



Patient Name	: Mrs.NEHA MAHNA	Collected	: 25/Mar/2023 08:47AM
Age/Gender	: 35 Y 2 M 0 D/F	Received	: 25/Mar/2023 06:47PM
UHID/MR No	: CIND.0000159297	Reported	: 26/Mar/2023 02:18PM
Visit ID	: CINDOPV147699	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: EMP ID 103111		

### DEPARTMENT OF HAEMATOLOGY

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

### PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

RBCs: Count is within normal limits. RBCs show moderate anisocytosis, mild poikilocytosis, microcytes, ovalocytes; mild hypochromia. No immature cells / haemolysis seen.

WBCs: TLC and DLC are within normal limits. No immature / atypical cells seen.

Platelets: Count is within normal limits. Morphology is within normal limits.

Impression: Mild microcytic hypochromic anaemia.

Advice: Clinical correlation with serum iron studies.

Page 1 of 14



SIN No:BED230075361 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK

11, First Floor, Gaur Gravity, Plot No.8, Vaibhav Khand,Indirapuram, Ghaziabad 1860 500 7788 www.apolloclinic.com

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





Test Name		Result	Unit	Bio. Ref. Range	Method	
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324						
		DEPARTMENT OF	HAEMATOLOG	Y		
Emp/Auth/TPA ID	: EMP ID 103111					
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAP	RE LIMITED	
Visit ID	: CINDOPV147699 Status : Final Report		: Final Report			
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Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM		

PCV RBC COUNT MCV MCH MCHC R.D.W TOTAL LEUCOCYTE COUNT (TLC)	34.70 4.69 74.1 24.4 32.9 18.7	% Million/cu.mm fL pg g/dL %	36-46 3.8-4.8 83-101 27-32 31.5-34.5	Electronic pulse & Calculation Electrical Impedence Calculated Calculated
MCV MCH MCHC R.D.W	74.1 24.4 32.9 18.7	fL pg g/dL	83-101 27-32	Calculated Calculated
MCH MCHC R.D.W	<b>24.4</b> 32.9 <b>18.7</b>	pg g/dL	27-32	Calculated
MCHC R.D.W	32.9 <b>18.7</b>	g/dL		
R.D.W	18.7	•	31 5-34 5	
	-	0/	01.0-04.0	Calculated
		%	11.6-14	Calculated
TOTAL LEUCOUTTE COUNT (TLC)	4,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DL	_C)			
NEUTROPHILS	55.6	%	40-80	Electrical Impedanc
LYMPHOCYTES	33.4	%	20-40	Electrical Impedanc
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2368.56	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	1422.84	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	59.64	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	391.92	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	12.78	Cells/cu.mm	0-100	Electrical Impedanc
PLATELET COUNT	218000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-20	Modified Westergre

RBCs: Count is within normal limits. RBCs show moderate anisocytosis, mild poikilocytosis, microcytes, ovalocytes; mild hypochromia. No immature cells / haemolysis seen.

WBCs: TLC and DLC are within normal limits. No immature / atypical cells seen.

Platelets: Count is within normal limits. Morphology is within normal limits.

Impression: Mild microcytic hypochromic anaemia.

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Test Name		Result	Unit	Bio. Ref. Range	Method
ARCOFEMI - ME	DIWHEEL - FULL BODY	ANNUAL PLUS CHE	CK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
		DEPARTMENT OF	HAEMATOLOG	Y	
Emp/Auth/TPA ID	: EMP ID 103111				
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CINDOPV147699		Status	: Final Report	
UHID/MR No	: CIND.0000159297		Reported	: 26/Mar/2023 02:18PM	
Age/Gender	: 35 Y 2 M 0 D/F		Received	: 25/Mar/2023 06:47PM	
Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM	

Advice: Clinical correlation with serum iron studies.

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DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Emp/Auth/TPA ID : EMP ID 103111						
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED			
Visit ID	: CINDOPV147699	Status	: Final Report			
UHID/MR No	: CIND.0000159297	Reported	: 25/Mar/2023 11:15PM			
Age/Gender	: 35 Y 2 M 0 D/F	Received	: 25/Mar/2023 06:47PM			
Patient Name	: Mrs.NEHA MAHNA	Collected	: 25/Mar/2023 08:47AM			

				DEGINO		•
Test Name	Result	Unit	Bio. Ref. I	Range	Method	I
						_

<b>BLOOD GROUP ABO AND RH FAC</b>	TOR , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM	
Age/Gender	: 35 Y 2 M 0 D/F		Received	: 25/Mar/2023 06:43PM	
UHID/MR No	: CIND.0000159297		Reported	: 25/Mar/2023 07:33PM	l
Visit ID	sit ID : CINDOPV147699		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHC	ARE LIMITED
Emp/Auth/TPA ID	: EMP ID 103111				
		DEPARTMENT OF	BIOCHEMISTR	Y	
ARCOFEMI - MEI	DIWHEEL - FULL BODY	ANNUAL PLUS CHE	ECK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY232
	est Name	Result	Unit	Bio. Ref. Range	Method
Te		Result 100	Unit mg/dL	Bio. Ref. Range	Method GOD - POD
Te	est Name				
Te GLUCOSE, FAST Comment:	est Name				
Te GLUCOSE, FAST Comment: As per America	est Name		mg/dL		
Te GLUCOSE, FAST Comment: As per America	est Name ING , <i>NAF PLASMA</i> n Diabetes Guidelines	100	mg/dL		
Te GLUCOSE, FAST Comment: As per America Fasting Glucose	est Name ING , <i>NAF PLASMA</i> n Diabetes Guidelines	100 Interpretation	mg/dL		

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SIN No:PLF01949350 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi

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11, First Floor, Gaur Gravity, Plot No.8, Vaibhav Khand,Indirapuram, Ghaziabad



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DEPARTMENT OF BIOCHEMISTRY						
Emp/Auth/TPA ID	: EMP ID 103111					
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED			
Visit ID	: CINDOPV147699	Status	: Final Report			
UHID/MR No	: CIND.0000159297	Reported	: 26/Mar/2023 11:30AM			
Age/Gender	: 35 Y 2 M 0 D/F	Received	: 25/Mar/2023 06:42PM			
Patient Name	: Mrs.NEHA MAHNA	Collected	: 25/Mar/2023 11:46AM			

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

Unit Bio. Ref. Range

е

Method

	GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	69	mg/dL	70-140	GOD - POD
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Kindly correlate clinically.

**Test Name** 

**Comment:** 

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

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

Ref: Marks medical biochemistry and clinical approach

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Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM	
Age/Gender	: 35 Y 2 M 0 D/F		Received	: 25/Mar/2023 06:23PM	
UHID/MR No	: CIND.0000159297		Reported	: 25/Mar/2023 07:36PM	
Visit ID	: CINDOPV147699		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHC	ARE LIMITED
Emp/Auth/TPA ID	: EMP ID 103111				
		DEPARTMENT C	F BIOCHEMISTR	Y	
ARCOFEMI - ME	DIWHEEL - FULL BODY A	NNUAL PLUS CH	ECK ADVANCED	- FEMALE - 2D ECHO	- PAN INDIA - FY2324
Te	est Name	Result	Unit	Bio. Ref. Range	Method
					6
HBA1C, GLYCAT WHOLE BLOOD-E	ED HEMOGLOBIN , DTA	5.8	%		HPLC
STIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA		120	mg/dL		Calculated
Comment:					
	as per American Diabetes A	Association (ADA)			
REFERENCE GROUP			HBA1C IN	N %	
NON DIABETIC ADULTS >18 YEARS		<5.7			
AT RISK (PREDIABETES)			5.7-6.4	1	
DIAGNOSING DIABETES			≥ 6.5		
DIABETICS					
· EXCELLENT CONTROL			6-7		
· FAIR TO	GOOD CONTROL		7 - 8		
· FAIR TO GOOD CONTROL · UNSATISFACTORY CONTROL			8 - 10		

Note: Dietary preparation or fasting is not required.

POOR CONTROL

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).

>10

- 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:EDT230030932 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi

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Visit ID	: CINDOPV147699	Status	: Final Report	
UHID/MR No	: CIND.0000159297	Reported	: 25/Mar/2023 08:35PM	
Age/Gender	: 35 Y 2 M 0 D/F	Received	: 25/Mar/2023 06:51PM	
Patient Name	: Mrs.NEHA MAHNA	Collected	: 25/Mar/2023 08:47AM	

Test Name	Result	Unit	Bio, Ref, Range	Method

# LIPID PROFILE, SERUM

, •, •				
TOTAL CHOLESTEROL	137	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	70	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	64	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	73	mg/dL	<130	Calculated
LDL CHOLESTEROL	59	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.14		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	$\geq$ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	$\geq$ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	$\geq$ 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.



SIN No:SE04330745 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi

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		DEPARTMENT OF	F BIOCHEMISTR	Y	
Emp/Auth/TPA ID	: EMP ID 103111				
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCA	RE LIMITED
Visit ID	: CINDOPV147699		Status	: Final Report	
UHID/MR No	: CIND.0000159297		Reported	: 25/Mar/2023 08:35PM	
Age/Gender	: 35 Y 2 M 0 D/F		Received	: 25/Mar/2023 06:51PM	
Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM	

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.50	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	75.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	4.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.07		0.9-2.0	Calculated

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SIN No:SE04330745 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHI Test Name Result			Bio. Ref. Range	Method	
Emp/Auth/TPA ID	: EMP ID 103111				
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCA	RE LIMITED
Visit ID	: CINDOPV147699		Status	: Final Report	
UHID/MR No	: CIND.0000159297		Reported	: 25/Mar/2023 08:35PM	
Age/Gender	: 35 Y 2 M 0 D/F		Received	: 25/Mar/2023 06:51PM	
Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM	

CREATININE	0.60	mg/dL	0.5-1.04	Creatinine
UREA	18.00	mg/dL	15-36	amidohydrolase Urease
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.40	mg/dL	2.5-6.2	Uricase
CALCIUM	8.90	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

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SIN No:SE04330745 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi

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**Test Name** 



Bio. Ref. Range

Method

DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Emp/Auth/TPA ID	: EMP ID 103111			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CINDOPV147699	Status	: Final Report	
UHID/MR No	: CIND.0000159297	Reported	: 25/Mar/2023 07:54PM	
Age/Gender	: 35 Y 2 M 0 D/F	Received	: 25/Mar/2023 06:51PM	
Patient Name	: Mrs.NEHA MAHNA	Collected	: 25/Mar/2023 08:47AM	

GAMMA GLUTAMYL TRANSPEPTIDASE	16.00	U/L	12-43	Glyclyclycine
(GGT), SERUM				Nitoranalide

Unit

Result

Page 11 of 14



SIN No:SE04330745 this test has been performed at apollo health and lifstyle limited-vikas marg new delhi

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Test Name Result			Unit	Bio. Ref. Range	Method
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324					
DEPARTMENT OF IMMUNOLOGY					
Emp/Auth/TPA ID	: EMP ID 103111				
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCA	RE LIMITED
Visit ID	: CINDOPV147699		Status	: Final Report	
UHID/MR No	: CIND.0000159297		Reported	: 25/Mar/2023 07:47PM	
Age/Gender	: 35 Y 2 M 0 D/F		Received	: 25/Mar/2023 07:46PM	
Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM	

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

			*	
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	10.19	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	4.570	µIU/mL	0.34-5.60	CLIA

## **Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hypothyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. Note:

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





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Patient Name	: Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM		
Age/Gender	: 35 Y 2 M 0 D/F		Received	: 25/Mar/2023 06:14PM		
UHID/MR No	: CIND.0000159297		Reported	: 25/Mar/2023 10:26PM		
Visit ID	: CINDOPV147699		Status	: Final Report		
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCA	RE LIMITED	
Emp/Auth/TPA ID	: EMP ID 103111					
	DEPARTMENT OF CLINICAL PATHOLOGY					
ARCOFEMI - MEI	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Te	est Name	Result	Unit	Bio. Ref. Range	Method	

COMPLETE URINE EXAMINATION , $\upsilon$	RINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MC	UNT AND MICROSCOPY			
PUS CELLS	0-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2084909

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Те	est Name	Result	Unit	Bio. Ref. Range	Method
ARCOFEMI - ME	DIWHEEL - FULL BODY	ANNUAL PLUS CH	ECK ADVANCED	- FEMALE - 2D ECHO -	PAN INDIA - FY2324
	D	EPARTMENT OF C	LINICAL PATHOL	.OGY	
Emp/Auth/TPA ID	: EMP ID 103111				
Ref Doctor	: Dr.SELF		Sponsor Name	ne : ARCOFEMI HEALTHCARE LIMITED	
Visit ID	isit ID : CINDOPV147699		Status	: Final Report	
UHID/MR No	5		Received Reported	: 25/Mar/2023 06:12PM : 25/Mar/2023 08:04PM	
Age/Gender					
Patient Name	t Name : Mrs.NEHA MAHNA		Collected	: 25/Mar/2023 08:47AM	

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE

Dr. Tanish Mandal MBBS, MD(Pathology) **Consultant Pathologist** 

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

ADT Dr. SHIVANGI CHAURAN M.B.B.S. M.D(Pathology) **Consultant** Pathologist



Sa

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

Dipstick

Page 14 of 14



SIN No:UPP014423,UF008155 THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED-VIKAS MARG NEW DELHI

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1860 500 7788 www.apolloclinic.com

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Patient Name	: Mrs. NEHA MAHNA	Age/Gender	: 35 Y/F
UHID/MR No.	: CIND.0000159297	<b>OP</b> Visit No	: CINDOPV147699
Sample Collected on	:	<b>Reported on</b>	: 27-03-2023 13:07
LRN#	: RAD1958507	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: EMP ID 103111		

# DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

Cardiac size appears within normal limits.

# **CONCLUSION :**

No obvious abnormality seen

Dr. SATYAVEER SINGH Radiology



Patient Name	: Mrs. NEHA MAHNA	Age/Gender	: 35 Y/F
UHID/MR No.	: CIND.0000159297	<b>OP</b> Visit No	: CINDOPV147699
Sample Collected on	:	Reported on	: 27-03-2023 12:45
LRN#	: RAD1958507	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: EMP ID 103111		

# DEPARTMENT OF RADIOLOGY

## ULTRASOUND - WHOLE ABDOMEN

**LIVER :** Liver is normal in size and the parenchymal echotexture. There is no focal mass lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

**GALL BLADDER :** Gall bladder is partially disended and it seems few tiny echogenic foci inside lumen with normal wall thickness suggestive of cholelithiasis. No pericholecystic fluid is seen. The common bile duct is not dilated.

**PANCREAS :** The pancreas appears normal in size and echogenicity. No focal mass lesion seen. MPD is not dilated.

**SPLEEN :** Spleen is normal in size, shape, outline and echopattern. No focal lesion seen. Hilum is normal.

**KIDNEYS :** Both the kidneys are normal in size, shape, outline and echotexture. Cortical thicknesss and echogenicity is preserved. The cortico-medullary differentiation of both kidneys appears maintained. Central sinus echoes are compact. No evidence of any hydronephrosis or nephrolithiasis.

Visualized parts of retroperitoneum do not reveal any lymphadenopathy. There is no significant free fluid is detected in the peritoneal cavity.

**URINARY BLADDER :** Urinary bladder is normal in wall thickness with clear contents. No intraluminal mass or calculus is visualised.

**UTERUS :** The uterus is normal in size and echotexture. The myometrial echogenicity appears uniform. Endometrium is central and of normal thickness.

**OVARIES :** Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac.



: 35 Y/F

Age/Gender

Patient Name : Mrs. NEHA MAHNA

**Consultant Radiologist** 

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

Dr. SATYAVEER SINGH Radiology

SUGGEST CLINICAL CORRELATION

Analla Haalth and Lifestula Limi





### MER- MEDICAL EXAMINATION REPORT

NAME:	M91- Neha Mahng		
UHID: 159297	SP02-3		
AGE/Gender 35416	BMI :	24KJIm2	
HEIGHT(cm) 120CM	WEIGHT (kg)	69.07-107	
TEMP:	PULSE:	736m	
B.P: 100/70	RESP:	20	
ECG:	venil.		
X Ray:	NUM		
Vision Checkup	Attenhe		
Present Ailments	No		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	fit to fanty		
Pathology Finding	fit to Jany Non hjuritioner fo		



Signature with Stamp of Medical Examiner

For Appointments & Doorstep Sample Collection

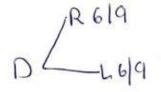
1860 500 7788

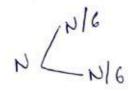
Branch : "Apollo Clinic" First Floor, Plot No. 8, Vaibhav Khand, Near Kala Pathar Chowk, Indirapuram, Ghaziabad-201014 Ph.: 0120-4151924 Home Collection No. : 18605007788 E-mail : indrapuram@apolloclinics.in



Mois-NehaMahna Age-3sylfemale







colowivision Normal

For Appointments & Doorstep Sample Collection



Branch : "Apollo Clinic" First Floor, Plot No. 8, Vaibhav Khand, Near Kala Pathar Chowk, Indirapuram, Ghazlabad-201014 Ph.: 0120-4151924 Home Collection No. : 18605007788 E-mail : Indrapuram@apolloclinics.in





# **Apollo Clinic**

# **CONSENT FORM**

Patient Name:	Nehalua	Age:	35	
UHID Number:		Company Name:	Baulco	bBaredo

IMr/Mrs/Ms Nelia Maluna Employee of Bauk Of Barada (Company) Want to inform you that I am not interested in getting LBC PIAPTest Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:

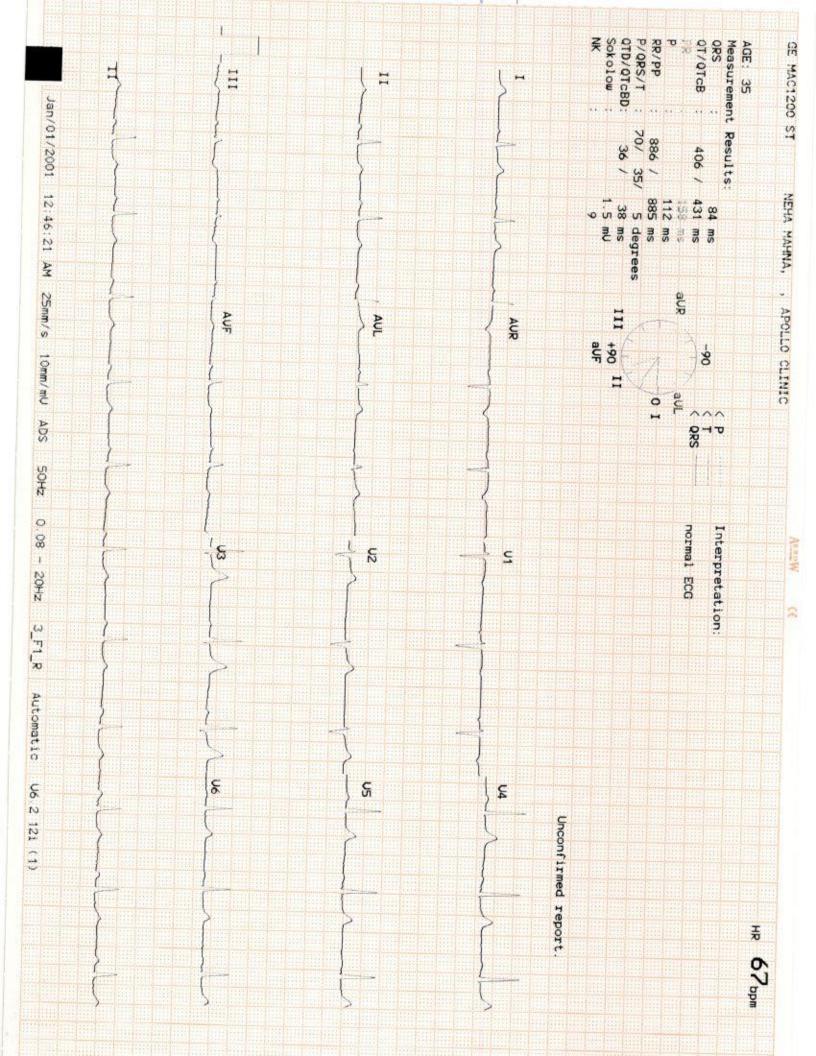
Date: 05 03 23 ......

Apollo Health and Lifestyle Limited (CIN - URS) 10762000FLC115819) llegol. Office: 1-10-00/62, Ashnka llaghupathi Chambers, 5th Floor, Begumpet, Hyderahad, Telangana - 509.016 | www.apollohf.com | Email ID:enguiry=apollohf.com, Pb Nec 040-4904 7777, 9 az No: 4904 7744 APOLLO CLINICS NETWORK

Address: D No.36, F – Block. 2nd Avenue, Anne Mager East, Chennal 800 102, Phone: 044-2022/5501-85



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( DrAP Guslis, End.

Patient Name	: Mrs. NEHA MAHNA	Age	: 35 Y/F
UHID	: CIND.0000159297	OP Visit No	: CINDOPV147699
Conducted By:	: Dr. SANJEEV GERA	Conducted Date	: 27-03-2023 08:43
Referred By	: SELF		

# **2D-ECHO WITH COLOUR DOPPLER**

Dimensions:	
Ao (ed)	2.8 CM
LA (es)	3.0 CM
LVID (ed)	3.8 CM
LVID (es)	2.2 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	55.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Maximum Velocity across valve (cm/s)

Patient Name	: Mrs. NEHA MAHNA	Age	: 35 Y/F
UHID	: CIND.0000159297	OP Visit No	: CINDOPV147699
Conducted By:	: Dr. SANJEEV GERA	Conducted Dat	te : 27-03-2023 08:43
Referred By	: SELF		
Pulmonary	72	Aortic	118
Mitral	105/67	Tricuspid	52

# **IMPRESSION:**

NO REGIONAL WALL MOTION ABNORMALITY (LVEF=55%)

NORMAL CARDIAC CHAMBERS DIMENSION.

# NORMAL RV SYSTOLIC FUNCTION

# TRACE MR.TRACE TR.NORMAL PASP.

# NORMAL MITRAL FLOW PATTERN.

# NO I/C CLOT/VEG/SHANT.

IVC S/O NORMAL RAP

# NO PERICARDIAL EFFUSION SEEN.

Dr. SANJEEV GERA



Patient Name	: Mrs. NEHA MAHNA	Age/Gender	: 35 Y/F
UHID/MR No.	: CIND.0000159297	<b>OP</b> Visit No	: CINDOPV147699
Sample Collected on	:	Reported on	: 25-03-2023 15:11
LRN#	: RAD1958507	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: EMP ID 103111		

## DEPARTMENT OF RADIOLOGY

#### SONO MAMOGRAPHY - SCREENING

# **Real time B–Mode USG of both breasts:**

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

# **CONCLUSION:**

# No significant abnormality is seen in this study.

### Consultant Radiologist.

(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. SATYAVEER SINGH Radiology