

Patient Name : Mrs.SWETHA OGGULA	Collected : 23/Sep/2023 08:06AM
Age/Gender : 35 Y 7 M 1 D/F	Received : 23/Sep/2023 12:17PM
UHID/MR No : CASR.0000143002	Reported : 23/Sep/2023 02:41PM
Visit ID : CASROPV213065	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : .176267	

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	9.9	g/dL	12-15	Spectrophotometer
PCV	30.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.63	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	66.2	fL	83-101	Calculated
MCH	21.4	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	19	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,390	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	55.3	%	40-80	Electrical Impedance
LYMPHOCYTES	34.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4639.67	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2928.11	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	302.04	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	511.79	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	8.39	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	415000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBC- MICROCYTIC HYPOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE INCREASED ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH MILD THROMBOCYTOSIS



SIN No:BED230230551

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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APOLLO CLINICS NETWORK

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DEPARTMENT OF BIOCHEMISTRY

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GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	120	mg/dL		Calculated

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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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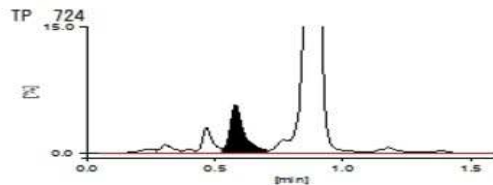
Chromatogram Report

1 V5.28 1 2023-09-23 14:08:43
 ID EDT230087218
 Sample No. 09230119 SL 0007 - 07
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.24	7.70
A1B	0.8	0.31	12.51
F	0.3	0.40	4.34
LA1C+	1.7	0.47	28.18
SA1C	5.8	0.58	73.67
AO	92.4	0.88	1491.49
H-V0			
H-V1			
H-V2			

Total Area 1617.89

HbA1c 5.8 % **IFCC 39 mmol/mol**
 HbA1 7.0 % HbF 0.3 %



SIN No:PLF02031089,PLP1371625,EDT230087218

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

TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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SIN No:SE04489674

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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.94	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.02	g/dL	6.6-8.3	Biuret
ALBUMIN	3.86	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		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.

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3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.59	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	21.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.08	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)



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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<38	IFCC



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.SWETHA OGGULA	Collected : 23/Sep/2023 08:06AM
Age/Gender : 35 Y 7 M 1 D/F	Received : 23/Sep/2023 12:40PM
UHID/MR No : CASR.0000143002	Reported : 23/Sep/2023 02:24PM
Visit ID : CASROPV213065	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : .176267	

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
-----------	--------	------	-----------------	--------

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	7.972	µIU/mL	0.38-5.33	CLIA

Comment:

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

1. 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.
2. 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.
3. 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.
4. 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

Patient Name : Mrs.SWETHA OGGULA	Collected : 23/Sep/2023 08:06AM
Age/Gender : 35 Y 7 M 1 D/F	Received : 23/Sep/2023 12:40PM
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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
-----------	--------	------	-----------------	--------

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23135248

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.SWETHA OGGULA	Collected : 23/Sep/2023 08:06AM
Age/Gender : 35 Y 7 M 1 D/F	Received : 23/Sep/2023 03:33PM
UHID/MR No : CASR.0000143002	Reported : 23/Sep/2023 04:56PM
Visit ID : CASROPV213065	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : .176267	

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
-----------	--------	------	-----------------	--------

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-4	/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



SIN No:UR2188918

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name : Mrs.SWETHA OGGULA	Collected : 23/Sep/2023 08:06AM
Age/Gender : 35 Y 7 M 1 D/F	Received : 23/Sep/2023 03:34PM
UHID/MR No : CASR.0000143002	Reported : 23/Sep/2023 04:56PM
Visit ID : CASROPV213065	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : .176267	

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

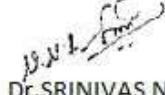
*** End Of Report ***

Result/s to Follow:

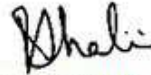
PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



Dr. Shalini Singh
M.B.B.S, M.D(Pathology)
Consultant Pathologist



Dr. SRINIVAS N.S. NORI
M.B.B.S, M.D(Pathology)
CONSULTANT PATHOLOGY



Dr. R. SHALINI
M.B.B.S, M.D(Pathology)
Consultant Pathologist



Dr. E. Maruthi Prasad
Msc, PhD(Biochemistry)
Consultant Biochemist



SIN No: UPP015509, UF009477

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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భారత ప్రభుత్వం

GOVERNMENT OF INDIA



శ్వేతా ఒగ్గుల

Swetha Oggula

పుట్టిన తేదీ/ DOB: 05/10/1987

స్త్రీ / FEMALE

5501 5299 0160



ఆధార్ - సామాన్యని హక్కు



Apollo Clinic

PHYSICAL EXAMINATION FORM

Apollo Clinic
Excellence. Closest to you.

Date 23/9/23 UHID 143002
Name Mrs. Swetha O. Age 35/12

Height 158 Cms

Weight 67.2 Kgs

Chest Measurement (in)cm (out)cm

Waist cm

HIP

Pulse 86 Bt/Min

BMI

BP 100/60 mm/Hg

SPO2

27 kgs/cm2

98 %

Apollo Clinic, A.S. Rao Nagar.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Swetha O. on 25/9/23

After reviewing the medical history and on clinical examination it has been found that he/ she is

<ul style="list-style-type: none"> • Medically Fit 	<p align="center"><u>Tick</u></p>
<ul style="list-style-type: none"> • Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"> <u>Anaemia noted. Adv: followup</u> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	<p align="center">✓</p>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. VIVEK BELDE
MBBS, DFM(UK)
Regd. No: 24141
CONSULTANT PHYSICIAN

Dr. Vivek Belde
Reg/No :24141
Consultant physic
Apollo Clinic
A S Rao Nagar



Patient Name	: Mrs. Swetha Oggula	Age	: 35 Y/F
UHID	: CASR.0000143002	OP Visit No	: CASROPV213065
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-09-2023 13:22
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 71 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----



Dr. MRINAL .

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

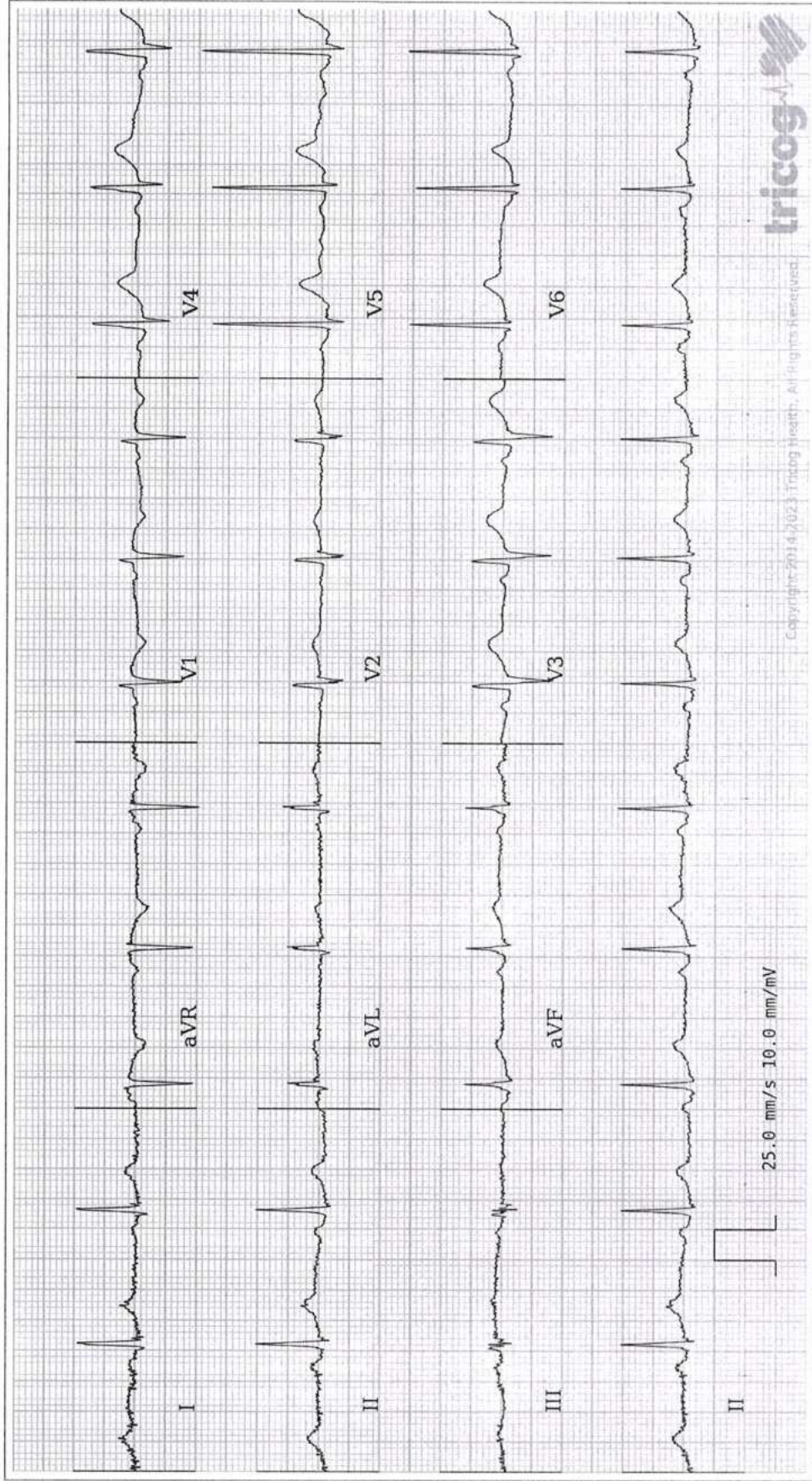
TO BOOK AN APPOINTMENT

 **1860 500 7788**



Age / Gender: 35/Female
Patient ID: 0000143002

Date and Time: 23rd Sep 23 8:47 AM



AR: 71bpm VR: 71bpm QRSD: 90ms QT: 410ms QTcB: 445ms PRI: 142ms P-R-T: 62° 34° 45°

ECG Within Normal Limits: Sinus rhythm, Normal ECG, correlate clinically. Please correlate clinically.

REPORTED BY



Apollo Hospitals, Secunderabad

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

ORAL EXAMINATION FORM



Date: 23/9/2023

Patient ID: _____ MHC

Patient Name: Ms. Swetha Age: 35 Sex: Male Female

Chief Complaint: Annual Checkup.

Medical History: NAD-

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries: 8

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion:

Bleeding: ++

Pockets / Recession:

Calculus / Stains: ++

Mobility:

Restored Teeth:

Non - restorable Teeth for extraction /
Root Stumps:

Malocclusion:

Others:

Slup

Advice: ① Advised oral prophylaxis & follow up
② Advised extraction of after evaluation
Name & Signature: Dr. Manik

POWER PRESCRIPTION

NAME: *Suetra*

GENDER: M/F

DATE: *23/9/23*

AGE: *35*

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-1.00</i>	<i>-0.75</i>	<i>90</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>nb</i>

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-1.00</i>	<i>-0.50</i>	<i>90</i>	<i>6/6</i>
NEAR	<i>-</i>	<i>-</i>	<i>-</i>	<i>nb</i>

COLOUR VISION : *normal*

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

Suetra
SIGNATURE

Patient Name	: Mrs. Swetha Oggula	Age	: 35 Y/F
UHID	: CASR.0000143002	OP Visit No	: CASROPV213065
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-09-2023 13:22
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ECG REPORT

Observation :-

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2. Heart rate is 71 beats per minutes.
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5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. MRINAL .

Patient Name : Mrs. Swetha Oggula Age : 35 Y/F
UHID : CASR.0000143002 OP Visit No : CASROPV213065
Conducted By: : Dr. MRINAL . Conducted Date : 24-09-2023 15:07
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM
LA (es) 2.8 CM
LVID (ed) 4.5 CM
LVID (es) 2.9 CM
IVS (Ed) 1.0 CM
LVPW (Ed) 1.0 CM
EF 65 %
%FD 32 %

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

MITRAL -E: 0.8 m/sec A 0.6 m/sec

PJV- 0.8 m/sec

AJV- 1.3 m/sec

Patient Name : Mrs. Swetha Oggula
UHID : CASR.0000143002
Conducted By: : Dr. MRINAL .
Referred By : SELF

Age : 35 Y/F
OP Visit No : CASROPV213065
Conducted Date : 24-09-2023 15:07

IMPRESSION;

NORMAL CHAMBERS.

NO RWMA.

NORMAL LV FUNCTION.

NO MR/AR/TR/PAH.

NO LA /LV CLOTS.

NO PERICARDIAL EFFUSION.

Dr. MRINAL .

Patient Name : Mrs. Swetha Oggula

Age/Gender : 35 Y/F

UHID/MR No. : CASR.0000143002

OP Visit No : CASROPV213065

Sample Collected on :

Reported on : 23-09-2023 17:39

LRN# : RAD2106080

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : .176267

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

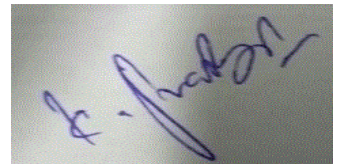
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mrs. Swetha Oggula	Age/Gender	: 35 Y/F
UHID/MR No.	: CASR.0000143002	OP Visit No	: CASROPV213065
Sample Collected on	:	Reported on	: 23-09-2023 11:21
LRN#	: RAD2106080	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: .176267		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 89x41mm **Left kidney : 102x42mm**

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus 44x32x35mm appears normal in size. It shows normal shape & echo pattern.

ET : Thickness measures **11 mm**.

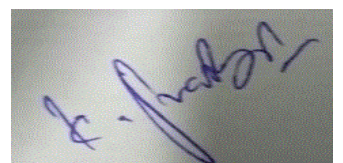
Right ovary : 19x18mm **Left ovary : 21x20mm**

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-Thickened Endometrium.

Suggested clinical correlation and further evaluation if necessary .



Dr. PRAVEEN BABU KAJA
Radiology