



Patient Name	: Mrs.SHILPA MORE	Collected	: 27/May/2023 10:12AM
Age/Gender	: 34 Y 1 M 5 D/F	Received	: 27/May/2023 03:45PM
UHID/MR No	: CPIM.0000051531	Reported	: 27/May/2023 05:12PM
Visit ID	: CPIMOPV144787	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE39274		

#### DEPARTMENT OF HAEMATOLOGY

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

## PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

RBCs ARE MICROCYTIC HYPOCHROMIC +. ANISOCYTOSIS +. TLC, DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE. NO HEMOPARASITES SEEN

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Shop No.: 14 to 20, City Pride building, Sector - 25, Next to BHEL Chowk, Nigdi(Pimp Pune, Maharashtra, India - 411004 APOLLO CLINICS NETWORK This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab





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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 Metho				Method	

Test Name Result Unit Bio. Ref. Range
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HAEMOGLOBIN	10.5	g/dL	12-15	Spectrophotometer
PCV	32.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	73.4	fL	83-101	Calculated
MCH	23.9	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	18.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,770	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	54.3	%	40-80	Electrical Impedanc
LYMPHOCYTES	36	%	20-40	Electrical Impedanc
EOSINOPHILS	1.2	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3676.11	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	2437.2	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	81.24	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	561.91	Cells/cu.mm	200-1000	Electrical Impedanc
BASOPHILS	13.54	Cells/cu.mm	0-100	Electrical Impedanc
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergre
ERIPHERAL SMEAR				
BCs ARE MICROCYTIC HYPOCHROM	AIC +. ANISOCY	TOSIS +.		
LC , DLC WITHIN NORMAL LIMIT. NO	) IMMATURE C	ELLS ARE SEEN		

NO HEMOPARASITES SEEN

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Test Name Result		Unit	Bio. Ref. Range	Method	
ARCOFEMI - M	EDIWHEEL - FULL BOD	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - PA	N INDIA - FY2324
		DEPARTMENT OF	HAEMATOLOG	Y	
Emp/Auth/TPA ID	: bobE39274				
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	E LIMITED
Visit ID	: CPIMOPV144787		Status	: Final Report	
UHID/MR No	: CPIM.0000051531		Reported	: 27/May/2023 05:22PM	
Age/Gender	: 34 Y 1 M 5 D/F		Received	: 27/May/2023 03:45PM	
Patient Name	: Mrs.SHILPA MORE		Collected	: 27/May/2023 10:12AM	

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

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Patient Name	Patient Name : Mrs.SHILPA MORE			: 27/May/2023 10:12AM		
Age/Gender	: 34 Y 1 M 5 D/F		Received	: 27/May/2023 03:45PM		
UHID/MR No	: CPIM.0000051531 : CPIMOPV144787		Reported	: 27/May/2023 04:34PM		
Visit ID			Status	: Final Report		
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHO	CARE LIMITED	
Emp/Auth/TPA ID	: bobE39274					
		DEPARTMENT O	F BIOCHEMISTR	Y		
ARCOFEMI - M	EDIWHEEL - FULL BODY	Y HEALTH ANNUA	L PLUS CHECK -	FEMALE - 2D ECHO -	PAN INDIA - FY2324	
Т	est Name	Result	Unit	Bio. Ref. Range	Method	
GLUCOSE, FAST	<b>ING</b> , NAF PLASMA	108	mg/dL	70-100	HEXOKINASE	
Comment:						
As per America	n Diabetes Guidelines					
Fasting Glucos	e Values in mg/d L	Interpretatio	n			

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	105	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

#### **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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	: Mrs.SHILPA MORE		Collected	: 27/May/2023 10:12AM	
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Visit ID	: CPIMOPV144787		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHC	ARELIMITED
Emp/Auth/TPA ID	: bobE39274				
		DEPARTMENT O	F BIOCHEMISTR	Y	
ARCOFEMI - M	IEDIWHEEL - FULL BODY	HEALTH ANNUA	L PLUS CHECK -	FEMALE - 2D ECHO -	PAN INDIA - FY2324
Т	est Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCAT WHOLE BLOOD-E	ED HEMOGLOBIN ,	5.6	%		HPLC
ESTIMATED AVE	RAGE GLUCOSE (eAG) ,	114	mg/dL		Calculated
Comment:					
Reference Range	e as per American Diabetes	Association (ADA):	:		
Reference Range	*	Association (ADA):	HBA1C IN	V %	
REFERENCE	*	Association (ADA):		J %	
REFERENCE	GROUP C ADULTS >18 YEARS	Association (ADA):	HBA1C IN		
REFERENCE NON DIABETI	GROUP C ADULTS >18 YEARS DIABETES)	Association (ADA):	<b>HBA1C IN</b> <5.7		
<b>REFERENCE</b> NON DIABETH AT RISK (PREI	GROUP C ADULTS >18 YEARS DIABETES)	Association (ADA):	HBA1C IN <5.7 5.7 - 6.4		
REFERENCE NON DIABETH AT RISK (PREI DIAGNOSING DIABETICS	GROUP C ADULTS >18 YEARS DIABETES)	Association (ADA):	HBA1C IN <5.7 5.7 - 6.4		
REFERENCE NON DIABETH AT RISK (PREI DIAGNOSING DIABETICS · EXCELL	GROUP C ADULTS >18 YEARS DIABETES) DIABETES	Association (ADA):	HBA1C IN           <5.7		
REFERENCE NON DIABETH AT RISK (PREI DIAGNOSING DIABETICS · EXCELL · FAIR TO	GROUP C ADULTS >18 YEARS DIABETES) DIABETES ENT CONTROL	Association (ADA):	$HBA1C IN  <5.7  5.7 - 6.4  \geq 6.5  6 - 7$		

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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APOLLO CLINICS NETWORK This test has been performed at Apollo Health and Lifestyle Itd- Sadashiv Peth Pune, Diagnostics Lab





Test Name Result Unit Bio. Ref. Range Method						
DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Emp/Auth/TPA ID	: bobE39274					
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCA	ARE LIMITED	
Visit ID	: CPIMOPV144787		Status	: Final Report		
UHID/MR No	: CPIM.0000051531		Reported	: 27/May/2023 08:24PM		
Age/Gender	: 34 Y 1 M 5 D/F		Received	: 27/May/2023 03:53PM		
Patient Name	: Mrs.SHILPA MORE		Collected	: 27/May/2023 10:12AM		

# LIPID PROFILE, SERUM

TOTAL CHOLESTEROL	194	mg/dL	<200	CHO-POD
TRIGLYCERIDES	70	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.79	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.13		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	$\geq$ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	$\geq$ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	$\geq 60$			
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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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 (W 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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Те	est Name	Result	Unit	Bio. Ref. Range	Method	
ARCOFEMI - M	EDIWHEEL - FULL BOD	( HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324	
DEPARTMENT OF BIOCHEMISTRY						
Emp/Auth/TPA ID	: bobE39274					
Ref Doctor	: Dr.SELF Sponsor Name : ARCOFEMI HEALTHCARE LIMITED					
Visit ID : CPIMOPV144787 Status : Final Report						
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Patient Name	: Mrs.SHILPA MORE		Collected	: 27/May/2023 10:12AM		

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.24	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.31	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.46	U/L	30-120	IFCC
PROTEIN, TOTAL	6.81	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

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Visit ID : CPIMOPV144787 Status : Final Report						
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Emp/Auth/TPA ID : bobE39274						
DEPARTMENT OF BIOCHEMISTRY						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D EC	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name Result Unit Bio. Ref. Rar	ge Method					

RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	IJМ		
CREATININE	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.32	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.14	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.85	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.87	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.17	mmol/L	101–109	ISE (Indirect)

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		DEPARTMENT OF	BIOCHEMISTR	Y	
Emp/Auth/TPA ID	: bobE39274				
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GAMMA GLUTAMYL TRANSPEPTIDASE	12.39	U/L	<38	IFCC
(GGT), SERUM				

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.SELF bE39274		Sponsor Name	: ARCOFEMI HEALTHCA				
DEPARTMENT OF IMMUNOLOGY							
HEEL - FULL BODY HE	EALTH ANNUAL	. PLUS CHECK ·	- FEMALE - 2D ECHO - P	PAN INDIA - FY2324			
1	DEPARTMENT OF IMMUNOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						

# THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM TRI-IODOTHYRONINE (T3, TOTAL) 1.09 ng/mL 0.7-2.04 THYROXINE (T4, TOTAL) 8.01 µg/dL 6.09-12.23

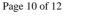
THYROXINE (T4, TOTAL)	8.01	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.999	µIU/mL	0.34-5.60	CLIA

# **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 hypothyroidism,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:

Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
0.1 - 2.5
0.2 - 3.0
0.3 - 3.0



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ARCOFEMI - M	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
DEPARTMENT OF CLINICAL PATHOLOGY						
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COMPLETE URINE EXAMINATION (C	UE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	UNT AND MICROSCOPY			
PUS CELLS	8 - 10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Shop No.: 14 to 20, City Pride building, Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri), Pune, Maharashtra, India - 411004 Regd. Office: 1-10-60/62, Achore Rachupathi Chembers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: Endurry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab





Visit ID	: CPIMOPV144787		Status	: Final Report	
Ref Doctor Emp/Auth/TPA ID	: Dr.SELF : bobE39274		Sponsor Name	: ARCOFEMI HEALTHCAR	ELIMITED
	D	EPARTMENT OF CI	INICAL PATHOL	.OGY	
ARCOFEMI - M	EDIWHEEL - FULL BOD	Y HEALTH ANNUAI	PLUS CHECK -	FEMALE - 2D ECHO - PA	N INDIA - FY2324
Т	est 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: LBC PAP TEST (PAPSURE)

withing

DR. MANISH T. AKARE M.B.B.S, MD(Path.) Consultant Pathologist



Dr Sneha Shah Dr. MBBS, MD (Pathology) M.I Consultant Pathologist Cor

Dr. Sanjay Ingle

M.B.B.S,MD(Pathology) Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashqite Raqhupathi Stamhere-5th Floor Peruance: Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Pax No: 4904 7744

Shop No.: 14 to 20, City Pride building, Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri), Pune, Maharashtra, India - 411004

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Patient Name	: Mrs. SHILPA MORE	Age/Gender	: 34 Y/F
UHID/MR No.	: CPIM.0000051531	OP Visit No	: CPIMOPV144787
Sample Collected on	:	Reported on	: 27-05-2023 18:35
LRN#	: RAD2008141	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: bobE39274		

# DEPARTMENT OF RADIOLOGY

# X-RAY CHEST PA

# **Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

# Impression

Study is within normal limits.

Dr. KIRAN PRALHAD SUDHARE <u>MBBS, DMRD</u> Radiology



Patient Name	: Mrs. SHILPA MORE	Age/Gender	: 34 Y/F
UHID/MR No.	: CPIM.0000051531	OP Visit No	: CPIMOPV144787
Sample Collected on	:	<b>Reported on</b>	: 27-05-2023 10:46
LRN#	: RAD2008141	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: bobE39274		

# DEPARTMENT OF RADIOLOGY

# ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size 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. 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.

**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. It shows normal shape & echo pattern.Endometrial echo-complex appears normal and measures 7 mm.No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

**IMPRESSION:-**No significant abnormality detected. Suggest – clinical correlation.



Patient Name : Mrs. SHILPA MORE

Age/Gender

: 34 Y/F

(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. KIRAN PRALHAD SUDHARE <u>MBBS, DMRD</u> Radiology

 Name:
 Mrs. SHILPA MORE

 Age/Gender:
 34 Y/F

 Address:
 SUKHWANI PARK, BLDG NO- 1, FLAT NO - 8, VASTU UDYOG CORNER, PIMPRI

 Location:
 PUNE, MAHARASHTRA

 Doctor:
 Department:

 GENERAL
 Rate Plan:

 PIMPRI\_06042023

 Sponsor:
 ARCOFEMI HEALTHCARE LIMITED

 Consulting Doctor:
 Niss. SNEHA NAIR

**Doctor's Signature** 

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CPIM.0000051531 CPIMOPV144787 27-05-2023 09:19

 Name:
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 Age/Gender:
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 PUNE, MAHARASHTRA

 Department:
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 Rate Plan:
 PIMPRI\_06042023

 Sponsor:
 ARCOFEMI HEALTHCARE LIMITED

 Consulting Doctor: Dr. SUPRIYA GAWARE

**Doctor's Signature** 

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 Department:

 GENERAL
 Rate Plan:

 PIMPRI\_06042023

 Sponsor:
 ARCOFEMI HEALTHCARE LIMITED

 Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### SYSTEMIC REVIEW

#### **HT-HISTORY**

## PHYSICAL EXAMINATION

## SYSTEMIC EXAMINATION

#### IMPRESSION

#### RECOMMENDATION

**Doctor's Signature** 

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 Location:
 PUNE, MAHARASHTRA

 Doctor:
 PUNE, MAHARASHTRA

 Department:
 GENERAL

 Rate Plan:
 PIMPRI\_06042023

 Sponsor:
 ARCOFEMI HEALTHCARE LIMITED

 Consulting Doctor: Dr. BIJAL MISTRY

Doctor's Signature

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CPIM.0000051531 CPIMOPV144787 27-05-2023 09:19

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 Doctor:
 Department:

 GENERAL
 Rate Plan:

 PIMPRI\_06042023

 Sponsor:
 ARCOFEMI HEALTHCARE LIMITED

 Consulting Doctor: Dr. SAMEER KUMAR SABAT

# HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

## SYSTEMIC REVIEW

#### **HT-HISTORY**

## PHYSICAL EXAMINATION

## SYSTEMIC EXAMINATION

#### IMPRESSION

#### RECOMMENDATION

**Doctor's Signature** 

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CPIM.0000051531 CPIMOPV144787 27-05-2023 09:19

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist	Waist & Hip Ratio	User
27-05-2023 15:12		110/80 mmHg	22 Rate/min	98 F	152 cms	60 Kgs	%	%	Years	25.97	cms	cms	cms		AHLL03446

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist	Waist & Hip Ratio	User
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Conducted By:	:	Conducted Date	:
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