

Patient Name : Mrs.MEENU KAUSHIK Age/Gender : 34 Y 10 M 27 D/F UH D/MR No : SKAR.0000097929 Visit ID : SKAROPV124298 Ref Doctor : Dr.SELF Emr/Auth/TPA ID : 6575678	Collected : 14/Jul/2023 09:22 AM Received : 14/Jul/2023 10:39 AM Reported : 14/Jul/2023 12:04 PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	11.0	g/dL	12-15	Spectrophotometer
PCV	33.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.89	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.0	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	17.0	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,100	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
ECSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5265	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2430	Cells/cu.mm	1000-3000	Electrical Impedance
ECSINOPHILS	162	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	243	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	269000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



Patient Name : Mrs.MEENU KAUSHIK	Collected : 14/Jul/2023 01:50PM
Age/Gender : 34 Y 10 M 27 D/F	Received : 14/Jul/2023 02:49PM
UHID/MR No : SKAR.0000097929	Reported : 14/Jul/2023 03:05PM
Visit ID : SKAROPV124298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6575678	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	110	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.MEENU KAUSHIK	Collected : 14/Jul/2023 09:22 AM
Age/Gender : 34 Y 10 M 27 D/F	Received : 14/Jul/2023 03:50 PM
UHID/MR No : SKAR.0000097929	Reported : 14/Jul/2023 05:33 PM
Visit ID : SKAROPV124298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6575678	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	100	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 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. Fructosamine may be used as an alternate measurement of glycemic control



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TCTAL CHOLESTEROL	224	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	269	mg/dL	<150	
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	53.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	150.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.44	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	13.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.0-5.5	URICASE
CALCIUM	8.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SCDIUM	138	mmol/L	135-145	Direct ISE
PCTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE

Please correlate clinically



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	16-73	Glycylglycine Kinetic method
Please correlate clinically				



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.31	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	8.89	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.850	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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Age/Gender : 34 Y 10 M 27 D/F	Received : 14/Jul/2023 11:12AM
UHID/MR No : SKAR.0000097929	Reported : 14/Jul/2023 11:46AM
Visit ID : SKAROPV124298	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 6575678	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NI ³ TRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.MEENU KAUSHIK Age/Gender : 34 Y 10 M 27 D/F UHID/MR No : SKAR.0000097929 Visit ID : SKAROPV124298 Ref Doctor : Dr.SELF Em3/Auth/TPA ID : 6575678	Collected : 14/Jul/2023 09:22AM Received : 14/Jul/2023 11:12AM Reported : 14/Jul/2023 11:46AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

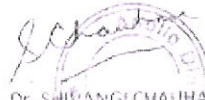
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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


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



Dr. Tanish Mandal
MBBS,MD(Pathology)
Consultant Pathologist



Dr. SHIVANGI CHAUHAN
M.B.B.S, M.D(Pathology)
Consultant Pathologist



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



Mrs Meenu Kaushik Age: 34 Y/ Sex: F
Date: 14.7.2023 REF. BY :HC

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis. **CBD** is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.

Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is minimally distended.

Uterus is anteverted, normal in size, shape and echopattern.

Endometrium echo is 13 mm thick, echogenic. It shows secretory phase morphology. Endometrial polyp cannot be ruled out.

Both the ovaries appear normal in size, shape, and echopattern.

Bilateral adnexae are clear. No adnexal mass.

No free fluid or pelvic collection seen.

Please correlate clinically


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
66A/2, New Rohtak Road, Karol Bagh,
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BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE | HYDERABAD | GWALIOR | GURUGRAM

=====

NAME: MEENU KAUSHIK
REF. BY: HEALTH CHECK UP
DATE: 14.7.2023

=====

AGE 34 Y /SEX/F
UHID: SKAR0000097929
S. NO: 13187

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.
No definite pleural or parenchymal pathology seen.
Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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14/07/25

Mrs Meera Kumbhkar
36/F

(L) (R)
 For T e spec 6/6
 up spec 6/36
 Alav (M) (M)
 Colw WNL WNL

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Deptt. of Obst. Gynae, Laparoscopic & Endoscopic Surgery

Dr. Malvika Sabharwal

M.B.B.S., D.G.O., Dipl., Endo. Surgery
Awarded Padmashri by the President of India
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
Member : Adv. Laparoscopic & Hysteroscopic Surgery Dipl.
International Society of Gynae laparoscopists
Association of Laparoscopic Surgeons, India
Gasless Laparoscopic Surgeons International, Japan
Indian Association of Gynae Endoscopists
Association of Obst. & Gynaecologist of Delhi
Faculty : Ethicon Institute of Surgical Education, Mumbai
IMA - Academy of Medical Specialities
Federation of Obst. & Gynae. Societies of India
DMC Regn. No. 4686

Mrs Meenu Kausluh

14/7/23

34y1F

Health checkup pt.

M/H

2-3/3oday

LMP = 23/6/23

Adv

cap Doxy 100mg
BDO

R/L

LD = 11yr, ♀ CSCE.

Adv Ramtac 150mg
BDO

x 10day

Camsoft - CL vaginal
tab PV x 3day.

P/S small cervical
erosion + w/
CBC taken.

R/w 2 CBC reports

AM

Dr. Shivani Sabharwal

M.B.B.S., M.S.
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
Association of Obst. & Gynaecologist of Delhi
Federation of Obst. & Gynae. Societies of India
DMC Regn. No. 44715

Dr. Vinay Sabharwal

M.B.B.S., M.S., FICA, F.A.I.S.
Hon. Surgeon to the President of India, 2017
Sir Ganga Ram Hospital
Sr. Member : Association of Surgeons of India
Indian Association of Gastro, Endo Surgeons
Indian Hernia Society
Association of Min. Access Surgeons of India
DMC Regn. No. 4687

Dr. Arush Sabharwal

M.B.B.S., M.S., FMAS (Minimal Access)
DMC Regn. No. 2774

Dr. Glossy Sabharwal

MD, Radio Diagnosis
Breast Interventional Fellow (Paris)
Dept. Clinical Imaging & Interventional Radiology

For appointment please contact :
011-49407700, 8448702877

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Meenu Kaulshile

153 cm 36.7 / f
62 kg 26.4.



Apollo Spectra
HOSPITALS
Specialists in Surgery

Early morning :-
6:30 Am

Luke warm water / Lemon water

4 soaked Almonds

Breakfast 9:Am →

veg Poha, Veg upma, sandwich, oats,
dalia, Muesli's Idli, cheela,

Mid morning - 11Am

1 fruit

Lunch - 1Pm →

2 chapati + Green vegetable + Dal +
Salad + Raita / curd.

Evening → 4Pm.

Tea / coconut water / Veg juice / chach.
+
Roasted chana, Roasted mummure,
Roasted Makhana, Home made Bhel
Puri.
Diet mixhse namkeen. / fruit

Dinner → 8Pm.

chapati Sabji / Dal / salad
or

veg moong dal khicdi
or

veg moong dal dalia.

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#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
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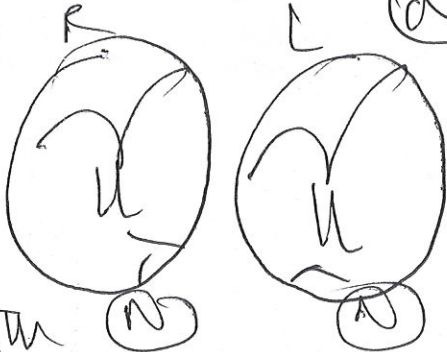
Dr. Sanjiv Dang

MBBS, MS (ENT)
Ear, Nose & Throat Consultant
DMC Regn. No. 9555
Timing : 5.30 pm - 8.30 pm
E : sanjivdang.mamc@gmail.com

For appointment please contact :
011-49407700, 8448702877

Ms Merou Kaushtik
F 35 years

Sup : ENT : Normal



He
No medication

S. Dang
14.7.2023

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

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Ameerpet, Hyderabad-500038. Telangana.

B.P. 100/180

34 years Female

Vent. rate 77 bpm
PR interval 124 ms
QRS duration 78 ms
QT/QTc 382/432 ms
P-R-T axes 57 45 44

Normal sinus rhythm
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

Technician:
Test ind:

Referred by:
Unconfirmed

