

Patient Name : Mrs.REKHA VINAYAK HINDI	Collected : 18/Aug/2023 08:37AM
Age/Gender : 40 Y 9 M 6 D/F	Received : 18/Aug/2023 01:42PM
UHID/MR No : CUPP.0000080983	Reported : 18/Aug/2023 03:13PM
Visit ID : CUPPOPV120347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632743/948325741313	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.3	g/dL	12-15	Spectrophotometer
PCV	31.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.51	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	69	fL	83-101	Calculated
MCH	22.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	16.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,820	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	52.3	%	40-80	Electrical Impedence
LYMPHOCYTES	37.3	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	8.4	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4089.86	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2916.86	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	132.94	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	656.88	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	23.46	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	327000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:BED230195839

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Age/Gender : 40 Y 9 M 6 D/F	Received : 18/Aug/2023 01:42PM
UHID/MR No : CUPP.0000080983	Reported : 18/Aug/2023 09:56PM
Visit ID : CUPPOPV120347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632743/948325741313	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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



SIN No:BED230195839

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.REKHA VINAYAK HINDI	Collected : 18/Aug/2023 08:37AM
Age/Gender : 40 Y 9 M 6 D/F	Received : 18/Aug/2023 01:46PM
UHID/MR No : CUPP.0000080983	Reported : 18/Aug/2023 03:04PM
Visit ID : CUPPOPV120347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632743/948325741313	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

Note:

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

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

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
POOR CONTROL		>10		

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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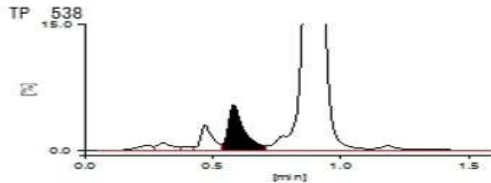
Chromatogram Report

HLC72368 V5.28.1 2023-08-18 14:21:44
 ID EDT230076081
 Sample No. 08180110 SL 0004 - 03
 Patient ID
 Name
 Comment

GALIB Name	%	Time	Area
A1A	0.5	0.24	5.20
A1B	0.8	0.30	7.72
F	0.3	0.40	2.73
LA1C+	1.8	0.47	18.34
SA1C	5.5	0.58	43.85
AO	92.7	0.89	947.02
H-V0			
H-V1			
H-V2			

Total Area 1024.86

HbA1c 5.5 % **IFCC 37 mmol/mol**
 HbA1 6.8 % HbF 0.3 %



SIN No:PLF02015292,EDT230076081

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Patient Name : Mrs.REKHA VINAYAK HINDI	Collected : 18/Aug/2023 08:37AM
Age/Gender : 40 Y 9 M 6 D/F	Received : 18/Aug/2023 01:58PM
UHID/MR No : CUPP.0000080983	Reported : 18/Aug/2023 03:30PM
Visit ID : CUPPOPV120347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632743/948325741313	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	167	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	107.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.07		0-4.97	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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.49	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.01	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



SIN No:SE04455275

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.64	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.32	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC



SIN No:SE04455275

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.REKHA VINAYAK HINDI	Collected : 18/Aug/2023 08:37AM
Age/Gender : 40 Y 9 M 6 D/F	Received : 18/Aug/2023 01:59PM
UHID/MR No : CUPP.0000080983	Reported : 18/Aug/2023 03:07PM
Visit ID : CUPPOPV120347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632743/948325741313	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.46	ng/mL	0.87-1.78	CLIA
Thyroxine (T4, TOTAL)	11.96	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	3.987	µIU/mL	0.38-5.33	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



SIN No: SPL23117500

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Patient Name : Mrs.REKHA VINAYAK HINDI	Collected : 18/Aug/2023 08:37AM
Age/Gender : 40 Y 9 M 6 D/F	Received : 18/Aug/2023 04:55PM
UHID/MR No : CUPP.0000080983	Reported : 18/Aug/2023 05:58PM
Visit ID : CUPPOPV120347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632743/948325741313	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2168115

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.REKHA VINAYAK HINDI	Collected : 18/Aug/2023 11:17AM
Age/Gender : 40 Y 9 M 6 D/F	Received : 18/Aug/2023 07:01PM
UHID/MR No : CUPP.0000080983	Reported : 19/Aug/2023 04:01PM
Visit ID : CUPPOPV120347	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 632743/948325741313	

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	13906/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

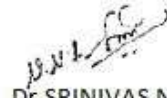
Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR




Dr. Shalini Singh
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. SRINIVAS N.S. NORI
M.B.B.S, M.D (Pathology)
CONSULTANT PATHOLOGY



Dr. R. SHALINI
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. E. Maruthi Prasad
Msc, PhD (Biochemistry)
Consultant Biochemist

Patient Name : Mrs.REKHA VINAYAK HINDI	Collected : 18/Aug/2023 11:17AM
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DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



Dr.A.Kalyan Rao
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:CS066703

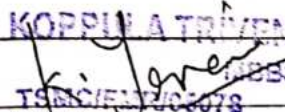
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mrs. Rekha Vinayak H on 19/8/23.

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	


Dr. KOPPULA TRIVENI
 Dr. _____
 Medical Officer
 The Apollo Clinic, (Location) _____

This certificate is not meant for medico-legal purposes

POWER PRESCRIPTION

NAME: *Rekha Vinayak Minda* GENDER: *M/F*

DATE: *18/2/23*

AGE: *40 / F*

UHID: *80083*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				<i>6/6</i>
NEAR	<i>+1.00</i>			<i>N6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				<i>6/6</i>
NEAR	<i>+1.00</i>			<i>N6</i>

COLOUR VISION : *BE: Normal*

DIAGNOSIS :
OTHER FINDINGS : *Nil*

INSTRUCTIONS :

[Signature]
SIGNATURE

Apollo Health and Lifestyle Limited

(CIN - U85110TN2090PLC046089) Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

APOLLO CLINICS NETWORK TELANGANA

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



The Apollo Clinic

Apollo Clinic

PHYSICAL EXAMINATION FORM

Date

18/8/23

Age

40yfr

Name

Mrs. Rekha Vinayak

PHID:

80983

Hindi

Height

167

Cms

BMI

29

Weight

81

Kgs

BP

100/70

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74

AK hi
40080983

Female

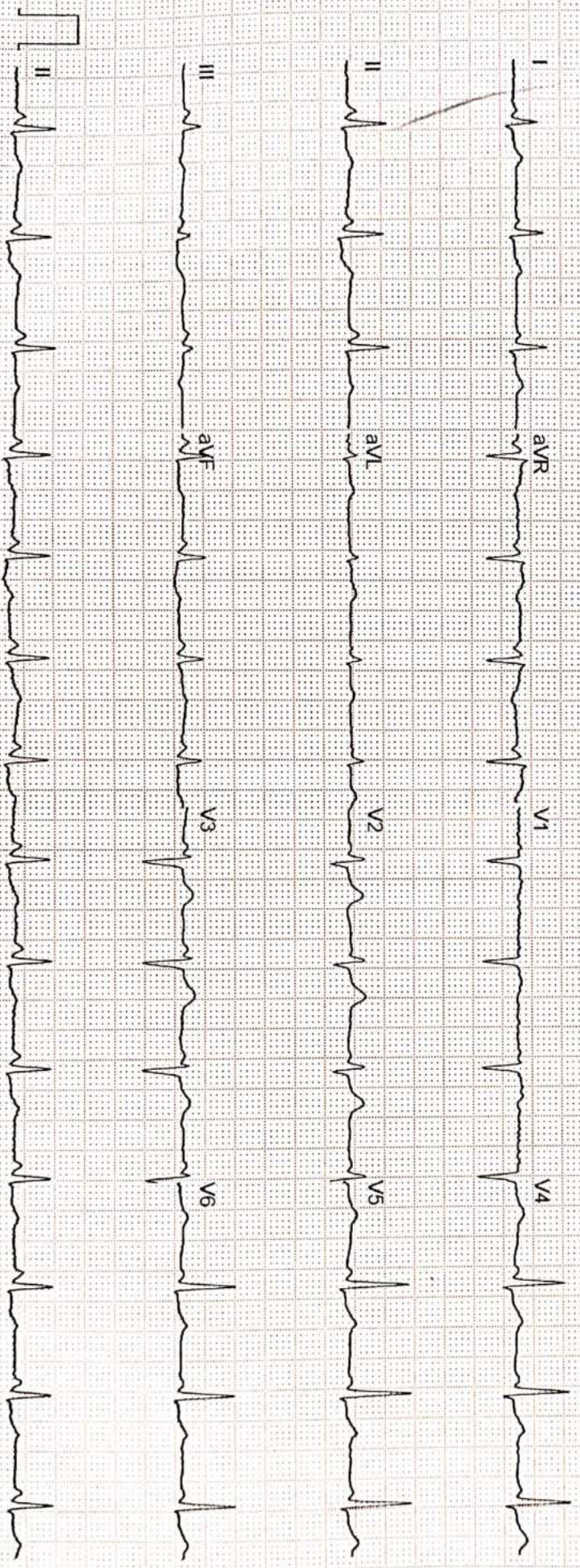
18.08.2023 9:46:27
APOLLO CLINIC
BODUPPAL
HYDERABAD

85 bpm
- / - mmHg

QRS	72 ms
QT / QTcBaz	358 / 426 ms
PR	100 ms
P	90 ms
RR / PP	708 / 705 ms
P / QRS / T	58 / 56 / 48 degrees

Sinus rhythm with short PR
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

normal



GE MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

Unconfirmed
4x2.5x3.25 R1

1/1

Patient Name	: Mrs. REKHA VINAYAK HINDI	Age/Gender	: 40 Y/F
UHID/MR No.	: CUPP.0000080983	OP Visit No	: CUPPOPV120347
Sample Collected on	:	Reported on	: 18-08-2023 15:20
LRN#	: RAD2075833	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 632743/948325741313		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 132 mm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 97 mm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 108 x 42 mm.

Left kidney : 108 x 49 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size 87 x 46 x 38 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8 mm.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : 23 x 19 mm.

Left ovary : 25 x 20 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(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.

Patient Name : Mrs. REKHA VINAYAK HINDI

Age/Gender : 40 Y/F



J. Jyothirmai

Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Name: Mrs. REKHA VINAYAK HINDI
Age/Gender: 40 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000080983
Visit ID: CUPPOPV120347
Visit Date: 18-08-2023 08:36
Discharge Date:
Referred By: SELF

Doctor's Signature

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Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SOWMYA REDDY

MR No: CUPP.0000080983
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

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Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
18-08-2023 10:51	85 Beats/min	100/70 mmHg	22 Rate/min	98.6 F	167 cms	81 Kgs	%	%	Years	29.04	cms	cms	cms		AHLL06629

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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UHID	: CUPP.0000080983	OP Visit No	: CUPPOPV120347
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 18-08-2023 15:45
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 85 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

----- END OF THE REPORT -----



Dr. CH VENKATESHAM