

MEDICAL SUMMARY

NAME	Mrs. Deepika Tripathi	ID	HPART
AGE/GENDER	36 yrs Female	DATE OF HEALTHCHECK	19/12/23
COMPANY NAME :- Arcofemi Mediwheel Full body AHC female.			

HEIGHT	158 CM	BMI :- 28.0	MARITAL STATUS	Married
WEIGHT	70 Kg		NO OF CHILDREN	One

C/O: Asymptomatic  
K/C/O: No current illness.  
PRESENT MEDICATION:

P/M/H: No major illness in past  
P/S/H: LSCS, no other surg.

H/A: SMOKING: } Nil  
ALCOHOL: }  
TOBACCO/PAN: }  
FAMILY HISTORY: FATHER: } healthy.  
MOTHER: }

O/E: LYMPHADENOPATHY: Nil

BP: 110/70 PULSE: 70/min  
PALLOR/ICTERUS/CYNOSIS/CLUBBING: Nil

TEMPERATURE: normal  
SCARS: Nil OEDEMA: Nil

S/E: RS:  normal  
P/A: normal

CVS: normal S1 S2  
no murmur  
Extremities & Spine: }  
ENT: } normal  
SKIN: }

CNS: normal

**MEDICAL SUMMARY**

NAME	Mrs. Deepika Tripathi	ID	SPAM
AGE/GENDER	36y3 Female	DATE OF HEALTHCHECK	19/12/23

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR:	6/9	6/12	6/6	6/6
NEAR:	NG	NG		
COLOUR VISION:	17/17 plates read			
ADVISE:				

FINDINGS AND RECOMMENDATION:

DR. SHIVANGI  
76099

FINDINGS:-

All the reports  
are normal  
BME - 28mm

**DR. SHIVANGI SINGH**  
MS. Ophthalmology  
Reg. No. : 76099

RECOMMENDATIONS:

To avoid fried food & excess of  
- oil/fat  
- 1/2 hr walking

FINAL IMPRESSION:

Fit for Employment

*ASHOK K. SINGH*

CONSULTANT SIGNATURE

**Dr. ASHOK K. SINGH**  
M. D. (Medicine)  
Reg. No. MMC 66677

## MEDICAL SUMMARY

NAME	Mrs Deepika Tripathi	DATE OF CHECKUP	19/12/23
AGE	35 -	GENDER	F

### DENTAL - CONSULTATION

C/C → Regular check-up

PDH → Scaling

O/E

Teeth present  $\frac{8-1}{8-1} \mid \frac{1-8}{1-8}$

Stains ++

Calculus ++

severe ant. crowding seen

Adv

Scaling & Polishing



CONSULTANT SIGNATURE 

## MEDICAL SUMMARY

NAME	Mrs. Deepika Tripathi	DATE OF CHECKUP	19/12/23
AGE	36y → Female.	GENDER	Female

### ENT - CONSULTATION

O/E Ear → Both External Ear Normal  
 → NO tenderness  
 → Hearing Normal  
 → Rinne's test - Normal  
 Weber's test - Normal

NOSE - Ext. appearance Normal  
 - Nasal mucosal membrane Healthy  
 - NO polyp/NO sinus  
 - NO tenderness

Throat → Oesophageal mucosal membrane Normal

  
CONSULTANT SIGNATURE



Mrs. DEEPIKA TRIPATHI		Lab ID	: 31208301381
DOB	:	Collected	: 19-12-2023 15:31
Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 18:18
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		



Parameter	Result	Unit	Biological Ref. Interval	Method
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**COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA**

**Erythrocytes**

Hemoglobin	12.9	g/dL	12.0 - 15.0	Colorimetric method
Red Blood Cells	4.23	10 <sup>6</sup> Cells/ $\mu$ L	3.8 - 4.8	Electrical Impedance method
PCV (Hematocrit)	39.50	%	36 - 46	Electrical Impedance method
MCV (Mean Corpuscular Volume)	93.3	fL	83 - 101	Electrical Impedance method
MCH (Mean Corpuscular Hb)	30.5	Pg	27 - 32	Calculated
MCHC (Mean Corpuscular Hb Concentration)	32.7	g/dL	31.5 - 34.5	Calculated
Red Cell Distribution Width CV	11.80	%	11.6 - 14.6	Calculated
Red Cell Distribution Width SD	45.00	fL	39 - 46	Calculated

**Leucocytes**

WBC -Total Leucocytes Count	5.30	10 <sup>3</sup> Cells/ $\mu$ L	4 - 10	SF Cube Cell Analysis Technology
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**Differential leucocyte count**

Neutrophils	51	%	40 - 80	SF Cube Cell Analysis Technology
Lymphocytes	38	%	20 - 40	SF Cube Cell Analysis Technology
Monocytes	08	%	2-10	SF Cube Cell Analysis Technology
Eosinophils	05	%	1-6	SF Cube Cell Analysis Technology
Basophils	00	%	0-2	SF Cube Cell Analysis Technology

**Absolute leucocyte count**

Neutrophils (Abs)	2.70	10 <sup>3</sup> Cells/ $\mu$ L	1.5 - 8.0	SF Cube Cell Analysis Technology
Lymphocytes (Abs)	2.01	10 <sup>3</sup> Cells/ $\mu$ L	1.0 - 4.8	SF Cube Cell Analysis Technology
Monocytes (Abs)	0.32	10 <sup>3</sup> Cells/ $\mu$ L	0.5 - 0.9	SF Cube Cell Analysis Technology
Eosinophils (Abs)	0.27	10 <sup>3</sup> Cells/ $\mu$ L	0.2 - 0.5	SF Cube Cell Analysis Technology
Basophils (Abs)	0.00	10 <sup>3</sup> Cells/ $\mu$ L	0.0 - 0.3	SF Cube Cell Analysis Technology

**Platelets**

Platelet Count	138.00	10 <sup>3</sup> Cells/ $\mu$ L	150 - 410	Electrical Impedance method
MPV	13.9	fL	9 - 13	Calculated
WBC Morphology	Normal			
RBC Morphology	Normochromic Normocytic.			
Platelets on Smear	Reduced			
Mentzer Index Formula	22	index	<13 : Strong suspect of Thalassaemia.	Calculated

**Clinical significance:**

CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting. Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

Processed At: HS Health Solution 1st floor, Plot no 59, Sector 6, Sarpada, Gajanan Chowk, Navi Mumbai Pin code 400705  
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Mrs. DEEPIKA TRIPATHI

Apollo Clinic

DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.

Plot no 32, Sector-4, Kalamboli, Panvel, Navi Mumbai, Maharashtra 410 218. Ph.: 70307 89000

Online appointment : www.apolloclinic.com • Email : panvel.mh@apolloclinic.com

TO BOOK AN APPOINTMENT


 **0703 078 6000**

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DOB	:	Collected	: 19-12-2023 15:31
Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 20:17
CRM	:	Status	: Final
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
ESR (Erythrocyte Sedimentation Rate), EDTA Blood	19	mm/hr	<=12	Westergren(Manual)

**Clinical significance :-**

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progress of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenemia and in abnormalities of red cells like sickle cells or spherocytosis etc.

Mrs. DEEPIKA TRIPATHI			Lab ID	: 31208301381
DOB	:		Collected	: 19-12-2023 15:31
Age	: 36 Years		Received	: 19-12-2023 15:31
Gender	: Female		Reported	: 19-12-2023 17:05
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PN148R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Fasting, Urine	Absent		Absent / Present	Strip Method

<b>Mrs. DEEPIKA TRIPATHI</b>		Lab ID	: 31208301381
DOB	:	Collected	: 19-12-2023 15:31
Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 17:05
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
Sugar (Post Prandial, Blood), Urine	Absent	mg/dL	Absent / Present	GOO-POD




Mrs. DEEPIKA TRIPATHI		Lab ID	: 31208301381
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Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 16:31
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Fasting) Plasma	92.90	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125	GOD-POD

**Clinical significance:-**

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

Mrs. DEEPIKA TRIPATHI			Lab ID	: 31205301381
DOB	:		Collected	: 19-12-2023 15:31
Age	: 38 Years		Received	: 19-12-2023 15:31
Gender	: Female		Reported	: 19-12-2023 16:31
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PN148R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Post Prandial), Plasma	74.70	mg/dL	Normal: $\leq$ 140 Pre-Diabetic: 140-199 Diabetic: $>$ 200	GOD-POD

**Clinical significance:-**

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

Mrs. DEEPIKA TRIPATHI		Lab ID	: 31208301381
DOB	:	Collected	: 19-12-2023 15:31
Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 16:24
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

**HBA1C by HPLC**

Test	Result	Unit	Biological Ref Intervals	Method
HbA1c By HPLC,EDTA Blood	5.1	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0	HPLC
Estimated Average Glucose(eAG)	99.34	mg/dL	70-126	Calculated

**Clinical significance :**

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).

<b>Mrs. DEEPIKA TRIPATHI</b>			Lab ID	: 31208301381
DOB	:		Collected	: 19-12-2023 15:31
Age	: 36 Years		Received	: 19-12-2023 15:31
Gender	: Female		Reported	: 19-12-2023 17:29
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PN148R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
<b>LIVER FUNCTION TEST</b>				
Bilirubin - Total, Serum	0.57	mg/dL	0.1 - 1.3	DIAZO
Bilirubin - Direct, Serum	0.23	mg/dL	<0.3	DIAZO
Bilirubin - Indirect, Serum	0.34	mg/dL	0.2-1	Calculated
SGOT, Serum	18.40	U/L	<31	IFCC without PLP
SGPT, Serum	23.40	U/L	<35	IFCC WITHOUT PEP
Alkaline Phosphatase, Serum	78.0	U/L	42 - 98	AMP
GGT (Gamma Glutamyl Transferase), Serum	12.40	U/L	<38	G-glutamyl-p-nitroanilide
Total Protein, Serum	6.94	gm/dL	6.4-8.8	BIURET
Albumin, Serum	3.99	gm/dL	3.5 - 5.2	BCG
Globulin, Serum	2.95	gm/dL	1.9-3.9	Calculated
A:G ratio	1.35		1.1 - 2.5	Calculated

**Clinical significance:**

Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver function tests measure enzymes that liver cells release in response to damage or disease. The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. Abnormal tests.

Mrs. DEEPIKA TRIPATHI		Lab ID	: 31208301381
DOB	:	Collected	: 19-12-2023 15:31
Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 16:26
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
<b>Lipid Profile</b>				
Total Cholesterol, Serum	180.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: ≥240	CHOP-PAP
Triglycerides, Serum	86.00	mg/dL	Normal: <150 High: 150-199 Hypertriglyceridemia: 200-499 Very high: ≥499	GPO
HDL Cholesterol, Serum	52.60	mg/dL	Low : < 40 High : > 60	DIRECT
Low Density Lipoprotein-Cholesterol (LDL)	110.20	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: ≥189	DIRECT
VLDL	17.20	mg/dL	6-40	Calculated
Total Cholesterol/HDL Ratio	3.42		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5	Calculated
LDL / HDL Ratio	2.10	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5	Calculated
Non HDL Cholesterol, Serum	127.40	mg/dL	Desirable < 130 Borderline High 130-159 High 160-189 Very High: ≥190	Calculated

**Clinical significance:**

A complete cholesterol test — also called a lipid panel or lipid profile — is a blood test that can measure the amount of cholesterol and triglycerides in your blood. A cholesterol test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). A cholesterol test is an important tool. High levels of lipids (fats) in the blood, including cholesterol and triglycerides, is also called "hyperlipidemia." Hyperlipidemia can significantly increase a person's risk of heart attacks, strokes, and other serious problems due to vessel wall narrowing or obstruction.

Mrs. DEEPIKA TRIPATHI			Lab ID	: 31208301381
DOB	:		Collected	: 19-12-2023 15:31
Age	: 36 Years		Received	: 19-12-2023 15:31
Gender	: Female		Reported	: 19-12-2023 16:42
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PN148R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
<b>RENAL PROFILE</b>				
Creatinine, Serum	0.54	mg/dL	0.6 - 1.1	ENZYMATIC
eGFR	155	mL/min/1.73m <sup>2</sup>	Normal > 90 Mild decrease in GFR : 60-90 Moderate decrease in GFR : 30-59 Severe decrease in GFR : 15- 29 Kidney Failure: < 15	Calculated
Urea, Serum	19.10	mg/dL	15-48	UREASE-GLDH
Blood Urea Nitrogen (BUN), Serum	8.93	mg/dL	6 -20	Calculated
BUN/Creatinine Ratio, Serum	16.54	%	5.0 - 23.5	Calculated method
Uric Acid, Serum	3.90	mg/dL	2.3-6.6	URICASE-POD
Calcium, Serum	8.70	mg/dL	8.6 - 10.2	Arsenazo Method

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Mrs. DEEPIKA TRIPATHI

*for Lmt*

**Apollo Clinic**  
**DR. SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.**

Plot no 32, Sector-4, Kalambohi, Panvel, Navi Mumbai, Maharashtra 410 218. Ph.: 70307 89000  
Online appointment : www.apolloclinic.com • Email : panvel.mh@apolloclinic.com

TO BOOK AN APPOINTMENT

 **0703 078 6000**

Mrs. DEEPIKA TRIPATHI		Lab ID	: 31208301381
DOB	:	Collected	: 19-12-2023 15:31
Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 19:17
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		



Parameter	Result	Unit	Biological Ref. Interval	Method
Blood Grouping & Rh typing, EDTA Blood	*A* Rh POSITIVE			Slide/Tube Agglutination (Forward & Reverse)

**Clinical Significance:**

The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group systems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.

----- End Of Report -----

Mrs. DEEPIKA TRIPATHI

DOB :  
Age : 35 Years  
Gender : Female  
CRM :  
Location : PANVEL  
Ref DOC :  
Sample Quality : Adequate



Lab ID : 31208301381  
Collected : 19-12-2023 15:31  
Received : 19-12-2023 15:31  
Reported : 20-12-2023 00:03  
Status : Final  
Client : PN148R

Parameter	Result	Unit	Biological Ref. Interval	Method
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**THYROID FUNCTION TEST**

Tri Iodo Thyronine (T3 Total), Serum	1.03	ng/mL	Non Pregnant: 0.7 - 2.04 Pregnancy: 1st trimester: 0.81-1.9 2nd & 3rd trimester: 1.0-2.60	CLIA
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**Clinical significance:-**

Triiodothyronine (T3) values above 200 ng/dL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum	8.43	µg/dL	5.5-11.0	CLIA
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**Clinical significance:-**

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid - Thyroid Stimulating Hormone (TSH), Serum	0.185	µIU/mL	Nonpregnant: 0.4 - 5.5 Pregnancy: First Trimester: 0.3-4.5 Second Trimester: 0.5-4.6 Third trimester: 0.8-5.2	CLIA
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**Clinical significance:**

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

Remarks: Kindly correlate clinically

----- End Of Report -----



Mrs. DEEPIKA TRIPATHI		Lab ID	: 31208301361
DOB	:	Collected	: 19-12-2023 15:31
Age	: 36 Years	Received	: 19-12-2023 15:31
Gender	: Female	Reported	: 19-12-2023 17:45
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
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**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

Colour	Pale Yellow		Pale Yellow	Visual
Volume	20 cc	ml		Visual
Specific Gravity	1.015		1.015 - 1.025	Reagent Strip
Appearance	Clear		Clear	Visual
pH	5.0		5.0 - 8.0	Reagent Strip

**BIOCHEMICAL EXAMINATION**

Protein, Urine	Absent		Negative	Reagent Strip
Glucose	Absent		Negative	Reagent Strip
Ketones	Absent	mmol/L	<0.4	Reagent Strip
Urobilinogen	Normal		Normal	Reagent Strip
Bilirubin	Absent		Negative	Reagent Strip
Bile Salt / Bile Pigment, Urine	Absent			
Nitrite	Absent		Negative	Reagent Strip
Blood	Absent		Negative	Reagent Strip

**MICROSCOPIC EXAMINATION**

Pus cells	1 - 2	/hpf	0-5	Microscopy
Epithelial Cells	10 - 12	/hpf	0-2	Microscopy
RBCs	Absent	/hpf	Nil	Microscopy
Wcasts	Absent		Nil	Microscopy
Crystals	Absent		Nil	Microscopy
Yeast cells	Absent		Absent	Microscopy
Bacteria	Few		Absent	Microscopy
Mucus	Absent			

**Clinical Significance:**

A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need follow-up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps. Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted.

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TO BOOK AN APPOINTMENT

 **0703 078 6000**

	<b>DATE: 19/12/2023</b>
<b>PATIENT'S NAME : DEEPIKA TRIPATHI</b>	<b>AGE: 36 YRS / SEX: F</b>
<b>REFERRED BY : ARCOFENI</b>	
<b>EXAMINATION : X-RAY CHEST PA VIEW</b>	


**X-RAY CHEST PA VIEW**

- Both the lung fields are clear.
- Cardiac shadow appears normal.
- C. P. angles appear clear.
- Both the domes of diaphragm are at normal level.
- Bony thorax & soft tissue around do not reveal any abnormality.

**IMPRESSION**

- **NO RADIOLOGICAL ABNORMALITY DETECTED.**

*ARC*  
**Dr. Ashutosh Chitnis**  
**MBBS, MD, DMRE**  
**(Radiologist)**  
**REG. NO. 57658**



Patient's Name : DEEPIKA TRIPATHI

Age / Sex : 36 Yrs / Female

Date: 19/12/2023

Ref by : ARCOFEMI

### SONOGRAPHY OF ABDOMEN & PELVIS

**LIVER:-** Liver is normal in size 13.6cm. Normal echotexture. No focal lesion.

#### GALL BLADDER & BILLIARY SYSTEM:-

Gall bladder is normal in size. Wall thickness is normal. No calculus or growth. Common bile duct is normal and measures 4 mm at porta hepatis. Portal vein is normal and measures 10 mm.

#### PANCREAS & SPLEEN:-

It is normal in size and echotexture. No focal lesion. Spleen is normal in size is 8.1cm. No focal lesion.

**KIDNEYS:-**Both kidneys are normal in size, shape and echotexture.

The cortico-medullary differentiation is well maintained.

Right Kidney = 9.7cm x 4.1cm. No calculus or hydronephrosis.

Left Kidney = 9.2cm x 3.7cm. No calculus or hydronephrosis.

#### RETROPERITONEUM:-

There is no evidence of peritoneal & retroperitoneal lymphadenopathy. Aorta and IVC visualised normal.

#### FREE FLUID:-

There is no free fluid in pelvis Morrison's pouch, subdiaphragmatic region and pelvis.

#### URINARY BLADDER:-

It is well distended, normal and wall thickness normal. No calculus or growth seen

#### UTERUS AND OVARIES:-

Uterus is non gravid, non bulky & anteverted & measures 6.6 cm x 3.7 cm x 3.8 cm in size.

Endometrial thickness measures 6 mm in size. Normal endometrial and myometrium echo.

Both ovaries are normal. No adnexal mass

#### IMPRESSION:

- No significant abnormality detected.

ARC

Dr. Ashutosh Chitnis  
MD, DMRE, MBBS,  
Radiologist  
Reg .No:-57658



**2D ECHO REPORT**

PATIENT'S NAME : DEEPIKA TRIPATHI

AGE / SEX : 36 YRS / FEMALE

DATE: 19/10/2023

REF BY : ARCOFEMI MEDIWHEEL

All cardiac chambers are normal.

 Structures of cardiac valves are normal.

No MR, No TR.

All septa are normal.

No regional wall motion abnormality at rest.

No clot/ vegetation.

No pericardial effusion.

No Pulmonary hypertension.

Normal diastolic function.

LVEF 60%.

IVC Normal.

 **IMPRESSION:-**                      **NORMAL 2DECHO.**



**DR. SUCHEETH AVANTI**  
**MBBS, MD, F2DECHO**  
**REG.NO. 2014/09/4360**



2023-12-19 9:00:47

ID: 00005048

Name: Deepika Polpudi  
Gender: \_\_\_\_\_  
Height(cm): \_\_\_\_\_  
Age: 36  
Weight(kg): \_\_\_\_\_  
BP(mmHg): \_\_\_\_\_

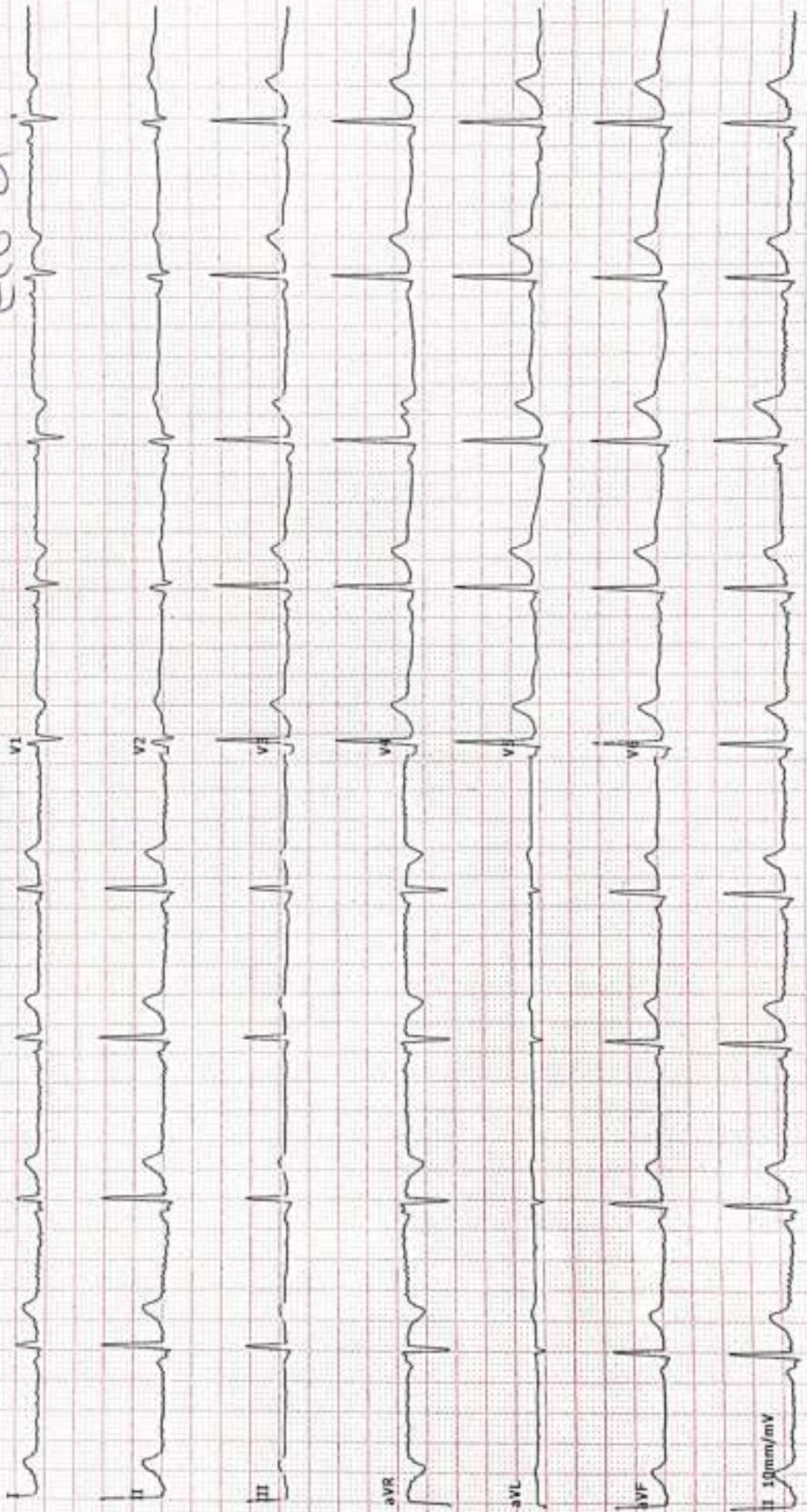
HR ..... bpm 58  
Q-R-S ..... ms 73  
QT/QTc ..... ms 90  
P/QRS/T AXES ..... deg 64/71/57  
RV5/SV1 ..... mV 1.34/0.39  
RV5+SV1 ..... mV 1.73

Conclusion >>  
Sinus bradycardia  
Sinus arrhythmia  
\*\*\*\*\*

Dr. ASHOK K. SINGH  
M. D. (Med) (Genl)  
Reg. No. MMC 66677

Report Confirmed by:

Normal  
ECG



10mm/mV

## SELF DECLARATION

Date: 19/12/23

I, MS. **Deepika tripathi** come for my medicals health Checkup through **ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT** I am unable to perform **PAP SMEAR** which I want to skip and proceed with the rest part of the medical package.

  
Signature

## DIET CHART

### PRE BRACKFAST / चाय के समय नास्ता / चहाप्या येळ्या नास्ता

Tea / चाय / चहा *Sugarcane*  
Skimmed Milk / बिना मलाई का दूध / बिन साईये दूध  
Biscuit Marie / बिस्कीट / मेरी बिस्किट )

### BREAKFAST / सुबह का नास्ता / सकाळची न्याहरी

Iddli or Roti / इडली / चपाती Sambhar / सांभार / सांभार  
or Porridge / Cornflakes  
Vegetable / सब्जी / भाजी Skimmed Milk / बिना मलाई का दूध / बिन साईये दूध

### MID- MORNING / सुबह का नास्ता / सकाळची न्याहरी

Fruits / फल / फळे X

### LUNCH / भोजन / जेवण

Rice / चावल / भात Dry Chapaties / रोटी / चपाती  
Dal / दाल / डाळ  
Skinless Chicken / Fish ✓ Greenleafy Veg. / हरी सब्जी / हिरव्या पालेभाज्या  
Salad / रायता / कोशिंबीर Curd / Butter Milk / दही / ताक

### MID-AFTERNOON / दोपहर / दुपारी

Fruit / फल / फळे ✓

### EVENING SNACK / शाम का नास्ता / संध्याकाळचा नास्ता

Tea / चाय / चहा  
Marie Biscuit / मारी बिस्किट / मारी बिस्किट ✓

### DINNER / रात का भोजन / रात्रीचे जेवण

Dry Chapaties / पराठा सुखा / चपाती सुकी  
Dal / दाल / डाळ  
Greenleafy Veg. / हरी सब्जी / हिरव्या पालेभाज्या  
Salad / रायता / कोशिंबीरी  
1 tsp. of Oil for Cooking / जेवण बनविताना फक्त १ लहान चमचा तेल वापरा.

### AFTER DINNER / खाने के बाद / जेवणा नंतर

Skimmed Milk / बिना मलाई का दुध / बिन साईये दुध


Apollo Clinic

DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.

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TO BOOK AN APPOINTMENT

 **0863 222 2933**