

Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:03PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 05:17PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS+.

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



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DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	40.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	77.6	fL	83-101	Calculated
MCH	25.1	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	18.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,180	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	58.2	%	40-80	Electrical Impedence
LYMPHOCYTES	33	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4178.76	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2369.4	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	86.16	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	538.5	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	7.18	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	340000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS+.

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

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN

SIN No BFD23008052

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 03:51 PM
Visit ID : CPIMOPV142272	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 04:22PM
Visit ID : CPIMOPV142272	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	110	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	97	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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	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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Visit ID : CPIMOPV142272	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	163	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.46	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.38		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

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

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

BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.9	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	57.34	U/L	30-120	IFCC
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.15	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.38	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.08	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.71	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.63	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.67	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	3.052	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 : CPIM.0000109277	Reported : 30/Mar/2023 02:31 PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

SIN NO: UR 208801



Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:05PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 02:36PM
Visit ID : CPIMOPV142272	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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Visit ID : CPIMOPV142272	Status : Final Report
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DEPARTMENT OF CYTOLOGY



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

LBC PAP TEST- PAPSURE , LBC FLUID

	CYTOLOGY NO.	6272/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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 ***

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




Dr. Sanjay Ingle
M.B.B.S, MD(Pathology)
Consultant Pathologist



Patient Name	: Mrs. SHWETA	Age/Gender	: 33 Y/F
UHID/MR No.	: CPIM.0000109277	OP Visit No	: CPIMOPV142272
Sample Collected on	:	Reported on	: 30-03-2023 19:01
LRN#	: RAD1963797	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS35601		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation

Both lung fields are clear.

Both c-p angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoraic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mrs. SHWETA	Age/Gender	: 33 Y/F
UHID/MR No.	: CPIM.0000109277	OP Visit No	: CPIMOPV142272
Sample Collected on	:	Reported on	: 30-03-2023 15:18
LRN#	: RAD1963797	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS35601		

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.

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. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6.4 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

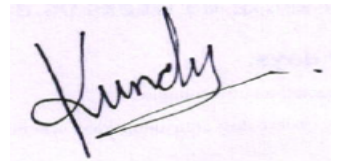
No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(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. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Name: Mrs. SHWETA
Age/Gender: 33 Y/F
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SAMEER KUMAR SABAT

MR No: CPIM.0000109277
Visit ID: CPIMOPV142272
Visit Date: 30-03-2023 09:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SHWETA
Age/Gender: 33 Y/F
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000109277
Visit ID: CPIMOPV142272
Visit Date: 30-03-2023 09:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SHWETA
Age/Gender: 33 Y/F
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000109277
Visit ID: CPIMOPV142272
Visit Date: 30-03-2023 09:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. SHWETA
Age/Gender: 33 Y/F
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRIYA JAGANNATH MAKODE

MR No: CPIM.0000109277
Visit ID: CPIMOPV142272
Visit Date: 30-03-2023 09:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SHWETA
Age/Gender: 33 Y/F
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000109277
Visit ID: CPIMOPV142272
Visit Date: 30-03-2023 09:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
30-03-2023 14:46	84 Beats/min	120/70 mmHg	20 Rate/min	97 F	159 cms	68.5 Kgs	%	%	Years	27.1	cms	cms	cms		AHLL07701

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

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Established Patient: No

Vitals

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30-03-2023 14:46	84 Beats/min	120/70 mmHg	20 Rate/min	97 F	159 cms	68.5 Kgs	%	%	Years	27.1	cms	cms	cms		AHLL07701

Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:03PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 05:17PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	40.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	77.6	fL	83-101	Calculated
MCH	25.1	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	18.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,180	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.2	%	40-80	Electrical Impedence
LYMPHOCYTES	33	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4178.76	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2369.4	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	86.16	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	538.5	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	7.18	Cells/cu.mm	0-100	Electrical Impedence
PLATELET COUNT	340000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS+.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:03PM
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DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
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Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:03PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 03:51PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:02PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 04:22PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	110	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	97	mg/dL	70-140	HEXOKINASE
--	-----------	-------	--------	------------

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.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:02PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	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.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:20PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 04:37PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	163	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.46	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.38		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.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:20PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.9	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	57.34	U/L	30-120	IFCC
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.49	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated



Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:20PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 04:37PM
Visit ID : CPIMOPV142272	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.50	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.15	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.38	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.08	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.71	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.63	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:20PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 04:37PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC



Patient Name : Mrs.SHWETA	Collected : 30/Mar/2023 09:28AM
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Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.67	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	3.052	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 hyperthyroidism, 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.SHWETA	Collected : 30/Mar/2023 09:28AM
Age/Gender : 33 Y 5 M 18 D/F	Received : 30/Mar/2023 02:05PM
UHID/MR No : CPIM.0000109277	Reported : 30/Mar/2023 02:36PM
Visit ID : CPIMOPV142272	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS35601	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:

LBC PAP TEST- PAPSURE



Dr. Sanjay Ingole
M.B.B.S,MD(Pathology)
Consultant Pathologist



Patient Name : Mrs. SHWETA Age : 33 Y F
UHID : CPIM.0000109277 OP Visit No : CPIMOPV142272
Reported on : 30-03-2023 12:14 Printed on : 30-03-2023 15:18
Adm/Consult Doctor : Ref Doctor : SELF

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.

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. No evidence of any intrinsic or extrinsic bladder abnormality
detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial
echo-complex appears normal and measures 6.4 mm. No intra/extra uterine gestational
sac seen.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Patient Name : Mrs. SHWETA Age : 33 Y F
UHID : CPIM.0000109277 OP Visit No : CPIMOPV142272
Reported on : 30-03-2023 12:14 Printed on : 30-03-2023 15:18
Adm/Consult Doctor : Ref Doctor : SELF

(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.

Printed on:30-03-2023 12:14

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Teianganana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Patient Name : Mrs. SHWETA Age : 33 Y F
UHID : CPIM.0000109277 OP Visit No : CPIMOPV142272
Reported on : 30-03-2023 14:34 Printed on : 30-03-2023 19:01
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation

Both lung fields are clear.

Both c-p angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoraic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:30-03-2023 14:34

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE

MBBS, DMRD

Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

9767311434

Apollo Clinic,
 Nigdi, Pune - 411044.

Date - 30/3/23

Patient Name Mrs. Shweta

UHID: 109277

Age / Sex: 33 Y / F

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6	6/6
Near Vision	NO	NO
Anterior Segment Pupil	Clear	Clear
Color Vision	NORMAL	NORMAL
Family History/Medical History		

IMPRESSION:-

Both eye NORMAL

OPTOMETRIST


Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointment: www.apolloclinic.com

Mrs. Shweta

30/3/23

3340 / F

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

clo NRE

Pin - 4 d. back

OIN - Nulli

Pin / NRE
Fin / NRE

BIL - Breasts soft, NT

PIA - soft, NT

PLS - Cervix /
Vagina /

CBC Pap done

Follow up date:

Doctor Signature

Apollo Clinic, Nigdi (Pimpri)

Shop No: 14 to 20, City Pride Building, Sector - 25, Next to BHEL Chowk,
Nigdi Pradhikaran, Pune - 411004 | Phone. (020) 27653312 / 13

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

Date : 30-03-2023
MR NO : CPIM.0000109277

Department : GENERAL
Doctor :

Name : Mrs. SHWETA

Registration No :

Age/ Gender : 33 Y / Female

Qualification :

Consultation Timing: 09:25

Ht - 159 cm
wt - 68.5 kg
BP - 120/70

33years Female 159cm Asian 68kg

Vent. Rate 90 bpm
PR interval 128 ms
QRS duration 86 ms
QT/QTc 346/423 ms
P-R-T axes 52 64 50
BP 120/70mmHg

Normal sinus rhythm
ST abnormality, possible digitalis effect
Abnormal ECG

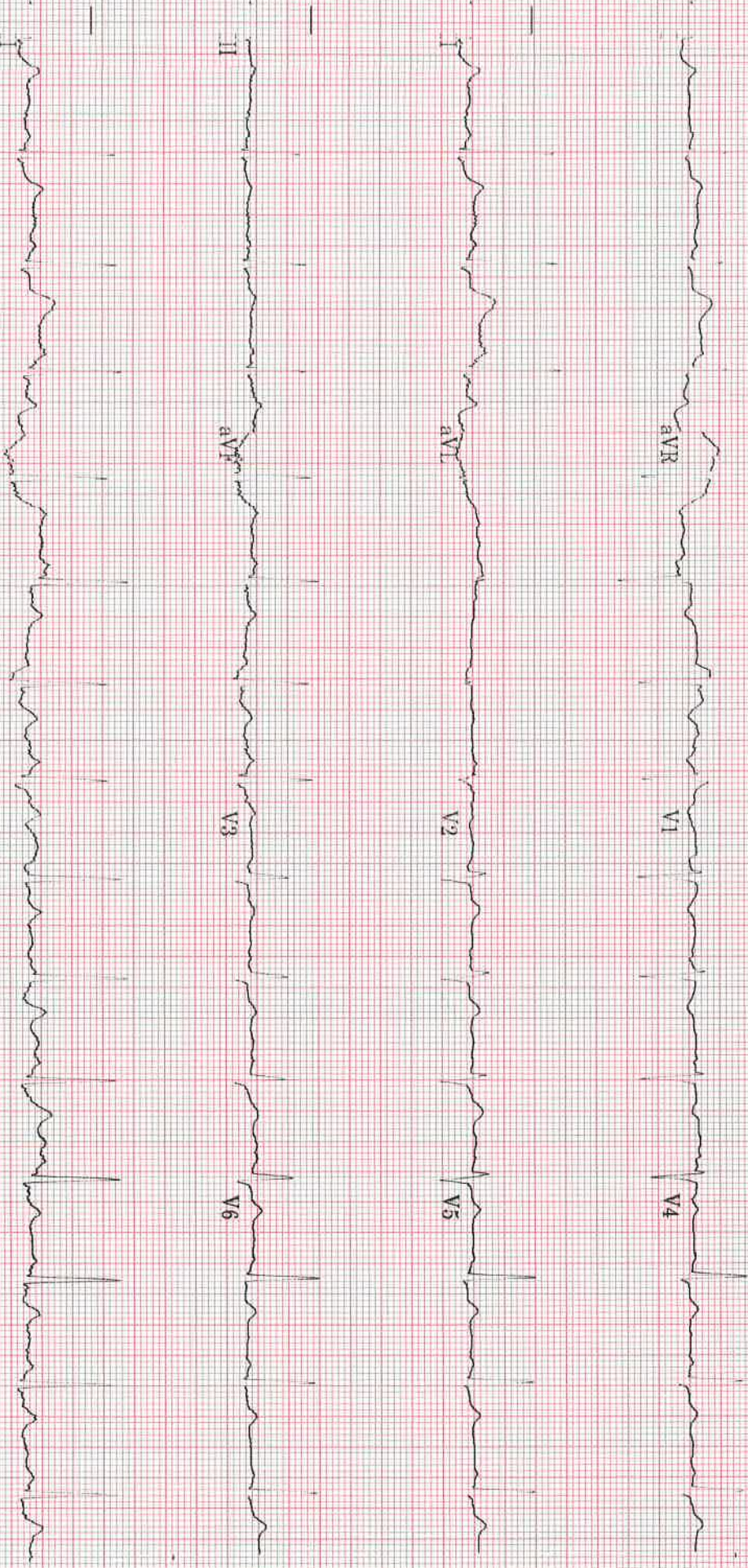
Technician: MOHINI
Tst ind:

Referred by: ARCOFEMI

Unconfirmed

Dr. ANAND KALASKAR
MBBS, MD, PGDEDM
Reg. No. 55780
General Physician & Diabetologist

NSM
WR



100 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

12SL™ V233

MRS. SHWETA
D. 000109277

LABULAR SUMMARY REPORT

30-Mar-2023
11:15:57

33years
159cm
Asian
68kg

Female

BRUCE
Max HR: 229bpm (22% of max predicted 187bpm)
Max BP: 140/90
Reason for Termination:
Comments:

Total Exercise time: 7:27
Maximum workload: 9.2 METS

25.0 mm/s
10.0 mm/mV
100hz

Referred by: ARCOFEMI
Test Ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	STANDING	0:14	**x	**x	1.0	98	120/70	112
	HYPERVENT	0:11	**x	**x	1.0	98	120/70	112
	SUPINE	0:26	0.8	0.0	1.1	108	120/70	130
EXERCISE	STAGE 1	2:00	1.7	10.0	4.8	155	120/70	186
	STAGE 2	3:00	2.5	12.0	7.0	172	120/70	208
	STAGE 3	1:27	3.4	14.0	9.2	178	120/70	211
RECOVERY	Post	0:42	**x	**x	1.0	118	140/90	182

Negative

No ST-T changes

Taper HR advised

hns

Technician: MOHINI

APOLLO CLINIC

Unconfirmed

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MRS. SHWETA
ID: 000109277

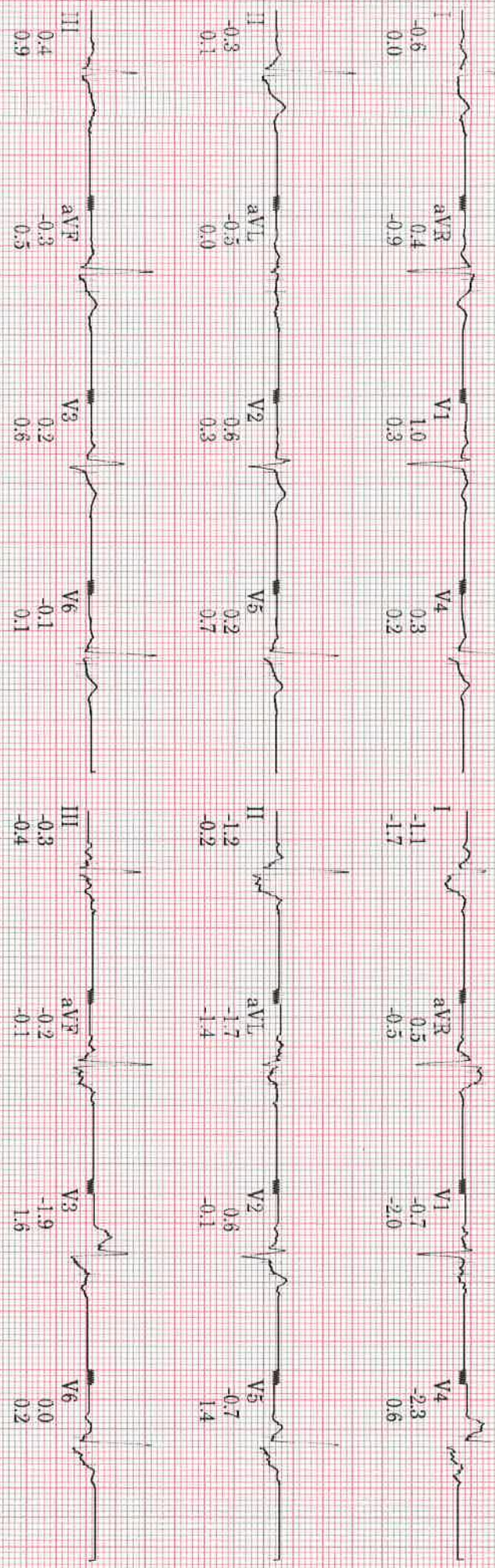
33years 159cm 68kg Asian Female

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Comments:

30-Mar-2023 11:15:57

Referred by: ARCOFEMI
Test Ind:

BASELINE		EXERCISE STAGE 1		EXERCISE STAGE 2		MAX ST	
Lead	ST(mm)	Lead	ST(mm)	Lead	ST(mm)	Lead	ST(mm)
	Slope(mV/s)		Slope(mV/s)		Slope(mV/s)		Slope(mV/s)
I	1.0	I	1.1	I	1.1	I	1.1
II	0.3	II	1.7	II	1.2	II	1.2
III	0.3	III	0.5	III	1.7	III	0.5
aVR	0.4	aVR	-0.5	aVR	-0.5	aVR	-0.5
aVL	0.4	aVL	0.5	aVL	0.5	aVL	0.5
aVF	0.4	aVF	-0.5	aVF	-0.5	aVF	-0.5
V1	1.0	V1	-0.7	V1	-0.7	V1	-0.7
V2	0.3	V2	-2.0	V2	-2.0	V2	-2.0
V3	0.3	V3	-0.7	V3	-0.7	V3	-0.7
V4	0.3	V4	-2.3	V4	-2.3	V4	-2.3
V5	0.2	V5	0.6	V5	0.6	V5	0.6
V6	0.2	V6	1.4	V6	1.4	V6	1.4



Technician: MOHINI

APOLLO CLINIC

Unconfirmed

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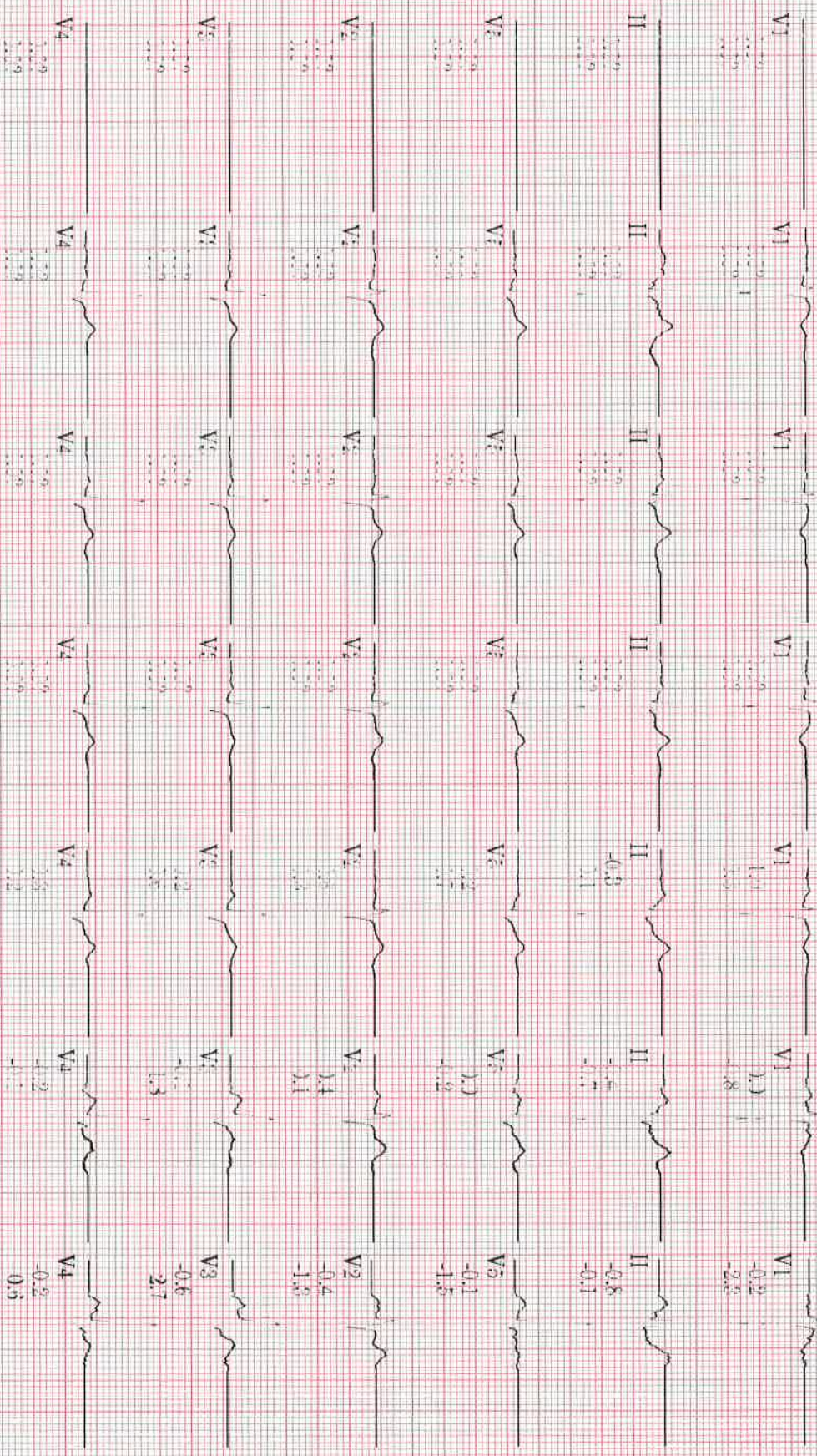
30-Mar-2023
11:15:57

PRETEST	PRETEST	PRETEST	PRETEST	EXERCISE	EXERCISE	EXERCISE
STAGINE	STANDING	HYPERVENT	STAGINE	STAGE 1	STAGE 1	STAGE 1
0:06	0:11	0:10	0:12	0:00	1:00	2:00
95bpm	92bpm	94bpm	95bpm	108bpm	120bpm	130bpm
B.P: 120/70	B.P: 120/70	B.P: 120/70	B.P: 120/70	B.P: 120/70	B.P: 120/70	B.P: 120/70
1.0METS	1.0METS	1.0METS	1.0METS	1.0METS	2.8METS	4.6METS

BRUCE

ST @ 10mm/mV
80ms postd

25.0 mm/s
10.0 mm/mV
100hz



APOLLO CLINIC

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EXERCISE STAGE 1	EXERCISE STAGE 2	EXERCISE STAGE 2	EXERCISE STAGE 2	EXERCISE STAGE 2	EXERCISE STAGE 3	EXERCISE STAGE 3
5:00	6:44	4:00	5:00	6:00	7:00	7:27
155bpm	155bpm	155bpm	229bpm	172bpm	176bpm	176bpm
B.P. 120/70	B.P. 120/70	B.P. 120/70	B.P. 120/70	B.P. 120/70	B.P. 120/70	B.P. 120/70
4.6METS	5.4METS	5.8METS	7.0METS	7.0METS	8.5METS	9.2METS
	MAX ST					PEAK

BRLCE

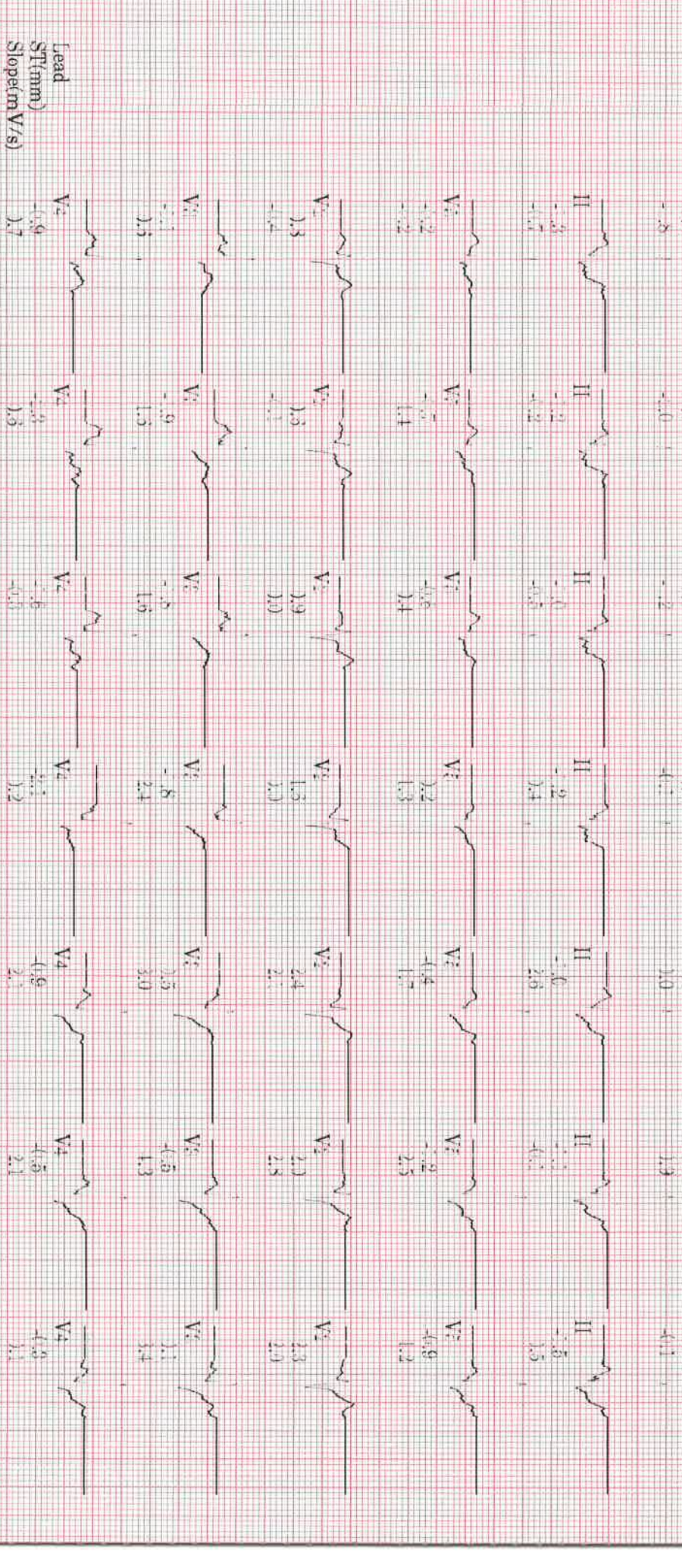
ST @ 10mm/mV

80ms postJ

25.0 mm/s

10.0 mm/mV

100Hz



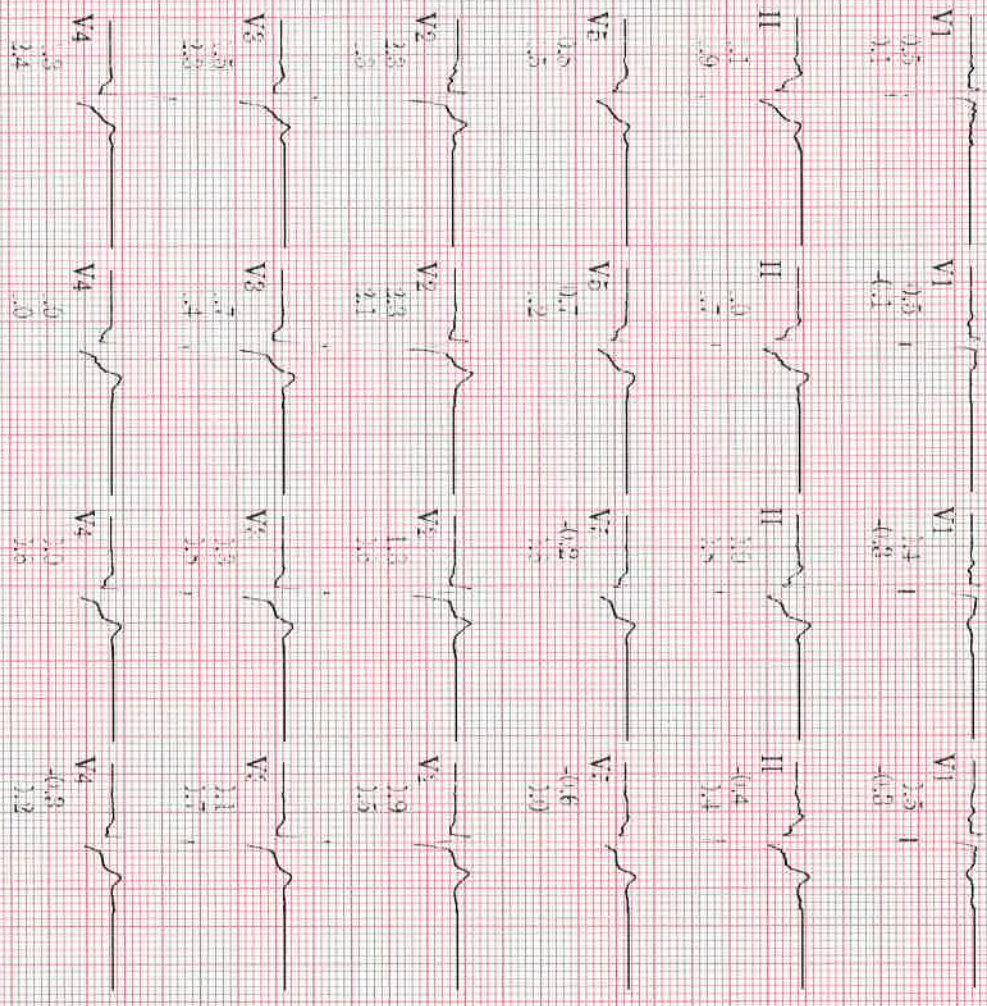
30-Mar-2033
11:15:57

RECOVERY	RECOVERY	RECOVERY	RECOVERY
Post	Post	Post	Post
1:00	2:00	3:00	5:42
148bpm	130bpm	120bpm	116bpm
Bp: 120/70	Bp: 140/90	Bp: 140/90	Bp: 140/90
5.1METS	1.0METS	1.0METS	1.0METS

BRLCE

ST @ 10mm/mV
80ms postJ

25.0 mm/s
10.0 mm/mV
100hz



APOLLO CLINIC

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