

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:32PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:58PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.1	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,490	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	61.4	%	40-80	Electrical Impedance
LYMPHOCYTES	27.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3984.86	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1797.73	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	292.05	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	395.89	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	19.47	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230113813

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Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:32PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 06:17PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230113813

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UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 05:49PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	130	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	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
· 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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Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:38PM
Visit ID : CMAROPV668759	Status : Final Report
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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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	90	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.92		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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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated



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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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.38	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC



SIN No:SE04371174

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:43PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:14PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.95	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.344	µIU/mL	0.34-5.60	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



Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:45AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 04:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 07:17PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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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	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2112264

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:45AM
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UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 05:49PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	


DEPARTMENT OF CLINICAL PATHOLOGY

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

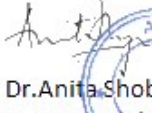
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist



S. No.	Company Name
1	Arcofemi/Mediwheel/MALE/FEMALE
2	Arcofemi/Mediwheel/MALE/FEMALE
3	Arcofemi/Mediwheel/MALE/FEMALE
4	Arcofemi/Mediwheel/MALE/FEMALE
5	Arcofemi/Mediwheel/MALE/FEMALE
6	Arcofemi/Mediwheel/MALE/FEMALE
7	Arcofemi/Mediwheel/MALE/FEMALE
8	Arcofemi/Mediwheel/MALE/FEMALE
9	Arcofemi/Mediwheel/MALE/FEMALE
10	Arcofemi/Mediwheel/MALE/FEMALE

PACKAGE NAME
Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO
Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)
Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO
Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D ECHO
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)
Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)

Booking	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO
bobS38698	dwali	28	Female	srinu96664	6302225366
bobE38697	MR. MERAJOTHU SRINU NAIK	35	Male	srinu96664	6302225366
bobE38680	MRS. RAWAT DEEPTI	35	Female	wadpoo@k	9654034245
bobE38672	MR. GUPTA ABHISEKH KUMAR	33	Male	abhipintu2	9310427857
bobS38671	mamata Baskey	38	Female	soren.29or	9635569230
bobE38670	MR. SOREN RANJIT	38	Male	soren.29or	9635569230
bobE38662	MR. BARA ARVIND	31	Male	arvind.bara	8102633056
bobE38660	MR. SHINDE SACHIN SHIVAJIRAO	44	Male	sachin.shin	8605584457
bobS38657	S GOWTHAM	33	Male	k.arunaraju	9449591971
bobE38656	MRS. KANDIRAJU ARUNA	30	Female	k.arunaraju	9449591971

Appointment Date	Appointment Time	CLINIC NAME	CLINIC STATE	CLINIC CITY
5/6/2023	9:00 AM	Balaji Medical Centre - Manglore	Karnataka	MANGALORE
5/6/2023	9:00 AM	Balaji Medical Centre - Manglore	Karnataka	MANGALORE
5/5/2023	9:00 AM	Apollo Clinic - Viman Nagar	Maharashtra	Pune
5/5/2023	9:00 AM	Apollo Spectra - Nehru Enclave	DELHI	Delhi
5/13/2023	9:00 AM	Scan X Medical Centre	West Bengal	Durgapur
5/13/2023	9:00 AM	Scan X Medical Centre	West Bengal	Durgapur
5/27/2023	9:00 AM	Ashwini Pathology Laboratory	Goa	Goa
5/8/2023	9:00 AM	LIFE LINE MULTI SPECILIATY HOS	Maharashtra	Aurangabad
5/13/2023	9:00 AM	Apollo Clinic - MARATHAHALLI	Karnataka	Bangalore
5/13/2023	9:00 AM	Apollo Clinic - MARATHAHALLI	Karnataka	Bangalore

CLINIC ADDRESS	Booking Status	Remarks	
Shop No:5, Door No:1-65/31, Kulur-Kavoor, Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575013.			
Shop No:5, Door No:1-65/31, Kulur-Kavoor, Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575013.			
Apollo Clinic, Shop no S1, Ground Floor, Datta Mandir Chowk, Nyati Millenium Premises, Viman Nagar, Pune,			
R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi			
Commercial Complex, City Centre, Durgapur, District -Burdwan 713216			
Commercial Complex, City Centre, Durgapur, District -Burdwan 713216			
1St Floor, Rizvi Sadan, Above Saroj Emporium, Near Inox Theatre, Opp. MunicipalMarket, Panjim- 403001			
Opposite Surya Lawns, Beed Bypass Rd, Near Oyo 15017 Hotel Nandini, Deolai, Aurangabad, Maharashtra 431			
Apollo Clinic, 673/A, Shriram Samruddhi Apartments, Varthur Road, Near Kundalahalli Signal, Whitefield, BEN			
Apollo Clinic, 673/A, Shriram Samruddhi Apartments, Varthur Road, Near Kundalahalli Signal, Whitefield, BEN			

1L Layout, Brookefield, Bengaluru, Karnataka
1L Layout, Brookefield, Bengaluru, Karnataka

Date : 13-05-2023
MR NO : CMAR.0000122719

Department : GENERAL
Doctor :

Name : Mrs. Aruna Kandiraju

Registration No :
Qualification :

Age/ Gender : 31 Y / Female

Consultation Timing: 09:08

SPO₂ - 98%

Height : 157 cm	Weight : 67.7 kg	BMI :	Waist Circum :
Temp :	Pulse : 96 b/min	Resp :	B.P : 110/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

ARUNA KANDIRAJU
ID: 122719

Female

31 Years

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 348 / 430 ms
PR : 152 ms
P : 114 ms
RR / PP : 652 / 652 ms
P / QRS / T : 65 / 50 / 68 degrees

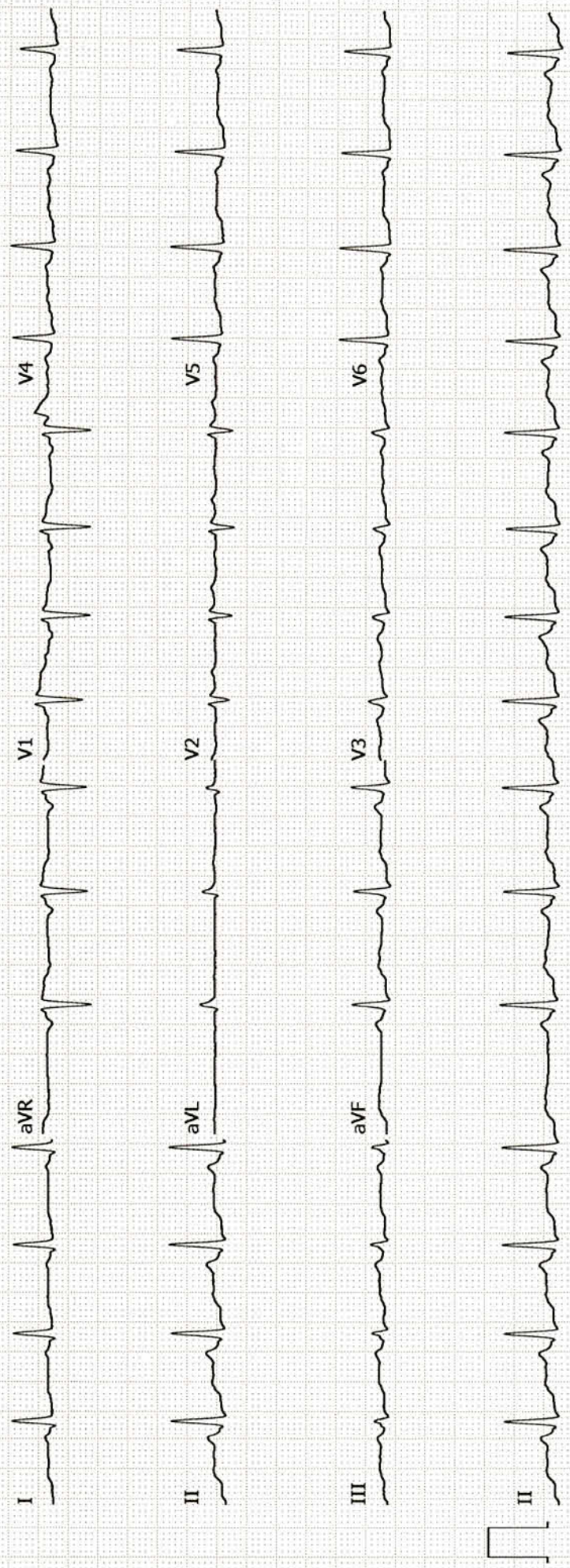
Sinus rhythm with marked sinus arrhythmia
Nonspecific ST and T wave abnormality
Abnormal ECG

13.05.2023 13:09:11
APOLLO MEDICAL CENTRE
KUNDALAHALLI
BANGALORE

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

92 bpm
-- / -- mmHg

Room:



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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. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.1	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,490	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	61.4	%	40-80	Electrical Impedance
LYMPHOCYTES	27.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3984.86	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1797.73	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	292.05	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	395.89	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	19.47	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

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

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:32PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:58PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230113813

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:32PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 06:17PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230113813

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:49PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 05:49PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	130	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:49PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 05:49PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	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
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 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.
- 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



SIN No:PLF01971580,PLP1330062,EDT230046004

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:38PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	90	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.92		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.



SIN No:SE04371174

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:38PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated



SIN No:SE04371174

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:38PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.38	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



SIN No:SE04371174

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:38PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC



SIN No:SE04371174

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:43PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:14PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.95	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.344	µIU/mL	0.34-5.60	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



Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:45AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 04:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 07:17PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

Test Name	Result	Unit	Bio. Ref. Range	Method
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2112264

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:45AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 04:28PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 05:49PM
Visit ID : CMAROPV668759	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9449591971	

DEPARTMENT OF CLINICAL PATHOLOGY

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

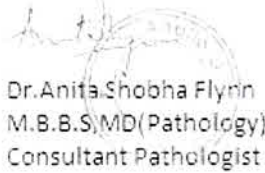
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



Dr. Anifa Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:36PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:59PM
Visit ID : CMAROPV668765	Status : Final Report
Ref Doctor : Dr.SELF	

DEPARTMENT OF IMMUNOLOGY

ALP VITAMIN PANEL - LEVEL 1

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	31.4	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.



SIN No:SPL23073022

Patient Name : Mrs.ARUNA KANDIRAJU	Collected : 13/May/2023 09:46AM
Age/Gender : 31 Y 8 M 30 D/F	Received : 13/May/2023 01:36PM
UHID/MR No : CMAR.0000122719	Reported : 13/May/2023 03:57PM
Visit ID : CMAROPV668765	Status : Final Report
Ref Doctor : Dr.SELF	

DEPARTMENT OF IMMUNOLOGY

ALP VITAMIN PANEL - LEVEL 1

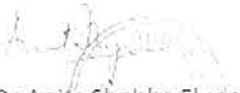
Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	225	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***



Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



Patient Name	: Mrs. Aruna Kandiraju	Age	: 31 Y F
UHID	: CMAR.0000122719	OP Visit No	: CMAROPV668759
Reported on	: 13-05-2023 17:52	Printed on	: 13-05-2023 19:52
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:13-05-2023 17:52

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs. Aruna Kandiraju

Age/Gender : 31 Y/F

UHID/MR No. : CMAR.0000122719

OP Visit No : CMAROPV668759

Sample Collected on :

Reported on : 13-05-2023 18:43

LRN# : RAD1997628

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9449591971

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

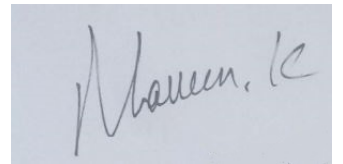
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mrs. Aruna Kandiraju	Age/Gender	: 31 Y/F
UHID/MR No.	: CMAR.0000122719	OP Visit No	: CMAROPV668759
Sample Collected on	:	Reported on	: 13-05-2023 12:15
LRN#	: RAD1997628	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9449591971		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: partially distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.1 cm and parenchymal thickness measures 1.3 cm.

Left kidney measures 9.5 cm and parenchymal thickness measures 1.5 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size, measuring 8.7 x 5.9 x 4.4 cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 10.2 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.4 x 1.8 cm.

Left ovary measures 3.3 x 1.8 cm.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

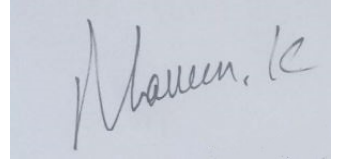
(The sonographic findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose.
3. please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist.
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Patient Name : Mrs. Aruna Kandiraju

Age/Gender : 31 Y/F



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