


Patient Name : Mrs.AMRUTHA DEVI K	Collected : 20/Jan/2024 09:49AM
Age/Gender : 60 Y 0 M 19 D/F	Received : 20/Jan/2024 01:46PM
UHID/MR No : CUPP.0000085266	Reported : 20/Jan/2024 04:42PM
Visit ID : CUPPOPV128490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 156914/330404	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.3	g/dL	12-15	Spectrophotometer
PCV	29.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.86	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	77.4	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,230	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.4	%	40-80	Electrical Impedance
LYMPHOCYTES	35.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2301.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1505.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	105.75	Cells/cu.mm	20-500	Calculated
MONOCYTES	304.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	12.69	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	181000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

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SIN No:BED240014323

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Result is rechecked. Kindly correlate clinically



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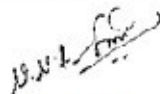


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Age/Gender : 60 Y 0 M 19 D/F	Received : 20/Jan/2024 01:46PM
UHID/MR No : CUPP.0000085266	Reported : 20/Jan/2024 07:05PM
Visit ID : CUPPOPV128490	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology


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Patient Name : Mrs.AMRUTHA DEVI K	Collected : 20/Jan/2024 12:38PM
Age/Gender : 60 Y 0 M 19 D/F	Received : 20/Jan/2024 04:44PM
UHID/MR No : CUPP.0000085266	Reported : 20/Jan/2024 05:28PM
Visit ID : CUPPOPV128490	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	147	mg/dL	70-140	HEXOKINASE

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.



Dr.E.Maruthi Prasad
Msc,PhD(Biochemistry)
Consultant Biochemist

SIN No:PLP1410094

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist

SIN No:EDT240006055

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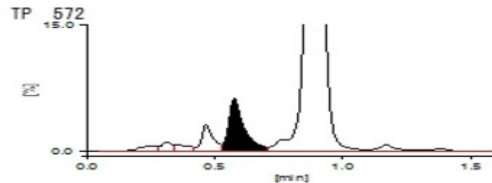
Chromatogram Report

HLC72368 V5.28 1 2024-01-20 15:03:56
 ID EDT240006055
 Sample No. 01200160 SL 0012 - 06
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.6	0.24	8.66
A1B	0.6	0.31	9.32
F	0.6	0.39	8.77
LA1C+	1.9	0.47	29.04
SA1C	6.3	0.58	76.30
AO	92.0	0.88	1418.17
H-V0			
H-V1			
H-V2			

Total Area 1550.26

HbA1c 6.3 % **IFCC 45 mmol/mol**
 HbA1 7.5 % HbF 0.6 %



20-01-2024 15:03:57 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1



Dr. RAJESH BATTINA
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 Consultant Biochemist

SIN No:EDT240006055

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UHID/MR No : CUPP.0000085266	Reported : 20/Jan/2024 06:16PM
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	164	mg/dL	<200	CHO-POD
TRIGLYCERIDES	61	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.28		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Dr. RAJESH BATTINA
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SIN No:SE04605108

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.45	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.



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- Correlation with PT (Prothrombin Time) helps.



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.12	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.05	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.36	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<38	IFCC

Maruthi...
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SIN No:SE04605108

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.92	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.90	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.749	µIU/mL	0.38-5.33	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. RAJESH BATTINA
PhD.(Biochemistry)
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SIN No:SPL24009416

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

SIN No:SPL24009416

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS




Patient Name : Mrs.AMRUTHA DEVI K	Collected : 20/Jan/2024 09:49AM
Age/Gender : 60 Y 0 M 19 D/F	Received : 20/Jan/2024 01:20PM
UHID/MR No : CUPP.0000085266	Reported : 20/Jan/2024 02:51PM
Visit ID : CUPPOPV128490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 156914/330404	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/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


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

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CAP
 ACCREDITED
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UR2265499

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.AMRUTHA DEVI K	Collected : 20/Jan/2024 09:49AM
Age/Gender : 60 Y 0 M 19 D/F	Received : 20/Jan/2024 02:02PM
UHID/MR No : CUPP.0000085266	Reported : 20/Jan/2024 07:03PM
Visit ID : CUPPOPV128490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 156914/330404	

DEPARTMENT OF CLINICAL PATHOLOGY

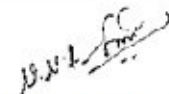
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF010246

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name	: Mrs. AMRUTHA DEVI K	Age/Gender	: 60 Y/F
UHID/MR No.	: CUPP.0000085266	OP Visit No	: CUPPOPV128490
Sample Collected on	:	Reported on	: 20-01-2024 15:32
LRN#	: RAD2212563	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 156914/330404		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 147 mm and **increased echotexture**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is contracted.

Spleen appears normal in size 89 mm. 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.

Right kidney : 98 x 36 mm.

Left kidney : 107 x 48 mm.

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 66 x 40 x 24 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5 mm.

Both ovaries atrophic.

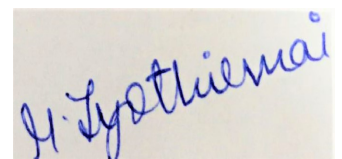
No evidence of any adnexal pathology noted.

IMPRESSION:-

* **GRADE I FATTY LIVER.**

Suggest – clinical correlation.

(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. MATTA JYOTHIRMAI



Patient Name : Mrs. AMRUTHA DEVI K

Age/Gender : 60 Y/F

MBBS, MDRD
Radiology

Patient Name : Mrs. AMRUTHA DEVI K

Age/Gender : 60 Y/F

UHID/MR No. : CUPP.0000085266

OP Visit No : CUPPOPV128490

Sample Collected on :

Reported on : 20-01-2024 15:34

LRN# : RAD2212563

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 156914/330404

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Right Breast mastectomy.

Left Breast :

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: Left Breast Normal.

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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name : Mrs. AMRUTHA DEVI K

Age/Gender : 60 Y/F

UHID/MR No. : CUPP.0000085266

OP Visit No : CUPPOPV128490

Sample Collected on :

Reported on : 20-01-2024 13:09

LRN# : RAD2212563

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 156914/330404

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Name: Mrs. AMRUTHA DEVI K
Age/Gender: 60 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000085266
Visit ID: CUPPOPV128490
Visit Date: 20-01-2024 09:30
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. AMRUTHA DEVI K
Age/Gender: 60 Y/F
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
20-01-2024 17:25	93 Beats/min	120/80 mmHg	22 Rate/min	98.6 F	147 cms	55.5 Kgs	%	%	Years	25.68	cms	cms	cms		AHLL06400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
20-01-2024 17:25	93 Beats/min	120/80 mmHg	22 Rate/min	98.6 F	147 cms	55.5 Kgs	%	%	Years	25.68	cms	cms	cms		AHLL06400

Patient Name	: Mrs. AMRUTHA DEVI K	Age	: 60 Y/F
UHID	: CUPP.0000085266	OP Visit No	: CUPPOPV128490
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 22-01-2024 11:52
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 89 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

SINUS RHYTHM NON SPECIFIC T CHANGES

CORRELATE CLINICALLY.

----- END OF THE REPORT -----

Dr. VINAY KUMAR GUPTA

Patient Name : Mrs. AMRUTHA DEVI K Age : 60 Y/F
UHID : CUPP.0000085266 OP Visit No : CUPPOPV128490
Conducted By: : Dr. CH VENKATESHAM Conducted Date : 20-01-2024 15:39
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.3 CM
LA (es)	3.3 CM
LVID (ed)	4.0 CM
LVID (es)	2.4 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	69.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name : Mrs. AMRUTHA DEVI K
UHID : CUPP.0000085266
Conducted By: : Dr. CH VENKATESHAM
Referred By : SELF

Age : 60 Y/F
OP Visit No : CUPPOPV128490
Conducted Date : 20-01-2024 15:39

COLOUR AND DOPPLER STUDIES

AJV - 1.2

PJV - 0.9

E - 0.9

A - 0.7

IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS& VALVES

NORMAL BLOOD FLOW

NO RWMA / LVH

GOOD LV AND RV FUNCTION

NO CLOT / P- E



Patient Name : Mrs. AMRUTHA DEVI K
UHID : CUPP.0000085266
Conducted By: : Dr. CH VENKATESHAM
Referred By : SELF

Age : 60 Y/F
OP Visit No : CUPPOPV128490
Conducted Date : 20-01-2024 15:39
