





: Mrs.GUPTA RITIKA

Age/Gender

: 35 Y 3 M 0 D/F

UHID/MR No

: CMAR.0000309252

Visit ID

: CMAROPV784622

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 875638400

Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 01:17PM : 09/Mar/2024 04:51PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.3	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,550	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	58.3	%	40-80	Electrical Impedance
LYMPHOCYTES	28.6	%	20-40	Electrical Impedance
EOSINOPHILS	7.7	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4401.65	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2159.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	581.35	Cells/cu.mm	20-500	Calculated
MONOCYTES	354.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.85	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.04		0.78- 3.53	Calculated
PLATELET COUNT	371000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	46	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 14

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist

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



SIN No:BED240062863

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RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA.

Kindly correlate clinically.

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 2 of 14



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DEPARTMENT OF HAEMATOLOGY

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

Page 3 of 14

Dr. Chinki Anupam M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) 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
GLUCOSE, FASTING, NAF PLASMA	89	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:

- 1. 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
- 2. 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)	95	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			

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14

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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



SIN No:EDT240028571

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HBA1C, GLYCATED HEMOGLOBIN	5.8	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic

Control by American Diabetes Association guidelines 2023.

- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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	234	mg/dL	<200	CHO-POD
TRIGLYCERIDES	129	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	76	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	131.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.07		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 6 of 14



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



SIN No:SE04655429

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DEPARTMENT OF BIOCHEMISTRY

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

M.B.B.S, M.D(Biochemistry)

M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:SE04655429

DR. SHIVARAJA SHETTY

CONSULTANT BIOCHEMIST

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323/100/123, Doddathangur Village, Neeladri Main Road,

Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034

Page 7 of 14









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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
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	62.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- \bullet Bilirubin may be elevated. \bullet 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.

Page 8 of 14

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.67	mg/dL	0.51-0.95	Jaffe's, Method
UREA	19.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.93	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.77	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Page 9 of 14

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.00	U/L	<38	IFCC

Page 10 of 14



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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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.1	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.511	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

- 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	Т3	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

Page 11 of 14

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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



SIN No:SPL24041716

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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









: Mrs.GUPTA RITIKA

Age/Gender

: 35 Y 3 M 0 D/F

UHID/MR No

: CMAR.0000309252

Visit ID

: CMAROPV784622

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 875638400

Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 01:05PM

Reported

: 09/Mar/2024 02:42PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 12 of 14

DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

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

SIN No:SPL24041716

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE

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









: Mrs.GUPTA RITIKA

Age/Gender

: 35 Y 3 M 0 D/F

UHID/MR No

: CMAR.0000309252

Visit ID Ref Doctor : CMAROPV784622

Emp/Auth/TPA ID

: Dr.SELF : 875638400 Collected

: 09/Mar/2024 09:22AM

Received

: 09/Mar/2024 02:41PM

Reported

: 09/Mar/2024 05:34PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
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

gv)

Dr.Vidya Aniket Gore M.B.B.S,M.D(Pathology) Consultant Pathologist Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 13 of 14



SIN No:UR2301102

THE PRINCE LANGARD REPORT OF THE PRINCE PRIN









: Mrs.GUPTA RITIKA

Age/Gender

: 35 Y 3 M 0 D/F

UHID/MR No

: CMAR.0000309252

Visit ID

: CMAROPV784622

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 875638400

Collected

: 09/Mar/2024 09:22AM

Received Reported : 09/Mar/2024 02:41PM : 09/Mar/2024 04:24PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

Page 14 of 14

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

SIN No:UF011044

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs. GUPTA RITIKA Age : 35 Y/F

UHID : CMAR.0000309252 OP Visit No : CMAROPV784622

Conducted By: : Conducted Date : 12-03-2024 18:27

Referred By : SELF

2D ECHO

ECHO (COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	35mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
RVID(ed)	17mm	07 - 21 mm	EF	65 %	(50 – 70 %)
LVID(ed)	45mm	35 - 55 mm	%FD	35%	(25 - 40%)
LVID(es)	30mm	24 - 42 mm			_

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name : Mrs. GUPTA RITIKA Age : 35 Y/F

UHID : CMAR.0000309252 OP Visit No : CMAROPV784622

Conducted By: : Conducted Date : 12-03-2024 18:27

Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers
	Normal valves
	Normal LV Systolic function
	No pulmonary hypertension
	No RWMA at rest
	Normal pericardium,
	No intracardiac masses / thrombi

Dr. Kapil Consultant Cardiologist KMC No. 88625



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs Gupta Ritika on 03/03/2024	
After reviewing the medical history and on clinical examination it has been found that he/she is	
	Tick
Medically Fit	V
Fit with restrictions/recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.	
Review afterrecommended	
Unfit	
Dr.	

This certificate is not meant for medico-legal purposes

Medical Office





)ate

09-03-2024

AR NO

Name

CMAR.0000309252

Department

: GENERAL

Doctor

Registration No

Qualification

Age/ Gender

: 35 Y / Female

: Mrs. GUPTA RITIKA

09:12 Conspitation Timing:

Weight: 60 Kg) Height: 1 <-BMI: Waist Circum: B.P: 90/60 mmute Temp: Pulse: Resp:

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

Theor 1 G. 3 trank P Ear () No : DNI (

Tal. Leuge My -C.

Follow up date:

Doctor Signature





Rurika C	Juple 35	/F.	9/3/24
Height:	Weight:	BMI:	Waist Circum :
Temp:	Pulse :	Resp:	B.P :
General Examination / Allerg History		eet dikazi J i - C aldida iyo di Kaleebdatda, baberbasa 1	
	Jea-Cal - serms - DC	el Chille typ. At. f. 6 16 8	
	Adv A gene Dav Sea L Res	engelised gung	- 1

Follow up date:

Doctor Signature

09.Mar. 2024 11:59:16 AM 25mm/s 10mm/mU ADS 50Hz 0:08 - 20Hz 6 F1 P Automatic U6.2 M121 (1)





: Mrs. GUPTA RITIKA

UHID

: CMAR.0000309252

Reported on

: 09-03-2024 14:08

Adm/Consult Doctor

Age

: 35 Y F

OP Visit No

: CMAROPV784622

Printed on

: 09-03-2024 14:12

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended. No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on right side.

Right kidney measures 9.3cm and parenchymal thickness measures 1.2cm. and shows small well defined hyperechoic cortical base in lower pole measuring 1.9x1.3cm.

Left kidney measures 10.2cm and parenchymal thickness measures 1.5cm. and shows two calculi, largest in inter pole 6.3mm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 8.0x4.9x4.7cm. and shows fibroid in anterior fundal region measuring 2.7x1.7cm. The endometrial lining appears intact. Endometrium measures 10.3mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.3x2.0cm.

Left ovary measures 3.1x2.3cm.

No free fluid is seen.

Visualized bowel loops appears normal.





: Mrs. GUPTA RITIKA

UHID

: CMAR.0000309252

Reported on

: 09-03-2024 14:08

Adm/Consult Doctor

Age

: 35 Y F

OP Visit No

: CMAROPV784622

Printed on

: 09-03-2024 14:12

Ref Doctor

: SELF

IMPRESSION:

ANGIOMYOLIPOMA IN RIGHT KIDNEY. LEFT RENAL NON OBSTRUCTIVE CALCULI UTERINE FIBROID.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer:

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
- 2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3. Printing mistakes should immediately be brought to notice for correction.

Printed on:09-03-2024 14:08

--- End of the Report---

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB)

Radiology



Patient Name : Mrs. GUPTA RITIKA Age/Gender : 35 Y/F

UHID/MR No. :

: CMAR.0000309252

OP Visit No

: CMAROPV784622

Sample Collected on

: RAD2261514

Reported on

: 09-03-2024 18:02

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

: 875638400

Spec

Specimen :

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. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB)

Nauem. 10

Radiology



Patient Name : Mrs. GUPTA RITIKA Age/Gender : 35 Y/F

Sample Collected on : Reported on : 09-03-2024 14:12

Ref Doctor : SELF **Emp/Auth/TPA ID** : 875638400

DEPARTMENT OF RADIOLOGY

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Patient Name : Mrs. GUPTA RITIKA Age/Gender : 35 Y/F

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB)

Radiology



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,

Mediwheel (Arcofemi Healthcare Limited)

Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. GUPTA RITIKA
EC NO.	106040
DESIGNATION	DIGI CHAMP
PLACE OF WORK	BENGALORE,WHITEFIELD
BIRTHDATE	09-12-1988
PROPOSED DATE OF HEALTH	09-03-2024
CHECKUP	
BOOKING REFERENCE NO.	23M106040100094526E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **27-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda



