

Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 12:39PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 03:15PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	13.4	g/dL	12-15	Spectrophotometer
PCV	40.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>11,500</b>	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	71.1	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>19.7</b>	%	20-40	Electrical Impedence
EOSINOPHILS	2.8	%	1-6	Electrical Impedence
MONOCYTES	6.2	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	<b>8176.5</b>	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2265.5	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	322	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	713	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	23	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	303000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westgren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are mildly increased in total number with mild increase in neutrophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD NEUTROPHILIC LEUCOCYTOSIS**

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 12:39PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 04:13PM
Visit ID : CJPNOPV170617	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230145032

Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 11:24AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 06:16PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 07:29PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE
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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	76	mg/dL	70-140	HEXOKINASE
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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.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 12:48PM
UHID/MR No : CJPN.0000086072	Reported : 25/Jun/2023 03:35AM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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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UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 05:48PM
Visit ID : CJPNOPV170617	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>36</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.52		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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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	<b>1.47</b>	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	<b>1.27</b>	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.54</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.98	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

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

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



Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 01:33PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 04:44PM
Visit ID : CJPNOPV170617	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.04	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.325	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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UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 01:31PM
Visit ID : CJPNOPV170617	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



SIN No:UPP014968,UF008816

Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 06:24PM
Age/Gender : 40 Y 3 M 12 D/F	Received : 26/Jun/2023 12:51PM
UHID/MR No : CJPN.0000086072	Reported : 26/Jun/2023 07:06PM
Visit ID : CJPNOPV170617	Status : Final Report
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**DEPARTMENT OF CYTOLOGY**

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

**LBC PAP TEST (PAPSURE) , LBC FLUID**

	<b>CYTOLOGY NO.</b>	10739/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH INFLAMMATION

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised


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

Result/s to Follow:  
PERIPHERAL SMEAR


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**DEPARTMENT OF CYTOLOGY**


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



**Dr. Prasanna**  
M.B.B.S, M.D  
Consultant Pathologist



**Dr. ANKITA SINGH**  
M.B.B.S, D.N.B(Pathology)  
Consultant Pathologist.




**Dr. Anita Shobha Flynn**  
M.B.B.S, MD(Pathology)  
Consultant Pathologist



**DR. SPOORTHY GURAJALA**  
M.B.B.S, M.D(PATHOLOGY), DNB, DipRCPath(UK)  
Consultant Pathologist



**DR. SHIV ARAJA SHETTY**  
M.B.B.S, M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



**Dr. Anita Shobha Flynn**  
M.B.B.S, MD(Pathology)  
Consultant Pathologist





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**HEMOGRAM , WHOLE BLOOD-EDTA**

<b>HAEMOGLOBIN</b>	13.4	g/dL	12-15	Spectrophotometer
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RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
<b>TOTAL LEUCOCYTE COUNT (TLC)</b>	<b>11,500</b>	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	71.1	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>19.7</b>	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	<b>8176.5</b>	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2265.5	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	322	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	713	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	23	Cells/cu.mm	0-100	Electrical Impedance

**PLATELET COUNT**

<b>PLATELET COUNT</b>	303000	cells/cu.mm	150000-410000	Electrical impedance
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	7	mm at the end of 1 hour	0-20	Modified Westgren method
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**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

WBCs: are mildly increased in total number with mild increase in neutrophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD NEUTROPHILIC LEUCOCYTOSIS**



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method







Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 12:39PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 04:13PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination





Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 11:24AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 06:16PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 07:29PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	96	mg/dL	70-100	HEXOKINASE
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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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	76	mg/dL	70-140	HEXOKINASE
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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.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 12:48PM
UHID/MR No : CJPN.0000086072	Reported : 25/Jun/2023 03:35AM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> <i>WHOLE BLOOD-EDTA</i>	5.1	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD-EDTA</i>	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.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. 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.
3. 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





Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 01:15PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 05:48PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>36</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.52		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.





Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 01:15PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 05:48PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>1.47</b>	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	<b>1.27</b>	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.54</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.98	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated





Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 01:15PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 05:48PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	<b>0.60</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)





Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 01:15PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 05:48PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF BIOCHEMISTRY**

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

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





Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 01:33PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 04:44PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.04	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.325	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







Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 12:40PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 01:31PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





Patient Name : Mrs.BINCY WADHWANI	Collected : 24/Jun/2023 08:53AM
Age/Gender : 40 Y 3 M 12 D/F	Received : 24/Jun/2023 12:40PM
UHID/MR No : CJPN.0000086072	Reported : 24/Jun/2023 02:17PM
Visit ID : CJPNOPV170617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180588	

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

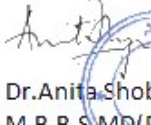
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

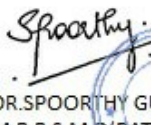
**\*\*\* End Of Report \*\*\***

Result/s to Follow:

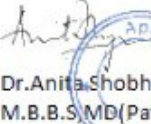
PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

  
**Dr. Prasanna**  
 M.B.B.S, M.D  
 Consultant Pathologist

  
**Dr. Anita Shobha Flynn**  
 M.B.B.S MD(Pathology)  
 Consultant Pathologist

  
**DR.SPOORTHY GURAJALA**  
 M.B.B.S,M.D(PATHOLOGY),DNB,DipRCPath(UK)  
 Consultant Pathologist

  
**DR.SHIVARAJA SHETTY**  
 M.B.B.S,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

  
**Dr. Anita Shobha Flynn**  
 M.B.B.S MD(Pathology)  
 Consultant Pathologist



Name : Mrs. BINCY WADHWANI

Age: 40 Y

Sex: F

UHID:CJPN.0000086072



OP Number:CJPNOPV170617

Bill No :CJPN-OCR-64627

Date : 24.06.2023 08:52

Address : BLR

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2-D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY-CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION (5)	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	EKG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE	
21	OPHTHAL BY GENERAL PHYSICIAN (3)	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN (9) 10:30	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:30	

Auro-21

 HT: 166  
 WT: 73.7  
 BP: 118/82  
 Hip: 94  
 Waist: 104

Bincy wadhvani  
ID: cjpnr86072

24.06.2023 9:17:37

AcuW CE

166 cm Female  
40 Years 73.0 kg

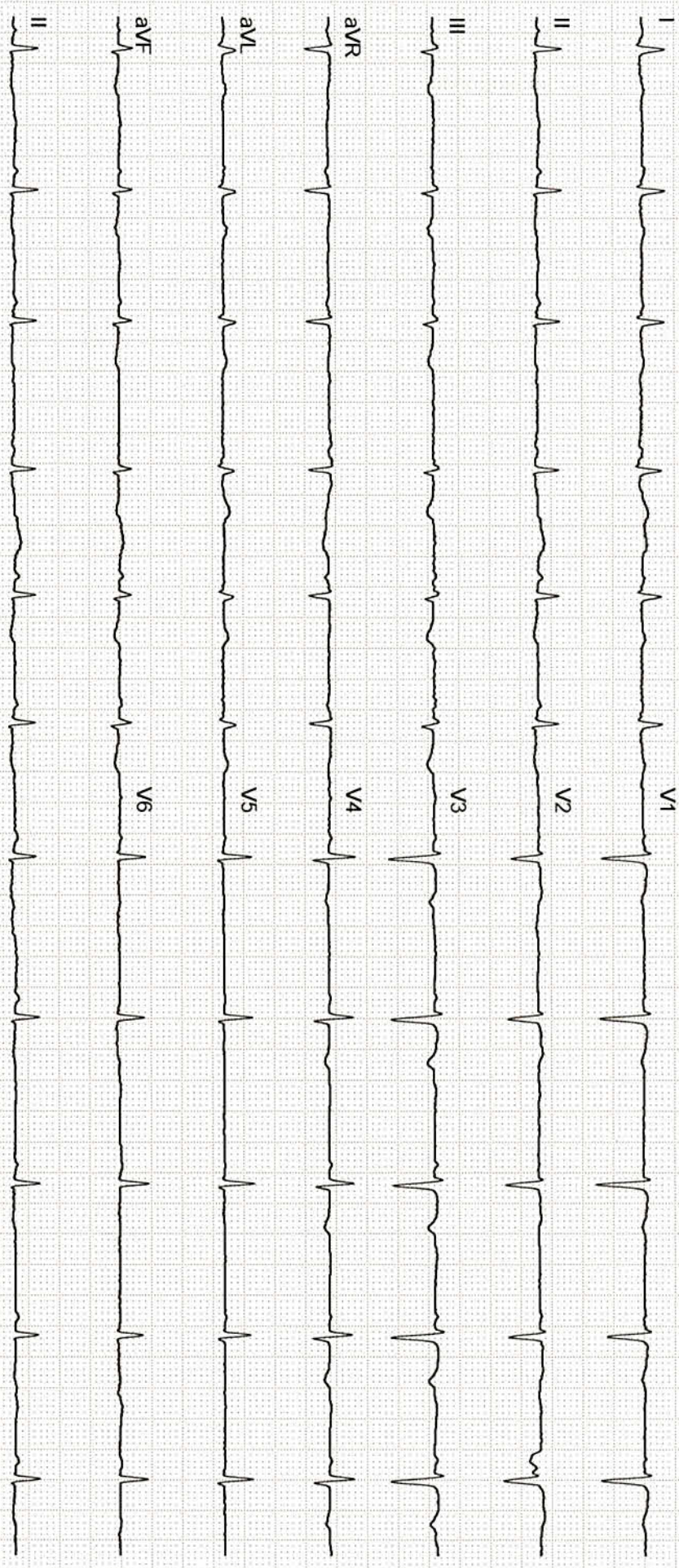
Apollo Clinic  
J P Nagar  
Bangalore

QRS : 74 ms  
QT / QTcBaz : 396 / 411 ms  
PR : 114 ms  
P : 54 ms  
RR / PP : 928 / 923 ms  
P / QRS / T : 70 / 22 / -40 degrees

Normal sinus rhythm with sinus arrhythmia  
Nonspecific T wave abnormality  
Abnormal ECG

65 bpm  
118 / 82 mmHg

WAL  
GS



GE MACC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1 Unconfirmed 1/1

**NAME: Mrs. BINCY**

**AGE: 40YRS/ F**

**DATE: 24/06/2022**

**2D ECHO WITH COLOR DOPPLER**

Ao Diam : 2.5cm , LA Diam : 2.3 cm,  
IVSd : 1.1cm , IVSs;0.8cm, LVIDd : 4.5cm , LVIDs : 2.5 cm LVPWd :1.2 cm ,  
LVPWS : 0.8 cm , EF – 75% , FS – 43% , RVIDd – 1.1cm

**2DVALVES**

MITRAL VALVE -----: NORMAL  
TRICUSPID VALVE-----: NORMAL  
AORTIC VALVE-----: NORMAL  
PULMONARY VALVE-----: NORMAL

**CHAMBERS**

LEFT ATRIUM-----: NORMAL.  
RIGHT ATRIUM-----: NORMAL  
LEFT VENTRICULAR-----: NORMAL  
RIGHT VENTRICULAR---:NORMAL

**DOPPLER**

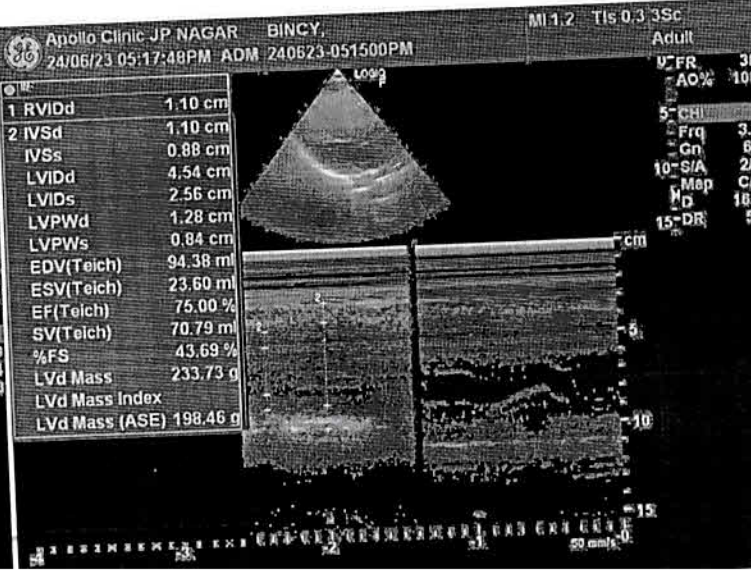
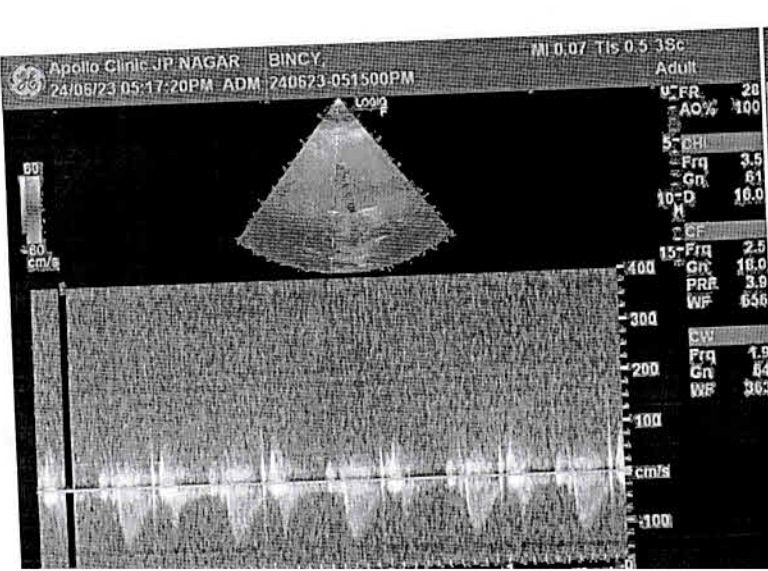
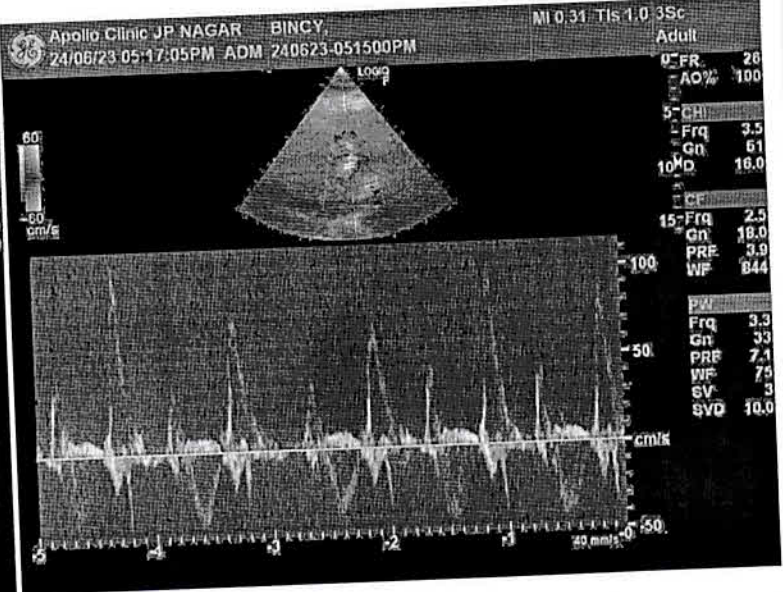
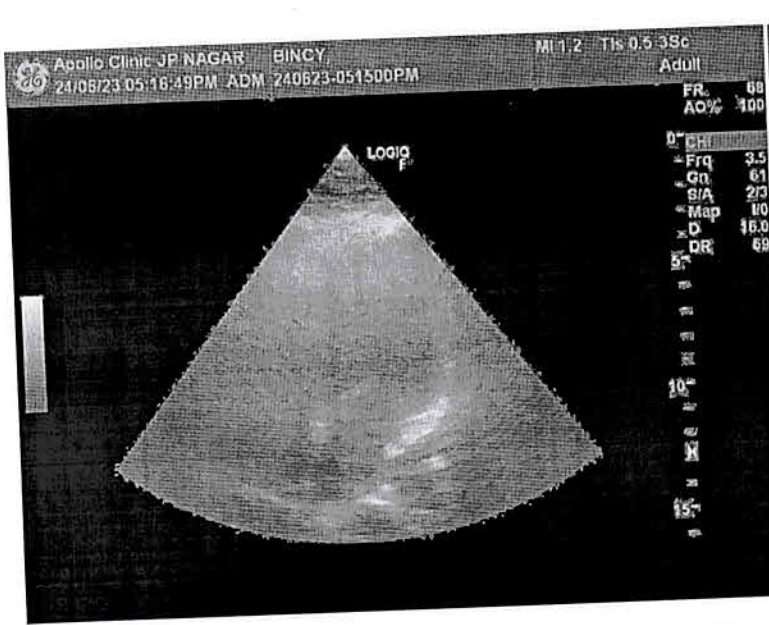
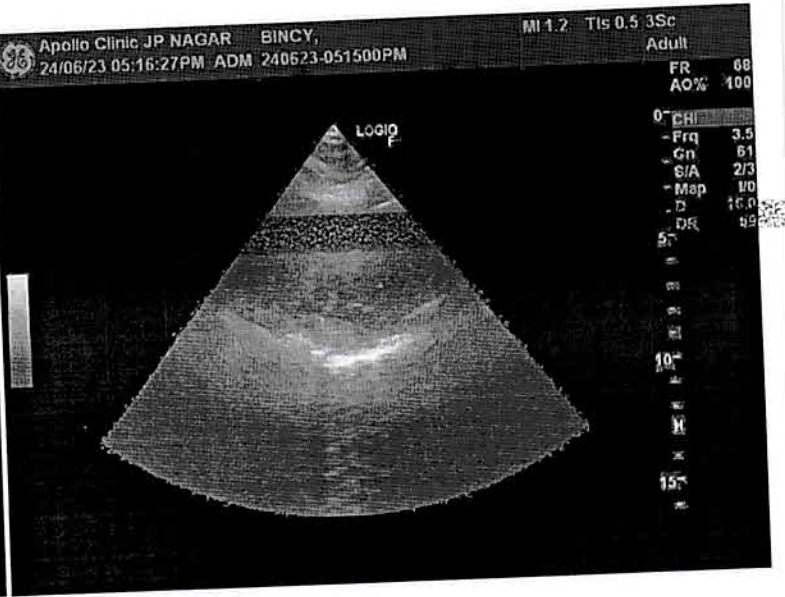
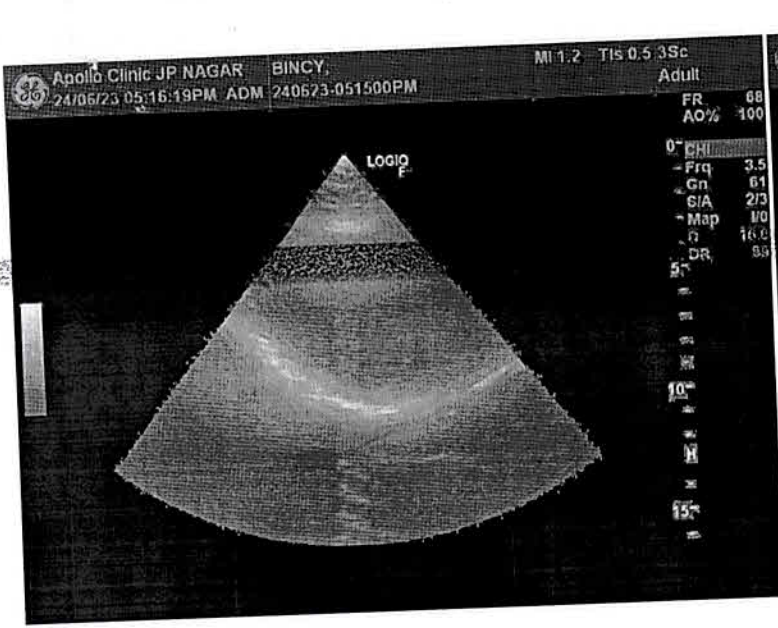
MV E Vel---- : 0.9 m/s , MV A Vel : 0.5 m/s  
TRICUSPID VALVE : NORMAL  
PERICARDIUM-----: NORMAL  
CLOT/VEGETATION----- : NIL

**IMPRESSION**

NORMAL VALVES AND CHAMBERS  
NORMAL LV SYSTOLIC FUNCTION  
NO CLOT /VEGETATION/EFFUSION/PAH  
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM**  
**CONSULTANT CARDIOLOGIST**



Bincy Widhwani.

40/F

24/06/2023.

Weight:	Weight:	BMI:	Waist Circum:
Pulse:	Pulse:	Resp:	B.P:

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

- Health check.
- Allergies / Pharyngitis - 2-3 times a year.

O/E

A/c Pharyngitis.

Allergic Rhinitis

Ears: (R) EAC was cleaned

B/C TM intact & (N)

Rx:- 1. TAB. CEPODEN-XP 225mg  
1 ————— 1 x 5 days

2. Thermokind gargles (1:1) x 1 week  
1 ————— 1 ————— 1 ————— x

3. TAB. MONTAIR 6x x 1 week  
o ————— o ————— 1

Review 1 week.

ms

26/6/23

Mr. Binay Wadhvani 40yrs.

MS - 13 yrs P222

Weight :	BMI :	Waist Circum :
Pulse :	Resp :	B.P :

Examination / Allergies

Eng! 16/6/23  
 M.I.H. 3-5 days → Regular  
 3 days → mod flow  
 ↓ mild dyspareunia

Clinical Diagnosis & Management Plan

• C/O white discharge p/w - Mucous  
 since 1 year  
 • No itching & foul smell ⊕  
 - C/O stress urinary incontinence -  
 3-4 hrs back  
 no urgency.

O.I.H. P222  
 Both eyes  
 744m. Eyes  
 Leg Tx done.

• P.I.H. NS

• F.H. : mother - BP & DM

• O.I.C.  
 Leucorrhoea  
 Dyspareunia

P.A. soft  
 scan ⊕

P.I.S. CO - small  
 erosion ⊕ SUS ⊕  
 greenish-white  
 discharge ⊕

P.V. : uterine - NS

Advice:

- Local hygiene
- 1) TO CLEANER FASE vaginal pessary  
 0-1 x 3 days
- 2) FAS-3 Kit - ⊕
- EVANE w vaginal  
 - ⊕ . husk (prohibitory).



Name - Viney  
Age - 110y2 / F

Date 24.6.23

9824480562

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

CIo - Blurring of  
vision in distance  
and headache since  
3 months

H/O past - No

H/O ocular - No

Clinical Diagnosis & Management Plan

U<sub>n</sub> V<sub>n</sub>  $\left\{ \begin{array}{l} 6/6P N6 \\ 6/9 N6 \end{array} \right.$

± glass V<sub>n</sub>  $\left\{ \begin{array}{l} 6/6 N6 \\ 6/6 N6 \end{array} \right.$

colour vision is normal

Rx RE = -0.25 X 80°  
LP = -0.50 X 90°

**Patient Name** : Mrs. BINCY WADHWANI

**Age/Gender** : 40 Y/F

**UHID/MR No.** : CJPN.0000086072

**OP Visit No** : CJPNOPV170617

**Sample Collected on** :

**Reported on** : 24-06-2023 11:57

**LRN#** : RAD2029887

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 180588

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV-12 mm.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen.

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures:10.5 x 1.9 cm.

Left kidney measures :12.0 x 2.2 cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : Normal in size and echotexture. It measures : 8.7 x 4.3x 5.2 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-11 mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size.

Right ovary measures :3.4 x 2.2 cm.

Left ovary measures :3.3 x 2.1 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

**Patient Name** : Mrs. BINCY WADHWANI

**Age/Gender** : 40 Y/F

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## **IMPRESSION : NORMAL STUDY.**

Please Note :No preparation done before scanning.

(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. KUSUMA JAYARAM**  
MBBS,DMRD  
Radiology

**Patient Name** : Mrs. BINCY WADHWANI

**Age/Gender** : 40 Y/F

**UHID/MR No.** : CJPN.0000086072

**OP Visit No** : CJPNOPV170617

**Sample Collected on** :

**Reported on** : 24-06-2023 10:30

**LRN#** : RAD2029887

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 180588

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**DEPARTMENT OF RADIOLOGY**

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**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. KUSUMA JAYARAM**  
**MBBS,DMRD**  
Radiology

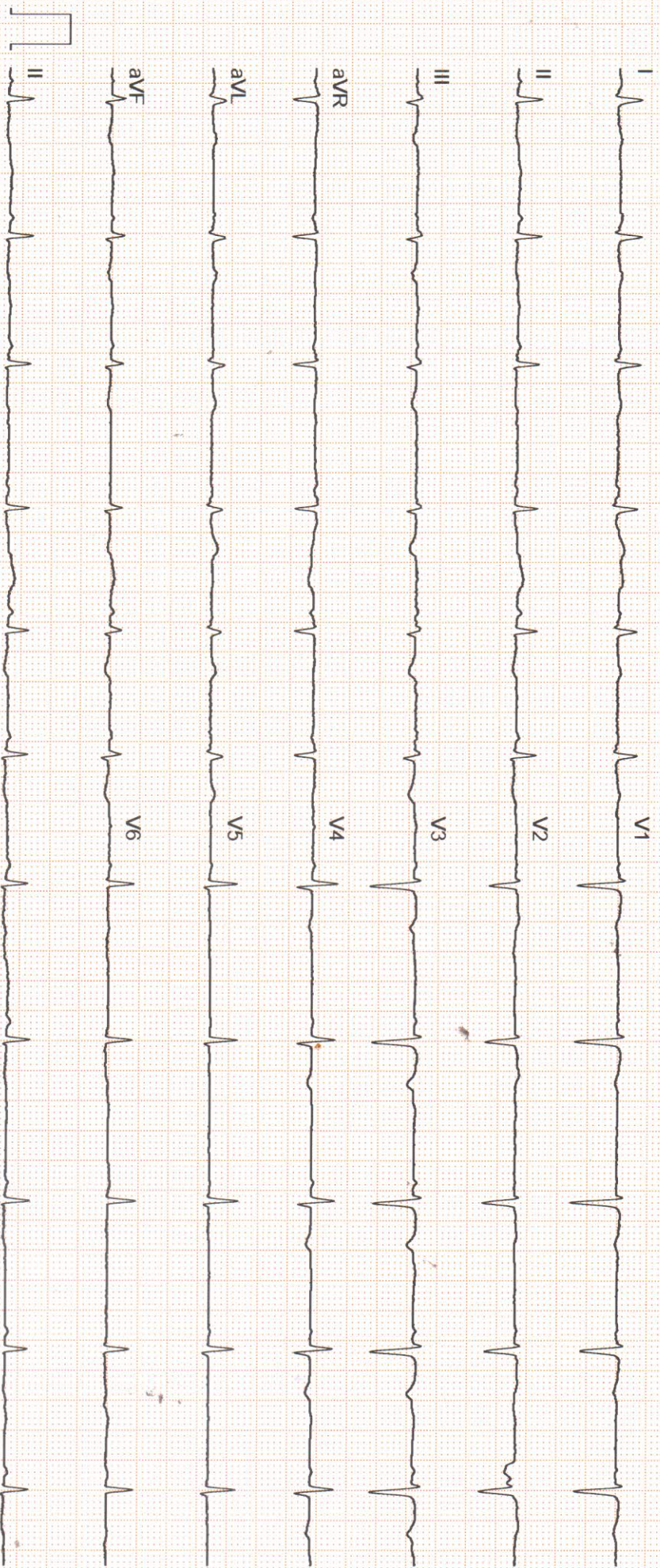
40 Years 166 cm Female  
73.0 kg

Apollo Clinic  
J P Nagar  
Bangalore

QRS : 74 ms  
QT / QTcBaz : 396 / 411 ms  
PR : 114 ms  
P : 54 ms  
RR / PP : 928 / 923 ms  
P / QRS / T : 70 / 22 / 40 degrees

Normal sinus rhythm with sinus arrhythmia  
Nonspecific T wave abnormality  
Abnormal ECG

WAL  
GS



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6\_25\_R1 1/1

Unconfirmed



नाम बापकनी विस्मि भरत  
Name Bincy Wadhvani

I.C.NO. 180588

जारीकर्ता प्राधिकारी जारीकर्ता प्राधिकारी  
Issuing Authority Signature of Holder

Dear **MS. WADHWANI BINCY BHARAT,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **JPNAGAR clinic** on **2023-06-24** at **08:50-08:55**.

Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>