

Fwd: Health Check up Booking Re Schedule Request(22S53827), Package Code-, Benefi...

From **Abhas Kumar**
 To **fo.apollospectra@sheetlahospitals.com**
 Date **Today 09:34 AM**

Regards.....

Abhas Kumar
 House No.1867,
 Scheme No. 114 Part 1,
 Vijay Nagar,
 Indore
 PIN:452010
 Madhya Pradesh
 +91 9589405899

"Nothing is impossible, the word itself says 'I'm possible!'" - Audrey Hepburn

----- Forwarded message -----

From: **Mediwheel** <welfare@mediwheel.in>
 Date: Mon, 3 Mar 2025 at 11:40 AM
 Subject: Health Check up Booking Re Schedule Request(22S53827), Package Code-, Beneficiary Code-311230
 To: <abhaskumar13@gmail.com>
 Cc: <customercare@mediwheel.in>

Dear **MR. KUMAR ABHAS,**

Your Health Checkup has been successfully rescheduled with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40
Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40
Name of Diagnostic/Hospital : Apollo Spectra - Gurgaon
Address of Diagnostic/Hospital : New Railway Rd, Near Dronoacharya Govt College
Booking Id : 22S53827
Appointment Date : 10-03-2025
Preferred Time : 08:00 AM - 08:30 AM
Booking Status : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
PRIYANKA ABHAS KUMAR	47 year	Female

Thanks,
 Mediwheel Team
 Please Download Mediwheel App



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भारत सरकार
 Ministry of India

प्रियंका आभास कुमार
 Priyanka Abhas Kumar
 जन्म तिथि/DOB: 15/09/1977
 महिला/ FEMALE

Issue Date: 23/01/2014

6700 3061 8713
 VID : 9193 4146 4725 8451

मेरा आधार, मेरी पहचान

भारत सरकार
 Ministry of India

पता:
 W/O आभास कुमार, 1867, स्कीम नं 114 पार्ट 1, विजय
 नगर, इंदौर, मध्य प्रदेश - 452010

Address:
 W/O Abhas Kumar, 1867, Scheme No 114
 Part 1, Vijay Nagar, Indore, Indore,
 Madhya Pradesh - 452010

6700 3061 8713
 VID : 9193 4146 4725 8451

1247 | help@uidai.gov.in | www.uidai.gov.in

10.03.2025 10:16:19
APOLLO SPECTRA SHEETLA
HOSPITAL RAILWAY ROAD
Gurugram

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

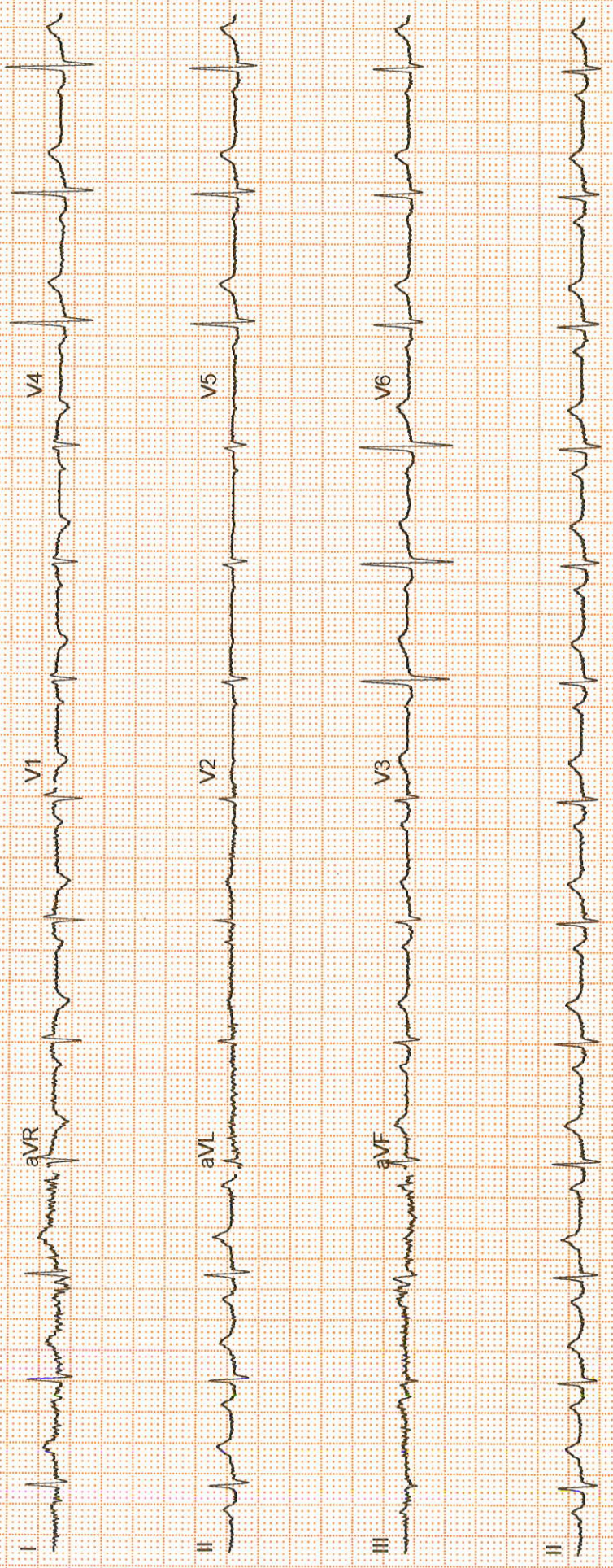
78 bpm
--/-- mmHg

Normal sinus rhythm with sinus arrhythmia
Normal ECG

QRS: 68 ms
QT / QTcBaz: 382 / 435 ms
PR: 172 ms
P: 90 ms
RR / PP: 766 / 769 ms
P / QRS / T: 56 / 16 / 38 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

DRS - P. R. Jambay



Patient Name : Mrs. Priyanka Abbas UHID : _____ Date 10/3/25
 Age / Gender : 47y Karnal Appointment . On : _____
 Doctor : Dr. Suresh Gupta Doc. Speciality : _____
 Mobile No. : _____ Panel _____ Visit Type _____

VITAL SIGNS
 Weight : _____
 Temperature : _____
 Pulse : 96
 Resp : _____
 SPO2 : _____
 Drug allergy : 9/11

Chief Complaint : for routine health checking
no complaints
 Sign & Symptoms: menopause x 24yrs
paps done 1 year back -
normal
 Vaccination Status: _____

Provisional Diagnosis:
B12
2NVD Adx

Diet Advised: _____

Doctor Notes:
- Pap smear recommended every
3 years - not done.
- Review with ~~the~~ other report
Suresh Gupta

(Doctor Sign & Stamp)

Patient Name : Mrs. Piyanka Abhar Kumar UHID : _____ Date : _____
 Age / Gender : 45-57 M Appointment . On : 10/3/25
 Doctor : Dr. Pankaj Bhaswari Doc. Speciality : ENT
 Mobile No. : _____ Panel _____ Visit Type _____

VITAL SIGNS	Chief Complaint : <u>It came for ENT exam</u>
Weight :	Sign & Symptoms: <u>ear BLEEDY intent</u>
Temperature :	Vaccination Status: <u>NAS</u>
Pulse :	Provisional Diagnosis: <u>nasal cavity</u>
Resp :	Doctor Notes: <u>As</u>
SPO2 :	<u>FLAP SORE GALLAES</u>
Drug allergy :	<u>2-3 times</u>
Diet Advised:	<u>10/3/25</u>

(Doctor Sign & Stamp)



EYE-Q VISION PVT. LTD.
(SHEETLA HOSPITAL & EYE INSTITUTE)

New Railway Road, Gurgaon, Haryana.

Email : opsmgr.nrr@eyeqindia.com

Website: www.eyeqindia.com

GSTIN Of Supplier (Eye-Q) : 06AAECP1709L1ZE

Location HA_GU_NRR

Date &

User

Phone: 0124-2875803 / 875

Patient Name	: Mrs. Priyanka Abhal	Date	: 10/03/25
Age	:	Mobile Number	: 9451176852
MRD No	:	Category	:
Address	:	Doctor's Name	:

Refractive error

VA → 6/36
 VA → 6/36
 VA → 6/6P
 VA → 6/9
 VA PCT → 18 near @ 11.55 A
 VA PCT → 19 near @ 11.55 A

OR *older visit with*

Need detailed exam

RIGHT EYE				LEFT EYE			
SPH	CYL.	AXIS.	VISION'	SPH	CYL.	AXIS.	VISION
-3.75	-2.00	80	6/6P	-3.75	-2.75	95	6/9
			126				26

Patient Name : Mrs.PRIYANKA ABHAS KUMAR
Age/Gender : 47 Y 5 M 25 D/F
UHID/MR No : SSH.0000025220
Visit ID : SSH118173
Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS
IP/OP NO :

Collected : 10/Mar/2025 10:15AM
Received : 10/Mar/2025 10:25AM
Reported : 10/Mar/2025 11:44AM
Status : Final Report
Client Name : HLM SHEETLA HOSPITAL
Center location : Gurgaon,GURGAON

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	12-15	CYANIDE FREE COLOURIMETER
PCV	42.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.65	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.7	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,510	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	61.1	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	4.3	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3977.61	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2102.73	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	78.12	Cells/cu.mm	20-500	Calculated
MONOCYTES	279.93	Cells/cu.mm	200-1000	Calculated
BASOPHILS	71.61	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.89		0.78- 3.53	Calculated
PLATELET COUNT	242000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
MPV	10.6	fL	8.1-13.9	Calculated
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs: Mild anisocytosis with predominantly normocytic normochromic cells. Rbc count is within normal limits.

WBCs: Total leucocyte count and absolute counts are within normal limits.



Dr. Manju Kumari
M.B.B.S.,M.D(Pathology)
Consultant Pathologist.

SIN No:HE00007279



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Platelets: Adequate in number and distribution. Morphology is within normal limits.

No atypical cell/hemoparasite seen in the smears examined.

Impression: Essentially normal smear.

Kindly correlate clinically.

Page 2 of 14



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Consultant Pathologist.

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

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

Comment:

1. This tests determines ABO & Rh blood groups (testing for other blood group systems not performed) through immunological reaction between RBC antigen & antibody.
2. ABO system also has Subgroups of A, B and rare phenotype as Bombay blood group which requires further testing and required recommendations as per the case will be provided.
3. Rh system in certain individual can have weak or partial Rh D expression which can result in weaker agglutination reactions and hence all Rh D Negative groups need to be further cross verified using Rh Du testing.
4. In case of Newborn - Only forward typing is performed, reverse typing is not performed, since the antibodies are not fully formed. Hence it is recommended to re-test blood grouping after 6 months.
5. In certain cases History of Recent blood transfusion (within 3-4mths), of bone marrow transplantation, certain drugs (especially monoclonal antibody) & certain malignancies may interfere with interpretation of blood grouping.
6. It is always recommended for reconfirmation of the Blood Group along with cross matching before blood transfusion.



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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	117	mg/dL	70-100	GOD - POD

Kindly correlate clinically

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



Dr.Manju Kumari
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 Consultant Pathologist.

SIN No:BO00012943



Patient Name : Mrs.PRIYANKA ABHAS KUMAR
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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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	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 5 of 14



Manju
Dr. Manju Kumari
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Consultant Pathologist.

SIN No: BO00012944

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 Age/Gender : 47 Y 5 M 25 D/F
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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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	208	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	82	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	160	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.33		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Kindly correlate clinically

Comment:

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

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



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 Consultant Pathologist.

SIN No:BO00012941

Patient Name	: Mrs.PRIYANKA ABHAS KUMAR	Collected	: 10/Mar/2025 10:15AM
Age/Gender	: 47 Y 5 M 25 D/F	Received	: 10/Mar/2025 10:25AM
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Visit ID	: SSH118173	Status	: Final Report
Ref Doctor	: Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name	: HLM SHEETLA HOSPITAL
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DEPARTMENT OF BIOCHEMISTRY

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

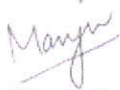
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0-1.2	Diazo Dye Formation - reflectance spectrophotometry
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	123.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury: *AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin (Direct) and GGT elevated- helps to establish hepatic origin.
3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 7 of 14



Dr.Manju Kumari
M.B.B.S.,M.D(Pathology)
Consultant Pathologist.

SIN No:BO00012941



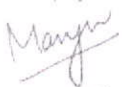
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DEPARTMENT OF BIOCHEMISTRY

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

Page 8 of 14



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M.B.B.S,M.D(Pathology)
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.4-1.1	ENZYMATIC METHOD
eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	109.99	mL/min/1.73m ²	>60	CKD-EPI FORMULA
UREA	15.40	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.5-6.2	Uricase
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	5.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

Kindly correlate clinically



Manju
 Dr.Manju Kumari
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist.

SIN No:BO00012941

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Collected : 10/Mar/2025 10:15AM
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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.20	U/L	6-42	IFCC



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

SIN No:BI24655455

Patient Name : Mrs.PRIYANKA ABHAS KUMAR
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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. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	82.39	ng/dL	87-178	CLIA
THYROXINÉ (T4, TOTAL)	13.36	µg/dL	5.48-14.28	
THYROID STIMULATING HORMONE (TSH)	2.064	µIU/mL	0.38-5.33	CLIA

Kindly correlate clinically

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 Treatment.
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



Manju
Dr.Manju Kumari
M.B.B.S,M.D(Pathology)
Consultant Pathologist.

SIN No:IL00001407

Patient Name : Mrs.PRIYANKA ABHAS KUMAR
 Age/Gender : 47 Y 5 M 25 D/F
 UHID/MR No : SSH.0000025220
 Visit ID : SSH118173
 Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS
 IP/OP NO :

Collected : 10/Mar/2025 12:30PM
 Received : 10/Mar/2025 12:49PM
 Reported : 10/Mar/2025 01:53PM
 Status : Final Report
 Client Name : HLM SHEETLA HOSPITAL
 Center location : Gurgaon,GURGAON

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	Normal		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			Microscopy

Comment:

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



Manju
 Dr.Manju Kumari
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist.

SIN No:P00003367

Patient Name : Mrs.PRIYANKA ABHAS KUMAR
 Age/Gender : 47 Y 5 M 25 D/F
 UHID/MR No : SSH.0000025220
 Visit ID : SSH118173
 Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS
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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. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***



Manju
 Dr.Manju Kumari
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist.

SIN No:P00003367

Patient Name	: Mrs.PRIYANKA ABHAS KUMAR	Collected	: 10/Mar/2025 04:07PM
Age/Gender	: 47 Y 5 M 25 D/F	Received	: 10/Mar/2025 04:21PM
UHID/MR No	: SSH.0000025220	Reported	: 10/Mar/2025 05:48PM
Visit ID	: SSH118195	Status	: Final Report
Ref Doctor	: Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name	: HLM SHEETLA HOSPITAL
IP/OP NO	:	Center location	: Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	106	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.

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



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M.B.B.S,M.D(Pathology)
Consultant Pathologist.

SIN No:BO00012948

Barcode No.	: SSH025614	Age / Sex	: 47.5 YRS / Female
Patient Name	: Mrs. PRIYANKA ABHAS KUMAR	Registration Date	: 10-Mar-2025 09:41 AM
IPD No.	:	Reporting Date	: 10-Mar-2025 01:09 PM
UHID	: SSH.0000025220	Approved Date	: 10-Mar-2025 01:10 PM

X- CHEST PA VIEW (ONE FILM)

Lung fields are normal.

Bilateral hilar shadows and bronchovascular markings are normal.

Trachea is central.

Bilateral cardiophrenic & costophrenic angles appears normal.

Cardiac size and shape is normal.

Both domes of diaphragm are normal.

Soft tissue and bony cage under view normal.

IMPRESSION :- NO SIGNIFICANT ABNORMALITY IS SEEN.

Please correlate clinically

DR. ROHIT AGGARWAL
M.D, RADIO-DIAGNOSIS
CONSULTANT RADIOLOGIST

*** End Of Report ***

Barcode No.	: SSH025620	Age / Sex	: 47.5 YRS / Female
Patient Name	: Mrs. PRIYANKA ABHAS KUMAR	Registration Date	: 10-Mar-2025 12:54 PM
IPD No.	:	Reporting Date	: 10-Mar-2025 12:56 PM
UHID	: SSH.0000025220	Approved Date	: 10-Mar-2025 12:56 PM

USG BREAST

Scanning was done using a high frequency probe.

Both breasts reveal predominantly fatty tissues with fibro-glandular tissues interpreased within.

No evidence of any cyst / focal mass seen on either side.

Axillary tail region are normal.

No significant axillary adenopathy seen.

IMPRESSION : No significant abnormality noted.

Please correlate clinically


DR. ROHIT AGGARWAL
M.D, RADIO-DIAGNOSIS
CONSULTANT RADIOLOGIST

*** End Of Report ***

Barcode No.	: SSH025614	Age / Sex	: 47.5 YRS / Female
Patient Name	: Mrs. PRIYANKA ABHAS KUMAR	Registration Date	: 10-Mar-2025 09:41 AM
IPD No.	:	Reporting Date	: 10-Mar-2025 10:54 AM
UHID	: SSH.0000025220	Approved Date	: 10-Mar-2025 10:54 AM

USG WHOLE ABDOMEN

Liver is normal in size , shows normal echo pattern. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic bile ducts not dilated.

Gall bladder is partially distended. However, visualized lumen appears echofree. Common bile duct is not dilated.

Head and body of Pancreas is normal in size and contour. Echo-pattern is normal. No focal lesion is seen within the visualized pancreas. Tail of pancreas is obscured by the overlying bowel gases.

Spleen is normal size and shape. Echo-texture is normal. No focal lesion is seen.

Both Kidneys are normally sited and are of normal size and shape cortico-medullary echoes shows normal differentiation. Renal parenchymal thickness is normal. No focal lesion is seen and Collecting system does not shows any dilatation or calculus.

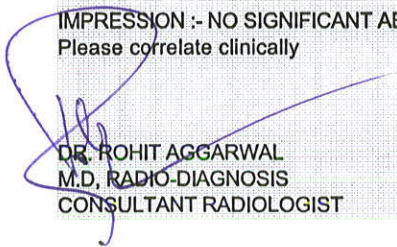
Urinary Bladder does not show any calculus or mass lesion.

Uterus appears normal in size, shape and echotexture. Myometrial echoes are normal. No obvious focal lesion is seen, Endometrium appears normal, measures 4.1 mm.

Bilateral ovaries are normal in size and echotexture. No adnexal mass seen.

No fluid in pouch of Douglas. No evidence of any free fluid seen in abdomen.

IMPRESSION :- NO SIGNIFICANT ABNORMALITY SEEN.
Please correlate clinically

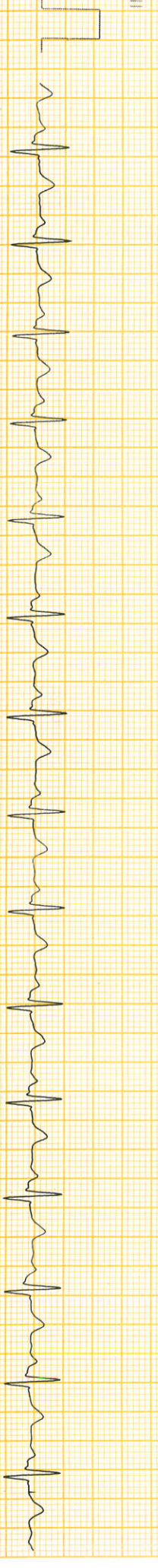
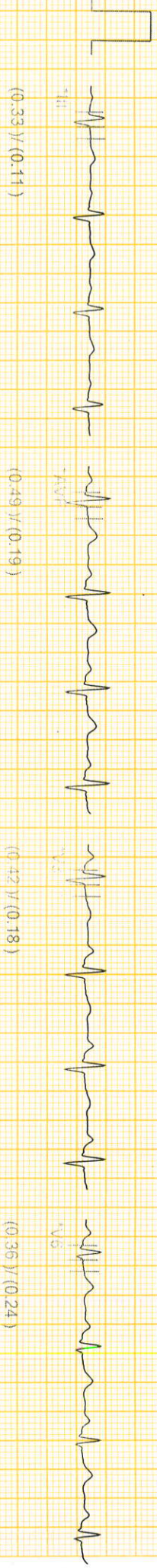
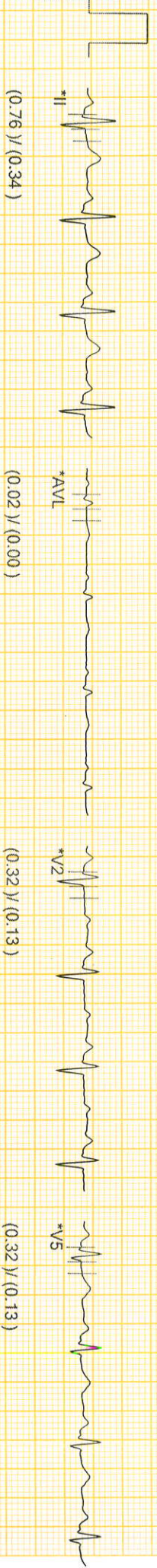
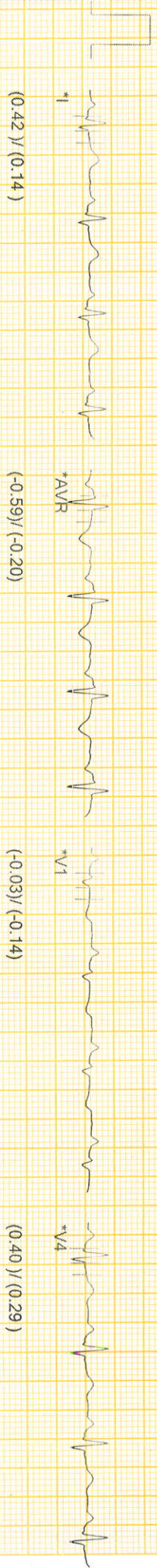

DR. ROHIT AGGARWAL
M.D, RADIO-DIAGNOSIS
CONSULTANT RADIOLOGIST

*** End Of Report ***

APOLLO SPECTRA SHEETLA HOSPITAL

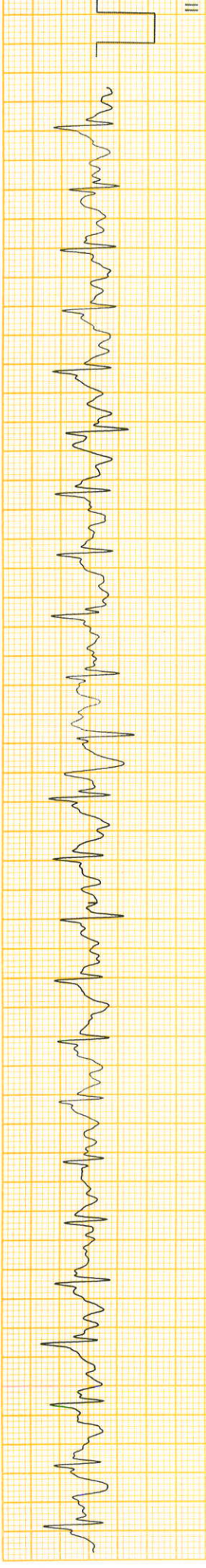
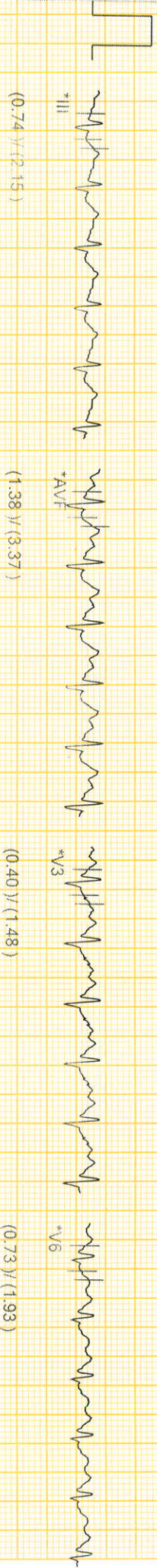
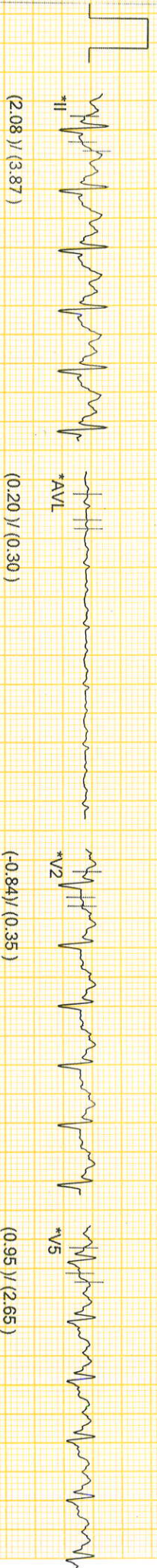
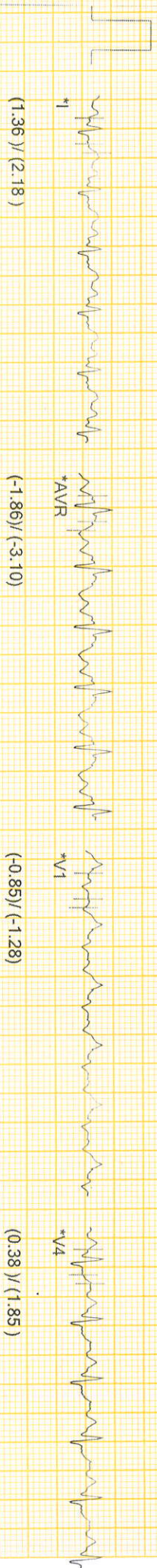
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ID : 9451176852	Stage : Standing	Protocol : BRUCE
NAME : MR PRIYANKA ABHA ..	Pre Test Time : 00:50	Speed(Km/h) : 0.0
AGE : 45	Stage Time : 00:24	Grade(%) : 0.00
NIBP : ---/---(---)	HR : 93 (53%)	TESTS : 0.00
ST Level(mm), ST Slope (mV/sec) at 80ms PJ		Doctor : Dr. ANURAG PASSI
		Tested on : 10/03/2025,01:06 PM
		BPL DYNATRAC NEO



Phone: 01242875801,802

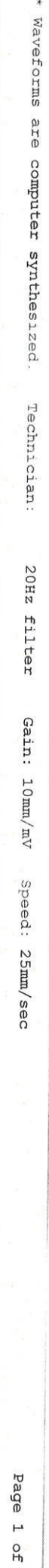
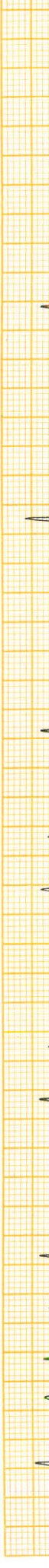
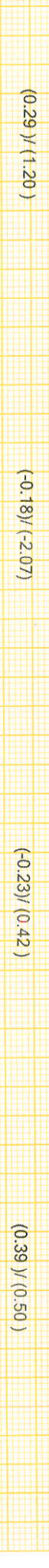
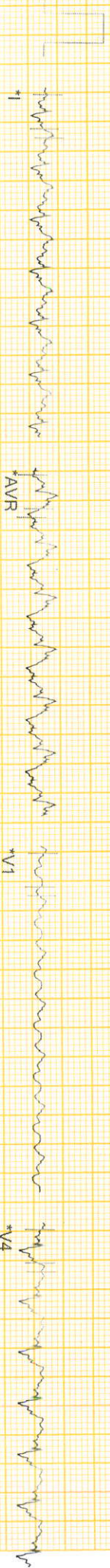
ID : 9451176852	Stage : Exercise 1	Protocol : BRUCE	Doctor : Dr. ANURAG PASSI
NAME : MR PRIYANKA ABHA	Exercise Time : 03:00	Speed(Km/h) : 2.7	Tested on : 10/03/2025,01:06 PM
AGE : 45	Stage Time : 03:00	Grade(%) : 10.00	
NIBP : 120/80(93)	HR : 146 (83%)	METS : 5.10	BPL DYNATRAC NEO
ST Level(mm), ST Slope (mV/sec) at 60ms PJ			



APOLLO SPECTRA SHEETLA HOSPITAL

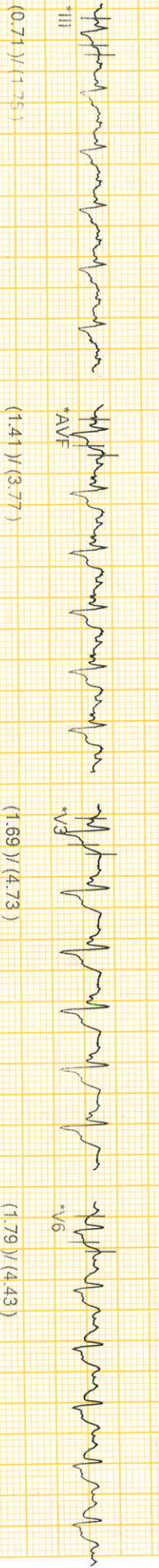
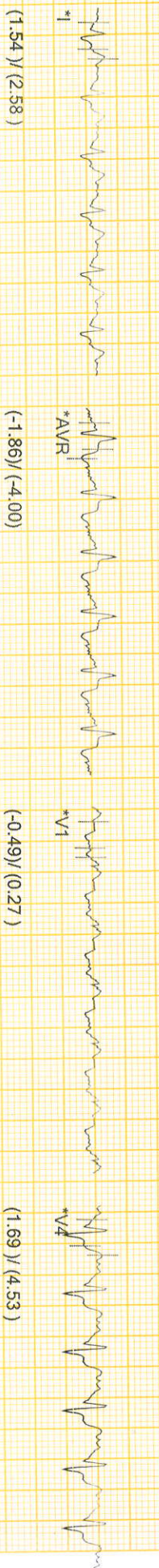
Phone: 01242875801,802

ID : 9451176852	Stage : Exercise 2	Protocol : BRUCE
NAME : MR PRIYANKA ABHA ..	Exercise Time : 06:00	Speed(Km/h) : 4.0
AGE : 45	Stage Time : 03:00	Grade(%) : 12.00
NIBP : 130/90(103)	HR : 173 (98%)	METS : 7.10
ST Level(mm), ST Slope (mV/sec) at 60ms PJ		Doctor : Dr. ANURAG PASSI
		Tested on : 10/03/2025,01:06 PM
		BPL DYNATRAC NEO



Phone: 01242875801,802

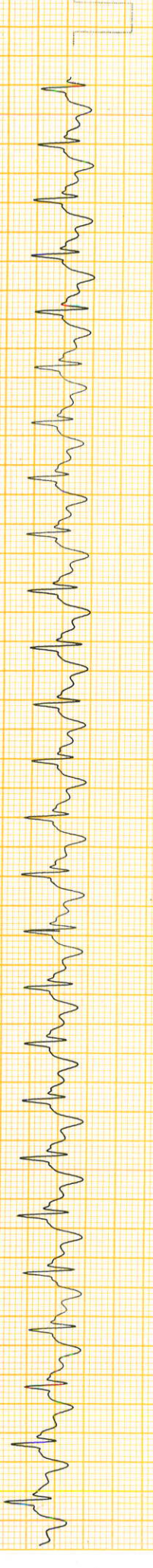
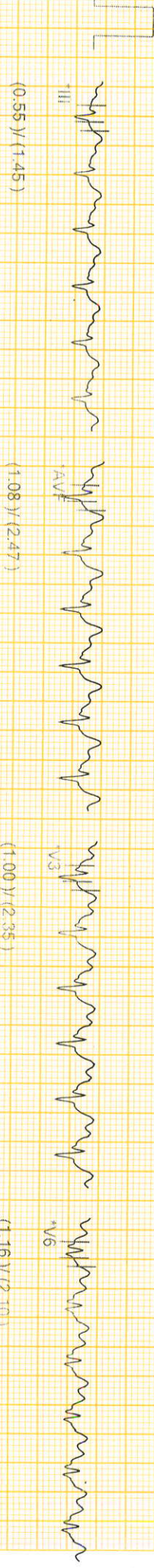
ID : 9451176852	Stage : BRUCE	Protocol : BRUCE
NAME : MR PRIYANKA ABHA ..	Exercise Time : 08:59	Speed(Km/h) : 5.5
AGE : 45	Stage Time : 02:59	Grade(%) : 14.00
NIBP : 140/100(113)	HR : 179 (102%)	METS : 10.00
ST Level(mm), ST Slope (mV/sec) at 60ms P]		Doctor : Dr. ANURAG PASSI
		Tested on : 10/03/2025,01:06 PM
		BPL DYNATRAC NEO



APOLLO SPECTRA SHEETLA HOSPITAL

Phone: 01242875801,802

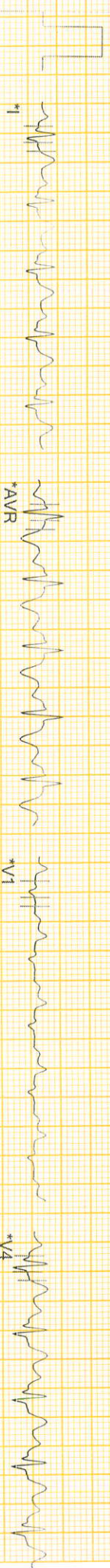
ID : 9451176852	Stage : Recovery 1	Protocol : BRUCE
NAME : MR PRIYANKA ABHA ..	Recovery Time : 01:00	Speed(Km/h) : 0.0
AGE : 45	Stage Time : 01:00	Grade(%) : 0.00
NIBP : 130/90(103)	HR : 155 (88%)	METS : 0.00
ST Level(mm), ST Slope (mV/sec) at 60ms PJ		Doctor : Dr. ANURAG PASSI
		Tested on : 10/03/2025,01:06 PM
		BPL DYNATRAC NEO



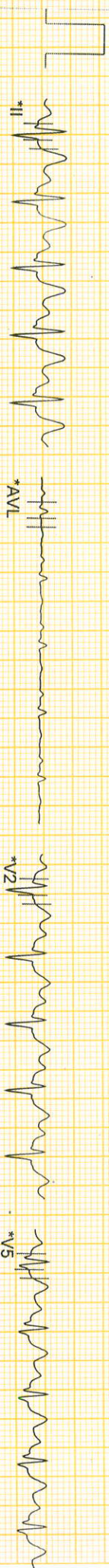
APOLLO SPECTRA SHEETLA HOSPITAL

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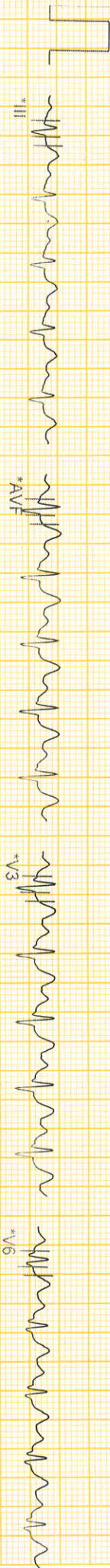
ID : 9451176852	Stage : Recovery 2	Protocol : BRUCE
NAME : MR PRIYANKA ABHA ..	Recovery Time : 02:00	Speed(Km/h) : 0.0
AGE : 45	Stage Time : 01:00	Grade(%) : 0.00
NIBP : 120/80(93)	HR : 130 (74%)	METS : 0.00
ST Level(mm), ST Slope (mV/sec) at 60ms PJ		Doctor : Dr. ANURAG PASSI
		Tested on : 10/03/2025,01:06 PM
		BPL DYNATRAC NEO



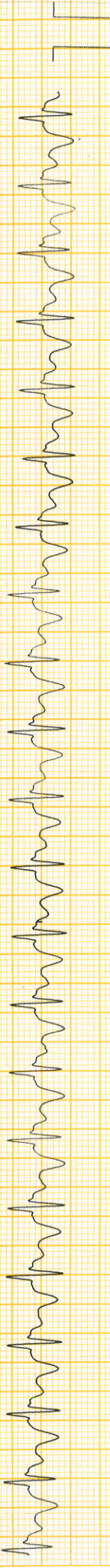
I (0.50) / (0.82) aVR (-0.76) / (-1.32) V1 (0.01) / (0.10) V4 (0.50) / (1.33)



II (0.95) / (1.63) aVL (-0.08) / (0.10) V2 (0.44) / (1.05) V5 (0.52) / (1.50)



III (0.51) / (0.63) aVF (0.77) / (1.15) V3 (0.50) / (1.33) V6 (0.61) / (1.42)



Summary Report

APOLLO SPECTRA SHEETLA HOSPITAL

Phone: 01242875801,802

Name : **MR PRIYANKA ABHAS KUMAR** Doctor : **Dr. ANURAG PASSI**
 ID : **9451176852** Tested on : **10/03/2025,01:06 PM**
 Age,Wt,Ht : **45years(Female), 60Kg,165 ..** **BPL DYNATRAC NEO**

Test Summary Report

Target HR = 175 Total time = 12:15 Protocol = BRUCE
 HR achieved = 181 (103%) Excercise time = 08:59 Max ST(mm)=3.54(Lead II)
 Peak Ex = Exercise 3 Recovery time = 02:02 Min ST(mm)=-2.69(Lead AVR)

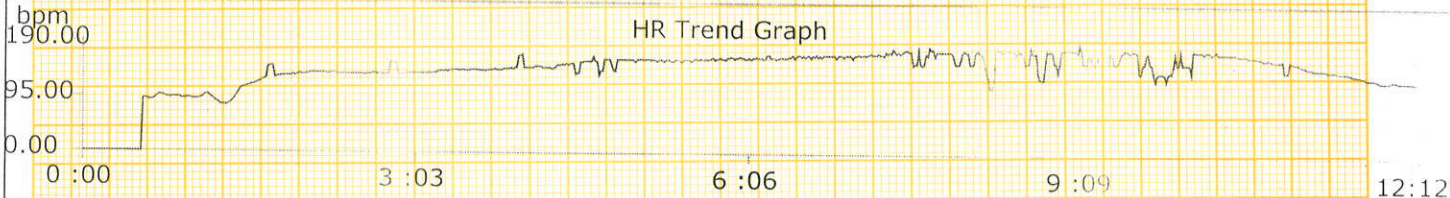
Stagewise Summary

Stage Name	Duration (mm:ss)	Max HR	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	sys/dia (map)
Supine	00:26	0	3.54(II)	-2.69(AVR)	0.0	0.0	0.00	---/---(---)
Standing	00:24	96	0.81(II)	-0.64(AVR)	0.0	0.0	0.00	---/---(---)
Waiting for Exercise	00:24	96	1.05(II)	-0.80(AVR)	0.0	0.0	0.00	---/---(---)
Exercise 1	03:00	155	2.08(II)	-1.95(V1)	2.7	10.0	5.10	120/80(93)
Exercise 2	03:00	173	3.28(II)	-1.92(AVR)	4.0	12.0	7.10	130/90(103)
Peak Exercise 3	02:59	181	3.44(II)	-1.86(AVR)	5.5	14.0	10.00	140/100(113)
Recovery 1	01:00	179	2.53(II)	-2.01(AVR)	0.0	0.0	0.00	130/90(103)
Recovery 2	01:00	155	3.54(II)	-2.69(AVR)	0.0	0.0	0.00	120/80(93)
Recovery 3	00:02	130	0.67(II)	-0.47(AVR)	0.0	0.0	0.00	---/---(---)

Rpp: 18600(Exercise 1) ,22490(Exercise 2) ,25340(Peak Exercise 3) ,23270(Recovery 1) ,18600(Recovery 2)

Stage comments: none

Object of test : Routine Checkup
 Risk factor : None
 Activity : Inactive
 Other Investigation : X-RAY
 Ex tolerance : Good (> 10 mets)
 Ex Arrhythmia : Yes
 Hemo Response : Normal
 Chrono response : Normal
 Reson for Termination : Maximum HR



Medication:

History:

Observations:

Final Impression: NEGATIVE FOR RMI

Technician: Done By:Dr. ANURAG PASSI Confirmed by -