

35

Name : Mrs. Garima Bhupesh Prajapati

Age: 32 Y

UHID:SCHE.0000089231

Sex: F



Address : Chembur

OP Number:SCHEOPV107736

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SCHE-OCR-25467

Date : 09.11.2024 09:40

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓ 1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 2	2 D ECHO	
✓ 3	LIVER FUNCTION TEST (LFT)	
✓ 4	GLUCOSE, FASTING	
✓ 5	HEMOGRAM + PERIPHERAL SMEAR	
✓ 6	GYNAECOLOGY CONSULTATION	
✓ 7	DIET CONSULTATION	
✓ 8	COMPLETE URINE EXAMINATION	
✓ 9	URINE GLUCOSE(POST PRANDIAL)	
✓ 10	PERIPHERAL SMEAR	
✓ 11	ECG	
✓ 12	LBC PAP TEST- PAPSURE	
✓ 13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓ 14	DENTAL CONSULTATION	
✓ 15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 10.50 / 12.50	
✓ 16	URINE GLUCOSE(FASTING)	
✓ 17	HbA1c, GLYCATED HEMOGLOBIN	
✓ 18	X-RAY CHEST PA	
✓ 19	ENT CONSULTATION	
✓ 20	FITNESS BY GENERAL PHYSICIAN	
✓ 21	BLOOD GROUP ABO AND RH FACTOR	
✓ 22	LIPID PROFILE	
✓ 23	BODY MASS INDEX (BMI)	
✓ 24	OPHTHAL BY GENERAL PHYSICIAN Dr N.S.	
✓ 25	ULTRASOUND - WHOLE ABDOMEN	
✓ 26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mrs.GARIMA BHUPESH PRAJAPATI
 Age/Gender : 32 Y 4 M 1 D/F
 UHID/MR No : SCHE.0000089231
 Visit ID : SCHEOPV107736
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22S38183

Collected : 09/Nov/2024 09:45AM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.9	g/dL	12-15	Spectrophotometer
PCV	34.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.04	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3712	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1798	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	116	Cells/cu.mm	20-500	Calculated
MONOCYTES	174	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.06		0.78- 3.53	Calculated
PLATELET COUNT	168000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS +
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR
 NO HEMOPARASITES SEEN



Aparna Naik

DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:BED240245666



TOUCHING LIVES

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DEPARTMENT OF HAEMATOLOGY

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

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DEPARTMENT OF HAEMATOLOGY

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

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



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Age/Gender : 32 Y 4 M 1 D/F	Received : 09/Nov/2024 10:50AM
UHID/MR No : SCHE.0000089231	Reported : 09/Nov/2024 11:58AM
Visit ID : SCHEOPV107736	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38183	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



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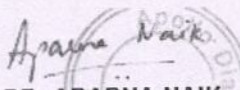
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	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, sulfonyleureas, amylin analogues, or conditions such as overproduction of insulin.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

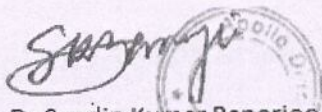
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	65	mg/dL	<150	
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	113	mg/dL	<130	Calculated
LDL CHOLESTEROL	100	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.69		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

Comment:

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

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


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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.8		<1.15	Calculated
ALKALINE PHOSPHATASE	61.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DEPARTMENT OF BIOCHEMISTRY

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




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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	15.83	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	3.0-5.5	URICASE
CALCIUM	8.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated



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TOUCHING LIVES

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.72	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.92	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.150	µIU/mL	0.38-5.33	CLIA

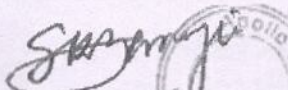
Comment:

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

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




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TOUCHING LIVES

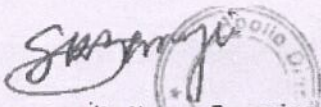
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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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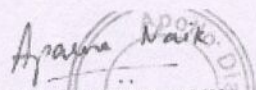
DEPARTMENT OF CLINICAL PATHOLOGY

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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	1.015		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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

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

*** End Of Report ***


DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:UR2419312





TOUCHING LIVES

Patient Name : Mrs.GARIMA BHUPESH PRAJAPATI
Age/Gender : 32 Y 4 M 1 D/F
UHID/MR No : SCHE.0000089231
Visit ID : SCHEOPV107736
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S38183



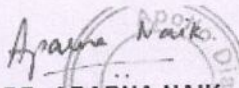
Collected : 09/Nov/2024 09:45AM
Received : 09/Nov/2024 02:57PM
Reported : 09/Nov/2024 03:29PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:
LBC PAP SMEAR

Page 15 of 15


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:UR2419312





Patient Name : Mrs. Garima Bhupesh Prajapati Age : 32 Y F
UHID : SCHE.0000089231 OP Visit No : SCHEOPV107736
Reported on : 09-11-2024 11:23 Printed on : 09-11-2024 11:24
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder: Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys: Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK: 9.4 X 3.9 cm.

LK: 10.6 X 4.8 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 8.2 X 4.7 X 3.9 cms.

Myometrium is uniform. Endometrium thickness - 8 mm.

Ovaries: Both the ovaries are normal in size and echopattern

IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.

Printed on:09-11-2024 11:23

---End of the Report---

Dr. DEEPIKA RAMESH SINGH
MBBS,DNB
Radiology



Patient Name : Mrs. Garima Bhupesh Prajapati
UHID : SCHE.0000089231
Reported on : 09-11-2024 13:21
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : SCHEOPV107736
Printed on : 09-11-2024 14:39
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:09-11-2024 13:21

---End of the Report---

Dr. DEEPIKA RAMESH SINGH
MBBS,DNB
Radiology



Patient Name : Mrs. Garima Prajapati
Age / Sex : 32 yrs / Female.
Ref Doctor : Health Check

Bill No : SCHE -
UHID NO : SCHE.0000089231
Report Date : 09 / 11 / 2024

2 - D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | 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



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 21	LA (mm) : 23
IVSd (mm) : 9	LVIDd (mm) : 41
IVSs (mm) : 13	LVIDs (mm) : 26
LVPWd (mm) : 9	LVPWs (mm) : 15
EF(Teich)(mm) : 60%	

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)

DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds)** 2 tsp- roasted: whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar:** Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2cups of Green tea per day.
- **Fruits:** 1-2 fruits (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**

- Oils to be used for cooking prefer e.g...Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

A	B	C
Low Kcal(Consume Liberally)	40 kcal (Less amts)	100 kcal (Restrict)
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc	Jackfruit (raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

FRUIT SERVING SIZE:

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	Fruit Juice	NO
Pineapple, Papaya	2 thin boat slice	Sugarcane Juice	NO
Raspberries, Strawberries	150gm	Coconut water	NO
Fresh Figs	1 big/ 2 small		

Susan Thomas

Executive Dietician

E: diet.cbr@apollospectra.com

32 Years

PRAJAPATI, MRS. GARIMA
Female

11/09/2024 12:46

APOLLO SPECIALTY HOSPITALS (988 >

Rate: 67 . SINUS RHYTHM
 RR 900 . BASELINE WANDER IN LEAD(S) V3 V4 V5 V6
 PR 125
 QRS 95
 QT 396
 QTcB 417

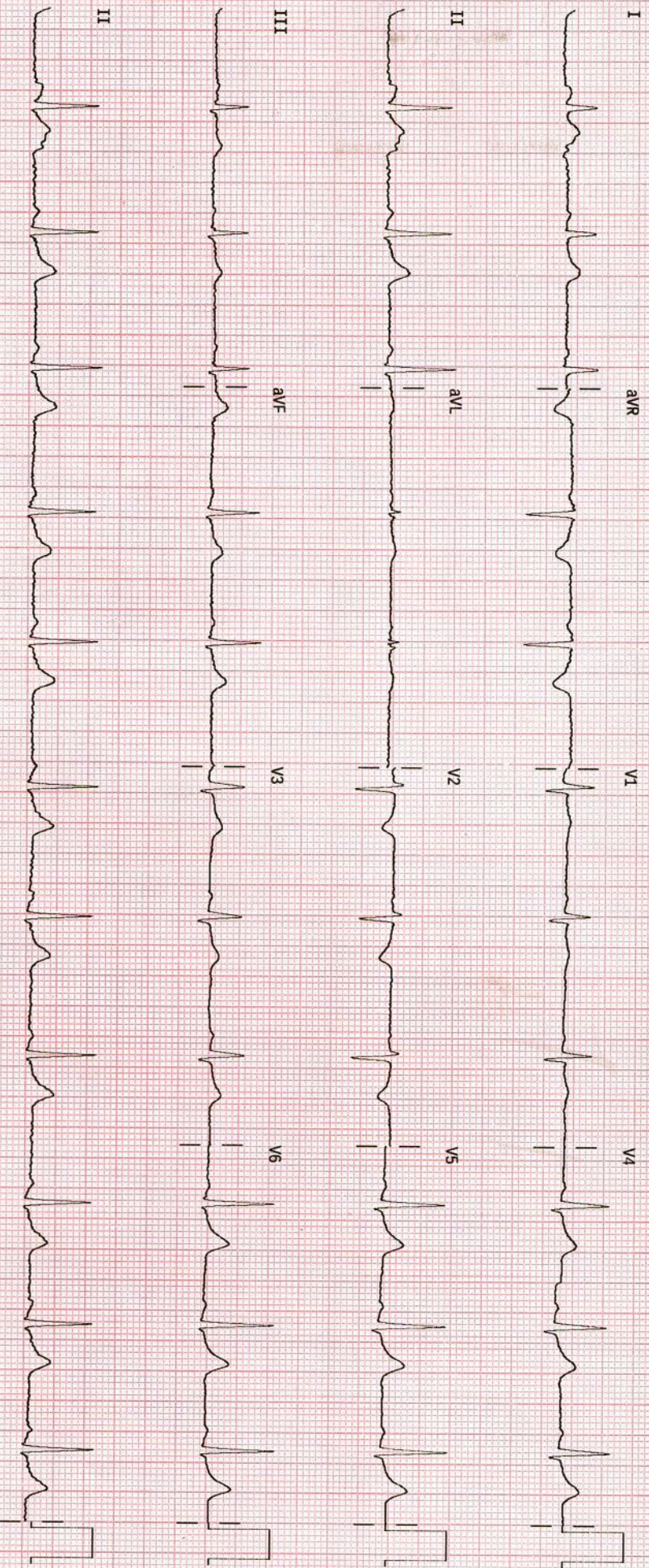
--AXIS--
 P 33
 QRS 47
 T 44

12 Leads; Standard Placement



mm
A

- NORMAL ECG -



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50-0.50-40 HZ W

110C CL

P9



OUT- PATIENT RECORD

Date : 09/11/24
 MRNO : _____
 Name :- Gurima Prajapati
 Age / Gender : _____
 Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
 Consultant **Dr. Amit Shobhavat**
 Reg. No : 2001/09/3124
 Qualification : F.C.C.M, Dip. Diabetology

Pulse : <u>80</u>	B.P : <u>120/70</u>	Resp : <u>16</u>	Temp : <u>97.2</u>
Weight : <u>76.2</u>	Height : <u>154</u>	BMI : <u>32.1</u>	Waist Circum : <u>92/106</u>

Chest :- 96/100
 SpO2 :- 98%

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

No Comorbid Conditⁿ
Also Surgical, Mx

Unk^d C

Rx

hr P^r

physiometry file

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date : 9/11/24
MRNO : _____
Name :- Mrs Garima
Age / Gender : 32 yf F.
Mobile No:- _____

Department : **OPHTHALMOLOGY**
Consultant **Dr. Neeta Sharma**
Reg. No : **68446**
Qualification : MBBS, DIP. Ophthal, DNB (Ophthal)

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

for me.

*RE CV
- Normal.*

*V A T Rk 6/6
dL 6/6*

o/e



? Pingueculitis

*V A T Rk NB
d+ N/S
for near*

l) for. see

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date : 9/11/24
MRNO : SCHE.00000
Name :- Laenuis Prapali
Age / Gender : 32 yr
Mobile No:- _____

Department : **Gynaecology**
Consultant **Dr. Ila Tyagi**
Reg. No : **66818**
Qualification : **Consultant Gynaecology**

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

M. S. SGRS
 P/L, A/Pen : 3yr ago - LSES
 ADM -
 - LMP : 13/10/24 - Dec 23 -
 MT bill Taken
 Post M e Ref.
 P/B - Cy va / n - No sig H/O post-
 illness -
 P/W - P/W ul - AU
 NSPM free .
 LSC Pap taken -

P/W C report

Doctor Signature

Follow up date:



OUT-PATIENT RECORD

Date : _____
MRNO : _____
Name :- Carima
Age / Gender : 32yrs F
Mobile No:- _____

Department : **ENT**
Consultant **Dr. Yash Devckar**
Reg. No : **2012/03/0466**
Qualification : **MBBS , MS - ENT**

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Itching in both ears
intermittent
no other complaints

ENT

Ear - ~~no~~ dryness
Rest NAD

Oral cavity / oropharynx
NAD

Nose - Rest (2)

ALS - NAD

Δ - Dry EAC skin B/L .

Rest NAD

↳

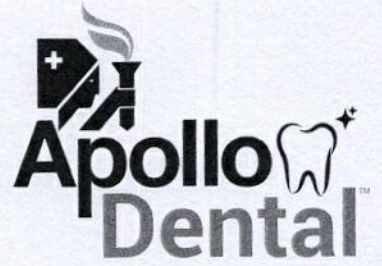
↳ Waxoil o efd 4°-4°-4°
for itching in the ear



Doctor Signature

Follow up date:

ORAL EXAMINATION FORM



Date: 9/11/24

Phone No:-

Source:-

Patient ID: _____

MHC

Patient Name: Garima prajapati

Age: 32

Sex: Male Female

Chief Complaint: pt 40 deposits on tooth.

Medical History: -

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth: - Buccally Erupted
+8

Attrition / Abrasion :

Bleeding: +

Pockets / Recession :

Calculus / Stains :

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /
Root Stumps :

Malocclusion :

Others: cheek bite on left buccal
mucosa.

Advice:-
- Oral prophylaxis
- Extrn +8.

Doctor

Name & Signature: Dr. Sayali D.

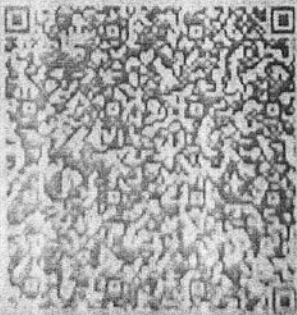


भारत सरकार
GOVERNMENT OF INDIA

गणिमा प्रजापति
Ganima Prajapati
जन्म तिथि/DOB: 08/07/1992
महिला/FEMALE

8376 4944 7276

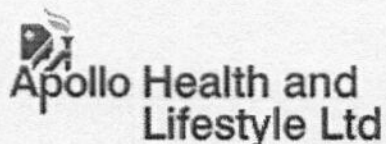
VID 9100762247916185



मेरा आधार, मेरी पहचान

Customer Care

From: noreply@apolloclinics.info
Sent: 08 November 2024 13:35
To: bhupesh.prajapati@bankofbaroda.com
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear Garima Prajapati ,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR clinic** on **2024-11-09** at **09:15-09:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.