

Ms. ASHWINI KARE (31 /F)

UHID

AHIL.0000828177

AHC No

AHILAH183320

Date

24/12/2022

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

Dear Ms. ASHWINI KARE

Thank you for choosing Apollo ProHealth, India's first personalized, predictive health screening program with health risk assessments curated just for you to guide targeted intervention, continuum of care and a path to wellness. Our holistic care continuum integrates clinical expertise and artificial intelligence to gauge and avert the risk, onset and progression of non-communicable diseases

In this personalized health report, you will find your

- Medical History and Physical examination results
- Investigations Results
- Artificial Intelligence powered risk scores
- Physician's Impressions on your Health
- Path to Wellness: A personalized management protocol, including follow-up assessments
- Vaccination counselling advice

Apollo ProHealth encompasses the following processes:

Personalized Health Risk Assessment (pHRA): Based on your online risk assessment, medical history, physical examination, and psychological evaluation, we recommended a health screening assessment for you, including diagnostic and imaging tests. Based on the results of these assessments, we have advised additional follow-up tests and consultations - details of which we have included in your report. Your physician will explain their relevance, and we strongly suggest you comply with the recommendations.

Health Mentor: We have assigned a dedicated health mentor to proactively work with you towards your health goals and ensure that you regularly adhere to the guidance and recommendations from clinical and nutrition consultants. Your health mentor will call you periodically to track your progress







ProHealth App: You will get access to the Apollo ProHealth App, which will facilitate easy navigation of personal health records, progress towards your health goals, appointment booking, customized tips and guidance for health and lifestyle management, and regularly connecting with your Health Mentor through the in-app chat. Until you return for your 2nd-year assessment, you will receive periodic updates and reminders to motivate you to keep up the momentum regarding health goal milestones.

Follow- Up Consultation:

For any follow-up consultations, you can visit your ProHealth physician in-person at the center or you can book a virtual consultation through https://www.apollo247.com/specialties or through the Apollo 247 app on your phone.

Scan the QR code to download the Apollo 247 App



You can also download the Apollo 247 app on

ANDROID IOS

Disclaimer: The services offered in the program may vary as per the respective agreements made in the program or center or agreed mutual consent.

Note: You are entitled to one complimentary follow-up consultation with your ProHealth physician within a period of 1 year. Please contact your health mentor for the complimentary consult coupon code. This is available for ProHealth Super, Regal and Covid Recovery and Wellness programs





: Ms. ASHWINI KARE (31 /F)

Date

Examined by : Dr. SHASHIKANT NIGAM

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

UHID : AHIL.0000828177

AHC No : AHILAH183320



Chief Complaints

For Annual health checkup No specific complaints

Present Known illness

No history of : - Diabetes mellitus, Hypertension, Dyslipidemia, Thyroid disorder, Heart disease, Stroke



Drug Allergy

NO KNOWN ALLERGY

:24/12/2022



Systemic Review

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Oral and dental

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Gynaec history

- Nil Significant

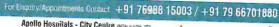
Central nervous system

- Nil Significant

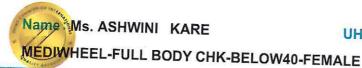
Eyes

- Nil Significant

Page 3 of 12







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- Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- Nil Significant

General symptoms

- Nil Significant



Past medical history

Do you have any

No

allergies? Allergies

- Nil

Past medical history

- nil significant

Covid 19

Yes

2020

Post detection (3

No

Weeks)

Hospitalization for

- No

Covid 19



Surgical history

Caesarian section

- 2020



Personal history

Ethnicity

Indian Asian

Marital status

Married

No. of children

Male

Profession

corporate employed

Diet

Vegetarian

Alcohol

does not consume alcohol

Smoking

No

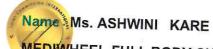
Chews tobacco

- No

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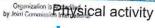




MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE



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Family history

Father

alive

- Mild

Mother

alive

Brothers

2

Diabetes

- father

Coronary artery

- none

disease

Cancer

- None

Physical Examination



General

General appearance

- normal

Build

- normal

Height

- 149

Weight

- 65.4

BMI

- 29.46

Pallor

- No

Oedema

- no

Cardiovascular system

Heart rate (Per minute)

- 79

Rhythm

- Regular

- B.P. Supine

Systolic(mm of Hg)

- 150

Diastolic(mm of Hg)

- 90

Heart sounds

- S1S2+

Respiratory system

Breath sounds

- Normal vesicular breath sounds



Abdomen

Organomegaly

- No

Tenderness

- No

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Crganization is Accredited by Joint Commission INTRINE FOR ROUTINE EXAMINATION

Urinalysis, is the physical, chemical and microscopic examination of the urine and is one of the most common methods of medical diagnosis. It is used to detect markers of diabetes, kidney disease, infection etc.

Test Name	Result	Unit	Level	Range			
Volume	30	mL					
Specific Gravity	1.020						
Colour:	Pale-Yellow						
Transparency:	Clear						
На	5						
Protein :	Nil						
Sugar:	Nil						
Blood:	1+						
Ketone	Absent						
Bile Pigments:	Absent						
Urobilinogen	Nil	E.U./dL					
Nitrite	Negative						
Pus Cells	1-2 /h.p.f			0-5			
RBC	2-4 /h.p.f	/hpf		0-5/hpf			
Epithelial Cells	1-2 /h.p.f			0-3/11pi			
Casts:	Absent						
Crystals:	Absent						
8							

COMPLETE BLOOD COUNT WITH ESR

Test Name	Result	Unit	Level	Range
Hemoglobin (Photometric Measurement)	10.5 *	gm%	•	12-16
Packed cell volume(Calculated)	34.4 *	%		36-46
RBC COUNT (Impedance)	4.95	Million/ul		3.8-5.2
MCV (From RBC Histogram)	69.5 *	fl		
MCH(Calculated)	21.32 *	pg		80-100
MCHC(Calculated)	30.7 *	%	•	27-32
RDW(Calculated)	19 *	%		31-36
WBC Count (Impedance)	7929		•	11.5-14.5
sa par consulta	1929	/cu mm		4000-11000
Within Normal Range	Borderline I	High/Low	Out	of Day

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Borderline High/Low

Out of Range



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Orga	nization is Accredited Commission (Newtophils				Al	TO NO LAHILAH 1839
by Joini (60	%	•	40-75	HOSPITALS
	Lymphocytes	34	%	•	20-40	
	Monocytes	05	%		2-10	
	Eosinophils	01	%		01-06	
	Basophils	00	%		0-1	
	Platelet Count (Impedance)	474200 *	/cu mm		150000-4500	200
	MPV (Calculated)	7.9	fl	•	7-11	500
	RBC:	Anemia			7-11	
	RBC::	Anisocytosi	s (+)~Hypochro	omia (+)~M	licrocutos (1)	
	WBC:	As mentione		omia (1) W	incrocytes (+)	
	Platelets:	Adequate or	n the smear			
\cap	ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	10	mm/1st hr		0-20	
	SUGGEST:	S. Iron Profil	e is indicated.			
	URINE GLUCOSE(FASTING)		e is indicated.			
	Test Name	Result	Unit	Level	Range	
	Urine Glucose (Post Prandial)	Nil				
	URINE GLUCOSE(POST PRANDI	AL)				
	Test Name	Result	Unit	Level	Range	
	Urine Glucose (Post Prandial)	Nil				
	BLOOD GROUPING AND TYPING	(ABO and Rh)				
	Test Name	Result	Unit	Level	Range	
	BLOOD GROUP:	A Positive				
	LFT (LIVER FUNCTION TEST)	300 ST 200 N 100 C				
	Liver function tests(LFT), are groups of clin liver. These tests can be used to detect the the extent of known liver damage, and follows:	ical biochemistry b presence of liver o w the response to t	lood assays th disease, disting treatment.	at give info guish amon	rmation about the	e state of a patient's of liver disorders, gauge
	Test Namo					

Page 7 of 12

Test Name

ALT(SGPT) - SERUM / PLASMA

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Borderline High/Low

Result

12

Unit

U/L





Level

Range

0-35

Out of Range



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is Accordated ATTIME DITTION OF THE PERSON O				AHC No LAHILAH 183
ls Acc Ade KALINE PHOSPHATASE - SERUM/PLASMA	111 *	U/L	•	Adult(Female): 35 - 104 HOSPITALS
AST (SGOT) - SERUM	16	U/L	•	>1 year Female : <32
Total Bilirubin	0.277 *	mg/dL	•	0.300-1.200
Direct Bilirubin	0.103	mg/dL		Upto 0.3 mg/dl
Indirect Bilirubin	0.174	mg/dL		1 Day ≤5.1 mg/dL 2 Days ≤7.2 mg/dL 3-5 Days ≤10.3 mg/dL 6-7 Days ≤8.4 mg/dL 8-9 Days ≤6.5 mg/dL 10-11 Days ≤4.6 mg/dL 12-13 Days ≤2.7 mg/dL 14 Days - 9 Years 0.2-0.8 mg/dL 10-19 Years 0.2-1.1 mg/dL
CREATININE SERVIN / DI AGA	_			≥20 Years 0.2-1.2 mg/dL

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range	
CREATININE - SERUM / PLASMA	0.6	mg/dL		Adoler , 22	G.
LET /I D/		····g, az		Adult Female: 0.5 - 1.2	

LFT (LIVER FUNCTION TEST)

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

Test Name	Result	Unit	Level	Range
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	11	U/L		Male : 10 - 71
CLUCOSE SERVICE				Female : 6 - 42

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	115 *	mg/dL		70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance

>= 126 : Diabetes Mellitus

GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Post Prandial)	113	mg/dL		70.440
CLYCOCK		3.42		70-140

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name		Result	Unit	Level	Range
	Within Normal Range	Borderline	High/Low	Out	of Range

Page 8 of 12





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Glycosylated Hemoglobin (HbA1c)

5.8 *

%

Normal < 5.7

%Increased risk for Diabetes 5.7 - 6.4%

Diabetes >= 6.5%

Monitoring criteria for Diabetes Mellitus <7.0 : Well Controlled Diabetes 7.1 - 8.0 : Unsatisfactory Control > 8.0 : Poor Control & Needs Immediate

Treatment

Estimated Average Glucose.

119.76

LFT (LIVER FUNCTION TEST)

Liver function tests(L=T), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

	responde	to treatment.		
Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	7.76	g/dL		6.00-8.00
PROTEIN TOTAL - SERUM / PLASMA	7.76	g/dL		6.00-8.00
ALBUMIN - SERUM	4.89	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
ALBUMIN - SERUM	4.89	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	2.87			2.20-4.20
Globulin-Serum/Plasma	2.87			2.20-4.20
AVG ratio	1.7			1.00-2.00
A/G ratio	1.7			1.00-2.00
THYROID PROFILE (T3,T4 AND TSH	<u>D</u>			

Within Normal Range	Borderline I	digh/Low	<u> </u>	of Danse
TSH: THYROID STIMULATING HORMONE - SERUM	2.97	μIU/mL	•	14-120 years : 0.27 - 4.20
	109.6	nmol/L		Adults(20-100 Yrs):66 - 181 Pregnant Female : First Trimester : 94.3 - 190 Second Trimester : 102 - 207 Third Trimester : 89 - 202
TOTÁL T4: THYROXINE - SERUM	109.6			First Trimester: 1.61 - 3.53 Second Trimester: 1.98 - 4.02 Third Trimester: 2.07 - 4.02
TOTAL T3: TRI IODOTHYRONINE - SERUM	2.01	nmol/L	•	Adults(20-120 Yrs): 1.2 - 3.1 Pregnant Female :
Test Name	Result	Unit	Level	Range

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Borderline High/Low

Out of Range



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Organization is Accredited by Joint Commission I TRIC ACID - SERUM

Uric acid is a product of the metabolic breakdown of purine. High blood concentrations of uric acid can lead to gout. It is also associated with other medical conditions including diabetes and the formation of kidney stones.

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	5.2	mg/dL	•	Male : 3.4-7.0
BUN (BLOOD UREA NITROGEN)				Female : 2.4-5.7
Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	6	mg/dL		2.22
UREA - SERUM / PLASMA	15	mg/dL		6-20
LIPID PROFILE - SERUM		mg/dL		15 - 50
Test Name	Result	Unit	Level	Range
Total Cholesterol	195	mg/dl	•	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High
Triglycerides - Serum	185 *	mg/dL		> 280 : Very High
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	45 *	mg/dL	•	0-150 < 40 : Major risk factor for heart disease
LDL Cholesterol (Direct LDL)	136 *	mg/dL	•	40 - 59: The higher The better. >=60: Considered protective against heart disease 100: Optimal 100-129: Near Optimal 130-159: Borderline High
VLDL CHOLESTEROL				160-189 : High >=190 : Very High
C/H RATIO	37			< 40 mg/dl
CONVENTIONAL PAP SMEAR /CERVIC. Cytology Ref No:	4 AL SMEAR		•	0-4.5
CY 2051/22				
Brief Clinical History:				e
LMP: 18.12.2022				

Within Normal Range

Borderline High/Low



Out of Range

Page 10 of 12



Organization is Accredited by Joint Commission In PECIMEN TYPE:

Conventional

Cervical smear

One wet fixed smear received, labeled as 'Ashwini 828177'.

SPECIMEN ADEQUACY:

Satisfactory for evaluation with endocervical cells.

INTERPRETATION/RESULT:

Negative for intraepithelial lesion or malignancy associated with reactive cellular changes and inflammation

X-RAY CHEST PA

X-ray imaging creates pictures of the inside of your body. Chest X-ray can reveal abnormalities in the lungs, the heart, and bones that sometimes cannot be detected by examination.

NORMAL STUDY.

ECHO/TMT

Investigations Not Done / Not Yet Reported

Haematology

STOOL ROUTINE

CARDIOLOGY

ECG

Within Normal Range

Borderline High/Low

Out of Range





UHID : AHIL.0000828177 MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

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Executive Summary



BODY WEIGHT 65.4 KG, DEAL BODY WEIGHT 42-51 KG

.PRE - DIABETIC

.DYSLIPIDEMIA

.ECG - NORMAL SINUS RHYTHM

.ECHO - NORMAL

.USG ABDOMEN -NORMAL

.CHEST X-RAY - NORMAL

.EYE - NORMAL

.PAP - NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Wellness Prescription

Advice On Diet :-



BALANCED DIET LOW FAT DIET LOW CARBOHYDRATE DIET

Advice On Physical Activity :-



REGULAR 30 MINUTES WALK FOR HEALTH AND 60 MINUTES FOR WEIGHT REDUCTION PRACTICE YOGA AND MEDITATION MAINTAIN WEIGHT BETWEEN 42-51 KG

Follow-up and Review Plan



CHECK FBS AND PPBS ONCE IN A MONTH CHECK HBA1C NOW AND ONCE IN 3 MONTH CHECK LIPID PROFILE EVBVERY 6 MONTHS

rema Cernelia

Printed By : MUKTA S ADALTI

Dr.SHASHIKANT NIGAM

AHÈ Physician / Consultant Internal Medicine

Scan the QR code in AskApollo App to book your follow-up

appointments and investigations

Note:- The Health Check-up examinations and routine investigations have constraint and may Dr. Shashikant Nigam not be able to detect all the diseases. Any new or persisting symplems should be brought to the attention of the Consulting Physician. Additional tests, consulting and follow up may be

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DEPARTMENT OF CYTOLOGY



Name

: Ms. ASHWINI KARE

UHID Lab No

: AHIL.0000828177 : AHIL01.H2202229

/ AHILAH183320

LRN: 1557924

Age : 31Yr

Gender : Female

W/BNo/RefNo : AHC

Ref Doctor

: DR. SHASHIKANT NIGAM

Collected on

: 24-DEC-2022 04:10:53 PM

Received on

: 24-DEC-2022 04:10:53 PM

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: 26-DEC-2022 10:33:57 AN

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

CONVENTIONAL PAP SMEAR /CERVICAL SMEAR

Ref No:

CY 2051/22

Brief Clinical History:

LMP: 18.12.2022

SPECIMEN TYPE:

Conventional

Cervical smear

One wet fixed smear received, labeled as 'Ashwini 828177'.

SPECIMEN ADEQUACY:

Satisfactory for evaluation with endocervical cells.

INTERPRETATION/RESULT:

Negative for intraepithelial lesion or malignancy associated with reactive cellular changes and

Page 1 of 2





DEPARTMENT OF CYTOLOGY



Name

: Ms. ASHWINI KARE

UHID

: AHIL.0000828177

/ AHILAH183320

Age : 31Yr G

W/BNo/RefNo : AHC

Gender : Female

Lab No

: AHIL01.H2202229

LRN: 1557924

Ref Doctor

: DR. SHASHIKANT NIGAM

Collected on

: 24-DEC-2022 04:10:53 PM

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: 24-DEC-2022 04:10:53 PM

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Dr.MANASI PRADIP TRIVEDI

MD PATHOLOGY

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The Emergency Specific 1965





CARDIOLOGY

Patient Details:

Ms. ASHWINI KARE | Female | 31Yr 11Mth 0Days

UHID

AHIL.0000828177

Patient Location:

AHC

Patient Identifier:

AHILAH183320

DRN

5622098030

Completed on:

24-DEC-2022 17:28

Ref Doctor

DR. SHASHIKANT NIGAM

ECHO/TMT

FINDINGS:

Normal cardiac chamber dimensions.

Normal LV systolic function, LVEF: 60%

No Regional wall motion abnormalities at rest.

Normal LV compliance.

All cardiac valves are structurally normal.

IAS/ IVS intact.

No MR, No AR, No PR, No TR.

No PAH.

No clots/ vegetation/ effusion.

MEASUREMENTS (mm) ::

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Ms. ASHWINI KARE	AHIL.0000828177	AHILAH183320
	ECHO/TMT	
. LVID diastole		
Aeasurements (mm)		
MPRESSION		
_	END OF THE REPORT	
Zhosh	120 January Samuelan German Walker Statement	
SUBIR GHOSH MD.DM		
erventional Cardiologist		

Apollo Hospitals International Limited
Plot No.-1A, Bhat, Gi0C, Gandhinagar, Gujarat - 382428, India.
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Page 2 of 2





DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details

Ms. ASHWINI KARE | Female | 31Yr 11Mth 0Days

UHID

AHIL.0000828177

Patient Location:

AHC

Patient Identifier:

AHILAH183320

DRN

222066921

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DR. SHASHIKANT NIGAM

USG WHOLE ABDOMEN

FINDINGS:

Liver appears normal in size and shows uniform normal echotexture. No evidence of focal or diffuse pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in calibre. Intrahepatic portal radicles appear normal.

Gall bladder appears normal with no evidence of calculus. Wall thickness appears normal. No evidence of pericholecystic collection.

Head, body and tail of pancreas appear normal in size and echotexture. No focal lesions identified Pancreatic duct appears normal in caliber.

Spleen measures 10 cms and shows uniform echotexture.

Both kidneys are normal in size and show normal echopattern with good corticomedullary differentiation .Cortical outlines appear smooth. No evidence of calculi. Pelvicalyceal system on both sides appear normal.

No evidence of ascites or lymphadenopathy.

Urinary bladder is normal in contour and outline. Wall thickness appears normal. No evidence of any intraluminal pathology seen.

Endometrial thickness is 4 mm.

Uterus is anteverted and appears normal in size and echotexture. No focal lesion is seen. Myometrial and endometrial echopattern appear normal.

Both ovaries are normal in size and echopattern.

No free fluid is seen in Pouch Of Douglas.

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	IISC WHOLE APPOARS:	

USG WHOLE ABDOMEN

No definite evidence of adnexal/pelvic mass is seen.

IMPRESSION:

Normal Study.

--- END OF THE REPORT ---

DR. VAIBHAVI PATEL

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Patient Details:

Ms. ASHWINI KARE | Female | 31Yr 11Mth 0Days

UHID

AHIL.0000828177

Patient Location:

AHC

Patient Identifier:

AHILAH183320

DRN

122147967

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Ref Doctor

DR. SHASHIKANT NIGAM

X-RAY CHEST PA

FINDINGS:

Lung fields are clear.

Cardio thoracic ratio is normal.

Both costophrenic angles are clear.

Domes of diaphragm are well delineated.

Bony thorax shows no significant abnormality.

IMPRESSION

NORMAL STUDY.

--- END OF THE REPORT ----

T.V. Parc.

TIRTH VINAYKUMAR PARIKH

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23 103 C2 C3 144 144 144 C3 145 145 145 145 74 90 Λ2 Z aVR 2007 F3 mm/300 aWF H

PR 129
QRSD 94
QT 397
QT 444
--AXIS-P -13
QRS 7
T -1
12 Lead; Standard Placement

Rate



OPTHALMIC EXAMINATION RECORDS
Name: Ms. Ashivuri Kare Date: 24.12.22 UHID: 828177 F/31
Distance Vision: unaided, Right Eye - 6/9 Left Eye - 6/9 No other symp/syct. illnem, Bent - 0.5/-1.0@10°6/6 Near Vision:
Near Vision: Right Eye: No. 75 @ 180 $6/6$ Left Eye:
APLN:TN - Right Eye Left Eye- N mmHg
3oth Eye – Colour Vision Nor wal
Both Eye - Anterior Segment Examinations - DED/Allagic P
Both Eye Posterior Segment Examinations - Bet Disco Peripapillary Av changes Doctor's Signature

AHMROP028V1

Returns /ONH Asserment. Ophthalmologist Name