

Patient Name : Mrs.MOUSUMI MUSIB	Collected : 27/Jul/2024 09:29AM
Age/Gender : 33 Y 0 M 25 D/F	Received : 27/Jul/2024 01:40PM
UHID/MR No : CJPN.000088212	Reported : 27/Jul/2024 02:58PM
Visit ID : CJPNOPV201935	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29668	

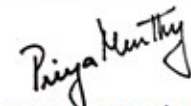
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.3	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,450	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	53	%	40-80	Electrical Impedance
LYMPHOCYTES	38.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2888.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2081.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	98.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	365.15	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.35	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	243000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	37	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
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SIN No:BED240196867

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam) | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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 **1860 500 7788**
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RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

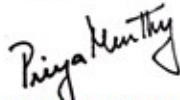
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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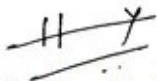
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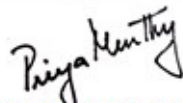
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	108	mg/dL	70-100	HEXOKINASE

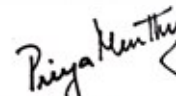
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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


 Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:PLF02194572

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	137	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

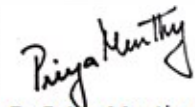
Comment:

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.


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
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SIN No: EDT240081284

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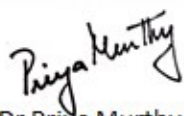
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- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240081284

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dL	<200	CHO-POD
TRIGLYCERIDES	163	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.25		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.18		<0.11	Calculated


Comment:

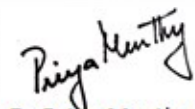
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


Dr. Govinda Raju N L
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SIN No: SE04793378

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.81	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	85.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.22	g/dL	2.0-3.5	Calculated
A/G RATIO	1.01		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's diseases, Cirrhosis, but the increase is usually not >2.

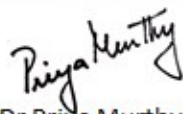
2. Cholestatic Pattern:

*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:



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SIN No:SE04793378

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Patient Name : Mrs.MOUSUMI MUSIB	Collected : 27/Jul/2024 09:29AM
Age/Gender : 33 Y 0 M 25 D/F	Received : 27/Jul/2024 01:36PM
UHID/MR No : CJPN.0000088212	Reported : 27/Jul/2024 03:30PM
Visit ID : CJPNOPV201935	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29668	

DEPARTMENT OF BIOCHEMISTRY

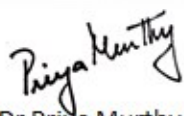
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

*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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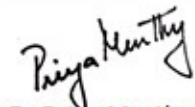
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.65	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.22	g/dL	2.0-3.5	Calculated
A/G RATIO	1.01		0.9-2.0	Calculated


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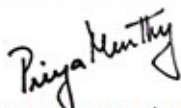

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.00	U/L	<38	IFCC



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Patient Name : Mrs.MOUSUMI MUSIB	Collected : 27/Jul/2024 09:29AM
Age/Gender : 33 Y 0 M 25 D/F	Received : 27/Jul/2024 12:55PM
UHID/MR No : CJPN.000088212	Reported : 27/Jul/2024 02:14PM
Visit ID : CJPNOPV201935	Status : Final Report
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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.13	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.165	µIU/mL	0.34-5.60	CLIA

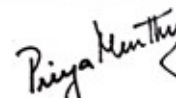
Comment:

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

- 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.
- 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.
- 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.
- 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

Page 12 of 16


 Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SPL24124084

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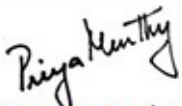

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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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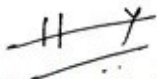
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

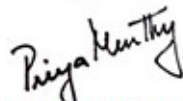
Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

Page 14 of 16



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SIN No: UR2394770

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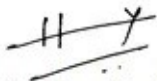
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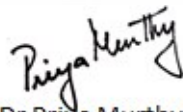
and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 16



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: UR2394770

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.MOUSUMI MUSIB	Collected : 27/Jul/2024 09:48AM
Age/Gender : 33 Y 0 M 25 D/F	Received : 27/Jul/2024 01:34PM
UHID/MR No : CJPN.000088212	Reported : 27/Jul/2024 02:37PM
Visit ID : CJPNOPV201935	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29668	

DEPARTMENT OF CLINICAL PATHOLOGY

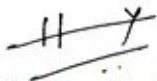
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

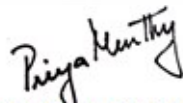
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No: UF011963

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Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Name : Mrs. MOUSUMI MUSIB	Age : 33 Y	UHID :CJPN.0000088212
Address : blr	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CJPNOPV201935
		Bill No :CJPN-OCR-72938
		Date : 27.07.2024 08:58

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 <i>1.4pm</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION <i>11</i>	
7	DIET CONSULTATION <i>16 (opposit)</i>	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST - PAPSURE <i>1) skip</i>	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION <i>15</i>	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>0.6</i>	
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	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

DENTAL *15*
 OPTHAL *front*
 PHYSIO - 04
 AUDIO - 21
 DIET *16 (opposit)*

Ht *= 168 cm*
 Wt *= 75.2 kg*
 BP *= 136/86*
 Pulse *= 79*



Apollo Clinic

CONSENT FORM

Patient Name: *mousumi musib* Age: *33*

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am ~~not~~ interested in getting *Colonoscopy & ENT*

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

is pending

And I claim the above statement in my full consciousness.

*LBC PAP test not
required*

Patient Signature: *[Signature]*

Date: *27/7/24*

Name: MOUSMI MUSIK

27/07/24.

Age: 33 years

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Optical

Un: 6/0 N6

un: 6/6 N6

Colour vision test Normal

RE -0.25 / -1.75 X 110

LE -0.25 / -1.75 X 10

Acuity Normal N6

It's same power No need to change.

Follow up date:

1/2 after 6 months

Doctor Signature



Patient Name : Mrs. MOUSUMI MUSIB
 UHID : CJPN.0000088212
 Conducted By: Dr. NAGARAJA MOORTHY
 Referred By : SELF
 2D ECHO

Age : 33 Y/F
 OP Visit No : CJPNOPV201935
 Conducted Date : 27-07-2024 14:57

2D ECHO WITH COLOR DOPPLER

AO Diam : 2.5cm	LA Diam : 3.0cm			
IVSd : 0.8cm	IVSs : 1.2 cm	LVIDd : 4.0cm	LVIDs : 2.0 cm	LVPWd : 0.8cm
LVPWS: 2.0cm	EF : 65%	FS : 38%	RVIDd : 1.09cm	

2DVALVES

MITRAL VALVE -----: NORMAL
 TRICUSPID VALVE-----: NORMAL
 AORTIC VALVE-----: NORMAL
 PULMONARY VALVE-----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL.
 RIGHT ATRIUM-----: NORMAL
 LEFT VENTRICULAR-----: NORMAL
 RIGHT VENTRICULAR---: NORMAL

DOPPLER

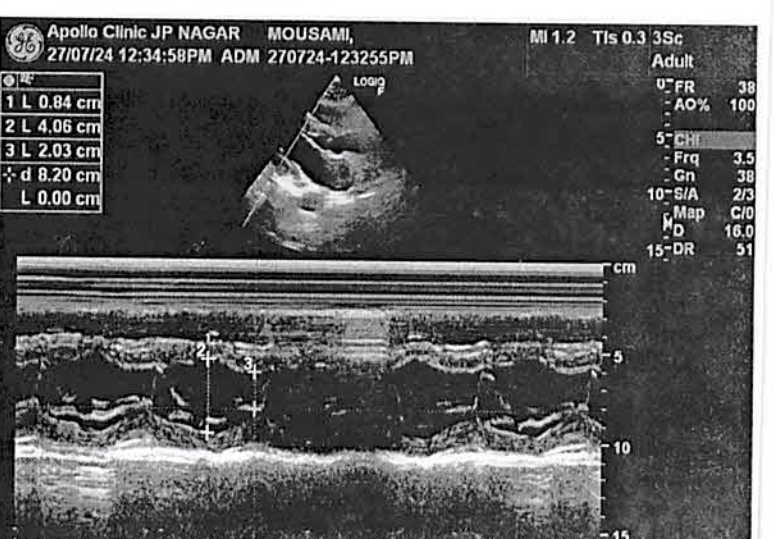
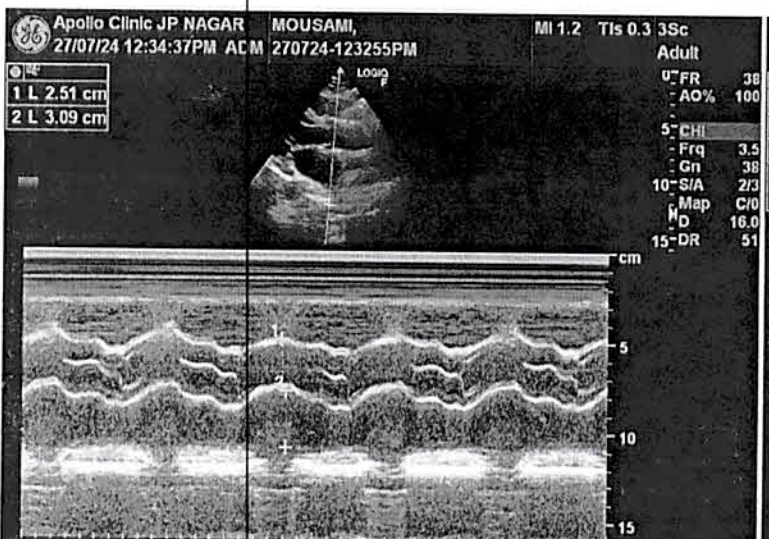
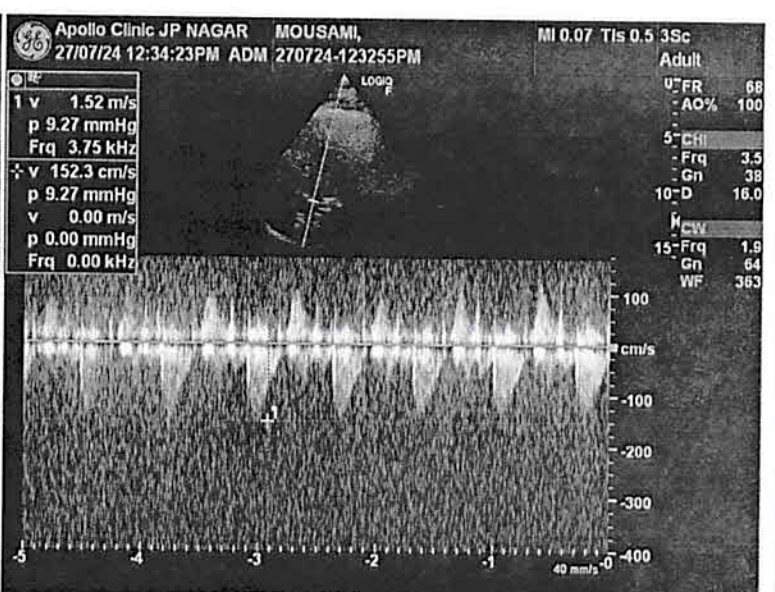
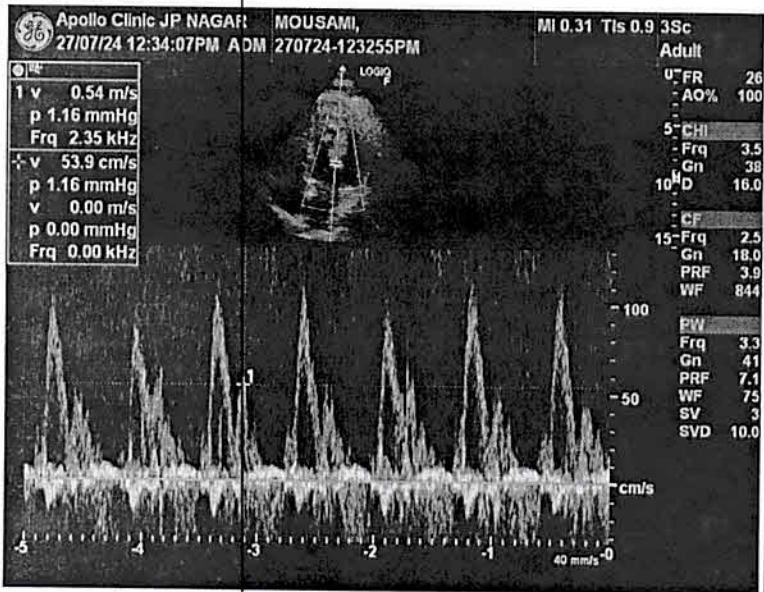
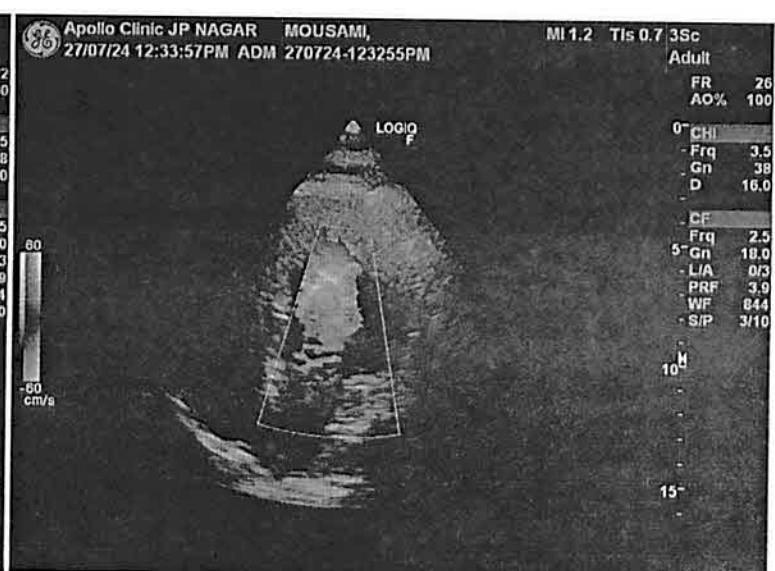
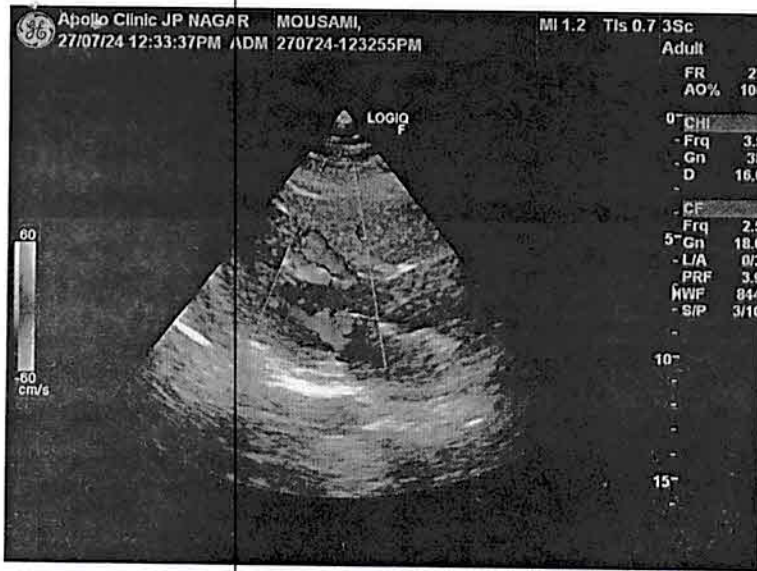
MVE Vel : 1.0m/s , MV A Vel : 0.5m/s
 TRICUSPID VALVE : NORMAL
 PERICARDIUM-----: NORMAL
 CLOT/VEGETATION-----: NIL

IMPRESSION

NORMAL VALVES AND CHAMBERS
 NORMAL LV SYSTOLIC FUNCTION
 NO CLOT /VEGETATION/EFFUSION/PAH
 NO REGIONAL WALL MOTION ABNORMALITIES


DR. NAGARAJA MOORTHY, MD, DM

CONSULTANT CARDIOLOGIST



iousumi
jpn.88212

27.07.2024 10:24:32

Apollo Clinic
J.P. Nagar
Bangalore

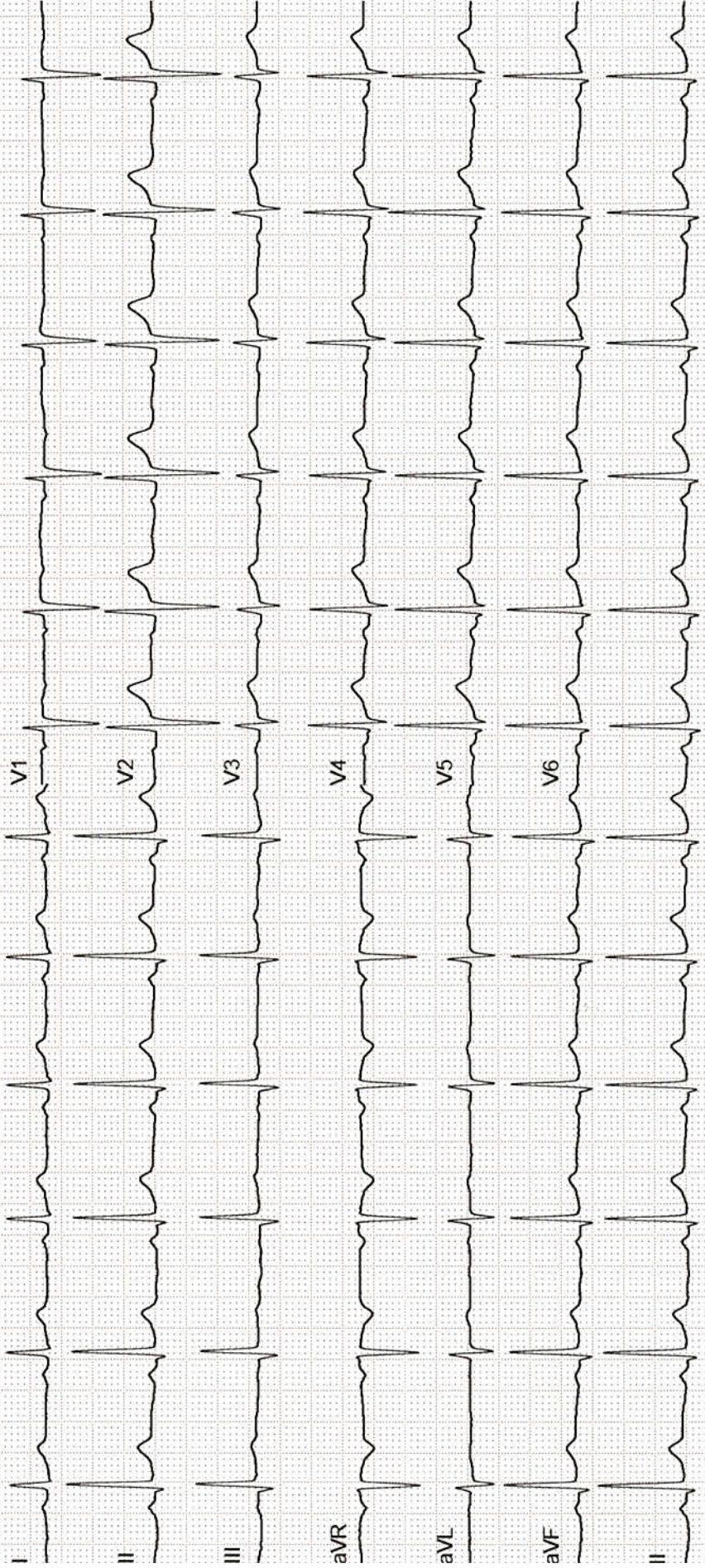
73 bpm
136 / 86 mmHg

168 cm Female
75.0 kg

Normal sinus rhythm
Normal ECG

QRS : 80 ms
QT / QTcBaz : 378 / 416 ms
PR : 154 ms
P : 94 ms
RR / PP : 818 / 821 ms
P / QRS / T : 44 / 63 / 51 degrees

WASL
[Signature]



Mrs. Mousumi Muris 33 / F

ms. 750 P.H. 22/2/2020

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Imp: 12/2/20.
M.I.H: h/s Surgery → Resected
300mg → Mod. pain
no pain

NO complaints

P.H.I: med - K.M.D. H.M. on Rx.
Dr → MS.

O.H.I: P.H.

P.H.I: P.H. - P.M. + H.M.
~~Another~~

♀, 34M, L.S.P.

O.I.E)
G.C. in situ
Ryph. in situ

Achilles

P.H.I. + G.D.M.

P.H.I. 30/11
Scan (1)

P.H. E. Mousumi

Follow up date:

Dr. Srinivas Malappa
MBBS, MS (OGYN) DNB
Fellowship in Gynecological Endoscopy (NCOG)
Consultant Obstetrician & Gynecologist
Apollo Clinic, JPNagar, Bangalore
Ph: 198078

Doctor Signature



Corporate Health Checks

14/77

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

27-07-2024



Patient Details

Patient First Name

MS. MUSIB

Patient Last Name

MOUSUMI

Patient Mobile Number

8095630287

Patient E-mail ID

mousumi.musib123@gmail.com

Date of Birth

11-04-1991

Gender

female

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL FEMALE AHC



संस्थाने उद्देश
Mousamni Musib
जन्म दिनांक/DOB: 02/07/1991
लिंग/ GENDER
Mobile No: 8095630287

5951 5546 5694
VID : 9132 4902 0901 7140

मेरा आधार, मेरी पहचान

PATIENT CASE SHEET



Name: Mousumi Musib Age: 33 Gender: F

Address: _____

UHID / Emp Id: CJPN.88212

Treating Doctor

Dr. Saurabh

Ref. by Doctor

CHC

Past Dental History: NAD

Past Medical History: HTN

Chief Complaint(s): Regular dental check up

Investigation:

RVG

OPG

CBCT

Patient Name : Mrs. MOUSUMI MUSIB

Age/Gender : 33 Y/F

UHID/MR No. : CJPN.0000088212

OP Visit No : CJPNOPV201935

Sample Collected on :

Reported on : 27-07-2024 11:16

LRN# : RAD2389544

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E29668

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.

Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name	: Mrs. MOUSUMI MUSIB	Age/Gender	: 33 Y/F
UHID/MR No.	: CJPN.0000088212	OP Visit No	: CJPNOPV201935
Sample Collected on	:	Reported on	: 27-07-2024 09:42
LRN#	: RAD2389544	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E29668		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and increased in echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 11.6 x 1.7 cm.

Left kidney measures : 10.6 x 1.4 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures : 8.6 x 4.2 x 4.8 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-5 mm.

No focal lesion was noted.

OVARIES : Both ovaries are normal in size.

Right ovary measures : 3.7 x 1.9 cm.

Left ovary measures : 2.9 x 3.1 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

Patient Name : Mrs. MOUSUMI MUSIB

Age/Gender : 33 Y/F

IMPRESSION : GRADE I FATTY LIVER.

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology

Patient Name : Mrs. MOUSUMI MUSIB
UHID : CJPN.0000088212
Conducted By: :
Referred By : SELF

Age : 33 Y/F
OP Visit No : CJPNOPV201935
Conducted Date :

Patient Name : Mrs. MOUSUMI MUSIB
UHID : CJPN.0000088212
Conducted By :
Referred By : SELF

Age : 33 Y/F
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Conducted Date :
