

Patient Name : Mrs.MITALI GURAV
Age/Gender : 44 Y 6 M 7 D/F
UHID/MR No : STAR.0000057950
Visit ID : STAROPV62045
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 969368772408

Collected : 12/Aug/2023 09:49AM
Received : 12/Aug/2023 12:18PM
Reported : 12/Aug/2023 02:16PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Mild Hypochromasia, Mild Anisocyte
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Mild Hypochromasia, Mild Anisocyte blood picture
Note/Comment : Please Correlate clinically



Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:18PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 02:16PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	9.6	g/dL	12-15	Spectrophotometer
PCV	30.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.91	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78	fL	83-101	Calculated
MCH	24.7	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	16.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,200	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	27	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6072	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2484	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	276	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	368	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild Anisocyte

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild Anisocyte blood picture

Note/Comment : Please Correlate clinically



SIN No:BED230191022

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:18PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 03:19PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF HAEMATOLOGY

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

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

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230191022

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 03:22PM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 03:59PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:46PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	190	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	205	mg/dL	70-140	GOD - POD
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 04:04PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 06:12PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	209	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



SIN No:EDT230074526

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:12PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:03PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	147	mg/dL	<150	
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	93.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.96		0.9-2.0	Calculated



SIN No:SE04450294

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Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:12PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:03PM
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Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	24.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE



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Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:12PM
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Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04450294

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 11:16AM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 01:44PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.88	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.780	µIU/mL	0.25-5.0	ELFA

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.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 02:13PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:36PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2165313

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 02:51PM
Age/Gender : 44 Y 6 M 7 D/F	Received : 13/Aug/2023 08:36PM
UHID/MR No : STAR.0000057950	Reported : 16/Aug/2023 08:49PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF CYTOLOGY


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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	13610/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
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

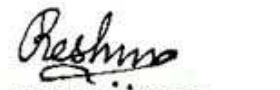
*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Dr.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



Dr.Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:CS066530

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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
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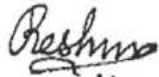
Patient Name : Mrs.MITALI GURAV Age/Gender : 44 Y 6 M 7 D/F UHID/MR No : STAR.0000057950 Visit ID : STAROPV62045 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 969368772408	Collected : 12/Aug/2023 02:51PM Received : 13/Aug/2023 08:36PM Reported : 16/Aug/2023 08:49PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE		
	CYTOLOGY NO.	13610/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

Page 1 of 1



SIN No: CS066530

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

Specialists in Surgery

OUT- PATIENT RECORD

Date : 12/8/23
MRNO : 57990
Name : Mitali Gusear
Age/Gender : 44y/F
Mobile No :
Passport No :
Aadhar number : 9909024572

Pulse : 90	B.P : 120/70	Resp : 22	Temp :
Weight : 70.0	Height : 151	BMI : 30.7	Waist Circum : 106 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Kidney stone on R
Married, Vegetarian
Sleep: Normal B/B: Normal
No Allergy / operation
Moderately Active
Mother: ~~Dr. H. H.~~ Father: Jit



Dr. (Mrs.) CHHAYA P. VAJA
M. D. (MUM)
Physician & Cardiologist
Reg. No. 56842

Follow up date:

Doctor Signature

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:18PM
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Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
 RBC : Mild Hypochromasia, Mild Anisocyte
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
IMPRESSION : Mild Hypochromasia, Mild Anisocyte blood picture
 Note/Comment : Please Correlate clinically



Patient Name : Mrs.MITALI GURAV
Age/Gender : 44 Y 6 M 7 D/F
UHID/MR No : STAR.0000057950
Visit ID : STAROPV62045
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 969368772408

Collected : 12/Aug/2023 09:49AM
Received : 12/Aug/2023 12:18PM
Reported : 12/Aug/2023 02:16PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	9.6	g/dL	12-15	Spectrophotometer
PCV	30.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.91	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	24.7	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	16.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,200	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6072	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2484	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	276	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	368	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedance

ERYTHROCYTE SEDIMENTATION RATE (ESR)

	20	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Mild Hypochromasia, Mild Anisocyte

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Mild Hypochromasia, Mild Anisocyte blood picture

Note/Comment : Please Correlate clinically



Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:18PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 03:19PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF HAEMATOLOGY

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

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

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



TOUCHING LIVES

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 03:22PM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 03:59PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:46PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	190	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	205	mg/dL	70-140	GOD - POD
--	-----	-------	--------	-----------

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



TOUCHING LIVES

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 04:04PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 06:12PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	209	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.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:12PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:03PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	147	mg/dL	<150	
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		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.MITALI GURAV
Age/Gender : 44 Y 6 M 7 D/F
UHID/MR No : STAR.0000057950
Visit ID : STAROPV62045
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 969368772408

Collected : 12/Aug/2023 09:49AM
Received : 12/Aug/2023 12:12PM
Reported : 12/Aug/2023 04:03PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	93.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.96		0.9-2.0	Calculated



Patient Name : Mrs.MITALI GURAV Age/Gender : 44 Y 6 M 7 D/F UHID/MR No : STAR.0000057950 Visit ID : STAROPV62045 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 969368772408	Collected : 12/Aug/2023 09:49AM Received : 12/Aug/2023 12:12PM Reported : 12/Aug/2023 04:03PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	24.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE



TOUCHING LIVES

Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 12:12PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:00PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : Mrs.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 11:16AM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 01:44PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	

DEPARTMENT OF IMMUNOLOGY

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

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

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.88	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.780	µIU/mL	0.25-5.0	ELFA

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.MITALI GURAV	Collected : 12/Aug/2023 09:49AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 12/Aug/2023 02:13PM
UHID/MR No : STAR.0000057950	Reported : 12/Aug/2023 04:36PM
Visit ID : STAROPV62045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 969368772408	


DEPARTMENT OF CLINICAL PATHOLOGY

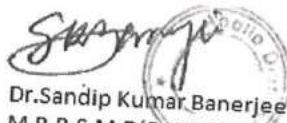
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-8	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY


Dr. Sandip Kumar Banerjee
M.B.B.S, M.D (PATHOLOGY), D.P.B
Consultant Pathologist



pt mitral stenosis
Dox. 4mg qd

Measurement Results:

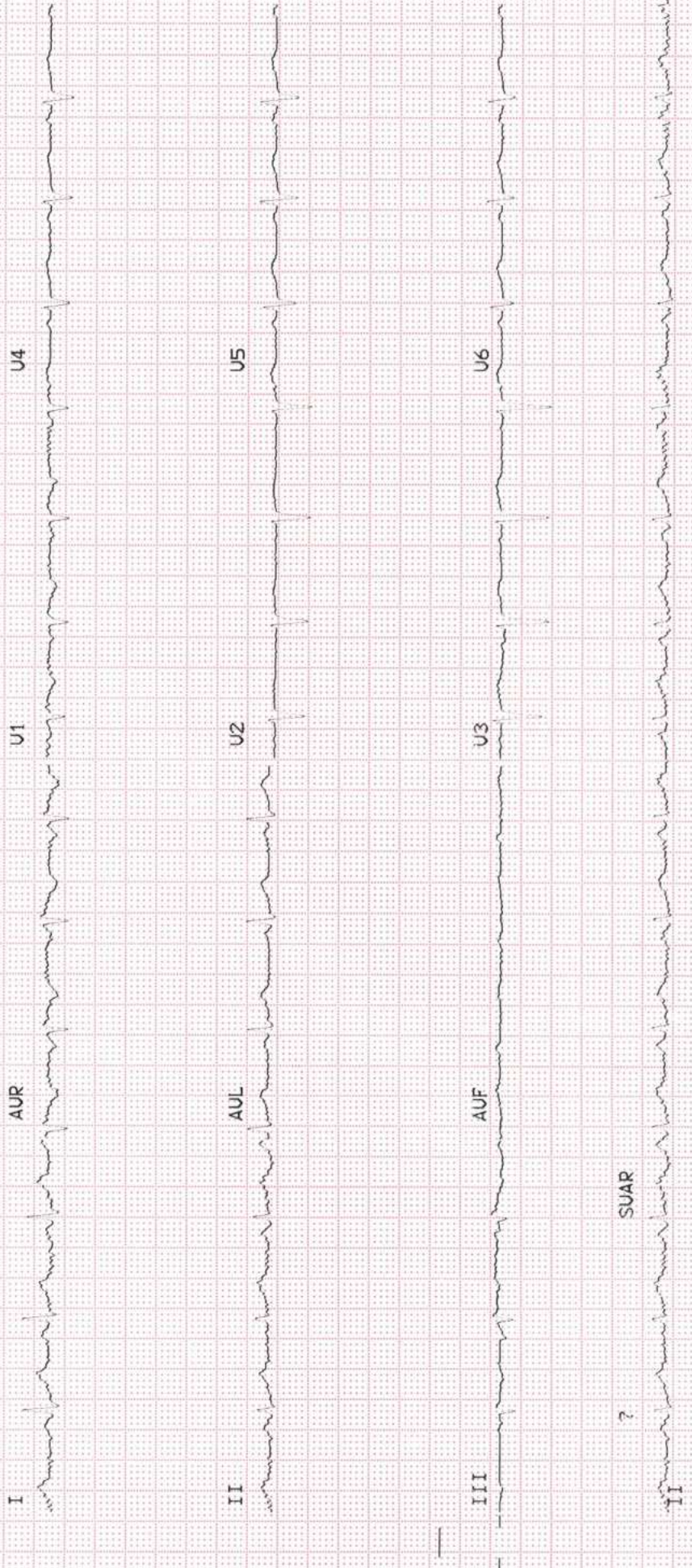
QRS : 96 ms
 QT/QTcB : 354 / 433 ms
 PR : 124 ms
 P : 102 ms
 RR/PP : 668 / 705 ms
 P/QRS/T : 25 / 0 / 10 degrees
 QTd/QTcBD : 86 / 105 ms
 Sokolow : 0.5 mV
 NK : 12

Interpretation:

low QRS amplitudes
 R/S inversion area between U5 and U6
 probably abnormal ECG



Unconfirmed report..



? SUAR

Specialists in Surgery

Name : Mrs.Mitali Gurav
Age : 44 Year(s)

Date : 12/08/2023
Sex : Female
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.



DR.CHHAYA P.VAJA. M. D.(MUM)
NONINVASIVE CARDIOLOGIST

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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

Registered Office : #7-1-617/A,615 & 616, Imperial Towers,7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Name : Mrs.Mitali Gurav
Age : 44 Year(s)

Date : 12/08/2023
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	70mm/sec
EPSS	07mm
LA	28mm
AO	29mm
LVID (d)	32mm
LVID(s)	18mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR. CHHAYA P. VAJA. M. D.(MUM)
NONINVASIVE CARDIOLOGIST

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Patient Name : MRS.MITALI GURAV
Ref. by : HEALTH CHECKUP

Date : 12-08-2023
Age : 44 years

SONOGRAPHY OF BREAST

Real time ultrasound of the Breast was performed with a 11 mHz transducer.

The breast on either side shows normal parenchymal echotexture.
Retroareolar region on either side appear normal. No duct dilatation is noted.
No parenchymal focal solid or cystic mass lesion is noted on either side.
No obvious focal calcification is seen within the breast.
No evidence of axillary lymph nodes seen.

IMPRESSION: Normal Ultrasound examination of the Breast .

Report with compliments.



DR VINOD V SHETTY
M.D.,D.M.R.D
CONSULTANT RADIOLOGIST

Specialists in Surgery

Patient Name : MRS.MITALI GURAV
Ref. by : HEALTH CHECKUP

Date : 12-08-2023
Age : 44 years

SONOGRAPHY OF ABDOMEN & PELVIS

- LIVER** : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.
- GALL BLADDER** : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.
- PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.
- SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.
- KIDNEYS** : The **RIGHT KIDNEY** measures 10.0 x 5.0 cms and the **LEFT KIDNEY** measures 10.7 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side. There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.
- URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.
- UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.1 x 4.4 x 3.8 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 9.3 mm. No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.6 x 1.4 cms. Left ovary measures 2.7 x 1.9 cms. There is no free fluid seen in cul de sac.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected

Report with compliments


DR VINOD V SHETTY

M.D. APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

EYE REPORT

Name: Mrs. Nitali Fernandes

Date: 12/08/2013

Age / Sex: 40 years / F

Ref No.:

Complaint: No ocular do

Examination: K1 do DH - axis -
M/O (Rt) Cataract L2 done

Spectacle Rx: Ux C 61a Near Ux f no

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								

Remarks: Cataract Ux f no

Medications: ATs f pcror

Trade Name	Frequency	Duration

Follow up: Fundus f no

Consultant:

DR. TEJAL SONI
MBBS, MD, DGO, DFP, FCPS,
OBSTETRICIAN & GYNAECOLOGIST
REG. NO. 2005/02/01015

OUT- PATIENT RECORD

Date : 12/7/23
MRNO :
Name : Mrs Mitali Gurav.
Age/Gender : 45 yrs.
Mobile No :
Passport No :
Aadhar number :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

K clo PCOD

MLH - $\frac{4 \text{ days}}{4 \text{ months}}$ - Irreg
- mod
- PL

LMP - 25/7/23.

OH - P₁L₁
P₁ - 0 → 22 yrs
PTND

PH - DM - OHA
HTN - Antihypertensive.

DTC done.

FIH - Nil.

OLE
Cx - min erosion +
LBC taken

Tejal

DR. TEJAL SONI
MBBS, MD, DGO, DFP, FCPS,
OBSTETRICIAN & GYNAECOLOGIST
REG. NO. 2005/02/01015

Patient Name	: Mrs. Mitali Gurav	Age/Gender	: 44 Y/F
UHID/MR No.	: STAR.0000057950	OP Visit No	: STAROPV62045
Sample Collected on	:	Reported on	: 12-08-2023 13:22
LRN#	: RAD2071740	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 969368772408		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Patient Refused for X- Ray .



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Mitali Gurav	Age/Gender	: 44 Y/F
UHID/MR No.	: STAR.0000057950	OP Visit No	: STAROPV62045
Sample Collected on	:	Reported on	: 12-08-2023 12:59
LRN#	: RAD2071740	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 969368772408		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL : The gall bladder is normal in size with a normal wall thickness and there are no **BLADDER** calculi seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 10.0 x 5.0 cms and the **LEFT KIDNEY** measures 10.7 x 4.6 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.

URINARY: BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.

UTERUS : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.1 x 4.4 x 3.8 cms.
Normal myometrial & endometrial echoes are seen.
Endometrial thickness is 9.3 mm.
No focal mass lesion is noted within the uterus.

OVARIES : Both ovaries reveal normal size, shape and echopattern.
Right ovary measures 2.6 x 1.4 cms.
Left ovary measures 2.7 x 1.9 cms.
There is no free fluid seen in cul de sac.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver.
No other significant abnormality is detected



Dr. VINOD SHETTY
Radiology

Patient Name	: Mrs. Mitali Gurav	Age/Gender	: 44 Y/F
UHID/MR No.	: STAR.0000057950	OP Visit No	: STAROPV62045
Sample Collected on	:	Reported on	: 12-08-2023 12:58
LRN#	: RAD2071740	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 969368772408		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Real time ultrasound of the Breast was performed with a 11 MHz transducer.

The breast on either side shows normal parenchymal echotexture.
Retroareolar region on either side appear normal. No duct dilatation is noted.
No parenchymal focal solid or cystic mass lesion is noted on either side.
No obvious focal calcification is seen within the breast.
No evidence of axillary lymph nodes seen.

IMPRESSION: Normal Ultrasound examination of the Breast .



Dr. VINOD SHETTY
Radiology

Customer Pending Tests

ENT and Diet consultation pending as doctor was on emergency leave, scheduled for 16th August 2023.

16/08/2023- PENDING INVESTIGATIONS WERE SCHEDULED FOR TODAY BUT CUSTOMER WAS UNABLE TO VISIT.