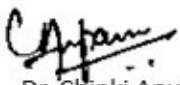


Patient Name : Miss.RIA SHARMA	Collected : 09/Mar/2024 10:44AM
Age/Gender : 31 Y 3 M 26 D/F	Received : 09/Mar/2024 03:51PM
UHID/MR No : CJPN.000092661	Reported : 09/Mar/2024 07:35PM
Visit ID : CJPNOPV190496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 357272	

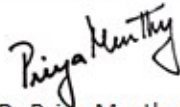
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.91	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.6	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.8	%	40-80	Electrical Impedance
LYMPHOCYTES	23.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	11.6	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2972.58	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1125.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	129.87	Cells/cu.mm	20-500	Calculated
MONOCYTES	557.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.64		0.78- 3.53	Calculated
PLATELET COUNT	236000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				



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SIN No:BED240063531

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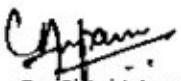
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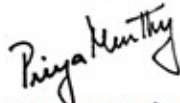
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PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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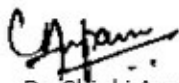
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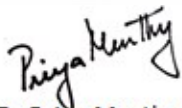
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	87	mg/dL	70-140	HEXOKINASE

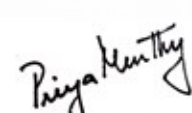
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC


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ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL	Calculated
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Comment:

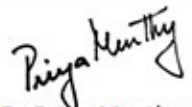
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	145	mg/dL	<200	CHO-POD
TRIGLYCERIDES	46	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.64		0-4.97	Calculated

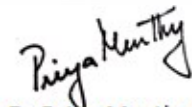
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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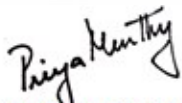
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	55.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.55	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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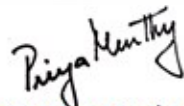
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.51-0.95	Jaffe's, Method
UREA	16.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.82	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.11	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.55	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		0.9-2.0	Calculated



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SIN No:SE04656134

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Karnataka- 560034

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Patient Name : Miss.RIA SHARMA	Collected : 09/Mar/2024 10:44AM
Age/Gender : 31 Y 3 M 26 D/F	Received : 09/Mar/2024 03:56PM
UHID/MR No : CJPN.0000092661	Reported : 09/Mar/2024 06:55PM
Visit ID : CJPNOPV190496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 357272	

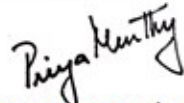
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC



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 **1860 500 7788**
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Patient Name : Miss.RIA SHARMA	Collected : 09/Mar/2024 10:44AM
Age/Gender : 31 Y 3 M 26 D/F	Received : 09/Mar/2024 03:56PM
UHID/MR No : CJPN.0000092661	Reported : 09/Mar/2024 06:50PM
Visit ID : CJPNOPV190496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 357272	

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)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.299	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24042243

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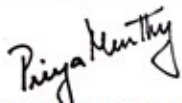
Patient Name	: Miss.RIA SHARMA	Collected	: 09/Mar/2024 10:44AM
Age/Gender	: 31 Y 3 M 26 D/F	Received	: 09/Mar/2024 03:56PM
UHID/MR No	: CJPN.0000092661	Reported	: 09/Mar/2024 06:50PM
Visit ID	: CJPNOPV190496	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 357272		

DEPARTMENT OF IMMUNOLOGY

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



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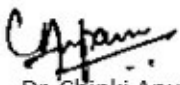
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Patient Name : Miss.RIA SHARMA	Collected : 09/Mar/2024 10:44AM
Age/Gender : 31 Y 3 M 26 D/F	Received : 09/Mar/2024 06:21PM
UHID/MR No : CJPN.000092661	Reported : 09/Mar/2024 08:21PM
Visit ID : CJPNOPV190496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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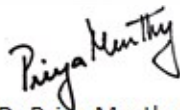
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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	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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2301723

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Patient Name : Miss.RIA SHARMA	Collected : 09/Mar/2024 10:44AM
Age/Gender : 31 Y 3 M 26 D/F	Received : 09/Mar/2024 06:21PM
UHID/MR No : CJPN.0000092661	Reported : 09/Mar/2024 08:30PM
Visit ID : CJPNOPV190496	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

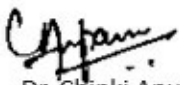
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

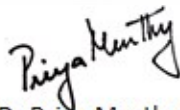
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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Consultant Pathologist



Dr. Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011101

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Name : Miss. RIA SHARMA

Age: 31 Y

UHID:CJPN.0000092661

Sex: F



Address : BLR

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CJPNOPV190496

Bill No :CJPN-OCR-69899

Date : 09.03.2024 10:34

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

wt - 55.2 kg

HA - 169 Cms.

BP - 102/83 mm/Hg

waist - 69 Cms

HP - 83 Cms

PR - 92/mb

Name - Ria Sharma
Age - 31 yr / F

→ 26-09/03/24

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

General Examination / Allergies History

NO - Routine Eye
checkups

H/O NLP - using
glasses

H/O Eye Str - NO

Clinical Diagnosis & Management Plan

UHVH $\left\{ \begin{array}{l} 6/36 \quad N6 \\ 6/36 \quad N6 \end{array} \right.$

τ glau $\left\{ \begin{array}{l} 6/6 \quad N6 \\ 6/6 \quad N6 \end{array} \right.$

colour vision is normal in RF

Rx

RF = - 3.00 ds
LE = - 3.00 ds

Follow up date:

After 6 months

Doctor Signature

Patient Name : Miss. RIA SHARMA
UHID : CJPN.0000092661
Reported on : 11-03-2024 11:39
Adm/Consult Doctor :

Age : 31 Y F
OP Visit No : CJPNOPV190496
Printed on : 11-03-2024 11:40
Ref Doctor : SELF

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.

Printed on:11-03-2024 11:39

---End of the Report---



Dr. JYOTI PRIYADARSHINI
MBBS, MD

2D ECHO WITH COLOR DOPPLER

Ao Diam : 3.1cm , LA Diam : 3.0cm,
IVSd : 1.1cm , IVSs:1.1cm, LVIDd : 4.0cm, LVIDs: 2.4 cm LVPWd:1.1cm,
LVPWS : 1.1cm , EF – 69% , FS – 38% , RVIDd – 0.9cm

2DVALVES

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

CHAMBERS

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

DOPPLER

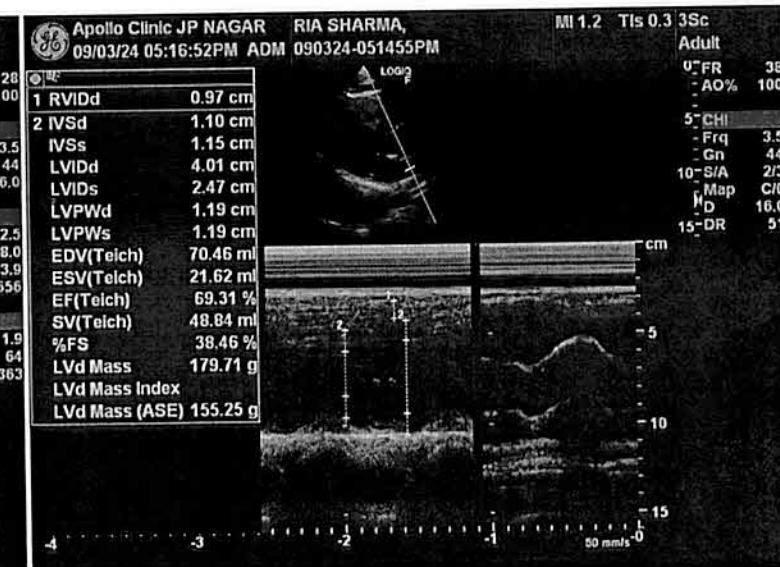
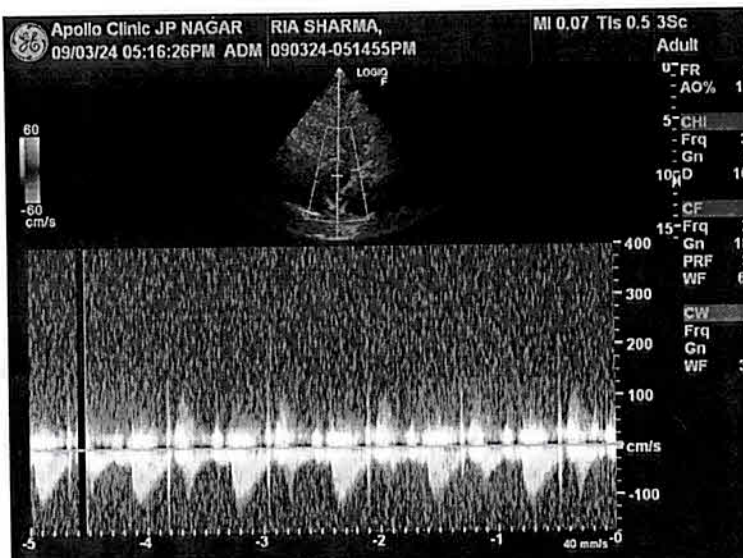
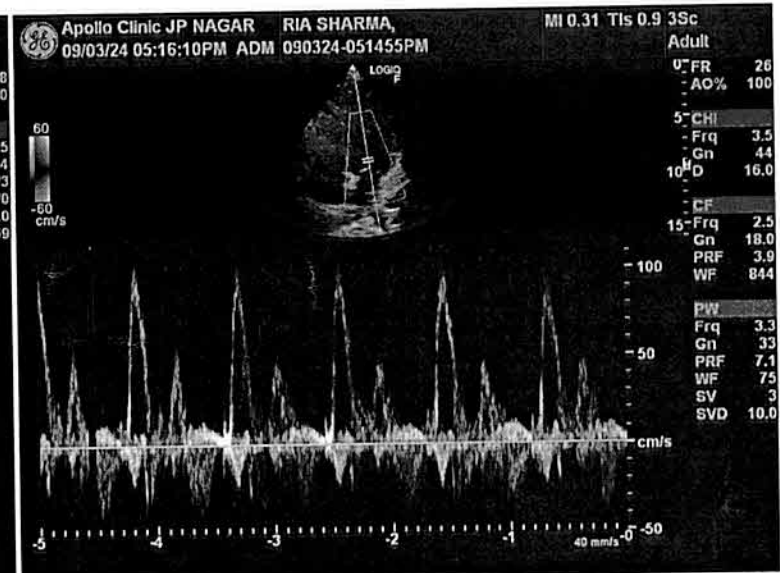
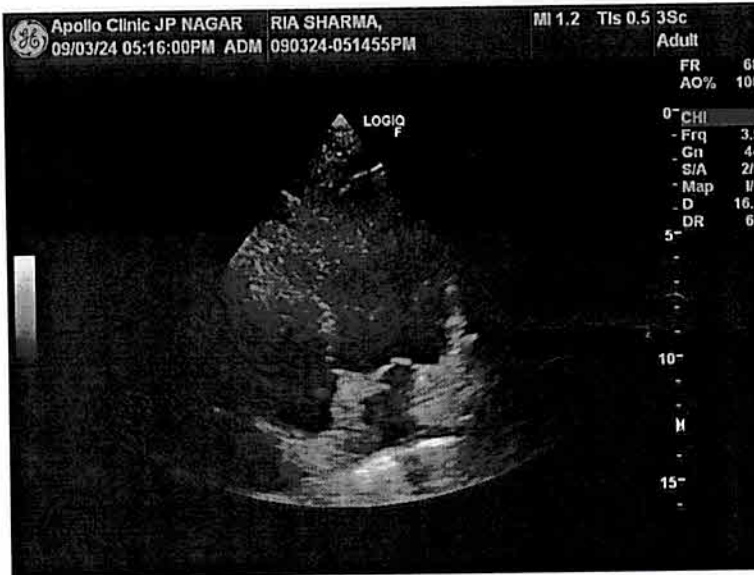
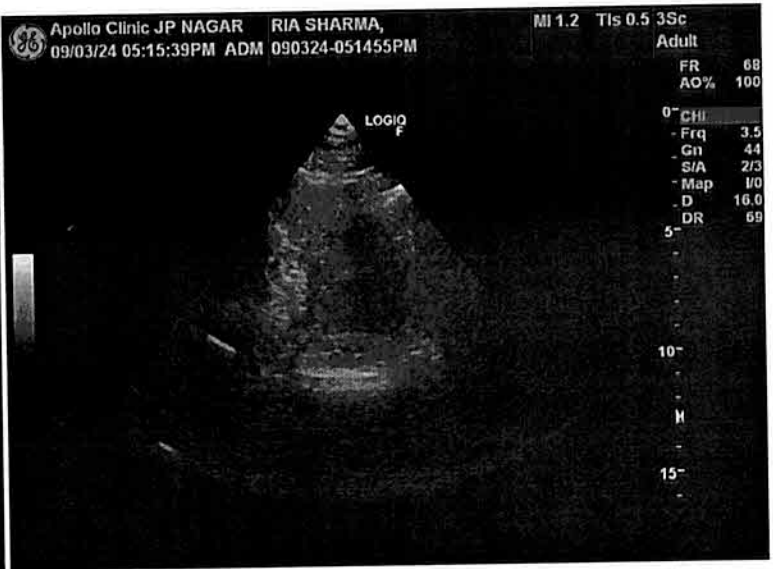
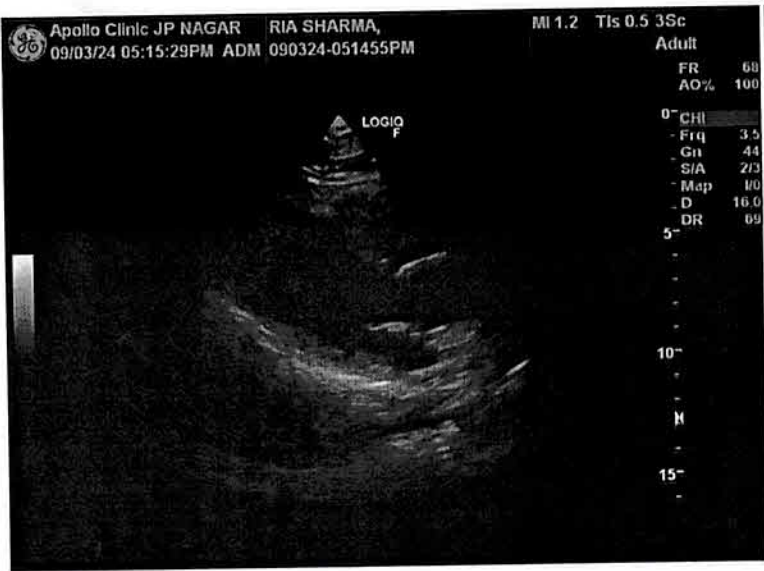
MV E Vel---- : 1.0m/s , MV A Vel : 0.5 m/s
TRICUSPID VALVE : NORMAL
PERICARDIUM-----: NORMAL
CLOT/VEGETATION----- : NIL

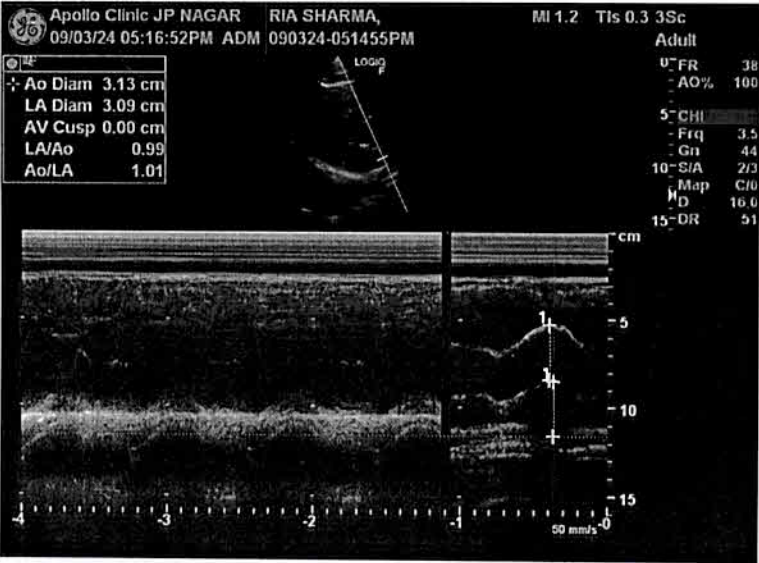
IMPRESSION

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



DR. SHILPA JAYAPRAKASH, MD,DM
CONSULTANT CARDIOLOGIST



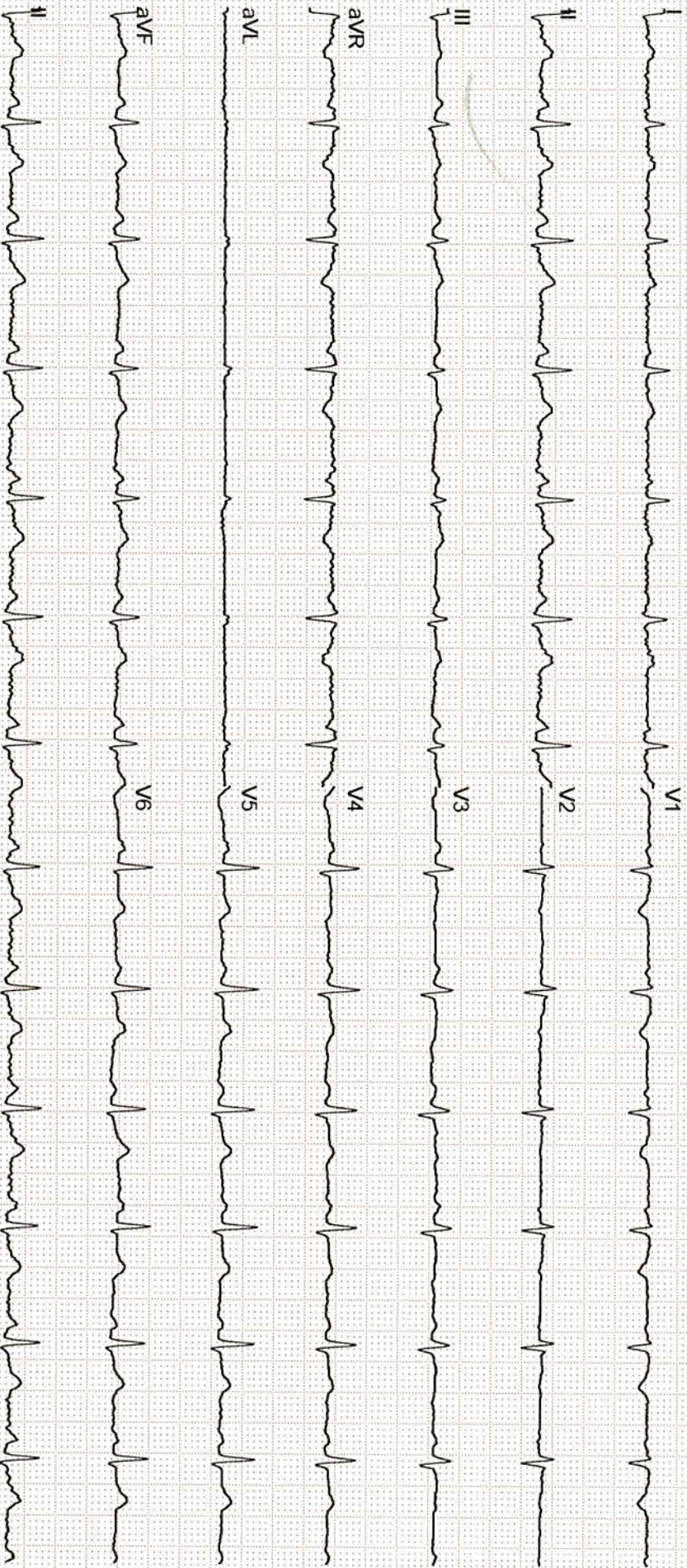


31 Years 169 cm Female
55.2 kg

Apollo Clinic
J P Nagar
Bangalore

QRS : 78 ms
QT / QTcBaz : 386 / 436 ms
PR : 142 ms
P : 94 ms
RR / PP : 780 / 779 ms
P / QRS / T : 67 / 48 / 62 degrees

Normal sinus rhythm
Low voltage QRS
Nonspecific T wave abnormality
Abnormal ECG



GE MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1

Unconfirmed

Patient Name : Miss. RIA SHARMA

Age/Gender : 31 Y/F

UHID/MR No. : CJPN.0000092661

OP Visit No : CJPNOPV190496

Sample Collected on :

Reported on : 11-03-2024 11:40

LRN# : RAD2262172

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 357272

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

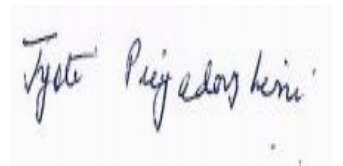
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. JYOTI PRIYADARSHINI
MBBS, MD



Corporate Health
Checks

45/91

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

09-03-2024



Patient Details

Patient First Name

MS.

Patient Last Name

SHARMA RIA

Patient Mobile Number

7717728692

Patient E-mail ID

ria.sharma1311@gmail.com

Date of Birth

01-03-1993

Gender

female

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL FEMALE AHC



नाम
Name **रिया शर्मा**
Ria Sharma

E.C. No. **120084**




जारीकर्ता प्राधिकारी
Issuing Authority

Ria Sharma
धारक के हस्ताक्षर
Signature of Holder

Patient Name	: Miss. RIA SHARMA	Age/Gender	: 31 Y/F
UHID/MR No.	: CJPN.0000092661	OP Visit No	: CJPNOPV190496
Sample Collected on	:	Reported on	: 09-03-2024 17:52
LRN#	: RAD2262172	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 357272		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size(11.0cm) and echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.

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

SPLEEN : Normal in size(7.5cm) and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

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

Right kidney measures: 8.5 x 3.0cm.

Left kidney measures : 9.0 x 3.5 cm.

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

UTERUS : Normal in size and echotexture. It measures : 7.0 x 3.5 x 4.4 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 6mm.

No focal lesion was noted.

OVARIES : Both ovaries are normal in size, shape and echotexture.

Right ovary measures : 1.3 x 2.6 cm.

Left ovary measures : 1.3 x 2.3cm.

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

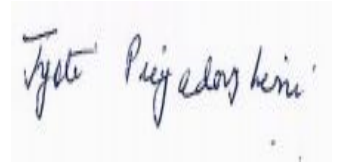
Patient Name : Miss. RIA SHARMA

Age/Gender : 31 Y/F

IMPRESSION : NORMAL STUDY.

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. JYOTI PRIYADARSHINI
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