

Patient Name : Mrs.SEEMA DEVI	Collected : 14/Oct/2023 12:27AM
Age/Gender : 38 Y 3 M 13 D/F	Received : 14/Oct/2023 12:34PM
UHID/MR No : SKAR.0000099709	Reported : 14/Oct/2023 01:09PM
Visit ID : SKAROPV127987	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121454	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	34.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.0	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5508	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2187	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	81	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	324	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	163000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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Age/Gender	: 38 Y 3 M 13 D/F	Received	: 14/Oct/2023 12:34 PM
UHID/MR No	: SKAR.0000099709	Reported	: 14/Oct/2023 02:25 PM
Visit ID	: SKAROPV127987	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 121454		

**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	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



Patient Name : Mrs.SEEMA DEVI	Collected : 14/Oct/2023 02:18PM
Age/Gender : 38 Y 3 M 13 D/F	Received : 14/Oct/2023 03:13PM
UHID/MR No : SKAR.0000099709	Reported : 14/Oct/2023 03:27PM
Visit ID : SKAROPV127987	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121454	

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	90	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	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.



Patient Name : Mrs.SEEMA DEVI	Collected : 14/Oct/2023 11:21AM
Age/Gender : 38 Y 3 M 13 D/F	Received : 14/Oct/2023 04:40PM
UHID/MR No : SKAR.0000099709	Reported : 14/Oct/2023 06:04PM
Visit ID : SKAROPV127987	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	mg/dL		Calculated

**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.
- False 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)



Patient Name : Mrs.SEEMA DEVI	Collected : 14/Oct/2023 12:21 AM
Age/Gender : 38 Y 3 M 13 D/F	Received : 14/Oct/2023 01:51 PM
UHID/MR No : SKAR.0000099709	Reported : 14/Oct/2023 03:27 PM
Visit ID : SKAROPV127987	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	158	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	46	mg/dL	<150	
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.55		0-4.97	Calculated

**Comment:**

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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UHID/MR No	: SKAR.0000099709	Reported	: 14/Oct/2023 03:27PM
Visit ID	: SKAROPV127987	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	89.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.38		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 - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.61	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	25.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	mg/dL	3.0-5.5	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE





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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	11.00	U/L	16-73	Glycylglycine Kinetic method



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Age/Gender : 38 Y 3 M 13 D/F	Received : 14/Oct/2023 04:39PM
UHID/MR No : SKAR.0000099709	Reported : 14/Oct/2023 05:41PM
Visit ID : SKAROPV127987	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121454	

**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, T4, TSH) , SERUM**

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	0.79	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.14	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.430	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



Patient Name : Mrs.SEEMA DEVI	Collected : 14/Oct/2023 11:24 AM
Age/Gender : 38 Y 3 M 13 D/F	Received : 14/Oct/2023 12:03 PM
UHID/MR No : SKAR.0000099709	Reported : 14/Oct/2023 12:16 PM
Visit ID : SKAROPV127987	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 121454	

**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 (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Visit ID : SKAROPV127987	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

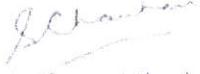
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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


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



Dr. Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr. Shivangi Chauhan  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



NAME: SEEMA DEVI  
REF. BY: HEALTH CHECK UP  
DATE: 14.10.2023

AGE 38 Y /SEX/F  
UHID: SKAR0000099709  
S. NO: 14118

X-RAY CHEST PA

Both lung fields are normal.  
Both costophrenic angles are clear.  
Heart and mediastinum appear normal.

Please correlate clinically.

  
DR. SAURABH, MD  
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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

Apollo Spectra Hospitals  
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**Registered Address**

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

Mrs Seema

Age: 38 Y/ Sex: F

Date: October 14, 2023

### ULTRASOUND WHOLE ABDOMEN

Limited visibility due to excessive bowel gases noted in abdomen.

Liver is normal in size and echotexture. No focal lesion seen in the liver.  
Intrahepatic bile ducts and portal radicals are normal in caliber.  
Portal vein is normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.

- CBD- proximal visualized part: - is not dilated.
- CBD- Mid and distal segment is obscured due to technical limitation.
- Central IHBR:- normal in caliber

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.  
Pancreas does not show any pathology.

Urinary bladder is minimally distended. Pelvis could not be assessed---Adv:- TVS scan.

*Please correlate clinically.*

  
**DR. GLOSSY B SABHARWAL, MD**  
**CONSULTANT RADIOLOGIST**

This report is only a professional opinion and it is not valid for medico-legal purposes.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Apollo Spectra Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
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Ph.: 011-49407700, 8448702877  
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**Registered Address**

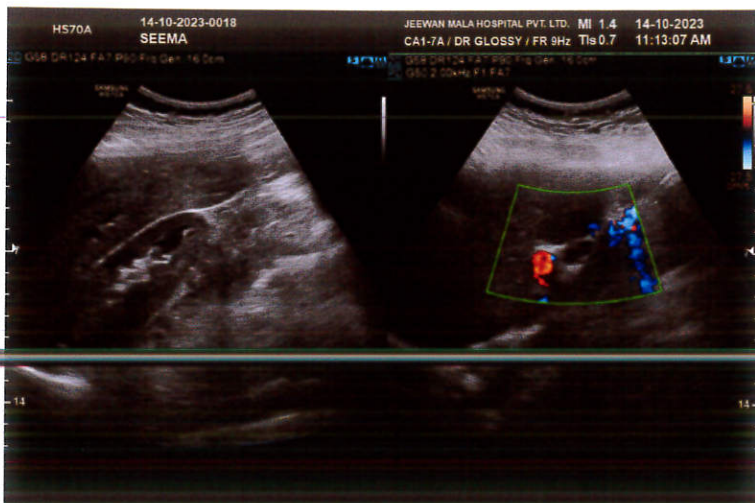
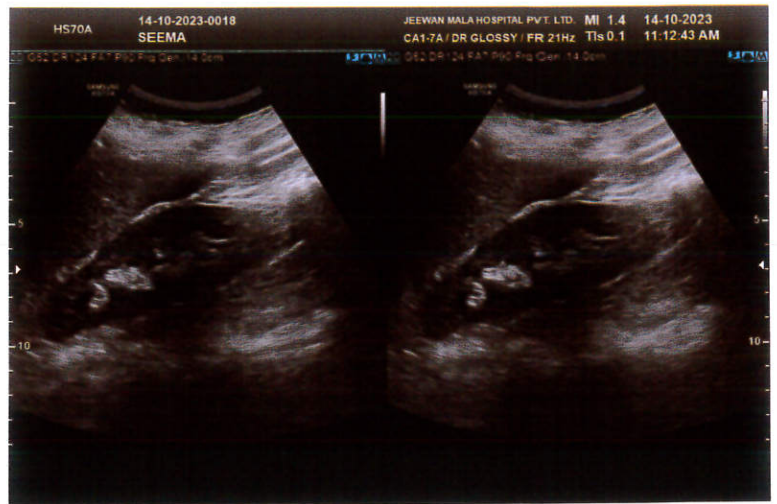
#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE | HYDERABAD | GWALIOR | GURUGRAM**

**Patient**

**Exam**

ID	14-10-2023-0018	Accession #	
Name	SEEMA	Exam Date	14102023
Birth Date		Description	
Gender		Sonographer	



## TREADMILL TEST REPORT

\*\*\*\*\*  
**Name: Seema** **Age/Sex: 38Yrs/F**  
**Date: 14.10.2023** **Health Check UP**  
 \*\*\*\*\* \*\*\*\*  
 Medication: None  
 Protocol: BRUCE

	Resting	Peak exercise	Recovery			
			2	4	6	8
HR/min	85	184	106			
B.P. mm Hg	110/80	124/90	126/80			

Reason for termination

- Fatigue
- THR Achieved

Events during exercise and recovery

ECG Changes: Baseline ECG -WNL

Symptoms (Angina) : None

Arrhythmia : None

TET: 9:00 METS: 10.1 MHR (% THR): 101%

Impression

- TMT is Negative for inducible ischemia.
- Appropriate chronotropic & BP response.
- Good exercise capacity.

**Dr. ALOK KUMAR**  
 M.D.  
 Apollo Spectra Hospitals  
 DMC No. 15653  
 CONSULTANT CARDIOLOGIST

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals  
 66A/2, New Rohtak Road, Karol Bagh,  
 New Delhi-110 005

Ph.: 011-49407700, 8448702877  
 www.apollospectra.com

**Registered Address**

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



Mrs. Seema Devi  
38yrs / F



14/10/23

**Deptt. of Obst. Gynae, Laparoscopic & Endoscopic Surgery**

**Dr. Malvika Sabharwal**

M.B.B.S., D.G.O., Dipl., Endo. Surgery  
Awarded Padmashri by the President of India  
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery  
Member : Adv. Laparoscopic & Hysteroscopic Surgery Dipl.  
International Society of Gynae laparoscopists  
Association of Laparoscopic Surgeons, India  
Gasless Laparoscopic Surgeons International, Japan  
Indian Association of Gynae Endoscopists  
Association of Obst. & Gynaecologist of Delhi  
Faculty : Ethicon Institute of Surgical Education, Mumbai  
IMA - Academy of Medical Specialities  
Federation of Obst. & Gynae. Societies of India  
DMC Regn. No. 4686

Health checkup patient.

P/S - ex(H)

LMP = 29/9/23

O/H P2L2

Both FTND

LD = 9yrs.

M/H Regular

UR/taki

Dr. Shivani Sabharwal

**Dr. Shivani Sabharwal**

M.B.B.S., M.S.  
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery  
Association of Obst. & Gynaecologist of Delhi  
Federation of Obst. & Gynae. Societies of India  
DMC Regn. No. 44715

**Dr. Vinay Sabharwal**

M.B.B.S., M.S., FICA, F.A.I.S.  
Hon. Surgeon to the President of India, 2017  
Sir Ganga Ram Hospital  
Sr. Member : Association of Surgeons of India  
Indian Association of Gastro, Endo Surgeons  
Indian Hernia Society  
Association of Min. Access Surgeons of India  
DMC Regn. No. 4687

**Dr. Arush Sabharwal**

M.B.B.S, M.S., FMAS (Minimal Access)  
DMC Regn. No. 2774

**Dr. Glossy Sabharwal**

MD, Radio Diagnosis  
Breast Interventional Fellow (Paris)  
Dept. Clinical Imaging & Interventional Radiology

For appointment please contact :  
011 49107700, 8448702877

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3 years  
Female

Vent. rate 83 bpm  
PR interval 150 ms  
QRS duration 86 ms  
QT/QTc 364/427 ms  
P-R-T axes 74 67 59

Normal sinus rhythm  
Normal ECG

Mrs. Seema Devi - 14/11/23

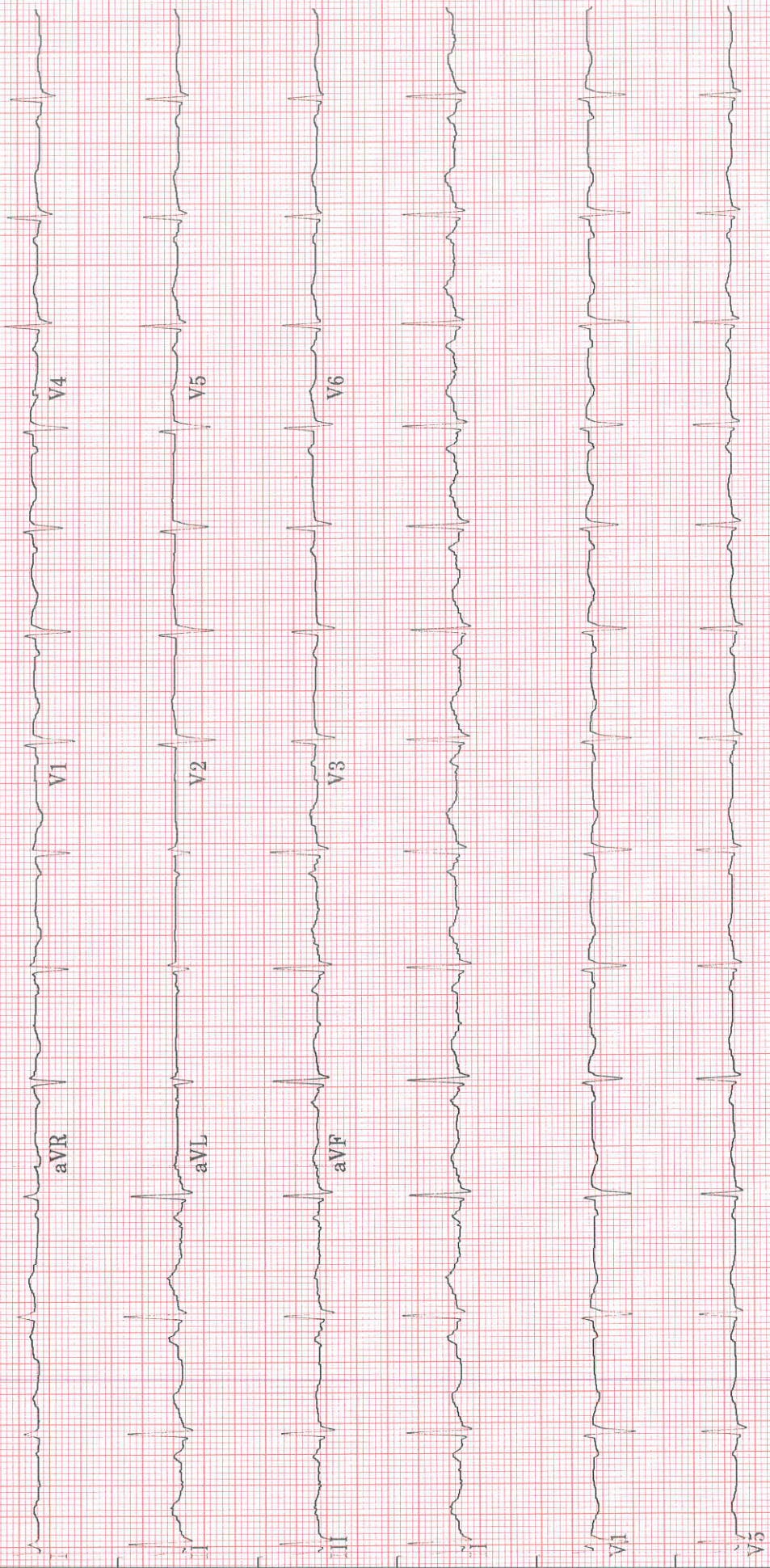
SKAR-00709

Ht: 159 cm  
wt: 64 kg  
B.P: 110/80  
B.M.I: 25.3

Technician:  
Test ind:

Referred by:

Unconfirmed



25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 009C

12SL™ v239

ARROW

CE


**Dr. Sanjiv Dang**

MBBS, MS (ENT)  
Ear, Nose & Throat Consultant  
DMC Regn. No. 9555  
Timing : 5.30 pm - 8.30 pm  
E : sanjivdang.mamc@gmail.com

For appointment please contact :  
011-49407700, 8448702877

*Sana Devi*  
*f 38 years*

*R ENT: AD*  
*L AD*



*Chest: clear*

*AD*  
*no medication*  
*Sana Devi*  
*14.10.2023.*

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