

Patient Name : MRS. ANURADHA

Age / Gender : 35 years / Female

MR No. / IPD No. : /

Patient Type / Bed No. : /

Referred By : ARCOFEMI HEALTH CARE
 PVT.LIMITED (MEDIWHEEL)

Registration Time : Oct 19, 2024, 10:12 a.m.

Receiving Time : Oct 19, 2024, 10:12 a.m.

Reporting Time : Oct 19, 2024, 12:54 p.m.


241019054

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT.
 LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.

Hemoglobin (Hb) Method : Whole Blood, SLS-haemoglobin	12.4	g/dL	12.0 - 15.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	4.20	x 10 ⁶ /uL	3.8 - 4.8
HCT Method : Whole Blood, RBC pulse height detection	38.5	%	36 - 46
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	91.7	fL	83 - 101
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	29.5	pg	27 - 32
Mean Corpuscular Hb Conc. (MCHC) Method : Whole Blood, Calculated	32.2	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	13.2	%	11.6 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	5.0	x 10 ³ /uL	4 - 10
DLC (Differential Leucocytes Count)			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	66.3	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	24.0	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	5.3	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	3.8	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	0.6	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	3.31	x 10 ³ /uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	1.20	x 10 ³ /uL	1 - 3

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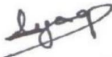
Test Description	Value(s)	Unit(s)	Reference Range
Absolute Monocyte Count <small>Method : Whole Blood, Calculated</small>	0.27	x 10 ³ /uL	0.2-1.0
Absolute Eosinophil Count <small>Method : Whole Blood, Calculated</small>	0.19	x 10 ³ /uL	0.02 - 0.5
Absolute Basophils Count <small>Method : Whole Blood, Calculated</small>	0.03	x 10 ³ /uL	0.02 - 0.1
Platelet Count <small>Method : Whole Blood, DC Detection</small>	218	x 10 ³ /uL	150 - 410
ESR - Erythrocyte Sedimentation Rate <small>Method : Whole blood , Modified Westergren Method</small>	17	mm/hr	<20

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

****END OF REPORT****



Dr. Arti Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012

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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Creatinine (Serum)

Creatinine	0.70	mg/dL	0.60 - 1.10
Method : Kinetic colorimetric (Jaffe method)			

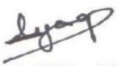
Note

Interpretation:

Elevated levels are found in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly.

Decreased levels are found in Muscular Dystrophy

END OF REPORT


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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

SGPT(ALT),Serum

SGPT	16	U/L	5-33
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Method : IFCC with pyridoxal phosphate

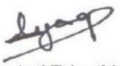
Interpretation

Increased in: Acute viral hepatitis , Biliary tract obstruction (cholangitis, choledocholithiasis) Alcoholic hepatitis and cirrhosis.

Other conditions - liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure, ischemia or hypoxia, injury to liver ("shock liver"), extensive trauma. Drugs that cause cholestasis or hepatotoxicity.

Decreased in: Pyridoxine (vitamin B6) deficiency.

END OF REPORT



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Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

Blood Group (ABO)

Blood Group	"B"		
Method : Forward and Reverse by Slide method			
RH Factor	Positive		


Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

END OF REPORT



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Age / Gender : 35 years / Female	Receiving Time : Oct 19, 2024, 10:12 a.m.
MR No. / IPD No. : /	Reporting Time : Oct 19, 2024, 11:26 a.m.
Patient Type / Bed No. : /	 241019054F
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
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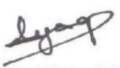
BIOCHEMISTRY

Glucose (Fasting)			
Glucose Fasting	86	mg/dL	Normal: 72-106
Method : Plasma,Enzymatic Hexokinase			Impaired Tolerance: 100-125
			Diabetes mellitus: >= 126
			(on more than one occassion)
			(American diabetes association guidelines 2018)

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT


Dr.Artri Tripathi
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Patient Name : MRS. ANURADHA Age / Gender : 35 years / Female MR No. / IPD No. : / Patient Type / Bed No. : / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 19, 2024, 10:12 a.m. Receiving Time : Oct 19, 2024, 01:00 p.m. Reporting Time : Oct 21, 2024, 12:01 p.m.  241019054P Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose (PP)


Blood Glucose-Post Prandial	104	mg/dL	70 - 140
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Method : Plasma, Enzymatic Hexokinase

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT




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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
BUN			
UREA*	19.4	mg/dL	17 - 43
Method : Serum,Urease			
BUN*	9.07	mg/dL	7 - 18.0
Method : Serum,Calculated			

END OF REPORT

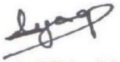


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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Bilirubin Total(Serum)			
Bilirubin-Total	1.10	mg/dL	0.2 - 1.2
Method : Diazo Method			

END OF REPORT



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Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

Urine (RE/ME)

Physical Examination :

Volume Method : Visual Observation	20		mL
Colour Method : Visual Observation	Pale Yellow		Pale Yellow
Transparency (Appearance) Method : Visual Observation	Clear		Clear
Deposit Method : Visual Observation	Absent		Absent
Reaction (pH) Method : Double Indicator method	6.0		4.5 - 8.0
Specific Gravity Method : Ionic Concentration	1.020		1.010 - 1.030

Chemical Examination (Dipstick Method) Urine

Urine Protein Method : Protein Ionisation/ Manual	Absent		Absent
Urine Glucose (sugar) Method : Oxidase Reaction/ Manual	Absent		Absent
Blood (Urine) Method : Peroxidase Reaction	Absent		Absent

Microscopic Examination Urine

Pus Cells (WBCs) Method : Microscopy	3 - 5	/hpf	0 - 5
Epithelial Cells Method : Microscopy	4 - 6	/hpf	0 - 4
Red blood Cells Method : Microscopy	Absent	/hpf	Absent
Crystals Method : Microscopy	Absent		Absent
Cast Method : Microscopy	Absent		Absent
Yeast Cells Method : Microscopy	Absent		Absent
Amorphous Material Method : Microscopy	Absent		Absent


Patient Name : MRS. ANURADHA Age / Gender : 35 years / Female MR No. / IPD No. : / Patient Type / Bed No. : / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 19, 2024, 10:12 a.m. Receiving Time : Oct 19, 2024, 10:12 a.m. Reporting Time : Oct 19, 2024, 12:54 p.m.  241019054 Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

END OF REPORT



Dr.Artri Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012



OPD ASSESSMENT FORM
(Gyn. & Obs.)

GYNAE DEPTT.

9212150582

9212150586

For Appt. 9212526855

Time 8 AM to 8 PM

Name of Patient: Mrs ANURADHA Age/Sex: 35/F Date/Time: 19/10/24

Name of Doctor:

Presenting complaints: No Gynae complaints

History of presenting complaints:

Menstrual History : LMP : 29/8/24 Pds 2-3, irregular, av flow, mod
EDD: 30-40 d

Marital History : P₁L₁A₃ MF x S₂

Obstetric History : P₁ - FTNYD, B, 3q, A+H

Past history / surgical procedures : A₃ - MTP & pills, LA - Medical d by 2nd Oct 2
NS

A. General Physical Examination: Pallor Icterus Cyanosis Clubbing

Pedal edema Lymph nodes Breast B.P. Pulse Weight

None ⊕

Location : 1. P/A SqH

2. P/S G, Uag ⊕

3. P/V 1/7 AU. MC mobile P/1 E her

Investigation	Treatment
	<p>- LBC - whole abdomen -</p> <p>- USG - pelvis = TUS</p> <p>Contraceptive options = Pills IUCD Injectable Ligature</p> <p>D₂ - T. Krimson 35 - 100 x 21 days x 6 mths.</p> <p>Quadrivalent / Quadrivalent - 9 (0, 2, 6) / Namaxen L (0, 6)</p> <p>Surgical referral for Gall stones.</p>

Diet

Normal

Soft

Liquid

Other

Signature & Name of the Doctor



Name Anuradha Age 35 Sex F

Ref by Date

M.R. No. H/O Drug Allergy - Yes / No

Deptt. of Medicine

Dr. Vineet Sabharwal
M.B.B.S., M.D. (MED)
Senior Physician
DMC No.: 3860

BP - 127/80

Dr. Rakesh Sharma
M.B.B.S., M.D. (MED)
Senior Consultant Physician
DMC No.: 5671

PR - 86

Dr. Vishal Garg
M.B.B.S., MD (Internal Medicine)
Senior Consultant Physician
Post Graduate in Diabetes (Boston, USA)
Thyroid Specialist (ATS, USA)
DMC No.: 50003

Ht - 152 cm

wt - 60.1 kg

Dr. Pankaj Kumar
M.B.B.S. (Hons.) DTCD
Consultant Physician,
Pulmonologist & Intensivist
DMC No.: 18751

No H/O HTN / T2DM / hypothyroidism

Dr. Glossy Sabharwal
MBBS, MD Radio-Diagnosis
Clinical and Interventional Radiologist
Maternal-Fetal Medicine Specialist
Fetal Medicine Foundation Certified (UK)
Fellow - Breast Interventional Imaging (Paris)
Ex - Jt. Secretary IRIA (Delhi)
Harvard University Certified
Yale School of Medicine Certified
Certificate in Reproductive Health Specialis
Distinction Holder MD Radiology
ECFMG Certified (USA)
Young Investigator Scholar (AOCR - Japan)
Member
ISUOG (USA)
IRIA (India)
SFM (UK)
IFUMB (India)
RSNA (USA)
e-mail: docglossy@gmail.com
Website: www.drglossy.in
Mob.: 9811020477, DMC No. 58599

GC - good

CNS - conscious oriented

C/S - S₁, S₂ ⊕

RS - B/LAE ⊕

RA - soft, non tender

Dr. Laxmi Kant Tomar
MBBS, MD (Medicine)
DM (Neurology)
DMC NO- DMC/R/5022

Blood investigations awaited.

Dr. Jatin Anand
M.D. (Psychiatry)
DMC No.: 61376

Pulmonary fit

Dr. Mudit Gupta
MBBS
DNB (General Medicine)
DM (Nephrology)
DMC No.: 34678

Dr. Avinash Bansal
MBBS, MD (Medicine)
DM (Cardiology) SGPIMS
DMC- 33007

Dr. Sandeep Bhagat
MBBS
MD (General Medicine)
DNB (Gastro)
DMC No.: 16977

Dr. Sandeep Garg
MBBS
MD (Pulmonary Medicine)
DMC No.: 52901

Dr. Nikhil Sharma
MBBS, DDV
Consultant Dermatology & Cosmetology
DMC No.: 27578

Treatment Adv for.....days - Next Followup Visit on.....

67/1, New Rohtak Road. New Delhi-110 005 (India) Tel.: 47774141, 9212167895
E-mail.: info@jmh.in Website : www.jmh.in



Name MRS - Anuradha Age 35y Sex F
 Deptt..... Ref by..... Date 19/12/24
 M.R. No. H/O Drug Allergy-Y/N.....

Deptt. of General & Laparoscopic Surgery

Dr. Vinay Sabharwal

M.B.B.S., M.S., FICA
 Hon. Surgeon to Fmr. President of India
 Sir Ganga Ram Hospital
 Sr. Member : Association of Surgeons of India
 Indian Association of Gastro. Endo Surgeons
 Indian Hernia Society
 Association of Min. Access Surgeons of India
 E-mail: drvinay@jmh.in
 Website: www.drvinay@sabharwal.com
 DMC No. 4687

Dr. Malvika Sabharwal

MBBS, DGO, F.I.C.O.G., Dipl. Endo. Surgery (USA)
 Awarded Padmashri by the President of India
 Chief Dept. of Gynae, Laparoscopic, Endoscopy Surgery
 President, Delhi Gynae Endoscopy Society (2018)
 Founder Chairperson: Indian Ass. of Gynae. Endoscopists
 International Society of Gynae. Laparoscopists
 American Association Gynae. Laparoscopy
 Federation of obst. & Gynae. Societies of India
 International College of Obst. & Gynae
 E-mail: drmalvika@jmh.in
 Website: drmalvika@sabharwal.com
 DMC No. 4686

Deptt. of E.N.T.

Dr. R.K. Trivedi

M.B.B.S., D.L.O., M.S. (E.N.T.)
 Senior Consultant
 D.M.C. No.: 12647

Dr. Rajeev Nangia

M.B.B.S., M.S. (E.N.T.)
 Senior Endoscopic Surgeon
 DMC No. 4681

Deptt. of Ophthalmology

Dr. Ashwani Seth

M.B.B.S., M.S.
 Senior Consultant Eye Surgeon
 D.M.C. No.: 13702

Dr. S.C. Pahwa

M.B.B.S., M.S. (Ophth)
 Eye Surgeon
 D.M.C. No.: 8424

Deptt. of Dentistry

Dr. Varun Aggarwal

B.D.S., M.D.S., CAIC, M.I.D.A.
 Consultant Implantologist
 & Unit Head

Dr. Neha Gupta

B.D.S., PGCHM, F.I.C.D., M.I.D.A.
 Senior Consultant
 Deptt. of Dentistry

Vn < 6/6
 (naked eye) 6/6
 Near < N6
 N6

Ant. Segment - NAD
 Fundus B/G - NAD

Tu < Normal
 N

Colour vision - Normal on Ishihara
 charts

B
 - Eye - mist Eydrofn
 & Onchiptura d

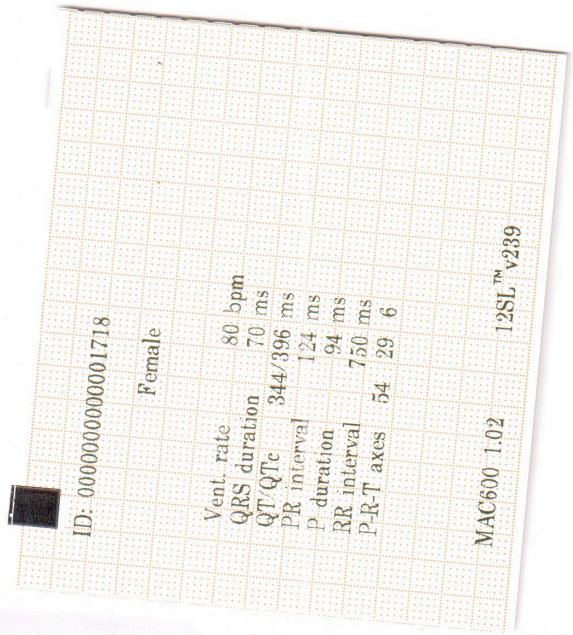
Dr. S. C. PAHWA
 M.B.B.S. M.S. (Ophth)
 EYE SURGEON
 Reg. No. 8424 (D.M.C.)

Treatment Adv for.....days Next followup Visit on.....

ANUKADHA - 35/F

Atrial Rate
Ventricular Rate
Rhythm
Axis
P. Wave
P.R. Interval
QRS Duration
Q.T. Duration
Q.T. Interval
Conclusion

ST Segment
T. Wave
-Others
Signature
Doctor I/C





Mediwheel
...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mrs. Anuradha aged, 35yr. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: New Delhi

Date: 19/10/2024

Dr. *Nitesh Kumar*
MBBS
Name & Signature of
BCMP 47093

Medical officer