DEPARTMENT OF BIOCHEMISTRY

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



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY
SEN No:SE04600070

Patient Name : Mrs.DEEPA Age/Gender : 41 Y 7 M 11 D/F UHID/MR No : STAR.0000060710 Visit ID : STAROPV65443 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9938056834	Collected : 13/Jan/2024 09:43AM Received : 13/Jan/2024 12:10PM Reported : 13/Jan/2024 03:51PM Status : Final Report 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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	14.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.70	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	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	96-107	Direct ISE




DR. APEKSHA MADAN
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PATHOLOGY

SIN No:SED4600070

Patient Name	: Mrs.DEEPA	Collected	: 13/Jan/2024 09:43AM
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UHID/MR No	: STAR.0000080710	Reported	: 13/Jan/2024 03:51PM
Visit ID	: STAROPV66443	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9936056834		

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	49.00	U/L	16-73	Glycylglycine Kinetic method




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SEN No:SE04600070

Patient Name	: Mrs. DEEPA	Collected	: 13/Jan/2024 09:43AM
Age/Gender	: 41 Y 7 M 11 D/F	Received	: 13/Jan/2024 11:22AM
UHID/MR No.	: STAR.0000080710	Reported	: 13/Jan/2024 01:31PM
Visit ID	: STAROPV66443	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9936056834		

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-ODOTHYRONINE (T3, TOTAL)	1.09	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.65	µg/dL	4.68-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.170	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

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DR. APEKSHA MADAN
 M885, OPB,
 PATHOLOGY

SIN No: SPL24006360

Patient Name	: Mrs. DEEPA	Collected	: 13/Jan/2024 09:43AM
Age/Gender	: 41 Y 7 M 11 D/F	Received	: 13/Jan/2024 02:58PM
UHID/MR No	: STAR.0000060710	Reported	: 13/Jan/2024 04:10PM
Visit ID	: STAROPV68443	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9936058834		

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	1.015		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	1-2	/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)

Page 13 of 13



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: UR2262215



Mrs. Deepa

Measurement Results:

QRS	102 ms
QT/QTcB	376 / 400 ms
QT	122 ms
pp/pp	882 / 880 ms
P/QRS/T	55 / 20 / 40 degrees
QTd/QTcBd	42 / 45 ms
Sokolow	1.0 mV
Rx	9

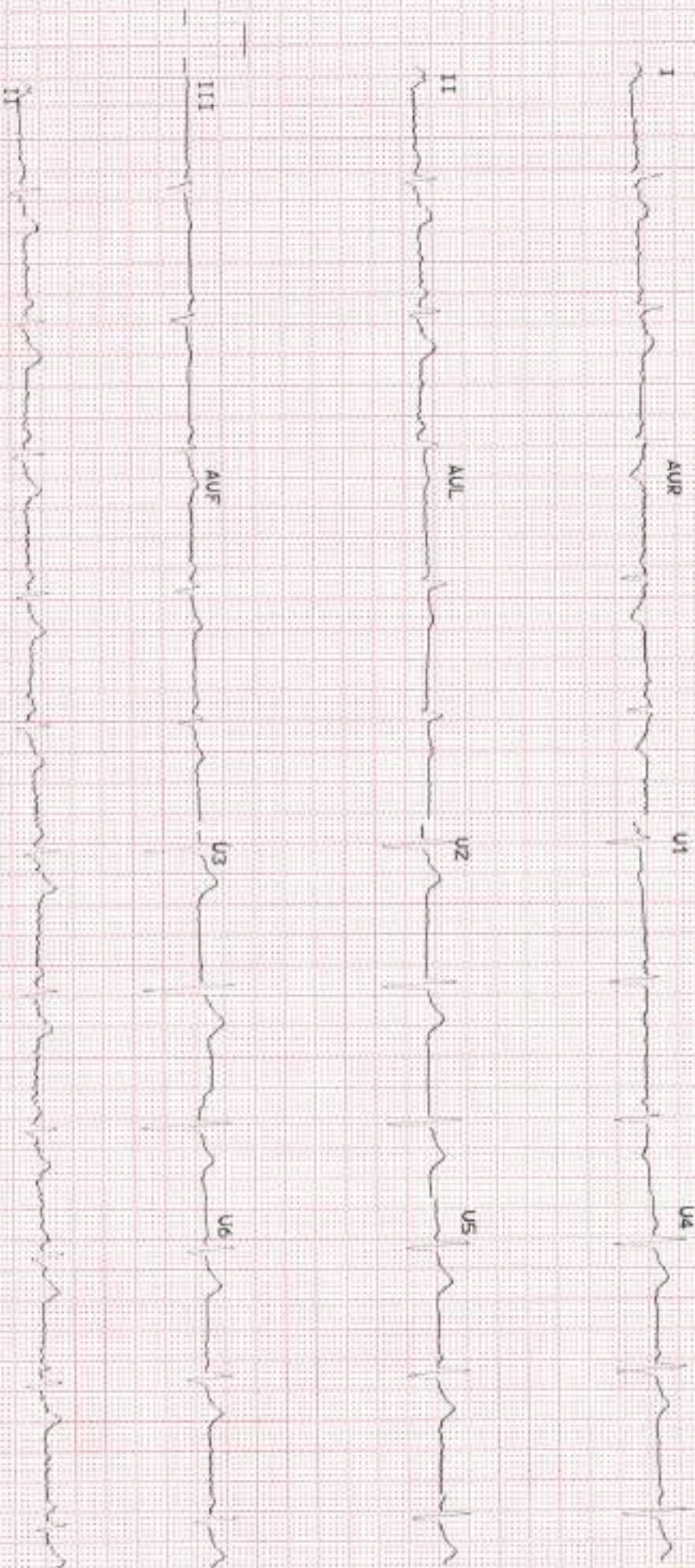
Interpretation:

normal ECG

Mrs. Deepa

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

~~Unconfirmed report.~~



Patient Name	: Mrs. Deepa	Age	: 41 Y F
UHID	: STAR.0000060710	OP Visit No	: STAROPV66443
Reported on	: 13-01-2024 15:53	Printed on	: 13-01-2024 15:54
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:13-01-2024 15:53

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mrs. Deepa
Age : 41 Year(s)

Date : 13/01/2024
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. Deepa
Age : 41 Year(s)

Date : 13/01/2024
Sex : Female
Visit Type : OPD

Dimension:

EF Slope 90mm/sec

EPSS 05mm

LA 24mm

AO 29mm


LVID (d) 38mm

LVID(s) 24mm

IVS (d) 11mm

LVPW (d) 11mm

LVEF 60% (visual)


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

Patient Name : MRS. DEEPA
Ref. By : HEALTH CHECK UP

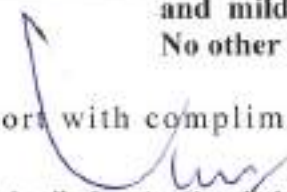
Date : 13-01-2024
Age : 41 years

SONOGRAPHY OF ABDOMEN

- LIVER** : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. 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 small, contracted and completely filled with echogenic opacities suggestive of Gall stones.
- PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.
- SPLEEN** : The spleen is normal in size and echotexture without any focal mass lesion. The splenic vein appear normal.
- KIDNEYS** : The **RIGHT KIDNEY** measures 11.0 x 4.2 cms. and the **LEFT KIDNEY** measures 10.6 x 4.5 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
- There is no obvious e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.
- URINARY BLADDER** : The urinary bladder is partly distended, however is normal in shape and contour No obvious 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 7.2 x 4.2 x 3.4 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 2.7 x 1.5 cms. Left ovary measures 2.7 x 1.5 cms. There is no free fluid seen in cul de sac.

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

Report with compliments


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

Mrs Deepa

41 yrs

13/1/24

NO Gynaec complaints

M/H - $\frac{3-4}{30d}$ / Reg
- mod
- P11 LMP 28/12/23

O/H - P11 - \rightarrow 10yrs LSCS - (previous preg)

P/H - Δ Lap for infertility

F/H - Mother - HTN
Father - HTN

O/E

CA (H)
Vag

pap smear taken.

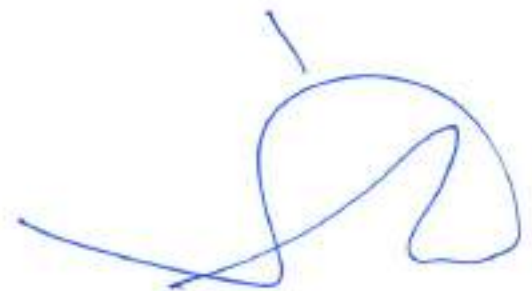
13/1/24.

S/B Dr. Mitul C. Bhatt (ENT)

Mrs. Deepa F/41 yrs

Pt. for ENT check up.

E	→	}	WNL	R	+	+	
N	→					+	F
T	→					W	+



Dr. Mitul Bhatt
2011/05/1742

EYE REPORT

Name: *Ms Deepa*

Date: *13/01/2014*

Age / Sex: *45 / F*

Ref No.:

Complaint: *No ocular dx
No n/o PM 98/121*

Examination

Spectacle Rx *UC 6/9 P*

New 6/9

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

Remarks: *Color 6/9*

Medications: *As Km*

Trade Name	Frequency	Duration

Follow up: *Prescribe Km*

Consultant:



Patient Name	: Mrs. Deepa	Age/Gender	: 41 Y/F
UHID/MR No.	: STAR.0000060710	OP Visit No	: STAROPV66443
Sample Collected on	:	Reported on	: 13-01-2024 15:54
LRN#	: RAD2207679	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9936056834		

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	: Mrs. Deepa	Age/Gender	: 41 Y/F
UHID/MR No.	: STAR.0000060710	OP Visit No	: STAROPV66443
Sample Collected on	:	Reported on	: 13-01-2024 12:31
LRN#	: RAD2207679	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9936056834		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

PATIENT REFUSES TO DO THE SONOMAMMOGRAPHY.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Deepa	Age/Gender	: 41 Y/F
UHID/MR No.	: STAR.0000060710	OP Visit No	: STAROPV66443
Sample Collected on	:	Reported on	: 15-01-2024 11:57
LRN#	: RAD2207679	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9936056834		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. 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 small, contracted and completely filled with echogenic opacities suggestive of Gall stones.

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

SPLEEN : The spleen is normal in size and echotexture without any focal mass lesion. The splenic vein appear normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.0 x 4.2 cms. and the **LEFT KIDNEY** measures 10.6 x 4.5 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

There is no obvious e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.

URINARY **The urinary bladder is partly distended, however is normal in shape and contour No**

BLADDER: obvious 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 7.2 x 4.2 x 3.4 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 2.7 x 1.5 cms.
Left ovary measures 2.7 x 1.5 cms.
There is no free fluid seen in cul de sac.

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

Patient Name : Mrs. Deepa

Age/Gender : 41 Y/F



Dr. VINOD SHETTY
Radiology


Patient Name : Mrs.DEEPA
Age/Gender : 41 Y 7 M 11 D/F
UHID/MR No : STAR.000060710
Visit ID : STAROPV66443
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9936056834

Collected : 13/Jan/2024 09:43AM
Received : 13/Jan/2024 12:21PM
Reported : 13/Jan/2024 03:36PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Normocytic normochromic
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240009516

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

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 03:36PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	11.4	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	36.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.98	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	31.4	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,060	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2631.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1922.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	101.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	404.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	208000	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 : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 14



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240009516

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Address:

190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, HMT Nagar, Maracotta
Ph: 022-4552 4500


Patient Name : Mrs.DEEPA
Age/Gender : 41 Y 7 M 11 D/F
UHID/MR No : STAR.000060710
Visit ID : STAROPV66443
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9936056834

Collected : 13/Jan/2024 09:43AM
Received : 13/Jan/2024 12:21PM
Reported : 13/Jan/2024 03:36PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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Address:


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Tambala (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.0000060710	Reported : 13/Jan/2024 01:59PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240009516

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 03:10PM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 03:55PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 04:45PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	104	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:

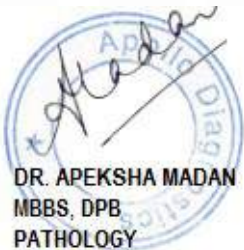
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	142	mg/dL	70-140	GOD - POD

Comment:

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

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 04:39PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 07:37PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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



SIN No: EDT240004060

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Ph: 022-4552 4500

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 03:51PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	143	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.43		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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04600070

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Address:
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Tanaka Junction Central, HMTCL, Maracostina
Ph: 022-4552 4500

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 03:51PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	0.20	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)	50	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	103.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		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.

Page 8 of 14



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MBBS, DPB
PATHOLOGY



SIN No:SE04600070

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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:


190, Panacea One Labs, Behind Everest Building, Tanaka Junction Central, HMT Nagar, Maracotta Ph: 022-4552 4500

Patient Name : Mrs.DEEPA
Age/Gender : 41 Y 7 M 11 D/F
UHID/MR No : STAR.0000060710
Visit ID : STAROPV66443
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9936056834

Collected : 13/Jan/2024 09:43AM
Received : 13/Jan/2024 12:10PM
Reported : 13/Jan/2024 03:51PM
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


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Address:
190, Famous Cine Labs, Behind Everest Building,
Tardeo (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 03:51PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	0.57	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	14.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.70	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	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



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Address:
190, Patanjali Care Labs, Behind Everest Building,
Tamboli (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 03:51PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	49.00	U/L	16-73	Glycylglycine Kinetic method

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

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 01:31PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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)	1.09	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.65	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.170	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



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SIN No:SPL24006360

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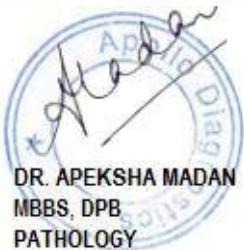
Address:
190, Patanjali One Labs, Behind Everest Building,
Taraola Junction Central, HSR, Maracotta
Ph: 022-4552 4500

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 09:43AM
Age/Gender : 41 Y 7 M 11 D/F	Received : 13/Jan/2024 02:58PM
UHID/MR No : STAR.000060710	Reported : 13/Jan/2024 04:10PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

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	1.015		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	1-2	/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:UR2262215

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Address:
190, Patanjali Care Labs, Behind Everest Building,
Tanaka Junction, Central, HMT Nagar, Managachera
Ph: 022-4552 4500

Patient Name : Mrs.DEEPA	Collected : 13/Jan/2024 04:43PM
Age/Gender : 41 Y 7 M 11 D/F	Received : 14/Jan/2024 03:10PM
UHID/MR No : STAR.000060710	Reported : 16/Jan/2024 06:54PM
Visit ID : STAROPV66443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9936056834	

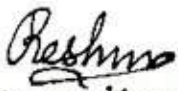
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	863/24
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	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	SHIFT IN FLORA SUGGESTIVE OF BACTERIAL VAGINOSIS
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH BACTERIAL VAGINOSIS

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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist



SIN No:CS073099

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

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