



Patient Name : N

: Mrs.REENA SINGH

Age/Gender

: 46 Y 7 M 24 D/F

UHID/MR No Visit ID : CIND.0000101047 : CINDOPV147719

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: AADHAR NO 643209857572

Collected

: 25/Mar/2023 10:08AM

Received

: 25/Mar/2023 06:39PM : 26/Mar/2023 01:28PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

RBCs: Count is within normal limits. RBCs show mild anisocytosis, are predominantly normocytic normochromic. No immature cells / haemolysis seen.

WBCs: TLC and DLC are within normal limits. No immature / atypical cells seen.

Platelets: Count is within normal limits. Morphology is within normal limits.

Impression: Normal study.

Page 1 of 13

SIN No:BED230076028





Age/Gender : 46 Y 7 M 24 D/F

UHID/MR No : CIND.0000101047 Visit ID : CINDOPV147719

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572

Collected : 25/Mar/2023 10:08AM Received : 25/Mar/2023 06:39PM

Reported : 26/Mar/2023 01:28PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY						
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						

HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.15	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.5	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	17.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	58.5	%	40-80	Electrical Impedanc
LYMPHOCYTES	32.4	%	20-40	Electrical Impedanc
EOSINOPHILS	2.1	% ,	1-6	Electrical Impedanc
MONOCYTES	6.6	%	2-10	Electrical Impedanc
BASOPHILS	0.4	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2925	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	1620	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	105	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	330	Cells/cu.mm	200-1000	Electrical Impedanc
BASOPHILS	20	Cells/cu.mm	0-100	Electrical Impedanc
PLATELET COUNT	161000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	mm at the end of 1 hour	0-20	Modified Westergre

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Platelets: Count is within normal limits. Morphology is within normal limits.

Impression: Normal study.

Page 2 of 13

SIN No:BED230076028 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi









Age/Gender : 46 Y 7 M 24 D/F
UHID/MR No : CIND.0000101047

Visit ID : CINDOPV147719

Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : AADHAR NO 643209857572

Collected : 25/Mar/2023 10:08AM

Received : 25/Mar/2023 06:39PM Reported : 25/Mar/2023 11:10PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY					
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name Result Unit Bio. Ref. Range Method					

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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SIN No:BED230076028





Age/Gender : 46 Y 7 M 24 D/F UHID/MR No : CIND.0000101047

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: CINDOPV147719

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: Dr.SELF : AADHAR NO 643209857572 Collected

: 25/Mar/2023 10:08AM

: 25/Mar/2023 07:33PM

Received : 25/Mar/2023 06:43PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF BIOCHEMISTRY					
300	SODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324					
	Result	Unit	Bio. Ref. Range	Method		

CLUCOCE FACTING MAE DI ACMA	0.4	/-II	70.400	COD DOD	
GLUCOSE, FASTING, NAF PLASMA	91	mg/dL	70-100	GOD - POD	

Comment:

As per American Diabetes Guidelines

ARCOFEMI - MEDIWHEEL -FULL B Test Name

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

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SIN No:PLF01949948







Age/Gender : 46 Y 7 M 24 D/F UHID/MR No : CIND.00001010

UHID/MR No : CIND.0000101047 Visit ID : CINDOPV147719

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572

Collected : 25/Mar/2023 10:08AM

Received : 25/Mar/2023 06:52PM Reported : 25/Mar/2023 08:06PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY						
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324						
711001 21111 1112511111222 1 022 502	AROOF EIN MEDITIEEE TOLE DOD'T EATHOR TEOGRAPHAROLD TEMALE 25 EGIIG TARINDIA 112024					
Test Name Result Unit Bio. Ref. Range Method						

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	217	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	86	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	63	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.44		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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SIN No:SE04331455







Age/Gender : 46 Y 7 M 24 D/F

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Emp/Auth/TPA ID : AADHAR NO 643209857572

Collected : 25/Mar/2023 10:08AM

Received : 25/Mar/2023 06:52PM Reported : 25/Mar/2023 08:06PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY						
	DEPARTMENT OF BIOCHEMISTRY					
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.50	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	65.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	3.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.12		0.9-2.0	Calculated

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Emp/Auth/TPA ID : AADHAR NO 643209857572

Collected : 25/Mar/2023 10:08AM

Received : 25/Mar/2023 06:52PM Reported : 25/Mar/2023 07:44PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324						
						Test Name Result Unit Bio. Ref. Range Method

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM						
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase		
UREA	22.00	mg/dL	15-36	Urease		
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	4.20	mg/dL	2.5-6.2	Uricase		
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III		
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol		
SODIUM	137	mmol/L	135-145	Direct ISE		
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE		
CHLORIDE	105	mmol/L	98 - 107	Direct ISE		

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY					
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name Result Unit Bio. Ref. Range Method					

ALKALINE PHOSPHATASE , SERUM	65.00	U/L	38-126	p-nitrophenyl phosphate
CALCIUM, SERUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	5	mg/L	<10.0	IMMUNOENZYMATIC

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

ELECTROLYTES - SERUM , SERUM					
SODIUM	137	mmol/L	135-145	Direct ISE	
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE	
CHLORIDE	105	mmol/L	98 - 107	Direct ISE	
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	12-43	Glyclyclycine Nitoranalide	
PHOSPHORUS, INORGANIC , SERUM	3.40	mg/dL	2.5-4.5	PMA Phenol	

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SIN No:SE04331455







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: CINDOPV147719

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572 Collected : 25/Mar/2023 10:08AM

Received : 25/Mar/2023 06:49PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 25/Mar/2023 08:37PM

DEPARTMENT OF IMMUNOLOGY ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324					
					Test Name Result Unit Bio. Ref. Range Method

Reported

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.7-2.04		
THYROXINE (T4, TOTAL)	9.30	μg/dL	6.09-12.23	CLIA	
THYROID STIMULATING HORMONE (TSH)	3.820	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

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SIN No:SPL23050215

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED-VIKAS MARG NEW DELHI



11. First Floor, Gaur Gravity, Plot No.8, Vaibhay





Patient Name

: Mrs.REENA SINGH

Age/Gender UHID/MR No : 46 Y 7 M 24 D/F

Visit ID

: CIND.0000101047

Ref Doctor

: CINDOPV147719

: Dr.SELF

Emp/Auth/TPA ID

: AADHAR NO 643209857572

Collected

: 25/Mar/2023 10:08AM

Received

: 25/Mar/2023 06:49PM : 25/Mar/2023 07:46PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF IMMUNOLOGY							
	DELARTMENT OF IMMIGROEGOT							
EIII I DOI	FULL BODY DEATINEM DELICADIVANCED FEMALE, OD FOLIO, DANIMORA, EVOCA							
FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324								
	Result	l Unit	Rio Ref Range	Method				

VITAMIN D (25 - OH VITAMIN D), SERUM CLIA 19.1 ng/mL

Comment:

BIOLOGICAL REFERENCE RANGES

Test Name

ARCOFEMI - MEDIWHEEL

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.

VITAMIN B12 , SERUM	315	pg/mL	197-771	

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.

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SIN No:SPL23050215





Age/Gender : 46 Y 7 M 24 D/F UHID/MR No : CIND.0000101047

Visit ID : CINDOPV147719

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572 Collected : 25/Mar/2023 10:08AM

Received : 25/Mar/2023 06:11PM Reported : 25/Mar/2023 10:26PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY						
ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						

COMPLETE URINE EXAMINATION , $\it U$	RINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Dipstick
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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	UNT AND MICROSCOPY		*	
PUS CELLS	0-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2085521







Patient Name

: Mrs.REENA SINGH

Age/Gender UHID/MR No : 46 Y 7 M 24 D/F

Visit ID

: CIND.0000101047 : CINDOPV147719

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: AADHAR NO 643209857572

Collected

: 25/Mar/2023 10:08AM

Received

: 25/Mar/2023 07:24PM

Reported

: 25/Mar/2023 08:05PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Unit Result Bio. Ref. Range Method

URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick	
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SIN No:UF008175

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED-VIKAS MARG NEW DELHI

APOLLO CLINICS NETWORK





Age/Gender : 46 Y 7 M 24 D/F

UHID/MR No : CIND.0000101047

Visit ID : CINDOPV147719

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572 Collected : 25/Mar/2023 12:54PM

Received : 25/Mar/2023 11:07PM

Reported : 28/Mar/2023 03:29PM Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP TEST- PAPSURE , LBC FLUID						
	CYTOLOGY NO.	L/693/23				
I	SPECIMEN					
a	SPECIMEN ADEQUACY	ADEQUATE				
b	SPECIMEN TYPE LIQUID-BASED PREPARATION (LBC)					
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR				
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT				
d	COMMENTS SATISFACTORY FOR EVALUATION					
П	MICROSCOPY Smear shows sheets of superficial, intermediate squamou Some of the squamous cells are covered by layer of coccoba obscuring cell membrane.					
Ш	RESULT					
a	EPITHEIAL CELL					
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN				
	GLANDULAR CELL ABNORMALITIES	NOT SEEN				
b	ORGANISM	SHIFT IN FLORA SUGGESTIVE OF BACTERIAL VAGINOSIS				
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY				

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

*** End Of Report ***

Result/s to Follow:

URINE GLUCOSE(POST PRANDIAL), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

Dr. Tanish Mandal MBBS, MD (Pathology) Consultant Pathologist Dr Manju Kumari M.B.S. MD Pathology) Consultant Pathologist.

Dr Nidhi Sachdev M.B.B.S, MD(Pathology) Consultant Pathologist

Page 13 of 13

SIN No:CS061690









Height:	160 CI	Weight:	64 611	199-981	1.
Temp:	M	Pulse:	64.6 he	BMI: 25.219 1m2	Waist Circum :
	10	T dise .	0(14	Resp: 20 (Le	B.P: 110 70

General Examination / Allergies History

Clinical Diagnosis & Management Plan

dul: 30/1/23

dets: Byean old.

R: Co responsible de de tarans

Breast exam

Follow up date:

Sign brown

Doctor Signature





Apollo Clinic

CONSENT FORM

Patient Name: Reema Singh Age: 46 yr
UHID Number: CIND 5000101047 Company Name: BOB
IMr/Mrs/Ms Reena Singh Employee of BOB
(Company) Want to inform you that I am not interested in getting Blood Company to DD or O
Tests done which is a part of my routine health check package. Mr. Pracleb was unable
Tests done which is a part of my routine health check package. Mr. Praclep was an unable to take sample (Blood) olve to take sample (Blood) olve Two attampt also.
Patient Signature: Date: 9563 23

APOLLO CLINIC

INDRAPURAM

Patient: MRS REENA SINGH

Refd.By:

Pred.Eqns: RECORDERS

Date : 25-03-2023 12:37 PM

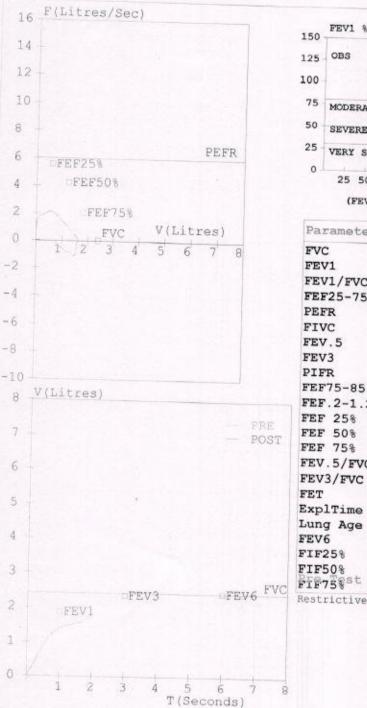
Age : 46 Yrs Height : 160 Cms

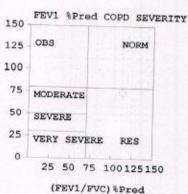
Weight : 64 Kgs ID : 101047 Gender : Female

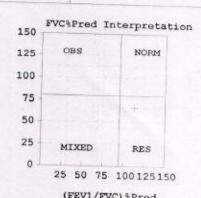
Smoker : No Eth. Corr: 100

Temp :









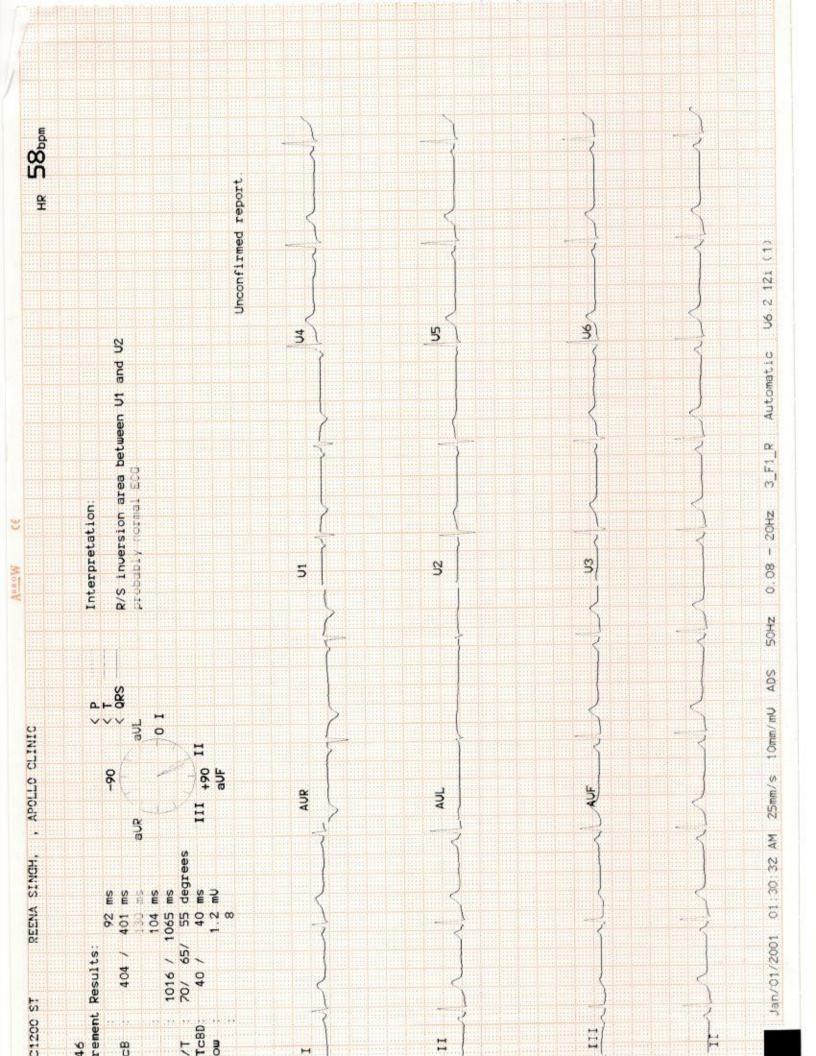
		1	FVC Resu	sults				
Paramete	r	Pred	M.Pre	%Pred	M. Post	%Pred	%Imp	
FVC	(L)	02.42	01.62	067				
FEV1	(L)	01.87	01.41	075				
FEV1/FVC		77.27	87.04	113				
FEF25-75	(L/s)	02.42	01.58	065				
PEFR	(L/s)	06.02	02.08	035				
FIVC	(L)		00.85					
FEV.5	(L)		00.93					
FEV3	(L)	02.35	01.62	069				
PIFR	(L/s)		01.16					
FEF75-85	(L/s)		00.74					
FEF.2-1.	2(L/s)	04.51	01.65	037				
FEF 25%	(L/s)	05.60	02.00	036				
FEF 50%	(L/s)	04.24	01.77	042				
FEF 75%	(L/s)	02.05	00.98	048				
FEV.5/FV	C (%)		57.41					
FEV3/FVC	(%)	97.11	100.00	103				
FET	(Sec)		01.76					
ExplTime	(Sec)		00.10					
Lung Age	(Yrs)	046	058	126				
FEV6	(L)	02.42						
FIF25%	(L/s)		01.31					

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%

(L/s) ---- 00.85 ---(L/s) Severity 00.39 ---

Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70 Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80





25-03-2023

Department

: GENERAL

MR NO

CIND.0000101047

Doctor

Name

Mrs. REENA SINGH

Registration No

Age/ Gender

46 Y / Female

Qualification

Consultation Timing:

09:30

Height:	186-1-1-2			
et son	Weight:	BMI:	Waist Circum :	
Temp :	Pulse :	Resp:		
		rtesp.	B.P:	

General Examination / Allergies History

Clinical Diagnosis & Management Plan

BOTT EARLY Hormal Han

Hose & worst MAD

(or AP GUPTS)

Di.

Follow up date:

Doctor Signature



Patient Name : Mrs. REENA SINGH Age/Gender : 46 Y/F

UHID/MR No. : CIND.0000101047 **OP Visit No**

: CINDOPV147719 Sample Collected on : : 27-03-2023 13:49 Reported on

LRN# : RAD1959087 **Specimen**

Ref Doctor : SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Liver is normal in size and the parenchymal echotexture. There is no focal mass lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

GALL BLADDER: Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid is seen. The common bile duct is not dilated.

PANCREAS: The pancreas appears normal in size and echogenicity. No focal mass lesion seen. MPD is not dilated

SPLEEN: Spleen is normal in size, shape, outline and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS: Both the kidneys are normal in size, shape, outline and echotexture. Cortical thicknesss and echogenicity is preserved. The cortico-medullary differentiation of both kidneys appears maintained. Central sinus echoes are compact. No evidence of any hydronephrosis or nephrolithiasis.

Visualized parts of retroperitoneum do not reveal any lymphadenopathy.

There is no significant free fluid is detected in the peritoneal cavity.

URINARY BLADDER: Urinary bladder is normal in wall thickness with clear contents. No intraluminal mass or calculus is visualised.

UTERUS: The uterus is bulky in size(11.3x7.6x5.9 cms) and echotexture. The myometrial echogenicity appears uniform. Endometrium is of normal thickness, ET measures 6.9 mm. The cervix is normal in appearance.

OVARIES: Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac

IMPRESSION: Bulky uterus



Patient Name : Mrs. REENA SINGH Age/Gender : 46 Y/F

Consultant Radiologist

The sonography findings should always be considered in correlation with the clinical and other lab investigation finding where applicable. It is only a professional opinion. Not valid for medico-legal purposes.

Dr. SATYAVEER SINGH

Radiology



Patient Name : Mrs. REENA SINGH Age/Gender : 46 Y/F

Sample Collected on : Reported on : 27-03-2023 13:17

LRN# : RAD1959087 Specimen : Ref Doctor : SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

Cardiac size appears within normal limits.

CONCLUSION:

No obvious abnormality seen

Dr. SATYAVEER SINGH

Radiology

Fwd: Health Check up Booking Confirmed Request(bobS33682), Package Code-PKG10000313, Beneficiary Code-63263

Triloki Nath Singh <trilokinathsingh72@gmail.com>

Mon 20-03-2023 13:57

To: Greater Noida < GNOIDA@bankofbaroda.com>

**सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

**CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobS33682),Package Code-PKG10000313,

Beneficiary Code-63263

To: < trilokinathsingh72@gmail.com> Cc: < customercare@mediwheel.in >

011-41195959 Email:wellness@mediwheel.in

Dear Reena singh,

Please find the confirmation for following request.

Booking Date

: 16-03-2023

Package Name

Arcofemi MediWheel Full Body Annual Plus Check Advanced Female

2D ECHO (Metro)

Diagnostic/Hospital: Apollo Clinic - Indirapuram Apollo Clinic, 11, First Floor, Gaur Gravity Mall, Vaibhav Khand, Near

Diagnostic/Hospital Kalapatthar Road, Indirapuram -201014

Contact Details

: (0120) 4151923 - 24

City

: Ghaziabad

State

: Uttar Pradesh

Pincode

: 201014

Appointment Date : 25-03-2023

Confirmation

Status

: Confirmed

Preferred Time

: 8:00am-8:30am

Comment

: APPOINTMENT TIME 9:00AM

Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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Patient Name : Mrs. REENA SINGH Age/Gender : 46 Y/F

UHID/MR No. : CIND.0000101047 **OP Visit No** : CINDOPV147719

Sample Collected on Reported on : 25-03-2023 15:12

LRN# : RAD1959087 Specimen **Ref Doctor** : SELF

Emp/Auth/TPA ID : AADHAR NO 643209857572

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Real time B-Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.

Consultant Radiologist.

(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. SATYAVEER SINGH Radiology

Patient Name : Mrs. REENA SINGH Age : 46 Y/F

UHID : CIND.0000101047 OP Visit No : CINDOPV147719 Conducted By: : Dr. SANJEEV GERA Conducted Date : 25-03-2023 16:20

Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

 Ao (ed)
 2.8 CM

 LA (es)
 3.1 CM

 LVID (ed)
 4.4 CM

 LVID (es)
 2.5 CM

 IVS (Ed)
 1.0 CM

 LVPW (Ed)
 1.0 CM

 EF
 55.00%

MITRAL VALVE : NORMAL

AML NORMAL NORMAL AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

Maximum Velocity across valve (cm/s)

Patient Name : Mrs. REENA SINGH Age : 46 Y/F

UHID : CIND.0000101047 OP Visit No : CINDOPV147719 Conducted By: : Dr. SANJEEV GERA Conducted Date : 25-03-2023 16:20

Referred By : SELF

Pulmonary80Aortic105Mitral96/63Tricuspid52

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITY (LVEF=55%)

NORMAL CARDIAC CHAMBERS DIMENSION.

NORMAL RV SYSTOLIC FUNCTION

TRACE MR. TRACE TR. NORMAL PASP.

NORMAL MITRAL FLOW PATTERN.

NO I/C CLOT/VEG/SHANT.

IVC S/O NORMAL RAP

NO PERICARDIAL EFFUSION SEEN.

Dr. SANJEEV GERA