

Patient Name : Mrs.ROUNAK RANI  
Age/Gender : 35 Y 7 M 15 D/F  
UHID/MR No : SCHI.0000018655  
Visit ID : SCHIOPV27093  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : TYFKITCYG

Collected : 06/Mar/2024 10:21AM  
Received : 06/Mar/2024 10:36AM  
Reported : 06/Mar/2024 12:19PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240059220



Patient Name	: Mrs.ROUNAK RANI	Collected	: 06/Mar/2024 10:21AM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	41.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.07</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82.2</b>	fL	83-101	Calculated
MCH	<b>25.7</b>	pg	27-32	Calculated
MCHC	<b>31.3</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,890	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	71.5	%	40-80	Electrical Impedance
LYMPHOCYTES	21.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4926.35	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1467.57	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	144.69	Cells/cu.mm	20-500	Calculated
MONOCYTES	323.83	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.56	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.36		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	169000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>24</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

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Dr. SHWETA GUPTA  
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Consultant Pathology  
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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



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**DEPARTMENT OF HAEMATOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
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SIN No:BED240059220



Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 01:55PM
Age/Gender : 35 Y 7 M 15 D/F	Received : 06/Mar/2024 05:23PM
UHID/MR No : SCHI.0000018655	Reported : 06/Mar/2024 07:04PM
Visit ID : SCHIOPV27093	Status : Final Report
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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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	88	mg/dL	70-100	GOD - POD

**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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	96	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.

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

SIN No: PLP1427740



Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 10:21AM
Age/Gender : 35 Y 7 M 15 D/F	Received : 06/Mar/2024 01:17PM
UHID/MR No : SCHI.0000018655	Reported : 06/Mar/2024 01:37PM
Visit ID : SCHIOPV27093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TYFKITCYG	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

**Comment:**

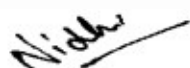
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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.
- 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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SIN No:EDT240026710



Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 10:21AM
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Visit ID : SCHIOPV27093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TYFKITCYG	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	78	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	51	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.51		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.



**Dr. SHWETA GUPTA**  
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SIN No:SE04651743



Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 10:21AM
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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	<b>132.00</b>	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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'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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Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 10:21AM
Age/Gender : 35 Y 7 M 15 D/F	Received : 06/Mar/2024 01:16PM
UHID/MR No : SCHI.0000018655	Reported : 06/Mar/2024 04:23PM
Visit ID : SCHIOPV27093	Status : Final Report
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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.71	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	22.40	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.05	mg/dL	2.5-6.2	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.92	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.38	g/dL	6.3-8.2	Biuret
ALBUMIN	4.25	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		0.9-2.0	Calculated



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



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>11.00</b>	U/L	12-43	Glycylglycine Nitoranalide



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SIN No:SE04651743



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Age/Gender : 35 Y 7 M 15 D/F	Received : 06/Mar/2024 10:36AM
UHID/MR No : SCHI.0000018655	Reported : 06/Mar/2024 12:28PM
Visit ID : SCHIOPV27093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TYFKITCYG	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.17	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.67	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.020	µIU/mL	0.25-5.0	ELFA

**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

1. 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.
2. 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.
3. 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.
4. 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



**Dr. SHWETA GUPTA**  
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SIN No:SPL24039158



Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 10:21AM
Age/Gender : 35 Y 7 M 15 D/F	Received : 06/Mar/2024 12:02PM
UHID/MR No : SCHI.0000018655	Reported : 06/Mar/2024 12:21PM
Visit ID : SCHIOPV27093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TYFKITCYG	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/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:UR2298369



Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 01:55PM
Age/Gender : 35 Y 7 M 15 D/F	Received : 06/Mar/2024 04:08PM
UHID/MR No : SCHI.0000018655	Reported : 06/Mar/2024 04:16PM
Visit ID : SCHIOPV27093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TYFKITCYG	

**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



Dr. SHWETA GUPTA  
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SIN No:UPP016876



Patient Name	: Mrs.ROUNAK RANI	Collected	: 06/Mar/2024 10:21AM
Age/Gender	: 35 Y 7 M 15 D/F	Received	: 07/Mar/2024 08:56AM
UHID/MR No	: SCHI.0000018655	Reported	: 07/Mar/2024 10:45AM
Visit ID	: SCHIOPV27093	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TYFKITCYG		

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Dr. SHWETA GUPTA  
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SIN No:UF010908





Patient Name : Mrs.ROUNAK RANI	Collected : 06/Mar/2024 02:30PM
Age/Gender : 35 Y 7 M 15 D/F	Received : 06/Mar/2024 07:50PM
UHID/MR No : SCHI.0000018655	Reported : 07/Mar/2024 05:15PM
Visit ID : SCHIOPV27093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TYFKITCYG	

**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	L/306/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smear shows sheets of superficial, intermediate squamous cells.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>c</b>	<b>NON NEOPLASTIC FINDINGS</b>	REACTIVE CHANGES SEEN
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*

Page 15 of 15



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

SIN No:CS075793



Name : Mrs. ROUNAK RANI

Age: 35 Y

UHID: SCHI.0000018655

Sex: F



OP Number: SCHIOPV27093

Address : DELHI

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9708

Date : 06.03.2024 10:17

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

Height: 154  
Weight: 51  
B.P.: 104/70  
Pulse: 86/m  
SP02: 99



भारत सरकार



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

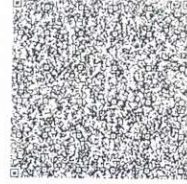
नामांकन क्रमांक / Enrollment No: 0648/16063/0143/

To  
रौनक रानी  
Rounak Rani  
C/O Nik Raj,  
L-323, DAKSHIN PURI,  
DAKSHIN PURI,  
VTC: Dakshinpuri Phase-I  
PO. Pushpa Bhawan,  
Sub District: Hauz Khas, District: South Delhi,  
State: Delhi,  
PIN Code: 110062,  
Mobile: 9910165819

55770881



MF557708815F1



आपका आधार क्रमांक / Your Aadhaar No. :

**9180 6313 9238**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Issue Date : 16/01/2013



रौनक रानी  
Rounak Rani  
जन्म तिथि / DOB : 23/09/1988  
महिला / Female

**9180 6313 9238**

मेरा आधार, मेरी पहचान

Order\_Id Client Nam Patient Name  
382391 ARCOFEMI Rounak Rani

Email  
sushil.safec

**Dr. Lalit Mohan Parashar**

MS (ENT)

Ear, Nose, Throat Specialist and

Head & Neck Surgeon

MCI: 4774/85

For Appointment: +91 1140465555

Mob.: +91 9910995018

Mrs Rannak Rani 35/F

06/03/24

No ENT complains


O/E

Ear → B/C TM intact

Nose → Septum midline

Throat → NAD

Speech and voice normal / clear

  
Dr. Ruchil Rani



06/11/24

M. Rounak Ranj  
35F

h  
①  
②  
(underfoot)

40 - 112

10 2/12

underfoot  
SLE - A

underfoot  
today  
today

~~underfoot~~  
~~SLE - A~~

can have of any





CMP - 16.2.24

P/L 2 - LCB - 1yr

PH - nil  
(PUD)

FH - nil

o/e - breast

P/A  
 P/S  
 P/V

(N)

done

Rounak Rani  
6.3.24

Adv 35/F

- Lactacyd  
wash

- Clinex vaginal  
penary insert  
2 nights

NAME :	ROUNAK RANI	AGE/SEX:	35	YRS./F
UHID :	18655			
REF BY :	APOLLO SPECTRA	DATE:-	06.03.2024	

**ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** is not seen – Post operative status.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is antverted and normal in size. It measures 7.2 x 3.5 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 3.8 mm

Both ovaries are normal in size, shape and echotexture.

**Right ovary:** 3.1 x 1.9 cm

**Left ovary:** 3.1 x 1.7 cm

No obvious adnexal mass is seen. No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY.**

Please correlate clinically and with lab. Investigations.



**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

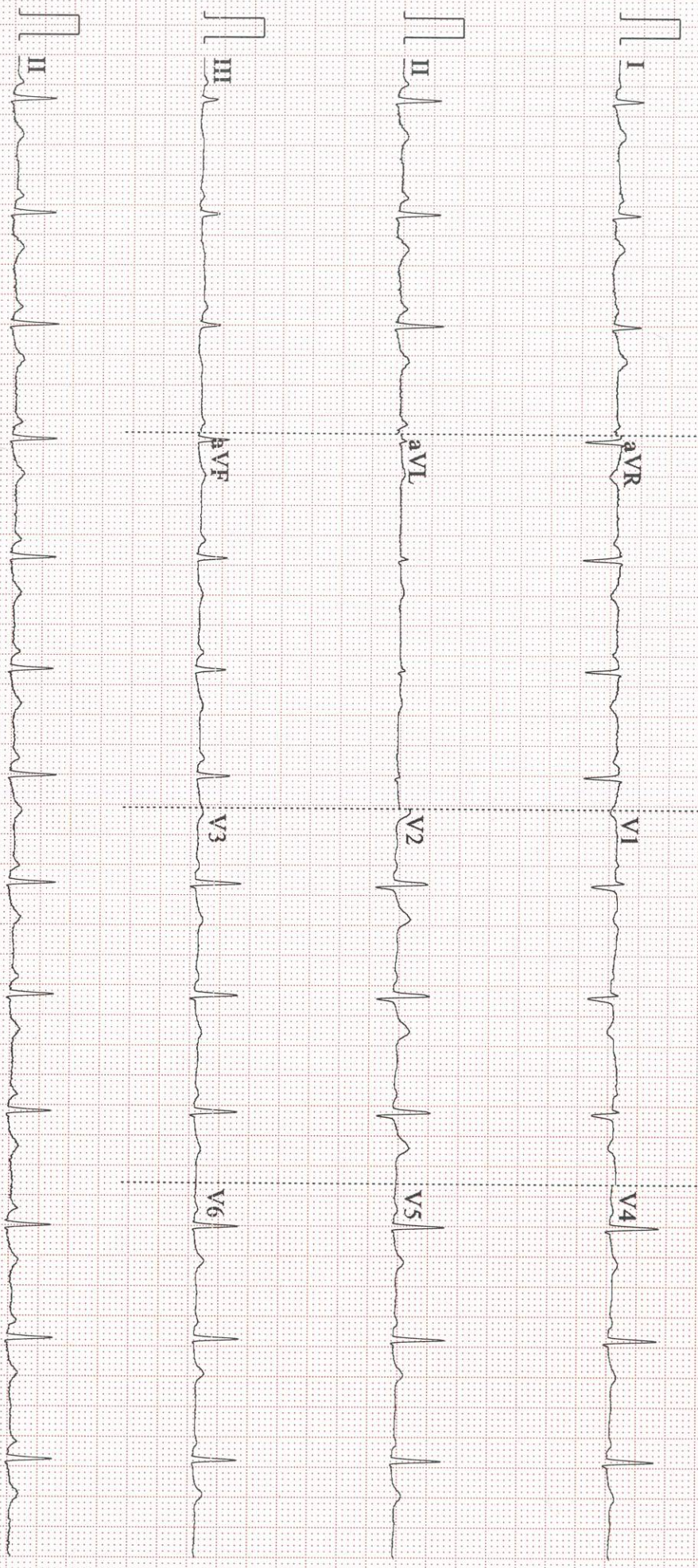


ID: 18655  
Rounak rani  
Female 35Years  
Req. No. :

06-03-2024 12:59:19  
HR : 79 bpm  
P : 93 ms  
PR : 137 ms  
QRS : 69 ms  
QT/QTcBz : 352/405 ms  
P/QRS/T : 62/55/42 °  
RV5/SV1 : 0.830/0.374 mV

Diagnosis Information:  
Sinus Rhythm  
Low Voltage(Chest Leads)

Report Confirmed by:





Patient Name : Mrs. ROUNAK RANI Age : 35 Yr  
 UHID : SCHL0000018655 OP Visit No : SCHHOPV27093  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:28  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed  
 Subvalvular deformity Present/**Absent** Score \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg MVA \_\_\_\_\_cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_msec. Pred. RVSP=RAP+ \_\_\_\_\_mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation  
 Doppler **Normal**/Abnormal  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Pulmonary annulus \_\_\_\_\_mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_mmHg End diastolic gradient \_\_\_\_\_mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/**3**/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Aortic annulus \_\_\_\_\_mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe

Measurements	Normal Values	Measurements	Normal values
Aorta	2.2 (2.0 - 3.7cm)	LA es	2.6 (1.9 - 4.0cm)
LV es	2.5 (2.2 - 4.0cm)	LV ed	4.0 (3.7 - 5.6cm)
IVS ed	0.7 (0.6 - 1.1cm)	PW (LV)	0.7 (0.6 - 1.1cm)
RV ed	(0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVd (ml)	
EF	65% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS:**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced  
 Regional wall motion abnormality **Absent**  
 LA **Normal**/Enlarged/**Clear**/Thrombus  
 RA **Normal**/Enlarged/**Clear**/Thrombus  
 RV **Normal**/Enlarged/**Clear**/Thrombus

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



*Dr. M K Gupta*  
*M.B.B.S, MD,FIACM*  
*Senior Consultant Cardiologist*

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rounak Rami on 6/3/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. Neeraj  
 Medical Officer  
 The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes*



**PREVENTIVE HEALTH CARE SUMMARY**

NAME :-	Rounak Rani	UHID No :	18655
AGE / GENDER :-	38yf	RECEIPT No :-	
PANEL :	Arcofen	EXAMINED ON :-	6/3/24

**Chief Complaints:**

R/C

had choleystectomy  
 hysterectomy  
 LSCS

**Past History:**

DM	: Nil	CVA	: Nil
Hypertension	: Nil	Cancer	: Nil
CAD	: Nil	Other	: Nil

**Personal History:**

Alcohol	: Nil	Activity	: Active
Smoking	: Nil	Allergies	: Nil

**Family History:**

**General Physical Examination:**

Height	154	: cms	Pulse	86/m	bpm
Weight	51	: Kgs	BP	104/70	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	: Normal
Respiratory system	: Normal
Abdominal system	: Normal
CNS	: Normal
Others	: Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :-		UHID No :
AGE :-	SEX :	RECEIPT No :-
PANEL :		EXAMINED ON :-

### Investigations:

- All the reports of tests and investigations are attached herewith

Reports awaited

### Recommendation:

Cap Absolute women 102 x 2-3 months  
My wife D<sub>3</sub> 60 k once a week  
& months

  
Dr. Navneet Kaur  
Consultant Physician  


## DIGITAL X-RAY REPORT

NAME: ROSHAN RANI	DATE: 06.03.2024
UHID NO : 18655	AGE: 35YRS/ SEX: F

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
DR. MONICA CHHABRA  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

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Ph No: 040-4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Patient Name : Mrs. ROUNAK RANI Age : 35 Y/F  
 UHID : SCHI.0000018655 OP Visit No : SCHIOPV27093  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:32  
 Referred By : SELF

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**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_ msec.  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_ msec. Pred. RVSP=RAP+ \_\_\_\_\_ mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/**3**/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.2	(2.0 – 3.7cm)	LA es 2.6	(1.9 – 4.0cm)

Patient Name : Mrs. ROUNAK RANI Age : 35 Y/F  
 UHID : SCHI.0000018655 OP Visit No : SCHIOPV27093  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:32  
 Referred By : SELF

LV es	2.5	(2.2 – 4.0cm)	LV ed	4.0	(3.7 – 5.6cm)
IVS ed	0.7	(0.6 – 1.1cm)	PW (LV)	0.7	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVd (ml)		
EF	65%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/Paradoxical

**CHAMBERS :**

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy  
 Contraction Normal/Reduced

Regional wall motion abnormality Absent

LA Normal/Enlarged/Clear/Thrombus

RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

## PERICARDIUM

**COMMENTS & SUMMARY**

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

Patient Name : Mrs. ROUNAK RANI Age : 35 Y/F  
UHID : SCHI.0000018655 OP Visit No : SCHIOPV27093  
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 06-03-2024 16:32  
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---

***Dr. M K Gupta***  
***M.B.B.S, MD,FIACM***  
***Senior Consultant Cardiologist***



Patient Name : Mrs. ROUNAK RANI  
UHID : SCHI.0000018655  
Conducted By: :  
Referred By : SELF

Age : 35 Y/F  
OP Visit No : SCHIOPV27093  
Conducted Date :

Patient Name : Mrs. ROUNAK RANI  
UHID : SCHI.0000018655  
Conducted By :  
Referred By : SELF

Age : 35 Y/F  
OP Visit No : SCHIOPV27093  
Conducted Date :

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