

HEALTH CHECK UP

Name : Dr. Anjali Singh

Date : 5/12/20

Age : 27y

Sex : Male / Female

Marital status : Married / Single

PERSONAL HISTORY

Habits : Smoking / Tobacco & Snuff / Alcohol No

Drug allergy if any : Any pain killer

Medical : Nil

Surgical : Minor Jce (9 weeks)

Height 169 cm Weighth 70 Kg. BP 110/70 Pulse 74/m

Vision : Rt G/G Lt G/G With Spectacles Rt. Lt.

Colour Vision : Normal / Abnormal Near Vision 16 - 20/30

FAMILY HISTORY

Father Mother Siblings

CVS : Heart Sound Normal Murmurs Absent Thrills Absent

RS : Rate /mt Breath sounds Normal Adventitious Absent

ABDOMEN : Tenderness Absent Rigidity Absent Bowel sound Normal

Liver NAD Kidney NAD Hernia Absent

CNS : Cranial Nerves NAD Sensory System NAD Motor System NAD

ENT NAD

Remarks

Dr. Bharti Jeswani
MBBS

Dr. Seema Kale
MBBS, MD

Dr. S. K. Suri
MBBS

Dr. Meenakshi
MBBS

HOME SAMPLE COLLECTION FACILITY AVAILABLE

DEPARTMENT OF LABORATORY MEDICINE

Name MRS. DR ANJALI SINGH Age 37 Yrs. Sex Female
 Date 05/12/2022 Home Coll. Dt/Time Ref. No. 20-21/4755
 Refd. by. MEDI WHEEL Reporting Date/Time 06/12/2022 Srl. No. 1003

HAEMATOLOGY TEST REPORT

Test Name	Observed Value Value	Unit	Bio. Reference Range
<u>CBC (Hb,PCV,TLC,DLC,Plat C)</u>			
Hb (Haemoglobin) Non cyanide analysis : EDTA	13.4	gm/dl	12.0 - 15.0
PCV / Haematocrit RBC pulse height detect : EDTA	42.4	%	36 - 46
ESR Westergren's Method : Citrate	07	mm/Ist hr.	0 - 20
TLC DC detection method : EDTA	6,500	/cumm.	4000 - 10000
Platelet Count DC detection method : EDTA	1.88	Lakh/cmm	1.5 - 4.1
RBC Count DC detection method : EDTA	4.6	Millions/cmm	3.8 - 4.8
MCV(Derived)	91.4	fl	83 - 101
MCH(Derived)	28.9	pg	27 - 32
MCHC(Derived)	31.6	gm/dl	31.5 - 34.5
<u>Differential Leucocyte Count</u>			
Neutrophil	65	%	40 - 70
Lymphocytes	31	%	20 - 40
Eosinophil	02	%	01 - 06
Monocytes	02	%	02 - 10
Blood Group -ABO Tube Agglutination : EDTA	"B"		
Blood Group Rh Tube agglutination : EDTA	Positive		

***** End of Report *****

Technician / Technologist


Dr. Prashant Purwar
 Consultant Pathologist

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HbA1C (Glycosylated Haemoglobin) 5.0 % 4.2 - 6.0
 Boronate affinity assay : EDTA

Good Control : 6.0-7.0.
 Bad Control : 7.0-8.0.
 Poor Control : >8.

***** End of Report *****

Technician / Technologist

Technician / Technologist

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Age 37 Yrs.

Sex Female

Date 05/12/2022

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Ref. No. 20-21/4755

Refd. by. MEDI WHEEL

Reporting Date/Time 06/12/2022

Srl. No. 1003

PROFILE

Merilyzer AutoQuant 400

Test Name

Observed Value Unit

Bio. Reference Range

Blood Sugar Fasting

90

mg /dl

70 - 110

Blood Sugar (Glucose)-Fasting
Sample - Fluoride, Method: GOD-POD.

***** End of Report *****

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Blood Sugar PP

Blood Sugar (Glucose)-Post Prandial 118 mg/dl 70 - 140

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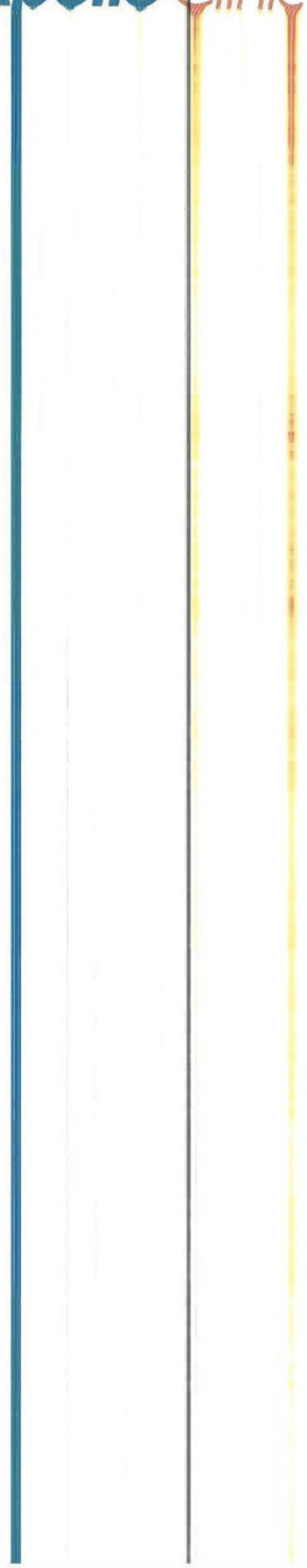
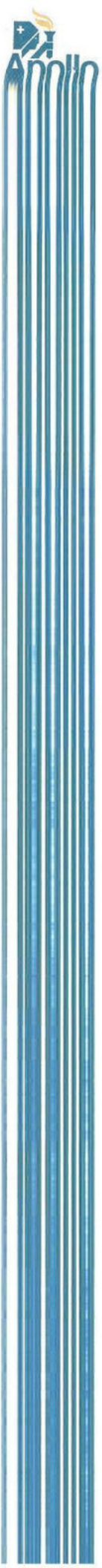
BIOCHEMISTRY TEST REPORT

Merilyzer AutoQuant 400

Test Name	Observed Value Value	Unit	Bio. Reference Range
<u>Lipid Profile-serum</u>			
Cholesterol-serum Sample- Plain; Method-CHOD-PAP	* 285	mg/dL	120 - 240
Triglycerides-serum Sample- Plain; Method- GPO-PAP	163	mg/dL	50 - 200
HDL-Cholesterol-serum Sample- Plain; Method-Direct	69.9	mg/dL	30 - 70
VLDL-Cholesterol-serum Derived	* 52.6	mg/dL	10 - 40
LDL(Cholesterol)-serum Sample- Plain; Method-Direct/Calculated	* 162.5	mg/dL	60 - 100
Cholesterol / HDL Ratio-serum Derived	4.1		0.0 - 4.5
LFT-SERUM			
***** End of Report *****			

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Blood Urea 33.9 mg /dl 10 - 50

Nature of Sample (LFT): Plain

Technologies Used :

BILT - Method / Technology: Diazo Method , End Point.

BILD - Method / Technology: Diazo Method, End Point.

SGOT - Method / Technology: IFCC without Pyridoxal Phosphate / Kinetic.

SGPT - Method / Technology: IFCC without Pyridoxal Phosphate / Kinetic.

ALKP - Method: AMP Buffer Liquid Photometry/Kinetic.

GGT - Method / Technology: Glupa -C Method / Kinetic.

PROT - Method / Technology: Biuret Method / End Point.

ALB - Method / Technology: BCG Method, Colorimetric Assay.

GLOB - Method / Technology: Derived Values / Calculated.

A/ G Ratio - Method / Technology: Derived From The Values Of Albumin And Globulin / Calculated.

Creatinine-serum 1.0 mg/dl 0.5 - 1.3
 Sample: Plain; Technology/Method: Jaffe Kinetic, Photometry.

Uric Acid-serum 4.3 mg/dl 2.3 - 6.0
 Sample: Plain; Method/Technology: Uricase Enzymatic, Photometry.

Sodium (Na+) - serum 141.2 mmol/L 136.0 - 142.0
 ISE

Potassium (K+) - serum 4.3 mmol/L 3.8 - 5.0
 ISE

Chloride (Cl) - serum 100.6 mmol/L 95.0 - 103.0
 ISE

Calcium-serum 9.2 mg/dl 9.2 - 11.0
 Sample: Plain; Method/Technology: OCPC Method, Photometry.

Phosphorus-serum 3.0 mg/dl 2.3 - 4.7
 Sample: Plain; Method / Technology: Molybdate UV, Photometry.

Albumin-serum 4.2 gm/dl 3.7 - 5.2
 Sample: Plain; Method/Technology: BCG Method, Photometry.

Nature of Sample (KFT): Plain

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Technologies Used :
B.Urea - Method / Technology : Urease End Point Photometry.
S. Creat - Method / Technology: Creatinine Jaffe Method, Kinetic, Photometry.
Uric Acid - Method / Technology: Uricase Colorimetric Test, Photometry.
S.Electrolytes: Method / Technology: ISE
Phosphorous:- Method / Technology : Molybdate UV, Photometry.
S.Calium: OCPC, Endpoint Photometry.
ALB - Method / Technology: BCG Method, Colorimetric Assay / Photometry.

***** End of Report *****

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SPECIAL TEST REPORT

Test Name	Observed Value	Unit	Bio. Reference Range
Serum FT3 <i>Method: Immunofluorescence (Tosoh)</i>	4.0	pmol/l	3.2 - 5.9

Triiodothyronine T3 is a hormone produced by the thyroid and by conversion of T4 to T3. Free T3 is used in the diagnosis and monitoring of hyperthyroidism. Free T3 assays can differentiate most cases of nonthyroidal illness from TSH dependent hyperthyroidism.

Serum FT4 <i>Method: Immunofluorescence (Tosoh)</i>	13.9	pmol/l	10.6 - 21.0
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FT4 is the active fraction of tetraiodothyronine. FT4 increases in patients with hyperthyroidism, whereas it is decreased in patients of hypothyroidism. Patients on hormone replacement therapy may have an elevated FT4 levels. Values of FT4 may be used in conjunction of TSH levels.

Serum TSH <i>Method: Immunofluorescence (Tosoh)</i>	2.8	uIU / ml	0.25 - 5.0
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TSH is an early and sensitive indicator of decreased thyroid reserve. This assay helps to diagnose hypothyroidism and hyperthyroidism, monitors T4 replacement or T4 suppressive therapy and quantifies TSH levels in the subnormal range.

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URINE EXAMINATION TEST REPORT

Test Name	Observed Value	Unit	Bio. Reference Range
<u>Urine R/M Examination</u>			
Quantity	20	ml.	
Colour	Pale Yellow		Pale Yellow
Tranparency	Clear		Clear
Urine Specific Gravity Dipstick	1.020		1.005 - 1.030
pH Dipstick / pH paper	6.0		5.5 - 7.5
<u>Chemical Examination</u>			
Protein Dipstick/Heat & acetic acid	Nil		Nil
Sugar Dipstick/Benedicts reagent	Nil		Nil
<u>Microscopic Examination</u>			
Pus Cells	1-2	/HPF	3-4
RBC'S	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Epithelial Cells	2-3	/HPF	1-2
Bacteria	Nil	/HPF	Nil

***** End of Report *****


 Technician/Technologist


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 Consultant Pathologist



5-11-2002 20:30:54
37 Years

dr anjali singh
Female

PageWriter 300pi



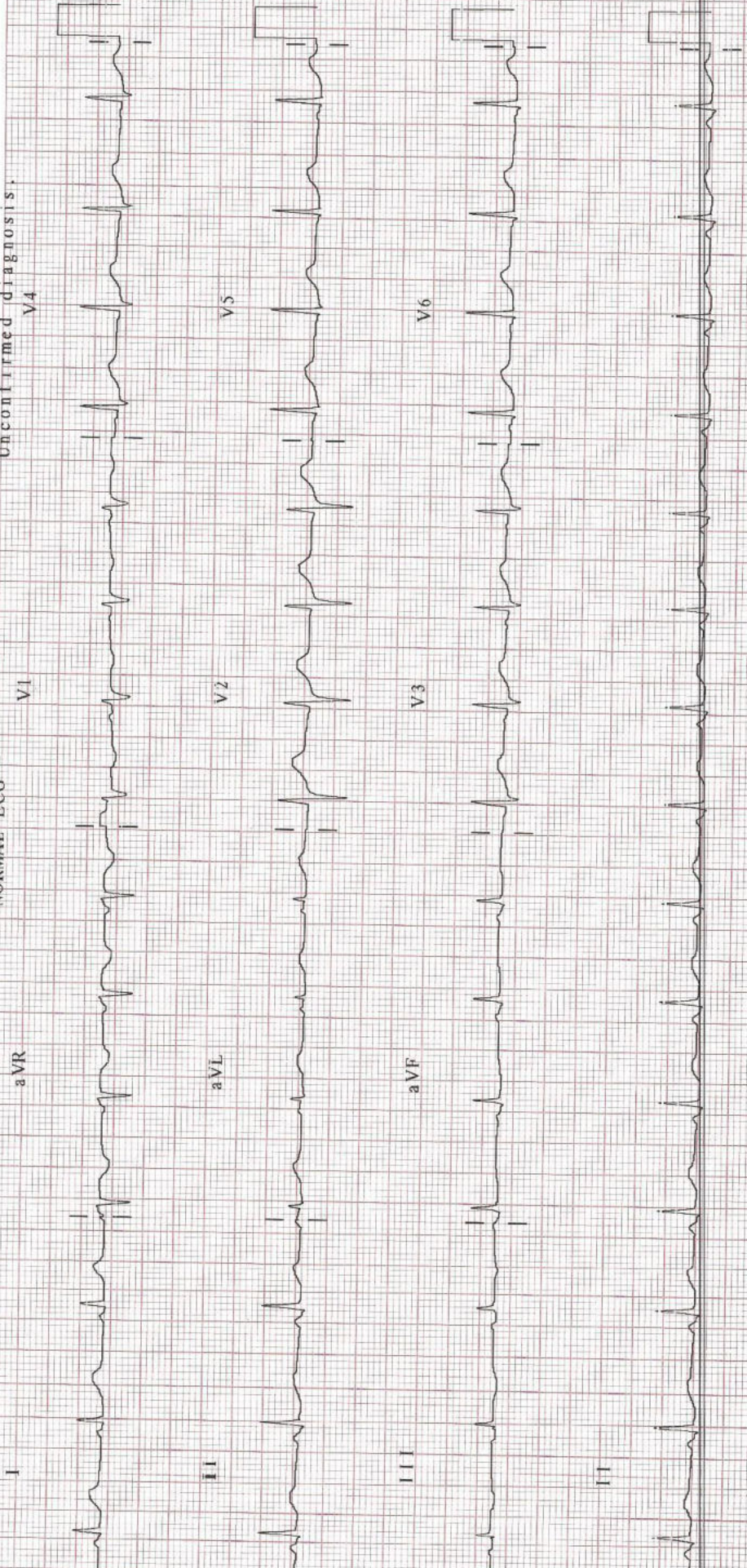
NORMAL SINUS RHYTHM, RATE 91.....normal P axis, PR, rate & rhythm

ate
R 123
RSD 69
T 344
Tc 423

-Axis--

46
RS 51

NORMAL ECG - Unconfirmed diagnosis;



IC

OK, USA.

00000-0000 2.5 mm/s 10 mm/mV F 0.5 Hz - 40 Hz W HP709 00011

NAME: MS. ANJALI SINGH
REF

Age/ Sex: 37 YRS/ F
DATE 05/12/2022

ECHO ADULT (COLOUR DOPPLER)

DIMENSIONS			NORMAL	DIMENSIONS			NORMAL
Ao (ed)	30.0 mm		(1.5 cm/m ²)	IVS (Ed)	9.6 mm		(0.6-1.2cm)
LA (es)	30.0 mm		(1.5 cm/m ²)	LVPW (Ed)	9.4 mm		(.6-1.1cm)
RVID (ed)	Normal		(0.9cm/m ²)	EF	65.0 %		(0.62-0.85)
LVID (ed)	42.0 mm		(2.6-3.4 cm/m ²)	FS	30.0		
LVID (es)	27.0 mm						

MORPHOLOGICAL DATA

Mitral Valve Normal

Aortic Valve Normal

Tricuspid Valve Normal

Pulmonary Valve Normal

Right Ventricle Normal

Left Ventricle Normal

Pericardium Normal

Colour Doppler NORMAL.NO PAH, IVC NORMAL, LV DIASTOLIC FUNCTION NORMAL

Wall motion Normal

Interatrial Septum Normal

Interventricular Septum Normal

Pulmonary Artery Normal

Aorta Normal

Right Atrium Normal

Left Atrium Normal

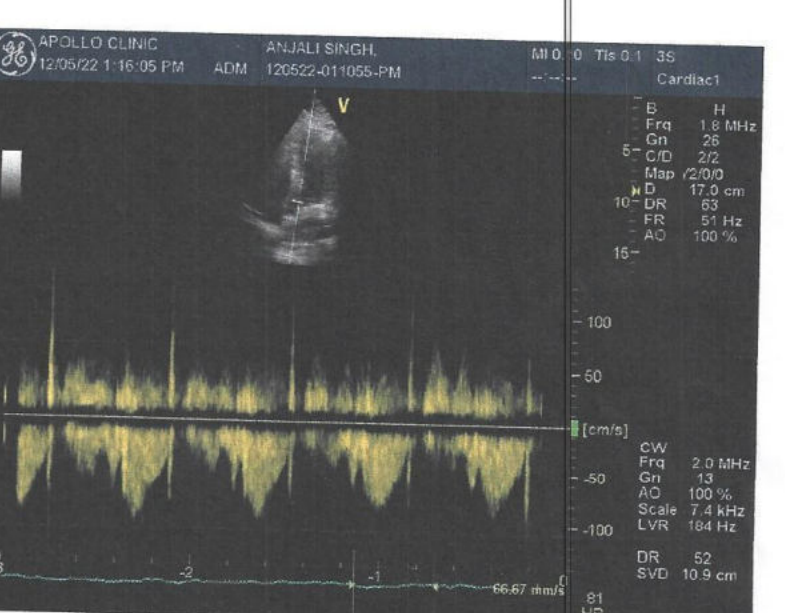
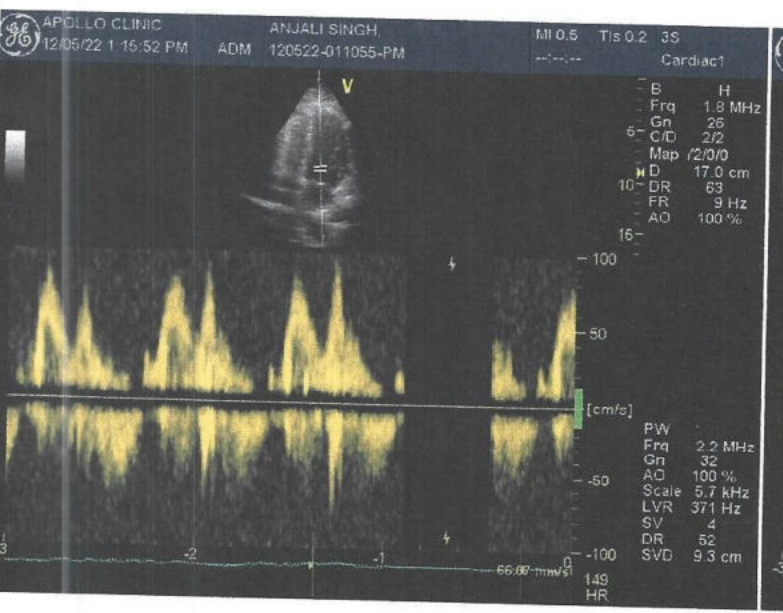
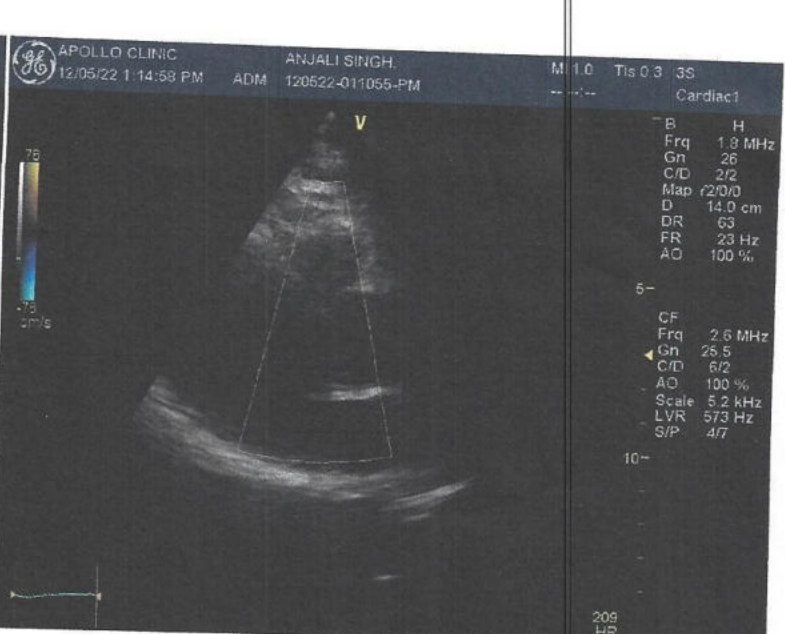
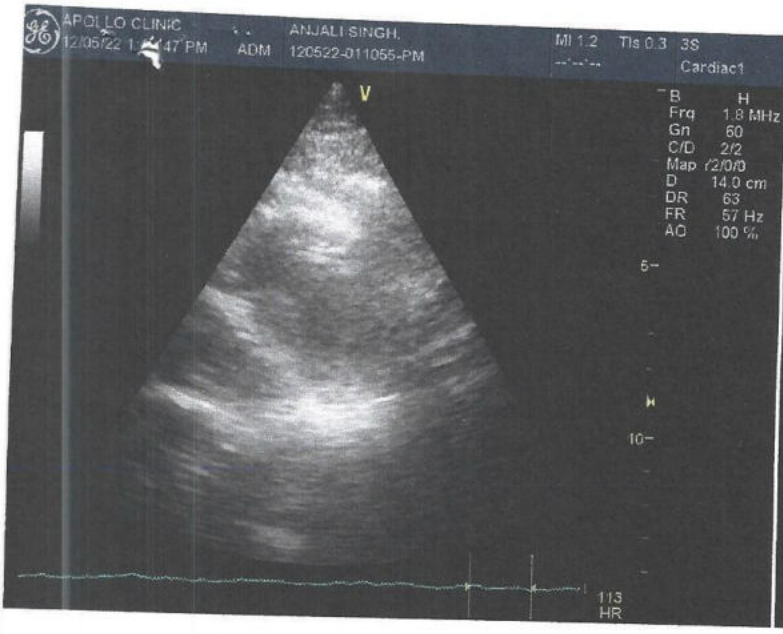
IMPRESSION : NORMAL STUDY


DR SEEMA KALE MD
SENIOR CONSULTANT.

• CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS. • IF THE TESTS RESULTS ARE UNEXPECTED PLEASE CONTACT THE LABORATORY.
• ALL THE CONGENITAL ANOMOLIES IN THE FETUS MAY NOT BE DIAGNOSED IN ULTRASONOGRAPHY. • THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE.

Licensee : Bharti Medicare Pvt. Ltd. The Apollo Clinic, C-70, Major Sudesh Kumar Marg, Opp. Madhav Park, Near Main Market, Rajouri Garden, New Delhi-110 027
Phone : (011) 2591 8222 / 8333 / 8444, 9811061009, E-mail : rajourigarden@theapolloclicin.com, Website : www.apolloclicinrajourigarden.com

MSME UAM NO : DL1150004501



Patient Name : Dr. Anjali

Age/Sex : 38Y/F

Pres Doctor :

Ref.by :

MR No : FRAJ0000

Visit No : FRAJOPV

Bill Date : 05-12-2022

Report Date : 05-12-2022

ULTRASOUND BREASTS

Breast parenchyma appears normal. No evidence of any focal lesion.

Retroareolar region is normal.

Retromammary fat planes are normal.

Overlying skin and nipple are normal. No retraction is seen.

B/L axillary region is normal. No lymphadenopathy seen.

IMPRESSION :- NORMAL STUDY.

Kindly correlate clinically.


Dr. Anisha Gupta
Consultant Radiologist.

Patient Name : Dr. Anjali	MR No	: FRAJ0000
Age/Sex : 38Y/F	Visit No	: FRAJOPV
Pres Doctor :	Bill Date	: 05-12-2022
Ref.by :	Report Date	: 05-12-2022

ULTRASOUND WHOLE ABDOMEN

LIVER: Liver is normal in shape, size and echotexture. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

GALL BLADDER: Gall bladder is shows few echogenic foci casting comet tail artefacts along its anterior wall s/o cholesterosis.

PANCREAS: Pancreas appears normal in size and echopattern.

SPLEEN: Spleen appears normal in size and echopattern.

KIDNEYS: Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No calculus / hydronephrosis is noted. Visualised parts of retroperitoneum do not show any lymphadenopathy.

URINARY BLADDER: Urinary bladder is well distended and shows clear contents.

UTERUS: Uterus is anteverted and normal in size (8.5 x 4.1 x 3.3cm). Endometrium is central and appears normal in thickness (4.7mm). Myometrial echogenicity appears normal.

OVARY: B/L ovaries are normal in size, shape & echopattern. Both adnexal regions are normal.

No free fluid is seen in cul-de-sac.

IMPRESSION: - GALL BLADDER ADENOMYOSIS.

To be correlate clinically.


Dr. Anisha Gupta
Consultant Radiologist.

Disclaimer: Renal calculi less than 5mm could be missed on an Ultrasound. NCCT KUB is the modality of choice for the same.

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MSME UAM NO : DL145001701

Patient Name : Mrs. Anjali Singh
Age/Sex : 37Y/F
Pres Doctor :
Ref.by :

MR No : FRAJ0000
Visit No : FRAJOPV
Bill Date : 05-12-2022
Report Date : 05-12-2022

X-RAY CHEST P A VIEW

- Both lung fields do not show any active parenchymal lesion.
- Both costophrenic angles are normal.
- B/L hila appear normal in size & density.
- Both domes of diaphragm are normal.
- Cardiac silhouette appears normal.
- Visualised soft tissues and bony cage appear normal.

IMPRESSION:- NORMAL STUDY.

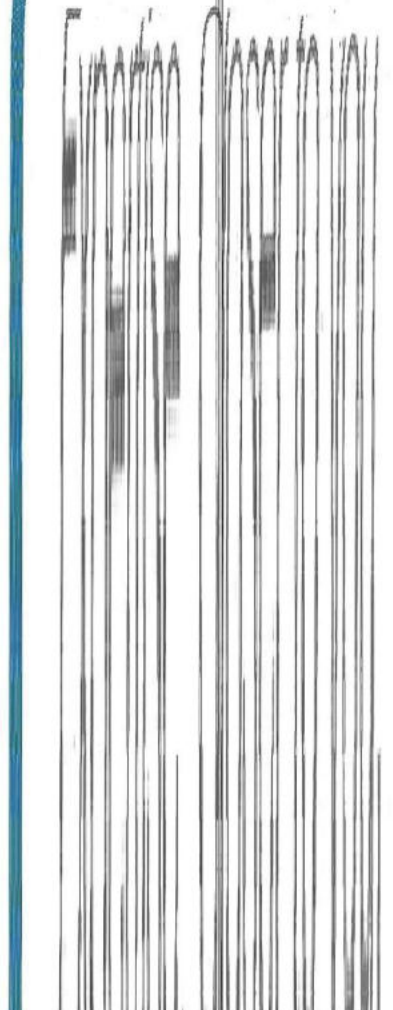
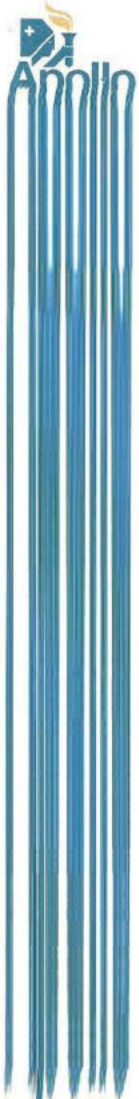
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MSME UAM NO : DI 1150024524



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Age 37 Yrs.

Sex Female

Date 05/12/2022

Home Coll. Dt/Time

Ref. No. 20-21/4755

Refd. by. MEDI WHEEL

Reporting Date/Time 06/12/2022

Srl. No. 1003

BIOCHEMISTRY TEST REPORT

Merilyzer AutoQuant 400

Test Name	Observed Value Value	Unit	Bio. Reference Range
<u>LFT(Liver Function Test</u>			
Bilirubin (Total)-serum Sample:Plain; Method/Technology: Diazo Method, Photometry.	0.93	mg/dl	0.1 - 1.3
Bilirubin (Direct)-serum Sample:Plain;Method / Technology: Diazo Method, Photometry.	0.27	mg/dl	0.0 - 0.3
Indirect Bilirubin - serum Derived	0.66	mg/dl	0.0 - 1.1
SGOT (AST)-serum Sample:Plain;Method / Technology:IFCC without Pyridoxal Phosphate/Kinetic.	20.0	IU/L	0 - 31
SGPT (ALT)-serum Sample:Plain;Method / Technology:IFCC without Pyridoxal Phosphate/Kinetic.	23.8	IU/L	0 - 34
Alkaline Phosphatase-serum Sample:Plain; Method/Technology: AMP Buffer/Kinetic.	86.4	U/L	30 - 117
G G T P - serum Sample: plain; Method / Technology:Szaz Method/Photometry.	27.6	U/L	8.0 - 35.0
Protein Total - serum Sample:Plain;Method / Technology: Biuret Method / Photometry	7.3	gm/dl	5.8 - 8.0
Albumin-serum Sample:Plain;Method/Technology: BCG Method, Photometry.	4.2	gm/dl	3.7 - 5.2
Globulin-serum Derived	3.1	gm/dl	2.5 - 3.5

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A/G Ratio-serum 1.3
Derived 1.2 - 2.0

***** End of Report *****

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HISTO/CYTOPATHOLOGY TEST REPORT

PAP SMEAR #

Specimen : Pap Smear
Clinical Details : LMP : - 12/11/2022
P/S : Cervix healthy.

Statement of Adequacy: Adequate


Microscopic Description:

PAP stained smears show intermediate and superficial squamous epithelial cells in small clusters & singly. These cells have maintained nucleo-cytoplasmic details. Few small groups of benign endocervical cells are seen amidst fair number of polymorphs & bare nuclei. No trichomonas vaginalis or candida seen. No atypical cells or koilocytes seen.

Conclusion Cytology within normal limits.

***** End of Report *****

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