

Patient Name : Mrs.MADHURI KUMARI SINGH  
Age/Gender : 39 Y 7 M 20 D/F  
UHID/MR No : SCHI.0000017598  
Visit ID : SCHIOPV25361  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : GEWSEW

Collected : 27/Jan/2024 10:44AM  
Received : 27/Jan/2024 12:24PM  
Reported : 27/Jan/2024 07:49PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Page 1 of 14



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240020090



Name : Mrs. Madhuri Kumari Singh

Age: 39 Y

UHID: SCHI.0000017598

Sex: F



OP Number: SCHIOPV25361

Address : 13 h sheikh sarai phase 2

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9190

Date : 27.01.2024 10:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	SONO MAMOGRAPHY - SCREENING ✓	
4	HbA1c, GLYCATED HEMOGLOBIN ✓	
5	2D ECHO ✓ 1.15 PM ✓	
6	LIVER FUNCTION TEST (LFT) ✓	
7	X-RAY CHEST PA ✓	
8	GLUCOSE, FASTING ✓	
9	HEMOGRAM + PERIPHERAL SMEAR ✓	
10	DENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION ✓	
13	DIET CONSULTATION After report ✓	
14	COMPLETE URINE EXAMINATION ✓	
15	URINE GLUCOSE(POST PRANDIAL) ✓	
16	PERIPHERAL SMEAR ✓	
17	ECG ✓	
18	BLOOD GROUP ABO AND RH FACTOR ✓	
19	LIPID PROFILE ✓	
20	BODY MASS INDEX (BMI)	
21	ABC PAP TEST- PAPSURE ✓	
22	OPHTHAL BY GENERAL PHYSICIAN pending	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
26	DENTAL CONSULTATION ✓	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 2.10	

Height: 162cm  
 Weight: 76.9  
 B.P: 110/80  
 Pulse: 88/min

SpO2 - 98

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**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.4	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	42.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>4.88</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,570	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.5	%	40-80	Electrical Impedance
LYMPHOCYTES	29.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	9.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3147.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1665.43	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	178.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	545.86	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33.42	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240020090



Booking ID	EMP-NAME	AGE	GENDER
bobS5864	madhuri kumari singh	39 year	Female
bobE5863	MR. SINGH VIKASH KUMAR	34 year	Male
bobS5860	Swati tomar	35 year	Female
bobE5859	MR. CHAUHAN RAVI KUMAR SINGH	35 year	Male
bobS5855	Noor maleha iqbal	25 year	Female
bobE5854	MR. RASUL AAMIR	38 year	Male

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**DEPARTMENT OF HAEMATOLOGY**

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

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MBBS,MD (Pathology)  
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SIN No:BED240020090





भारत सरकार  
GOVERNMENT OF INDIA



माधुरी कुमारी सिंह  
Madhuri Kumari Singh

जन्म वर्ष / Year of Birth : 1984  
महिला / Female



5781 0626 6688

आधार — आम आदमी का अधिकार

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Age/Gender : 39 Y 7 M 20 D/F	Received : 27/Jan/2024 12:24PM
UHID/MR No : SCHI.0000017598	Reported : 27/Jan/2024 05:26PM
Visit ID : SCHIOPV25361	Status : Final Report
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**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240020090



**PREVENTIVE HEALTH CARE SUMMARY**

NAME :-	Madhuri Komari	UHID No :	17598
AGE / GENDER :-	39yf	RECEIPT No :-	
PANEL :	Arogya Medi Wheel	EXAMINED ON :-	27/1/24

Routine checkup  
No Sypico H/O

**Chief Complaints:**

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

**Personal History:**

Alcohol	OCC	:	Nil	Activity	:	<del>Active</del>
Smoking		:	<del>Nil</del>	Allergies	:	<del>Nil</del>

**Family History:** NS

**General Physical Examination:**

Height	162cm	:	cms	Pulse	88/m	bpm
Weight	76.9	:	Kgs	BP	110/80	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	<del>Normal</del>
Respiratory system	:	<del>Normal</del>
Abdominal system	:	<del>Normal</del>
CNS	:	<del>Normal</del>
Others	:	<del>Normal</del>



Patient Name : Mrs.MADHURI KUMARI SINGH	Collected : 27/Jan/2024 02:29PM
Age/Gender : 39 Y 7 M 20 D/F	Received : 27/Jan/2024 03:09PM
UHID/MR No : SCHI.0000017598	Reported : 27/Jan/2024 06:50PM
Visit ID : SCHIOPV25361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GEWSEW	

**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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	95	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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	106	mg/dL	70-140	GOD - POD

**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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLP1412339



PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Madhuri kumar	UHID No :
AGE :-	SEX :	RECEIPT No :-
PANEL :		EXAMINED ON :-

Investigations:

- All the reports of tests and investigations are attached herewith

WMC

Recommendation:

Cap Absolute women 10g  
x 3 months  
My vito D<sub>3</sub> 60 k once a week  
6-12 week

Dr. Navneet Kaur  
Consultant Physician

Neam

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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)

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



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:EDT240008634

<b>NAME :</b>	<b>MADHURI KUMARI SINGH</b>	<b>AGE/SEX</b>	<b>39</b>	<b>YRS/ F</b>
<b>UHID :</b>	<b>17598</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>27.01.2027</b>	

### **ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is antverted and normal in size . It measures 8.5 x 3.6 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 7 mm

Both ovaries are normal in size ,shape and echotexture.

**Right ovary:** 2.5 x 1.8 cm

**Left ovary:** 2.5 x 1.5 cm

No obvious adenexal mass is seen. No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY.**

**Please correlate clinically and with lab. Investigations.**



**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Patient Name : Mrs.MADHURI KUMARI SINGH	Collected : 27/Jan/2024 10:44AM
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	87	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	56	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.63		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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04611176



ID: 17598

Madhuri kumari singh  
Female 39Years  
Req. No. :

27-01-2024 10:42:09

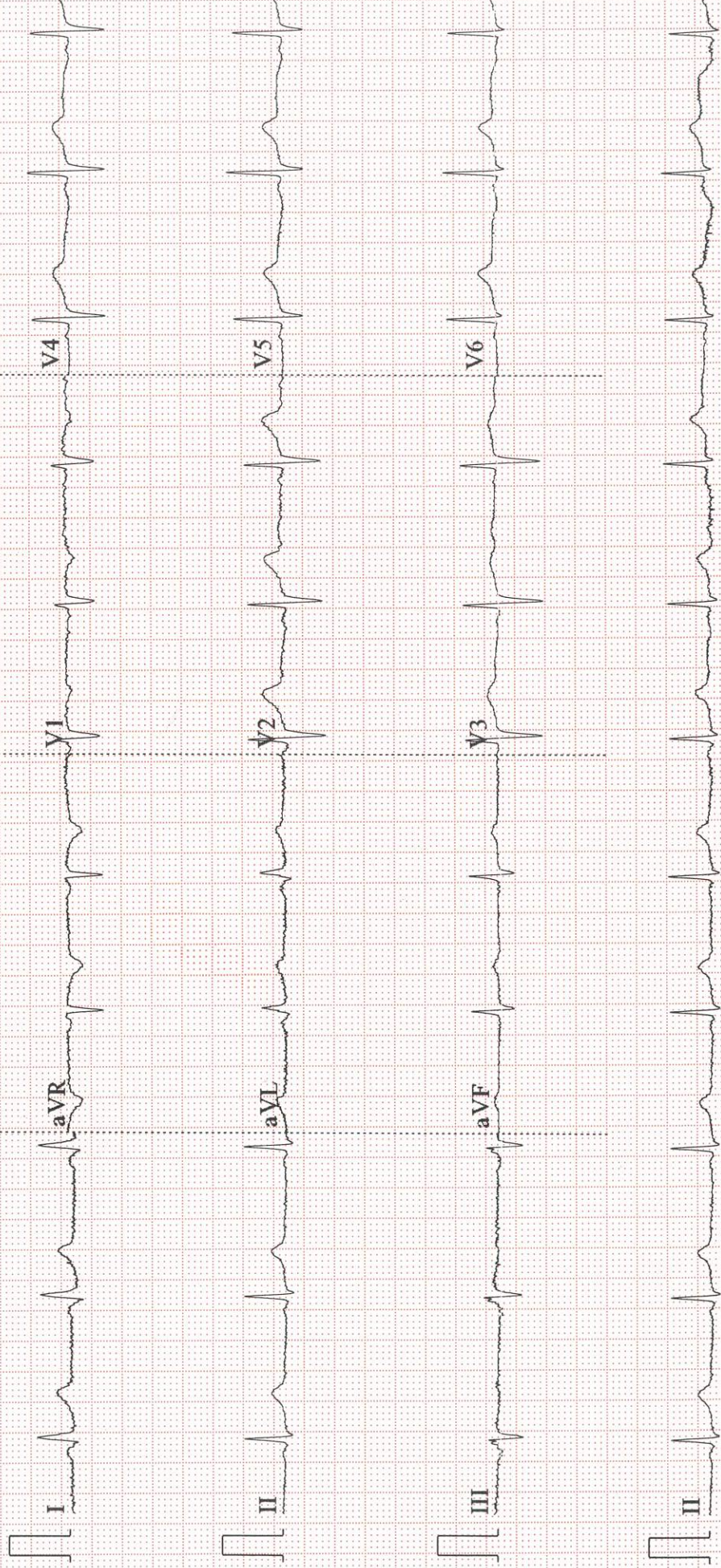
HR : 64 bpm  
P : 88 ms  
PR : 107 ms  
QRS : 90 ms  
QT/QTcBz : 422/438 ms  
P/QRST : -22/5/22 °  
RV5/SV1 : 0.844/0.482 mV

Diagnosis Information:

Sinus Rhythm

Short PR Interval

Report Confirmed by:



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>44</b>	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>38.0</b>	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	70.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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. • Correlation with PT (Prothrombin Time) helps.



Dr. SHWETA GUPTA  
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SIN No:SE04611176



**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151

For Appointment : +91 11 4046 5555

Mob.: +91 9910995018

Email: drusha.maheshwari@apollospectra.com

Mrs. Madhvi Kumari Singh,

39 Y / Female.

C/C :- Regular Dental check-up.

M/H :- N.R.

P/DH :- Filling & RCT & capping done previously  
in 2011.

O/E :- Calculus +.

Caries net  $\frac{6}{7}$ .

Advised :- Restoration net  $\frac{6}{7}$ .

Handwritten signature/initials.



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Dr. SHWETA GUPTA  
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SIN No:SE04611176



CMP - 10.1.24

(R) cycle

PH - ni

EH - Father - Ca - known

P<sub>2</sub>L<sub>2</sub> - NVD

LCB - 4yr

Madhuri

27-1-24

Adv

- Lactacyd  
wash

Break

1/A

1/S

(R)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	<b>13.10</b>	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>6.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.90	mg/dL	2.5-6.2	Uricase
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>108</b>	mmol/L	98 - 107	Direct ISE



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SIN No:SE04611176



NAME :	MADHURI KUMARI SINGH	AGE/SEX	39	YRS/ F
UHID :	17598			
REF BY :	APOLLO SPECTRA	DATE:-	27.01.2027	

### **USG BOTH BREAST**

Both breast shows normal parenchymal pattern.

No obvious architectural distortion seen.

No abnormal ductal dilatation seen.

Skin and subcutaneous tissues are normal.

No abnormal vascularity seen on both sides.

Bilateral subareolar regions are unremarkable.

Few axillary nodes with preserved fatty hilum are seen bilaterally .

#### **IMPRESSION: USG breast reveals:**

**No significant abnormality**

**Advise:** Clinical Correlation.



**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

Patient Name : Mrs.MADHURI KUMARI SINGH	Collected : 27/Jan/2024 10:44AM
Age/Gender : 39 Y 7 M 20 D/F	Received : 27/Jan/2024 12:17PM
UHID/MR No : SCHI.0000017598	Reported : 27/Jan/2024 02:04PM
Visit ID : SCHIOPV25361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GEWSEW	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	12-43	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04611176



## DIGITAL X-RAY REPORT

NAME: MADHURI	DATE: 27.01.2024
UHID NO : 17598	AGE: 39YRS/ SEX: F

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

Patient Name : Mrs.MADHURI KUMARI SINGH	Collected : 27/Jan/2024 10:44AM
Age/Gender : 39 Y 7 M 20 D/F	Received : 27/Jan/2024 04:10PM
UHID/MR No : SCHI.0000017598	Reported : 27/Jan/2024 06:34PM
Visit ID : SCHIOPV25361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GEWSEW	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.40	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.270	µIU/mL	0.34-5.60	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. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: SPL24013282



Patient Name : Mrs. Madhuri Kumari Singh Age : 39 Y/F  
 UHID : SCHI.0000017598 OP Visit No : SCHIOPV25361  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 27-01-2024 16:09  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg MVA \_\_\_\_\_cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_msec.  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_msec. Pred. RVSP=RAP+ \_\_\_\_\_mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Pulmonary annulus \_\_\_\_\_mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_mmHg. End diastolic gradient \_\_\_\_\_mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/3/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Aortic annulus \_\_\_\_\_mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.7 (2.0 – 3.7cm)	LA es	3.1 (1.9 – 4.0cm)
LV es	3.0 (2.2 – 4.0cm)	LV ed	4.4 (3.7 – 5.6cm)
IVS ed	0.8 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	60% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS :**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced  
 Regional wall motion abnormality **Absent**  
 LA **Normal**/Enlarged/**Clear**/Thrombus  
 RA **Normal**/Enlarged/**Clear**/Thrombus  
 RV **Normal**/Enlarged/**Clear**/Thrombus

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
 Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
 Ph No: 040-4904 7777 | www.apollohl.com



Patient Name : Mrs.MADHURI KUMARI SINGH	Collected : 27/Jan/2024 10:44AM
Age/Gender : 39 Y 7 M 20 D/F	Received : 27/Jan/2024 12:25PM
UHID/MR No : SCHI.0000017598	Reported : 27/Jan/2024 05:22PM
Visit ID : SCHIOPV25361	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA  
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SIN No:UR2269661



## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=60%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



*Dr. M K Gupta*  
*M.B.B.S, MD, FIACM*  
*Senior Consultant Cardiologist*

Patient Name : Mrs.MADHURI KUMARI SINGH	Collected : 27/Jan/2024 10:44AM
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**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:  
LBC PAP TEST (PAPSURE)

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