

Patient Name : MRS. ANURADHA

Age / Gender : 35 years / Female

MR No. / IPD No. : /

Patient Type / Bed No. : /

Referred By : ARCOFEMI HEALTH CARE
 PVT.LIMITED (MEDIWHEEL)

Registration Time : Oct 19, 2024, 10:12 a.m.

Receiving Time : Oct 19, 2024, 10:12 a.m.

Reporting Time : Oct 19, 2024, 12:54 p.m.


241019054

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT.
 LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.

Hemoglobin (Hb) Method : Whole Blood, SLS-haemoglobin	12.4	g/dL	12.0 - 15.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	4.20	x 10 ⁶ /uL	3.8 - 4.8
HCT Method : Whole Blood, RBC pulse height detection	38.5	%	36 - 46
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	91.7	fL	83 - 101
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	29.5	pg	27 - 32
Mean Corpuscular Hb Conc. (MCHC) Method : Whole Blood, Calculated	32.2	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	13.2	%	11.6 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	5.0	x 10 ³ /uL	4 - 10
DLC (Differential Leucocytes Count)			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	66.3	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	24.0	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	5.3	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	3.8	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	0.6	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	3.31	x 10 ³ /uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	1.20	x 10 ³ /uL	1 - 3

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Test Description	Value(s)	Unit(s)	Reference Range
Absolute Monocyte Count Method : Whole Blood, Calculated	0.27	x 10 ³ /uL	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.19	x 10 ³ /uL	0.02 - 0.5
Absolute Basophils Count Method : Whole Blood, Calculated	0.03	x 10 ³ /uL	0.02 - 0.1
Platelet Count Method : Whole Blood, DC Detection	218	x 10 ³ /uL	150 - 410
ESR - Erythrocyte Sedimentation Rate Method : Whole blood , Modified Westergren Method	17	mm/hr	<20

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

END OF REPORT


 Dr. Arti Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012

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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Creatinine (Serum)

Creatinine	0.70	mg/dL	0.60 - 1.10
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Method : Kinetic colorimetric (Jaffe method)

Note

Interpretation:

Elevated levels are found in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly.

Decreased levels are found in Muscular Dystrophy

END OF REPORT



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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

SGPT(ALT),Serum

SGPT	16	U/L	5-33
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Method : IFCC with pyridoxal phosphate

Interpretation

Increased in: Acute viral hepatitis , Biliary tract obstruction (cholangitis, choledocholithiasis) Alcoholic hepatitis and cirrhosis.
 Other conditions - liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure, ischemia or hypoxia, injury to liver ("shock liver"), extensive trauma. Drugs that cause cholestasis or hepatotoxicity.
Decreased in: Pyridoxine (vitamin B6) deficiency.

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Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

Blood Group (ABO)

Blood Group	"B"
Method : Forward and Reverse by Slide method	
RH Factor	Positive

Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose (Fasting)			
Glucose Fasting	86	mg/dL	Normal: 72-106
Method : Plasma,Enzymatic Hexokinase			Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT



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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose (PP)

Blood Glucose-Post Prandial	104	mg/dL	70 - 140
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Method : Plasma, Enzymatic Hexokinase
 Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
BUN			
UREA*	19.4	mg/dL	17 - 43
Method : Serum,Urease			
BUN*	9.07	mg/dL	7 - 18.0
Method : Serum,Calculated			

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Bilirubin Total(Serum)			
Bilirubin-Total	1.10	mg/dL	0.2 - 1.2
Method : Diazo Method			

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Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

Urine (RE/ME)

Physical Examination :

Volume	20		mL
Method : Visual Observation			
Colour	Pale Yellow		Pale Yellow
Method : Visual Observation			
Transparency (Appearance)	Clear		Clear
Method : Visual Observation			
Deposit	Absent		Absent
Method : Visual Observation			
Reaction (pH)	6.0		4.5 - 8.0
Method : Double Indicator method			
Specific Gravity	1.020		1.010 - 1.030
Method : Ionic Concentration			

Chemical Examination (Dipstick Method) Urine

Urine Protein	Absent		Absent
Method : Protein Ionisation/ Manual			
Urine Glucose (sugar)	Absent		Absent
Method : Oxidase Reaction/ Manual			
Blood (Urine)	Absent		Absent
Method : Peroxidase Reaction			

Microscopic Examination Urine

Pus Cells (WBCs)	3 - 5	/hpf	0 - 5
Method : Microscopy			
Epithelial Cells	4 - 6	/hpf	0 - 4
Method : Microscopy			
Red blood Cells	Absent	/hpf	Absent
Method : Microscopy			
Crystals	Absent		Absent
Method : Microscopy			
Cast	Absent		Absent
Method : Microscopy			
Yeast Cells	Absent		Absent
Method : Microscopy			
Amorphous Material	Absent		Absent
Method : Microscopy			

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Test Description	Value(s)	Unit(s)	Reference Range
Bacteria Method : Microscopy	Absent		Absent
Others	Absent		

Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

****END OF REPORT****



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OPD ASSESSMENT FORM
(Gyn. & Obs.)

GYNAE DEPTT

9212150582

9212150586

For Appt. 9212526855

Time 8 AM to 8 PM

Name of Patient: Mrs ANURADHA Age/Sex: 35/F Date/Time: 19/10/24

Name of Doctor:

Presenting complaints: No Gynae complaints

History of presenting complaints:

Menstrual History : LMP: 29/8/24 Pds 2-3, irregular, av flow, mod
EDD: 30-40 d

Marital History: P₁L₁A₃ MFX S₂

Obstetric History: P₁ - FTND, B, 3p, A+H

Past history / surgical procedures: A₃ - MTP = pills, LA - Medical o
NS by 2nd Oct-2

A. General Physical Examination: Pallor Icterus Cyanosis Clubbing

Pedal edema Lymph nodes Breast B.P. Pulse Weight

Femur ⊕

- Location : 1. P/A Soft
2. P/S G, Ucg ⊕
3. PM uL All MC mobile R/L E her

Investigation	Treatment
	<p>- LBG whole abdomen - USG pelvis & TUS</p> <p>Contraceptive options - Pill IUCD Inj. (Mifepristone) Injection</p> <p>P₂ - T-Krimson 35 - 100 x 21 days x 6 months</p> <p>Gravidal vaccine / Gravidal - 9 Bivalent / Bivalent (0, 2, 6) / (0, 6)</p> <p>Surgical approach for Gall stones.</p>

Diet Normal Soft Liquid Other

Signature & Name of the Doctor



Name: MRS - Anuradha Age: 35y Sex: F
 Deptt.: _____ Ref by: _____ Date: 17/10/24
 M.R. No. _____ H/O Drug Allergy: YN

Deptt. of General & Laparoscopic Surgery

Dr. Vinay Sabharwal

M.B.B.S., M.S., F.I.C.S.
 Hon. Surgeon to Fmr. President of India
 Sir Ganga Ram Hospital
 Sr. Member: Association of Surgeons of India
 Indian Association of Gyna. Endo Surgeons
 Indian Home Society
 Association of Min. Access Surgeons of India
 E-mail: vinay@jmh.in
 Website: [www.drvinay\[sabharwal\].com](http://www.drvinay[sabharwal].com)
 DMC No. 4887

Vn ← 6/6
 (naked eye) 6/6
 Near ← N6
 N6

Dr. Malvika Sabharwal

M.B.B.S., D.C.C., F.I.C.O.G., Dip. Endo. Surgery (USA)
 Awarded Padmaashri by the President of India
 Chief Dept. of Gynae, Laparoscopic, Endoscopy Surgery
 President, Delhi Gynae Endoscopy Society (2018)
 Founder Chairperson, Indian Ass. of Gynae. Endoscopyists
 International Society of Gynae. Laparoscopists
 American Association Gynae. Laparoscopy
 Federation of Obst. & Gynae. Societies of India
 International College of Obst. & Gynae.
 E-mail: malvika@jmh.in
 Website: [drmalvika\[sabharwal\].com](http://drmalvika[sabharwal].com)
 DMC No. 4898

Ant. Segment - NAD
 Fundus B/G - NAD

Deptt. of E.N.T.

Dr. R.K. Trivedi

M.B.B.S., D.L.O., M.S. (ENT)
 Senior Consultant
 D.M.C. No. 12547

Tu ← Normal
 N

Dr. Rajeesh Nangia

M.B.B.S., M.S. (ENT)
 Senior Endoscopic Surgeon
 DMC No. 4887

Colour vision - Normal on Ishihara Chart

Deptt. of Ophthalmology

Dr. Ashwani Seth

M.B.B.S., M.S.
 Senior Consultant Eye Surgeon
 D.M.C. No. 13770

Dr. S.C. Pahwa

M.B.B.S., M.S. (Ophth)
 Eye Surgeon
 D.M.C. No. 8124

- P
 Eye - mist Euphoric
 S. Divalpatawa

Deptt. of Dentistry

Dr. Varun Aggarwal

B.D.S., M.D.S., D.M.D., M.I.C.A.
 Consultant Implantologist
 & Orth. Head

Dr. Neha Gupta

B.D.S., PGCHM, F.I.C.R., M.I.C.A.
 Senior Consultant
 Deptt. of Dentistry

Dr. S. C. PAHWA
 M.B.B.S., M.S. (OPHTH)
 EYE SURGEON
 Reg. No. 8424 (D.M.C.)

Treatment Adv for _____ days Next followup Visit on _____

PNURKAOHA - 35/F

Atrial Rate
 Ventricular Rate
 Rhythm
 Axis
 P. Wave
 P.R. Interval
 QRS Duration
 Q.T. Duration
 Q.T. Interval
 Conclusion

ST Segment
 T. Wave
 -Others
 Signature
 Doctor I/C





Mediwheel
...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mrs. Anuradha aged, 35yr. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: New Delhi

Date: 19/10/2024

Dr. *Nitesh Kumar*
MBBS
BCMP-17093
Signature of

Medical officer