



Patient Details

UHID : AFD000018879
Patient Name : MRS RUBI KUMARI
Age / Gender : 38 Yrs / FEMALE / 08-02-1985
Company : Acrofemi Healthcare Ltd
Address : HNO-333, SEC-46, FARIDABAD, HARYANA, INDIA

Bill Date : 11-02-2023 11:30:01
Bill No. : AFDHC230000266
Receipt No. : AFDPR230004354

Service Details

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS DR. PHC HEAD		
2	CBC-1(COMPLETE BLOOD COUNT)		
3	ESR		
4	URINE, ROUTINE EXAMINATION		
5	STOOL ROUTINE EXAMINATION		<i>refused</i>
6	* BLOOD GROUP (ABO & RH)		
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL		<i>11.10</i>
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	ECG		
15	2D ECHO DR. MITHILESH KUMAR		
16	USG-BREAST BOTH		
17	XRAY-CHEST P.A.		
18	PAP SMEAR		
19	USG-FOR WHOLE ABDOMEN		
20	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
21	OPD Consultation-Gynae DR. CHANCHAL GUPTA / DR. MALA DIXIT		
22	OPD Consultation-Dental DR. RAVJOT AHUJA		
23	OPD Consultation-Ophthal DR. UPASANA		

Prepared By : MS. PRIYANKA MOURYA

Employee ID
Signature

FINAL REPORT

Bill No.	: AFDHC230000266	Bill Date	: 11-02-2023 11:30
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003419	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:29
		Reporting Date & Time	: 11-02-2023 16:52

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		10.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.4	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.5	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		38.4	%	36 - 46
MEAN CORPUSCULAR VOLUME		87.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.6	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		164	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	57.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.0	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		62	%	40 - 80
LYMPHOCYTES		28	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)		12	mm 1st hr	0 - 20

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000266	Bill Date	: 11-02-2023 11:30
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003420	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:29
		Reporting Date & Time	: 11-02-2023 16:51

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine
MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
URINE, ROUTINE EXAMINATION
PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Slight turbid		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		5.0		5.0 - 8.5
PROTEINS (Protein-error-of-Indicators)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.010		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		8-10	/HPF	0 - 5
RBC's		1-2		
EPITHELIAL CELLS		4-6		
CASTS		Nil		
CRYSTALS		Nil		
OTHERS		Bacteria (+)		

**** End of Report ****
IMPORTANT INSTRUCTIONS

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DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000266	Bill Date	: 11-02-2023 11:30
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003421	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:29
		Reporting Date & Time	: 14-02-2023 14:10

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

BLOOD GROUP (ABO & RH)

ABO GROUP	"B"
RH TYPE	POSITIVE

Forward grouping done by slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
MBBS, DCP, DNB (PATHOLOGY)
CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No. :	AFDHC230000266	Bill Date :	11-02-2023 11:30
Patient Name :	MRS. RUBI KUMARI	UHID :	AFD000018879
Age / Gender :	38 Yrs / FEMALE	Patient Type :	If PHC :
Ref. Consultant :	DR. PHC HEAD	Ward / Bed :	/
Sample ID :	AFD23003422	Current Ward / Bed :	/
		Receiving Date & Time :	11-02-2023 14:29
		Reporting Date & Time :	11-02-2023 16:29

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		20	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.4	mg/dL	0.6 - 1.1
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		137	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		4.2	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>		107	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		86.7	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
 (As per American Diabetes Association recommendation)

**** End of Report ****
IMPORTANT INSTRUCTIONS

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DR. REETU JADHAV NAGE

MBBS,DCP, DNB (PATHOLOGY)

CONSULTANT PATHOLOGIST



FINAL REPORT

Bill No.	: AFDHC230000266	Bill Date	: 11-02-2023 11:30
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC : <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003423	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:29
		Reporting Date & Time	: 11-02-2023 16:29

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		93.6	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. REETU JADHAV NAGE
MBBS, DCP, DNB (PATHOLOGY)
CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFBCB230000503	Bill Date	: 11-02-2023 10:44
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23050612	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 13:50
		Reporting Date & Time	: 13-02-2023 11:17

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)		5.0	%	4.27 - 6.07
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

Note:

1. A three monthly monitoring is recommended in diabetics.
2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Shilpa

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant

FINAL REPORT

Bill No.	: AFBCB230000503	Bill Date	: 11-02-2023 10:44
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23050613	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 13:50
		Reporting Date & Time	: 11-02-2023 14:48

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.72	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.11	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	5.69	miU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Shilpa

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant


FINAL REPORT

Bill No.	: AFDHC230000266	Bill Date	: 11-02-2023 11:30
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003422	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:29
		Reporting Date & Time	: 11-02-2023 16:29

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

CHOLESTROL-TOTAL (CHO-POD)	H	192	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic ImmunoInhibition		61	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	126	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		116	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	131.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.1		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		2.1		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		23	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 1. Cigarette smoking.
 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

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Bill No.	: AFDHC230000266	Bill Date	: 11-02-2023 11:30
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003422	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:29
		Reporting Date & Time	: 11-02-2023 16:29

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.63	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.51	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	H	8.3	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.6	g/dL	
S.GLOBULIN		3.7	g/dL	2.8-3.8
A/G RATIO	L	1.24		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		69.2	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (IFCC)		18.5	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		15.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		10.6	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		172.4	IU/L	0 - 248

CHOLESTROL-TOTAL (CHO-POD)	H	192	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immunoinhibition)		61	mg/dL	>45
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H	126	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		116	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	131.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.1		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		2.1		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		23	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



FINAL REPORT

Bill No.	: AFDHC230000266	Bill Date	: 11-02-2023 11:30
Patient Name	: MRS. RUBI KUMARI	UHID	: AFD000018879
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: OPD
Ref. Consultant	: DR. PHC HEAD	Ward	:
Sample ID	: AFD23003448	Current Bed	:
		Reporting Date & Time	: 14-02-2023 12:37
		Receiving Date & Time	: 11/02/2023 15:12

CYTOPATHOLOGY REPORTING

Pap smear (Manual no. P -07/23)

Specimen type: Conventional Cervico-vaginal smear

Specimen adequacy: Satisfactory for evaluation, with endocervical or transformation zone component

Comment: Smears show mainly superficial and intermediate squamous epithelial cells. Few endocervical cells are also noted. Along with this, there are sheets of polymorphonuclear cells are present. RBCs are present in background. Normal bacterial flora seen. Reactive inflammatory changes seen.

No Candida or Trichomonas seen.

No atypical cells or granulomas seen.

INTERPRETATION / RESULT: Negative for intraepithelial lesion or malignancy (NILM), Reactive changes associated with inflammation

(Note: Report as per the 2014 Bethesda system for reporting cervical cytology).

*** End of Report ***

DR. REETU JADHAV NAGE
MBBS, DCP, DNB
(PATHOLOGY)
CONSULTANT PATHOLOGIST

86 bpm
-- / -- mmHg

Location:

09.02.2023 11:09:12
ASIAN FIDELIS HOSPITAL
SEC-88 FARIDABAD HARYANA
RPS CITY

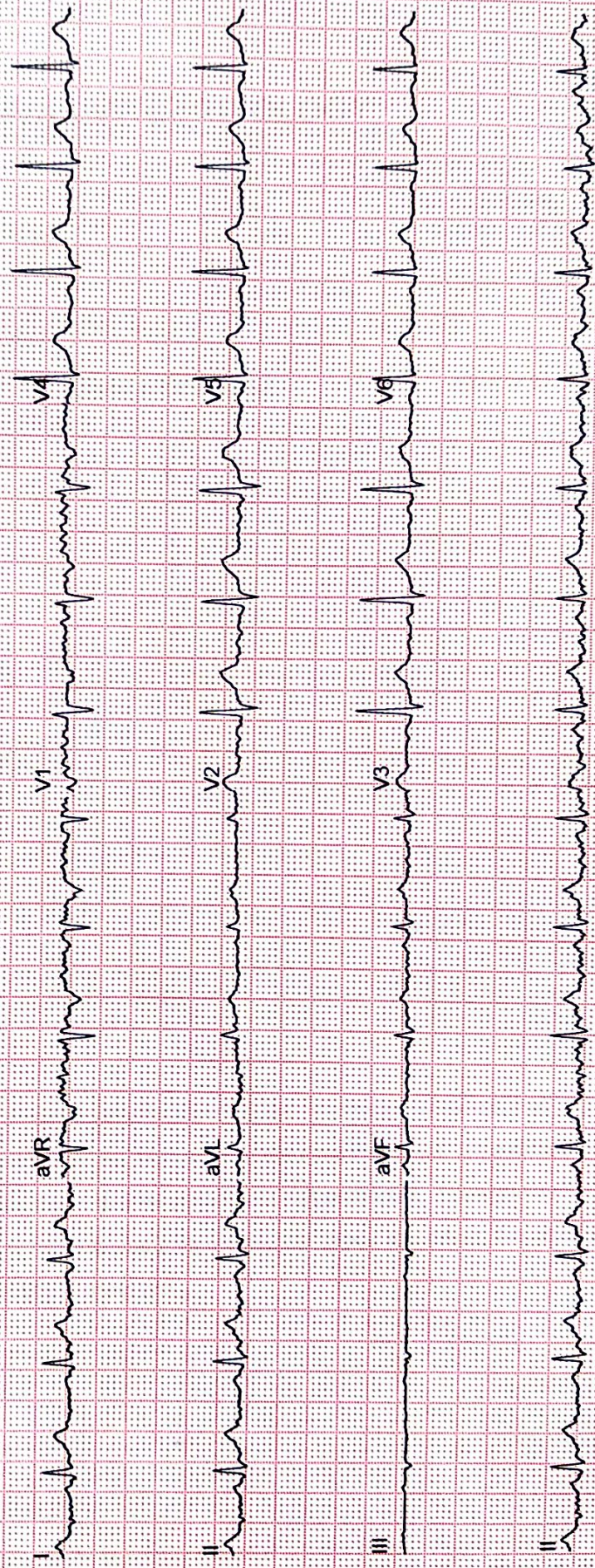
Mrs. Rubi Kumari

QRS 70 ms
QT / QTcBaz 378 / 452 ms
PR 128 ms
P 88 ms
RR / PP 696 / 697 ms
P / QRS / T 41 / 37 / 28 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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



GE MAC2000 1:1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

Unconfirmed
4x2 5x3_25_R1

1/1

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. RUBI KUMARI	IPD No.	:
Age	: 38 Yrs	UHID	: AFD000018879
Gender	: FEMALE	Bill No.	: AFDHC230000266
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 11:30:01
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 11:09:14

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter	2.6	2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.1	1.9-4.0cm < 2.2cm/M2
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	4.5	3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.9	2.2-4.0 cm
IVS thickness	ED - 0.8 ES-1.1	0.6-1.2cm
LVPW Thickness	ED - 0.7 ES-1.1	0.5-1.1cm
IVS/ LVPW Ratio	N	
Mitral Valve	DE-N EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60 %	60+/-6%

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.



NON INVASIVE CARDIOLOGY

Patient Name	: MRS. RUBI KUMARI	IPD No.	:
Age	: 38 Yrs	UHID	: AFD000018879
Gender	: FEMALE	Bill No.	: AFDHC230000266
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 11:30:01
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 11:09:14

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E-1.0	A-0.7	MR 0/4
TRICUSPID VELOCITY	2.3 m/s		TR 1/4
AORTIC VELOCITY	1.3 m/s		AR 0/4
PULMONARY VELOCITY	1.3 m/s		PR 0/4
PA Pressure	21+RAP		

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. RUBI KUMARI	IPD No.	:	
Age	: 38 Yrs	UHID	:	AFD000018879
Gender	: FEMALE	Bill No.	:	AFDHC230000266
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	11-02-2023 11:30:01
Ward	:	Room No.	:	
		Procedure Date	:	13-02-2023 11:09:14

COLOUR FLOW MAPPING

Trace tricuspid regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Trace tricuspid regurgitation (PASP-21+RAP)
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE.

DR. MITHILESH KUMAR
MD. (DNB Cardiology).
Consultant Cardiologist
HMC-HN19723

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.
MADHVI.S

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. RUBI KUMARI	IPD No.	:	
Age	: 38 Yrs	UHID	:	AFD000018879
Gender	: FEMALE	Bill No.	:	AFDHC230000261
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	11-02-2023 09:40:31
Ward	:	Room No.	:	
		Print Date	:	11-02-2023 12:09:33

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS,MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. RUBI KUMARI	IPD No.	:	
Age	: 38 Yrs	UHID	:	AFD000018879
Gender	: FEMALE	Bill No.	:	AFDHC230000266
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	11-02-2023 11:30:01
Ward	:	Room No.	:	
		Print Date	:	11-02-2023 12:36:40

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size (longitudinal span 11.8 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended and shows multiple echogenic foci within the lumen.
- Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 10.0 x 3.8 cm. The left kidney measures 10.7 x 5.1 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is partially distended.
- Uterus is anteverted and is normal in size measuring 7.1 x 3.6 x 4.7 cm. Normal echogenicity of myometrium noted. No focal lesion seen. The endometrium measures ~ 7.3 mm and appears normal. The uterine cavity is empty. The cervical endometrium is thin and regular.
- Right ovary is normal in size and echotexture. Right ovary measures 2.5 x 1.6 cm. **Left ovary is bulky and measures 4.7 x 3.4 cm. A cyst of size 3.1 x 2.6 cm is seen in the left ovary.**
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.


IMPRESSION:

- Cholelithiasis.
- Bulky left ovary with left ovarian cyst.

Please correlate clinically.

.....End of Report.....

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. RUBI KUMARI	IPD No.	:	
Age	:	38 Yrs	UHID	:	AFD000018879
Gender	:	FEMALE	Bill No.	:	AFDHC230000266
Ref. Doctor	:	DR. PHC HEADAsian Fidelis	Bill Date	:	11-02-2023 11:30:01
Ward	:		Room No.	:	
			Print Date	:	11-02-2023 14:01:17

USG BOTH BREASTS

PROTOCOL:

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

FINDINGS:

Both breasts parenchyma appears normal. No focal lesion or collection seen.

Both the nipples are normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen.

Skin and subcutaneous tissues are unremarkable on both sides.

IMPRESSION: BIRADS-I.

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS,MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

OPD Assessment Form (First visit/Follow-up)



Name : MRS. RUBI KUMARI
 HUSBAND : MR. MITHILESH KUMAR
 Age / Gender : 38 Yrs / FEMALE
 CPG : CORPORATE CASHAIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : HNO-333, SEC-46, FARIDABAD, HARYANA, INDIA

UHID No. : AFD000018879
 Date : 11-02-2023 11:18:15
 Doctor / Unit : DR. MUKUND SINGH /
 Department : INTERNAL MEDICINE_FD

hypothyroidism

Present Complaints:

BP (mm Hg)	110/80 mmHg
Pulse	97 b/m
RR	SpO2 98.1%
Ht/Length	160 cm
Wt-	62.7 kg
Pain Score (1-10)	

Past/Family History:

As above

History Given By : *Self*
 Clinical Findings : *None*

Any known Allergies

Not known

Provisional Diagnosis :

*hypothyroidism
 cholesterol
 chronic eye*

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

TSH = 5.69 on Thyronorm 25 mg on

Ad - Surgical consultation
- Gyene consultation

Plan Of Care :

Rx

① Thyronorm 50 mg on
(Empty Stomach)

Treatment Advice:

② Rycal on
③ Ach. Q 10

15 days
=

Nutritional Screening : Required (If required, please contact, the dietician)

Not Required

TSH after 6 weeks
Reverse TSH Report
after 6 weeks

Dr. Mukund Singh
Consultant Internal Medicine
Fidelis Speciality Hospital
RPS Savana City, Sector-88
Faridabad, Haryana - 121002
MBBS 2007, DNB (Medicine) 2010
MCH/11/1006

Signature of Doctor / Consultant

Date:..... Time:.....

10-62

Dr. Chanchal Gupta
MBBS, DNB (Obs & Gynae)
FMAS, FICOG
HOD & Senior Consultant
Cytentricks & Gynaecology

Asian Fidelis Multi Speciality Hospital
RPS Savana, RPS City, Sector - 88,
Faridabad, Haryana - 121002
Mobile: +91 - 9871102804 ✓
E-mail : chanchal.gupta@asianfidelis.com
Website: www.asianfidelis.com

OPD Assessment Form (First visit)

(A unit of "Pristine Infracon Private Limited)

Name : MRS. RUBI KUMARI
HUSBAND : MR. MITHILESH KUMAR
Age / Gender : 38 Yrs / FEMALE
CPG : CORPORATE CASHVAIMS2122_FD
Inst. Name : Acrofemi Healthcare Ltd
Address : HNO-333, SEC-46, FARIDABAD, HARYANA, INDIA

UHID No :
Date : 11-02-2023 11:18:15
Doctor / Unit : DR. CHANCHAL GUPTA / DR. MALA DIXIT /
Department : OBS / GYNAE

Health check up.

Present Complaints:

Imp. 24/1/23.

BP (mm Hg) 110/80 mmHg
Pulse 97 b/min
RR SpO2 - 98.1
Ht/Length 160 cm
Wt- 65.7 kg
Pain Score (1-10)

Past/Family History:

hypothyroidism on therapy

Breast (N)

P/A soft.

Any known Allergies

P/S D/S (+) Tongue shaped
leucoplakia polyp. 2x2cm.
Pap's smear done

History Given By :

Clinical Findings :

Q4. Pals - 13
NVDs, 84

P/V. ut (N) size

(R) fornix palpable.

Adv.

Provisional Diagnosis :

Hysteroscopy + Polypectomy

DR. CHANCHAL GUPTA / DR. MALA DIXIT, MBBS, DNB, FMAS, FICOG, Sr. Consultant & Head-OBS / GYNAE, Reg. No: HN

Note : Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Signature

Dr. Chanchal Gupta
Senior Consultant & HOD Obstetrics & Gynaecology
Asian Fidelis Multi Speciality Hospital
RPS Savana City, Sector - 88,
Faridabad - 121002, Haryana
MBBS + DNB (Obs & Gynae), FMAS Fellowship, FICOG Fellowship
HN 005423

Investigations Advised :

- Tab Cousoft-cc
Hs.
- 3d.

- Tab Focan 150mg
- 2 x 20

Prasad



Plan Of Care :

(L)
2-1 x 2-5
cyst.

Treatment Advice:

lap ovarian cystectomy
+ hysteroscopic polypectomy
+
lap cholecystectomy

Prasad

14-2-23

Paps smear

to 1 LM

Reactive changes

inflammation

Nutritional Screening : Required (If required, please contact the dietician)
Not Required

Signature of Doctor / Consultant:..... Date:..... Time:.....



OPD Assessment Form (First visit/Follow-up)



Name : MRS. RUBI KUMARI
 HUSBAND : MR. MITHILESH KUMAR
 Age / Gender : 38 Yrs / FEMALE
 CPG : CORPORATE CASHVAIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : HNO-333, SEC-46, FARIDABAD, HARYANA, INDIA

UHID No. : AFD000018879
 Date : 11-02-2023 11:18:15
 Doctor / Unit : DR. RAVJOT AHUJA /
 Department : DENTAL

Present Complaints:

Pt. 40 pain in lower right tooth region since 6 months.

BP (mm Hg) 110/80 mmHg
 Pulse 97 b/m
 RR sp2 - 98%
 Ht/Length 160 cm
 Wt- 63.7 kg
 Pain Score (1-10)

Past/Family History:

Pt. ~~got~~ extraction done many yrs back.

Any known Allergies

History Given By :

Clinical Findings :

Cavious $\frac{7}{|}$ Stains +
 Missing $\frac{6}{|}$ Calculus +

Provisional Diagnosis : Deep Cavies $\frac{7}{|}$

DR. RAVJOT AHUJA, DENTAL,

Asian Fidelis Multispeciality Hospital OPD Timings: Mon - Sat: 10:00am to 04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom



Investigations Advised :

DOPIA - 7/

Plan Of Care :

Adv. Zewdol SR IBD X3days 3000.
RCT ~~1A~~ - 4000.
C - 10000.
PFM - 5000.

Treatment Advice: Adv. RCT in 7/
Replacement of missing teeth 6/
Scaling & Polishing.

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant: Date:..... Time:.....



OPD Assessment Form (First visit/Follow-up)



Name : MRS. RUBI KUMARI
 HUSBAND : MR. MITHILESH KUMAR
 Age / Gender : 38 Yrs / FEMALE
 CPG : CORPORATE CASHAIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : HNO-333, SEC-46, FARIDABAD, HARYANA, INDIA

UHID No. : AFD000018879
 Date : 11-02-2023 11:18:15
 Doctor / Unit : DR. UPASANA /
 Department : OPHTHALMOLOGY

Present Complaints: elo Burning Sensation. (L/R)

BP (mm Hg) 110/80 mmHg
 Pulse 92 bpm
 RR SpO2 97%
 Ht/Length 160 cm
 Wt 63.7 kg
 Pain Score (1-10)

Past/Family History:

NA

Any known Allergies

History Given By :

Clinical Findings :

VAC 6/6
 NUC 11/6
 N/G
 A/S M & S
 'buff'
 Impf @ @

Provisional Diagnosis :

Dry Eyes

DR. UPASANA, MBBS, DOMS, FAEH, Consultant-OPHTHALMOLOGY, Reg. No: MCI 09/35142

Note :
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :


Plan Of Care :

Treatment Advice:

BE Add tears eld 1-1-17 / month
RA 2/12



Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:  Date: 11/2/23 Time: 1:25