

Patient Name : Mrs.SAROJ KUMARI  
Age/Gender : 36 Y 11 M 10 D/F  
UHID/MR No : SJA1.0000069743  
Visit ID : SJA1OPV56264  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S36304

Collected : 26/Oct/2024 11:22AM  
Received : 26/Oct/2024 11:33AM  
Reported : 26/Oct/2024 01:31PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC** - Predominantly normocytic normochromic. NRBC are not seen.

**WBC** - Total count is adequate with normal distribution. Toxic granules are not seen.

**Platelets** - Adequate in number & normal on morphology.

**Parasite** - Not seen.



  
Dr. Khushbu Jain  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:BED240241948

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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	40.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.5	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	59.4	%	40-80	Electrical Impedance
LYMPHOCYTES	34.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	3.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3676.86	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2160.31	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	117.61	Cells/cu.mm	20-500	Calculated
MONOCYTES	204.27	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.95	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.7		0.78- 3.53	Calculated
PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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**Platelets** - Adequate in number & normal on morphology.

**Parasite** - Not seen.



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



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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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>122</b>	mg/dL	70-100	GOD - POD

Sample is random type as it is not given after 8-10hrs of fasting. 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.

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Emp/Auth/TPA ID : 22S36304	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

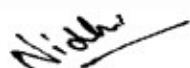
**Comment:**

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)



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	217	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	190	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	47	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	131.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.24		<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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.31	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.23	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45.37	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.9	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.07	g/dL	6.3-8.2	Biuret
ALBUMIN	4.38	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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.

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



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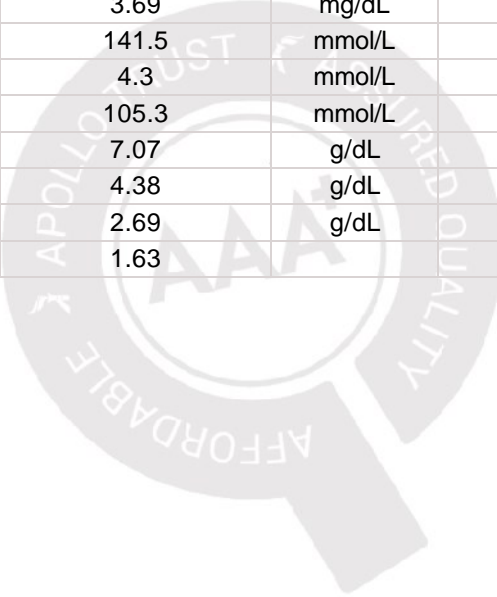


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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.85	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	20.34	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.85	mg/dL	2.6-6	Uricase
CALCIUM	9.89	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.69	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141.5	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105.3	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.07	g/dL	6.3-8.2	Biuret
ALBUMIN	4.38	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>47.44</b>	U/L	12-43	Glycylglycine Nitoranalide

Kindly correlate clinically.



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	9.617	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	3.158	µIU/mL	0.35-4.75	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 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

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL24144973



Patient Name : Mrs.SAROJ KUMARI	Collected : 26/Oct/2024 11:22AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/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.

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

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SIN No:UR2417973



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*Khushbu Jain*  
Dr. Khushbu Jain  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:UR2417973



Patient Name : Mrs.SAROJ KUMARI  
Age/Gender : 36 Y 11 M 10 D/F  
UHID/MR No : SJA1.0000069743  
Visit ID : SJAIOPV56264  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S36304

Collected : 26/Oct/2024 11:22AM  
Received : 26/Oct/2024 11:33AM  
Reported : 26/Oct/2024 01:32PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

  
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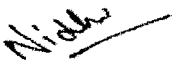




Patient Name	: Mrs.SAROJ KUMARI	Collected	: 26/Oct/2024 11:22AM
Age/Gender	: 36 Y 11 M 10 D/F	Received	: 27/Oct/2024 11:28AM
UHID/MR No	: SJAI.0000069743	Reported	: 27/Oct/2024 01:39PM
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Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:EDT240093514



Patient Name	: Mrs.SAROJ KUMARI	Collected	: 26/Oct/2024 11:22AM
Age/Gender	: 36 Y 11 M 10 D/F	Received	: 27/Oct/2024 11:28AM
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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)

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

Page 1 of 1



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

SIN No:EDT240093514

Customer Pending Tests  
LBC PAP TEST PAPSURE, HBA1C REPORT PENDING REPORT

Name : Mrs. Saroj Kumar  
Age/Sex : 36 yrs / F  
MRN No : 69743

Visit type: HC

BMI Report

B.P.: 114/83 mm of Hg.  
Weight (in KGs): 50 kg.  
Height (in cm): 158 in cm  
BMI (Body Mass Index): 23.2

Pulse: 89 bpm/min

**BMI Categories:**

Underweight = <18.5  
Normal weight = 18.5-24.9  
Overweight = 25-29.9  
Obesity = BMI of 30 or greater  
(According to WHO Standards)

Waist Measurement (At narrowest point):

Hip Measurement (At widest Point): 34

Waist to Hip Ratio: 36

Chest - Expirations (cms): 33 cms.

Inspirations (cms): 34 cms

**APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED**

CIN- U85100KA2009PTC049961

**Apollo Spectra Hospitals**

Plot no. 5-6, Vidhayak Nagar, Sahakar Marg,  
Near Vidhan Sabha, Lal Kothi, Jaipur- 302005

Phone : 0141- 4959900  
www.apollospectra.com

**Registered Address**

Imperial Towers, 7th Floor,  
Opp. to : Ameerpet Metro Station, Ameerpet,  
Hyderabad-500038, Telangana (INDIA)

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Miss Sanjay Kumar

36 yr

Op. Appendicitis

Spunk fullness

&

→ Tab VSC 2 1 tab OD x 7 days -

→ Tab sulkypro (1 tab OD)  
Actapro x 7 days

(Acotimide  
100mg.)

↓  
3 conty.

2 days  
→ light food

Banana  
papaya X



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**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

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**DEPARTMENT OF HAEMATOLOGY**


**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**


**RBC** - Predominantly normocytic normochromic. NRBC are not seen.

**WBC** - Total count is adequate with normal distribution. Toxic granules are not seen.

**Platelets** - Adequate in number & normal on morphology.

**Parasite** - Not seen.



  
Dr. Khushbu Jain  
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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.3	g/dL	12-15	Spectrophotometer
PCV	40.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.5	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	59.4	%	40-80	Electrical Impedance
LYMPHOCYTES	34.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	3.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3676.86	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2160.31	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	117.61	Cells/cu.mm	20-500	Calculated
MONOCYTES	204.27	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.95	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.7		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	251000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC** - Predominantly normocytic normochromic. NRBC are not seen.

**WBC** - Total count is adequate with normal distribution. Toxic granules are not seen.

Page 2 of 14



*Khushbu Jain*

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

**Platelets** - Adequate in number & normal on morphology.

**Parasite** - Not seen.

Page 3 of 14



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

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

Page 4 of 14

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**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	122	mg/dL	70-100	GOD - POD

Sample is random type as it is not given after 8-10hrs of fasting. 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.

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SIN No:PLF02210626



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>217</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>190</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>47</b>	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	<b>169</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>131.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>38.09</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>4.56</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.24</b>		<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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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.31	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.23	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45.37	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.9	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.07	g/dL	6.3-8.2	Biuret
ALBUMIN	4.38	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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.

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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.85	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	20.34	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.85	mg/dL	2.6-6	Uricase
CALCIUM	9.89	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.69	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141.5	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105.3	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.07	g/dL	6.3-8.2	Biuret
ALBUMIN	4.38	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	47.44	U/L	12-43	Glycylglycine Nitoranalide

Kindly correlate clinically.

*Khushbu Jain*  
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	9.617	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	3.158	µIU/mL	0.35-4.75	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 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

Page 11 of 14



*Khushbu Jain*

Dr. Khushbu Jain  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:SPL24144973



Patient Name : Mrs.SAROJ KUMARI  
Age/Gender : 36 Y 11 M 10 D/F  
UHID/MR No : SJAI.0000069743  
Visit ID : SJAIOPV56264  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S36304

Collected : 26/Oct/2024 11:22AM  
Received : 26/Oct/2024 11:33AM  
Reported : 26/Oct/2024 01:32PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

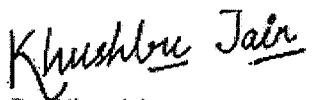
DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 12 of 14



  
Dr. Khushbu Jain  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:SPL24144973

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/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.

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

Page 13 of 14

*Khushbu Jain*  
Dr. Khushbu Jain  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



SIN No:UR2417973

Patient Name	: Mrs.SAROJ KUMARI	Collected	: 26/Oct/2024 11:22AM
Age/Gender	: 36 Y 11 M 10 D/F	Received	: 26/Oct/2024 11:33AM
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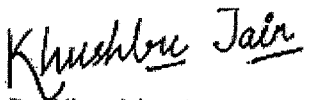
DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:  
HBA1C (GLYCATED HEMOGLOBIN)

Page 14 of 14



  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

*Khushbu Jain*

Dr. Khushbu Jain  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

SIN No:UR2417973



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Saroj Kumari on 28/10/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>use s/o: duty hrs</u></p> <p>2. <u>medelphys uterine &amp; Michum</u></p> <p>3. ....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>1 year</u></p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. [Signature]  
**Medical Officer**  
**The Apollo Clinic**  
 MBBS General Physician  
 Speciality Hospitals Jaipur  
 Reg. No. 55174

**APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED**  
 CIN- U85100KA2009PTC049961

**Apollo Spectra Hospitals**  
 Plot no. 5-6, Vidhayak Nagar, Sahakar Marg,  
 Near Vidhan Sabha, Lal Kothi, Jaipur- 302005

Phone : 0141- 4959900  
 www.apollospectra.com

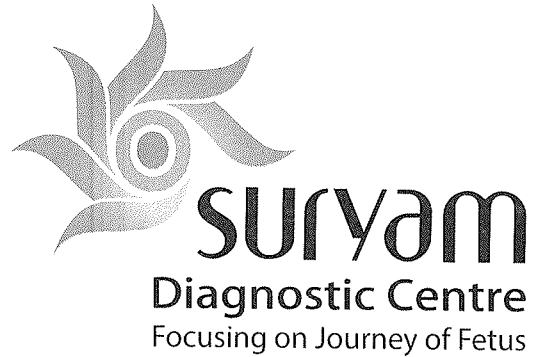
**Registered Address**  
 Imperial Towers, 7th Floor,  
 Opp. to : Ameerpet Metro Station, Ameerpet,  
 Hyderabad-500038, Telangana (INDIA)

DATE: 26-OCT-24

NAME: SAROJ KUMARI 36Y/F

REF. BY: APOLLO SPECTRA HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:



**LIVER:is normal in size and shows raised echotexture.**No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

**GALL BLADDER:is partially distended.** The CBD is normal in course and caliber. Intrahepatic biliary canaliculi are not dilated.

**PANCREAS:**to the extent visualized is normal. The pancreatic duct is not visualized.

**RIGHT KIDNEY:**

Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

**LEFT KIDNEY:**

Left kidney is normal in size, shape, location and contour.No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

**SPLEEN:**It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.

**URINARY BLADDER:**

The bladder walls are well defined. There is no filling defect or foreign body in bladder. There is no calculus seen in bladder. There is no evidence of any bladder diverticula.

**UTERUS: Two separate divergent uterine bodies, cervix seen with single vagina.**  
**Endometrial cavity of right uterine body appears thickened measuring approx. 13.5 mm with fluid in the endometrial canal measuring approx. 4.5 mm.**  
**Left endometrial thickness measuring approx. 6.4 mm**  
Bilateral ovaries appears normal in size and echotexture.  
No evidence of any mass lesion seen in adenexa.

IMPRESSION:

- Grade I fatty liver.
- Didelphys uterus with thickened ET of right uterine body and fluid in the right endometrial cavity. Adv. Follow up after 2 weeks.

Dr. N.M. Kumawat  
DNB (Radiodiagnosis)  
Consultant Radiologist  
(RMC Reg. No. - 17614)

Dr. Vaishali Singh  
MD (Radiodiagnosis)  
Consultant Radiologist  
(RMC Reg. No. - 27095)

Dr. Sumita Choudhary  
DNB (Radiodiagnosis)  
Consultant Radiologist  
(RMC Reg. No. - 22866)

Dr. Ravi Kasniya  
MD (Radiodiagnosis)  
Consultant radiologist  
(RMC reg. No. - 24691)

Dr. Mitesh Gupta (khandelwal)  
MD (Radiodiagnosis)  
Consultant Radiologist  
(RMC Reg. No. - 41952)

There is only a professional opinion and should be taken clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

Dr. Vaishali Singh  
Consultant Radiologist  
RMC Reg. No. 27095

DIAGNOSIS IS Must For Cure, We Are Committed To Make It Sure

Ground Floor, Akshat Retreat, Opp. Gate No.1 of SMS Hospital, Tonk Road, Jaipur

Ph.: 0141-2369763/64, 4021683 • Email: care@suryamdiagnostic.in • Website: www.suryamdiagnostic.in

THIS REPORT IS NOT VALID FOR MEDICO-LEGAL PURPOSE • ALL JUDICIARY MATTERS ARE SUBJECTED TO JAIPUR JUDICIARY ONLY

DATE: 26-OCT-24

NAME: SAROJ KUMARI

36Y/F

REF. BY: APOLLO SPECTRA HOSPITAL

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:

- Normal study of chest X-ray.



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DATE: 26-OCT-24

NAME: SAROJ KUMARI

36Y/F

REF. BY: APOLLO HOSPITAL

**2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER**

**M MODE-2D ECHO FINDINGS**

**DIMENSIONS:**

IVST (DIASTOLIC)	9	mm	AO	18	mm
LVID (DIASTOLIC)	36	mm	LA	25	mm
LVPW (DIASTOLIC)	10	mm			
IVST (SYSTOLIC)	11	mm			
LVID (SYSTOLIC)	24	mm			
LVPW (SYSTOLIC)	11	mm			

**LV FUNCTIONS:**

HR	bpm	SV	ml
LVEDV	ml	EF	61 %
LVESV	ml	FS	%

**MORPHOLOGY:**

SITUS	:	SOLITUS
ANTRIOVENTRICULAR RELATION	:	CONCORDANT
VENTRICULOARTERIAL RELATION	:	CONCORDANT
MITRAL AORTIC CONTINUITY	:	NORMAL
SEPTAL AORTIC CONTINUITY	:	NORMAL
IAS	:	INTACT
IVS	:	INTACT
CARDIAC CHAMBERS	:	NORMAL SIZE
GREAT VESSELS	:	NORMAL SIZE

**VALVES:**

MITRAL	:	NORMAL
TRICUSPID	:	NORMAL
PULMONARY	:	NORMAL
AORTIC	:	NORMAL

**L.V.:**

REGIONAL WALL MOTION	:	NORMAL
SYSTOLIC FUNCTION	:	NORMAL
DIASTOLIC FUNCTION	:	NORMAL

Cont..... Page (2)

**DIAGNOSIS IS Must For Cure, We Are Committed To Make It Sure**

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DATE: 26-OCT-24

NAME: SAROJ KUMARI

36Y/F

REF. BY: APOLLO HOSPITAL

THROMBUS : NIL  
VEGETATION : NIL  
PERICARDIUM : NIL

VALVE		VELOCITY (m/sec)	REGURG Grade	STENOSIS GRADIENT (peak/mean-mm Hg)
MITRAL	E	0.75	NIL	
MITRAL	A	0.62	NIL	
TRICUSPID		0.35	NIL	
PULMONARY		0.81	NIL	
AORTIC		0.95	NIL	

MV AREA cm<sup>2</sup> (BY PHT/PLANIMETRY)  
AV AREA NORMAL  
PULMONARY ARTERY PRESSURE : 15 + RAP mm hg.

**IMPRESSION:**

- MILD MR.
- TRACE TR.
- ALL CARDIAC CHAMBERS ARE NORMAL.
- ALL VALVES ARE NORMAL.
- IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- PERICARDIUM NORMAL.
- NO CLOT/VEGETATION SEEN.
- NORMAL SYSTOLIC AND DIASTOLIC FUNCTIONS OF THE LV.



Consultant Cardiologist.

DIAGNOSIS IS Must For Cure, We Are Committed To Make It Sure

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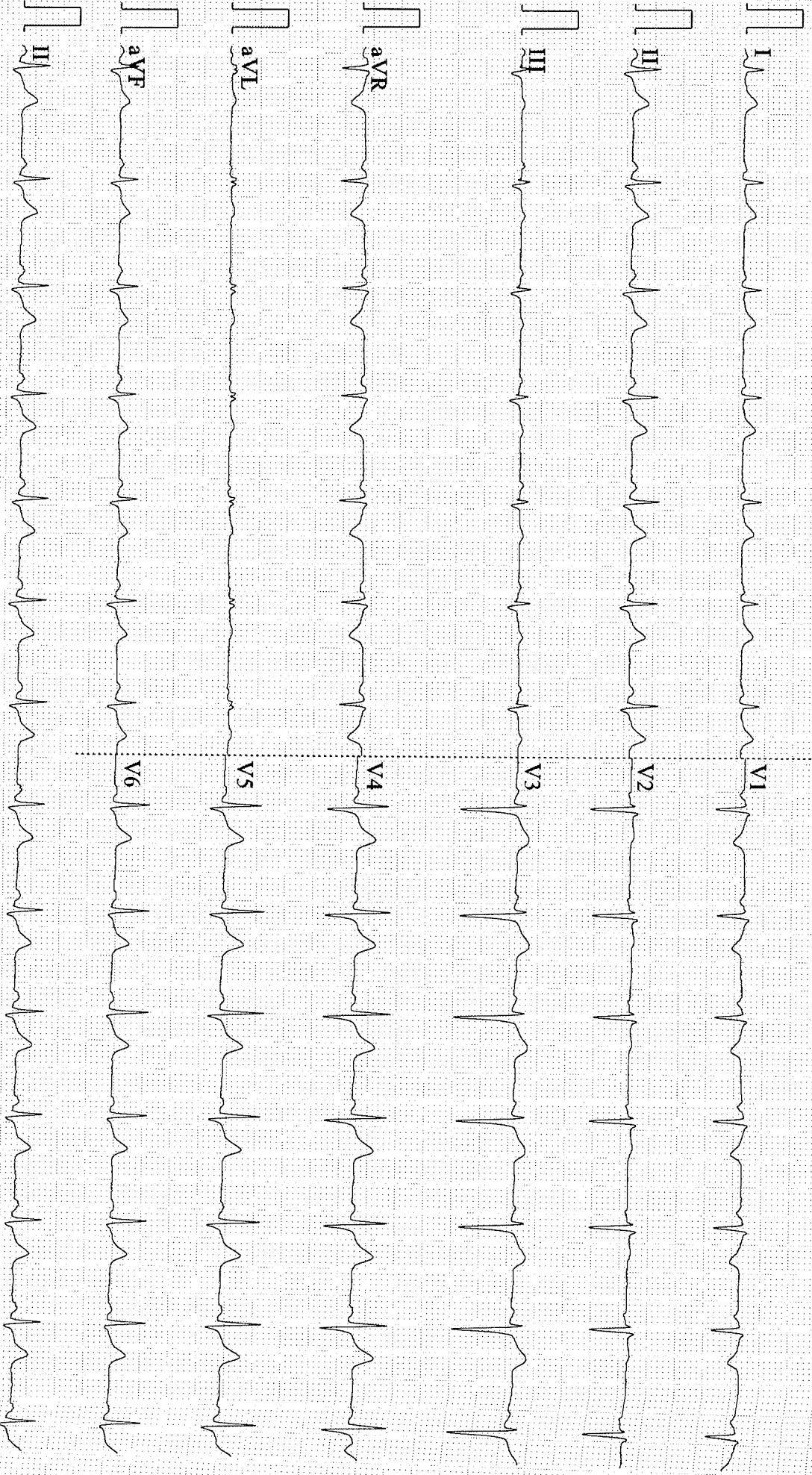
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Male  
Years 36 Y F.  
Reg. No. : 36 Y F.

HR	: 81	bpm
P	: 88	ms
PR	: 119	ms
QRS	: 86	ms
QT/QTcBz	: 343/398	ms
P/QRS/T	: 58/23/43	°
RV5/SV1	: 0.737/0.000	mV

Report Confirmed by:



Name : Mrs. Sagar's Kumar  
Age/Sex :  
MRN No : 36/1A

Visit type: HC

Eye Check-up Report

Present Complaints: *double eye*

Surgical History: *NO Surgery*

Past History: *NO* Hypertension / *NO* Diabetes / *NO* IHD / *NO* Asthma / *NO* TB / Kidney

Problems.....

Family History: *NO* Glaucoma / *NO* Diabetes / *NO* Retina Problem / *NO* High Myopia / Night

Blindness.....

Retinoscopy:

RE  $\left| \begin{array}{l} +2.0 \\ +2.0 \end{array} \right.$

LE  $\left| \begin{array}{l} +2.0 \\ +1.75 \end{array} \right.$

Ophthalmoscopy:

RE *WNL*

LE *WNL*

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Phone.: 0141- 4959900  
www.apollospectra.com

Registered Address  
Imperial Towers, 7th Floor,  
Opp. to : Ameerpet Metro Station, Ameerpet,  
Hyderabad 500036, Telangana (INDIA)

Specialists in Surgery

RE	UCVA	PH
V/A	6/6	6/6
LE	UCVA	PH
V/A	6/6 P	6/6

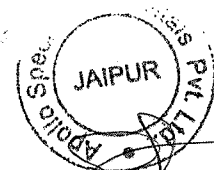
GLASS PRSCRIPTION:

RE	SPH	CYL	AXIS	DV	NV ADD
PG	/				
NEW	/				

LE	SPH	CYL	AXIS	DV	NV ADD
PG	/				
NEW		-0.25	90	6/6	/

Colour Vision
RE
Normal colour vision

Dr. [Signature]



**FINDINGS:**

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BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE



भारत सरकार  
Government of India



Download Date: 20/03/2021



सरोज कुमारी  
Saroj Kumari  
जन्म तिथि/DOB: 16/11/1987  
महिला/ FEMALE

Issue Date: 19/03/2021

6575 1432 6834

VID : 9195 9624 0350 0474

मेरा आधार, मेरी पहचान

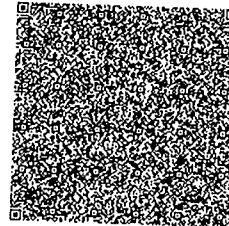


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
द्वारा: खुशी राम मीना, मीना पट्टी, चैनपुरा, करौली,  
राजस्थान - 322213

Address:  
C/O: Khushi Ram Meena, meenapatti,  
Chainpura, Karauli,  
Rajasthan - 322213



6575 1432 6834

VID : 9195 9624 0350 0474



1847



help@uidai.gov.in



www.uidai.gov.in



# Apollo Clinic

## CONSENT FORM

Patient Name: Ms. Sarany Kumari Age: 36 / F

UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms ..... Employee of .....

(Company) Want to inform you that I am not interested in getting ..... P.P. Colonoscopy; Gynecological tests  
Gynaecology

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Handwritten Signature]

Date: 26/10/2024

Ms. Sany Kumari 36/Female  
Camphor regular check up

O/S - Nose → NAD

Throat → NAD

Ear - R L

✓ TMV

✓ R ✓

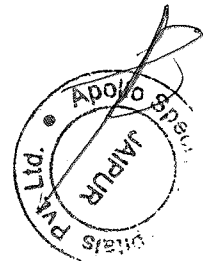
W →



Advice →

1) Metaspray nasal spray / FREGAR NADAL SPRAY  
2 puff one daily x/months

2) Nasocheer saline w/d  
3/3/3 x/month



Dental

Seeraj Kumari

36yrs WF 26/10/24

OPD:

Chr. Periodontitis.

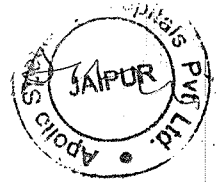
Rx.

Tab. oflox- 02 1BD  
○ — ○

Tab. Symapar 1 BD

○ — ○

7-3 days



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