

Patient Name : Mrs.SHEETAL SHARMA
Age/Gender : 41 Y 1 M 3 D/F
UHID/MR No : SCHI.0000018734
Visit ID : SCHIOPV27217
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : fbgzdrfh

Collected : 09/Mar/2024 11:24AM
Received : 09/Mar/2024 12:10PM
Reported : 09/Mar/2024 03:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240063649



Patient Name : Mrs.SHEETAL SHARMA
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	40.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.7	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,210	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.9	%	40-80	Electrical Impedance
LYMPHOCYTES	24.6	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4278.69	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1527.66	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	49.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	322.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.8		0.78- 3.53	Calculated
PLATELET COUNT	225000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	09	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

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

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



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Patient Name : Mrs.SHEETAL SHARMA	Collected : 09/Mar/2024 02:30PM
Age/Gender : 41 Y 1 M 3 D/F	Received : 09/Mar/2024 07:30PM
UHID/MR No : SCHI.0000018734	Reported : 09/Mar/2024 08:55PM
Visit ID : SCHIOPV27217	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fbgzdrfh	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	81	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	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)
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SIN No: PLP1429516



Patient Name : Mrs.SHEETAL SHARMA	Collected : 09/Mar/2024 11:24AM
Age/Gender : 41 Y 1 M 3 D/F	Received : 09/Mar/2024 05:34PM
UHID/MR No : SCHI.0000018734	Reported : 09/Mar/2024 08:41PM
Visit ID : SCHIOPV27217	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fbgzdrfh	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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:EDT240029039

Patient Name : Mrs.SHEETAL SHARMA
Age/Gender : 41 Y 1 M 3 D/F
UHID/MR No : SCHI.0000018734
Visit ID : SCHIOPV27217
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : fbgzdrfh

Collected : 09/Mar/2024 11:24AM
Received : 09/Mar/2024 12:11PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	202	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	80	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	65	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	121	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.11		0-4.97	Calculated

Comment:

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

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

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




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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	63.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.90	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	32.40	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	15.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.93	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.92	mg/dL	2.5-4.5	PMA Phenol
SODIUM	134.9	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	95.8	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.62	g/dL	6.3-8.2	Biuret
ALBUMIN	4.73	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated

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Dr Nidhi Sachdev
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SIN No:BI18706929

Patient Name : Mrs.SHEETAL SHARMA	Collected : 09/Mar/2024 11:24AM
Age/Gender : 41 Y 1 M 3 D/F	Received : 09/Mar/2024 12:11PM
UHID/MR No : SCHI.0000018734	Reported : 09/Mar/2024 06:10PM
Visit ID : SCHIOPV27217	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fbgzdrfh	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	12-43	Glycylglycine Nitoranalide



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Age/Gender : 41 Y 1 M 3 D/F	Received : 09/Mar/2024 12:11PM
UHID/MR No : SCHI.0000018734	Reported : 09/Mar/2024 09:22PM
Visit ID : SCHIOPV27217	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fbgzdrfh	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.74	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.110	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

- 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



Dr. SHWETA GUPTA
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SIN No:SPL24042337



Patient Name : Mrs.SHEETAL SHARMA	Collected : 09/Mar/2024 11:24AM
Age/Gender : 41 Y 1 M 3 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018734	Reported : 09/Mar/2024 07:18PM
Visit ID : SCHIOPV27217	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fbgzdrfh	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA
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Consultant Pathology
SIN No:UR2301829



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



Dr. SHWETA GUPTA
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SIN No:UF011119



Patient Name : Mrs.SHEETAL SHARMA	Collected : 09/Mar/2024 01:50PM
Age/Gender : 41 Y 1 M 3 D/F	Received : 09/Mar/2024 10:40PM
UHID/MR No : SCHI.0000018734	Reported : 11/Mar/2024 06:51PM
Visit ID : SCHIOPV27217	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : fbgzdrfh	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	L-330-24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial and intermediate squamous cells.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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 ***



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: CS076067



Name : Mrs. Sheetal Sharma

Age: 41 Y

UHID: SCHI.0000018734

Sex: F



OP Number: SCHIOPV27217

Address : delhi

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9755

Date : 09.03.2024 11:01

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM + PERIPHERAL SMEAR ✓	
5	GYNACOLOGY CONSULTATION ✓	
6	DIET CONSULTATION ✓ after Ren	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	LBC PAP TEST - PAPSURE ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
13	DENTAL CONSULTATION ✓ R.No. 12	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 2:15 pm	
15	URINE GLUCOSE (FASTING) ✓	
16	SONO MAMOGRAPHY - SCREENING ✓	
17	HbA1c, GLYCATED HEMOGLOBIN ✓	
18	X-RAY CHEST PA ✓	
19	ENT CONSULTATION ✓ after	
20	CARDIAC STRESS TEST (TMT) ✓	
21	FITNESS BY GENERAL PHYSICIAN ✓	
22	BLOOD GROUP ABO AND RH FACTOR ✓	
23	LIPID PROFILE ✓	
24	BODY MASS INDEX (BMI) ✓	
25	OPHTHAL BY GENERAL PHYSICIAN ✓	
26	ULTRASOUND - WHOLE ABDOMEN ✓	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Sheetal

06/02/1983

Height: 171
Weight: 42.5 kg
B.P.: 102/65
Pulse: 76/mk
SP02: 99

Client Name
ARCOFEMI HEALTHCARE LIMITED

Patient Name
MS. SHARMA SHEI



सत्यमेव जयते
भारत सरकार

आधार

विविध विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No.: 0000/00595/49749

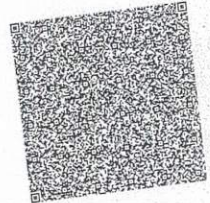
To
शीतल शर्मा
Sheetal Sharma
C/O Sheetal Sharma
32 D First Floor Saket
Greenfield Public School Saket
Saket (South Delhi)
Malviya Nagar
South Delhi
Delhi

15/05/2017

182457319 110017
9813304555



ME824573190FH



आपका आधार क्रमांक / Your Aadhaar No. :

8984 1547 4830

मेरा आधार, मेरी पहचान

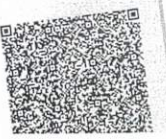


भारत सरकार

Government of India



शीतल शर्मा
Sheetal Sharma
जन्म तिथि / DOB : 06/02/1983
महिला / Female



LMP - 4.3.24

9.3.24

P, L, / twins / US /

Sheetal

Sharma

41yr / F

Oct 2021

no heavy periods .
past delivery .

Adv .

- Review +
USG report

PH - nil

FH - MOMENT - DM .

JAMES - H/W / CAD .

O/e - visible

HA soft
BHT





Apollo Clinic

CONSENT FORM

Patient Name: Age:

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting *Sone management*

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: *[Handwritten Signature]*

Date: *09/3/24*

Consultation Sunday

CERTIFICATE OF MEDICAL FITNESS


This is to certify that I have conducted the clinical examination

of Sheetal Sharma on 9/3/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <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>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. [Signature]
Medical Officer
The Apollo Clinic, Uppal



This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Sheetal Sharma</u>	UHID No: <u>18739</u>
AGE / GENDER :- <u>41yrs</u>	RECEIPT No :-
PANEL : <u>Arcojem</u>	EXAMINED ON :- <u>9/3</u>

Chief Complaints:

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	<u>171cm</u>	:	cms	Pulse	<u>76/m</u>	:	bpm
Weight	<u>42.5</u>	:	Kgs	BP	<u>102/65</u>	:	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 :-	Sheela	UHID No :	
AGE :-		SEX :	
PANEL :		RECEIPT No :-	
		EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

Wm

Recommendation:

- Repeat Electrolytes
Cap Absolute women 102 x 3 months
My vito D₃ 60 K once weekly
2 month
Review reports

Dr. Naveet Kaur
Consultant Physician



ID: 18734

SHEETAL SHARMA

Female 41Years

Req. No. :

09-03-2024

14:44:41

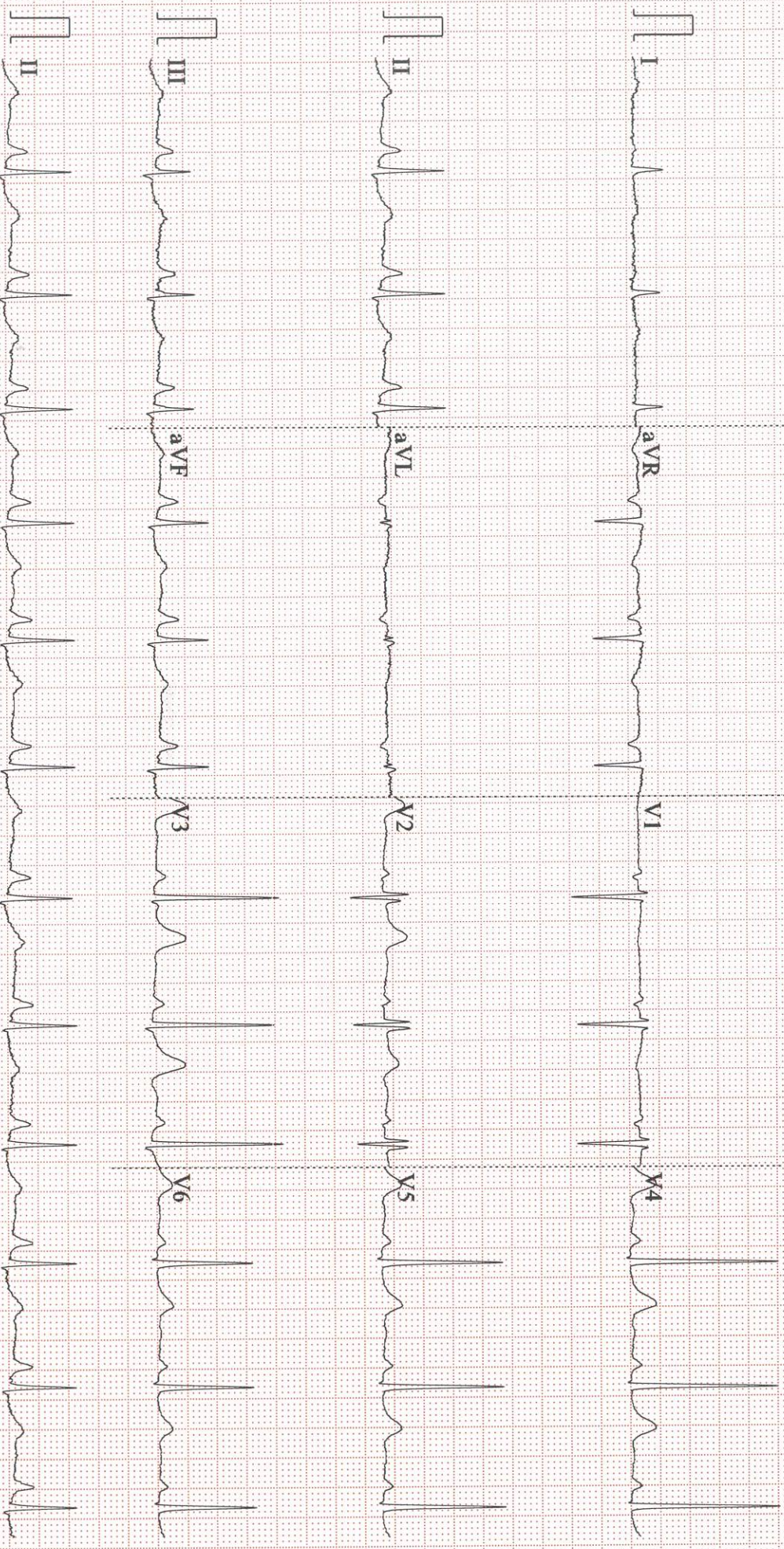
HR	: 73	bpm
P	: 91	ms
PR	: 157	ms
QRS	: 82	ms
QT/QTcBz	: 395/436	ms
P/QRS/T	: 83/58/66	°
RV5/SV1	: 2.051/1.083	mV

Diagnosis Information:

Sinus Arrhythmia
 Larged PtfV1
 Right Atrial Enlargement

Report Confirmed by:

Incomplete RBBB
RAE



NAME :	SHEETAL SHARMA	AGE/SEX:	41	YRS./F
UHID :	18734			
REF BY :	APOLLO SPECTRA	DATE:-	09.03.2024	

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: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

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 6.7 x 3.6 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 6.1 mm

Both ovaries are normal in size, shape and echotexture.

Right ovary: 2.2 x cm

Left ovary: 2.3 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. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151



Specialists in Surgery

For Appointment : +91 11 4046 5555
Mob.: +91 9910995018
Email: drusha.maheshwari@apollospectra.com

09/03/2024

Mrs. Sheela Sharma
41 Y / Female

C/C:- Regular Dental check-up

M/H:- N-R

PDH:- RCT & crown 7-8 years back

O/E:- Calculus +

carious rest



Diagnosed:- OPG

Rx

Warm Salt Water Rinses

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

09/05/24

Mr. Shetty

Shome 411

RA 9/12
 (1) 9/12P
 (Unrecovered)

9/12 - Recovery
 of hair (BE)

NCI 9/19
 19 1/2

RA 9/19 - 1.01-1.0 x 9c - etc
 (1) - 0.11-1.0 x 11 - etc

Col hair 9/19

face way

Adv. Prescribed Colar

- Libex Eye Sp

Patient Name : Mrs. Sheetal Sharma
UHID : SCHI.0000018734
Conducted By: : Dr. MUKESH K GUPTA
Referred By : SELF

Age : 41 Y/F
OP Visit No : SCHIOPV27217
Conducted Date : 09-03-2024 17:00

Protocol : Bruce Protocol
Medication :
Target Heart Rate : 179 BPM
Heart Rate Achieved : 171 BPM
Percentage of THR Achieved : 95%
Maximum Blood Pressure : 130/84 mmHg
Total Exercise Duration : 06:04 Min.
Maximum Worked Attained : 07.00 Mets
Reason for termination : Max HR attained.

Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically
Not valid for medico legal purpose.



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

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

APOLLO SPECTRA
NEHRU ENCLAVE
NEW DELHI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SHARMA, SHEETAL
Patient ID: 18734
Height: 171 cm
Weight: 42.5 kg

DOB: 06.02.1983
Age: 41 yrs
Gender: Female
Race: Indian

Study Date: 09.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	02:45	0.00	0.00	116	100/65	
	STANDING	00:42	0.00	0.00	104		
	HYPERV.	00:02	0.00	0.00	104		
EXERCISE	WARM-UP	00:11	0.20	0.00	100		
	STAGE 1	03:00	1.70	10.00	127	100/65	
	STAGE 2	03:00	2.50	12.00	166	130/84	
	STAGE 3	00:05	2.70	13.10	169		
RECOVERY		04:13	0.00	0.00	88	130/84	

The patient exercised according to the BRUCE for 6:04 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 75 bpm rose to a maximal heart rate of 171 bpm. This value represents 95 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/65 mmHg, rose to a maximum blood pressure of 130/84 mmHg. The exercise test was stopped due to Max HR attained.

Interpretation

Summary: Chest Pain: none.

Conclusions

--

Physician _____ Technician _____

SHARMA, SHEETAL

Exercise Test / Tabular Summary

APOLLO SPECTRA

Patient ID: 18734
 09.03.2024 Female 171 cm 42.5 kg
 41 yrs Indian
 4:13:38pm
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 06:04
 Max HR: 171 bpm 95 % of max predicted 179 bpm HR at rest: 75
 Max BP: 130/84 mmHg BP at rest: 100/65 Max RPP: 22230 mmHg*bpm
 Maximum Workload: 7.00 METS
 Max. ST: -1.65 mm, 1.63 mV/s in III; EXERCISE STAGE 2 5:30

Arrhythmia: PVC:2, PCAP:1
 ST/HR index: 0.27 μ V/bpm
 HR reserve used: 84 %
 HR recovery: 39 bpm
 VE recovery: 1 VE/min
 ST/HR hysteresis: 0.008 mV (V2)

QRS duration: BASELINE: 90 ms, PEAK EX: 86 ms, REC: 90 ms
Reasons for Termination: Max HR attained

Summary:

Chest Pain: none.

Room:
 Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST Level [mm]	Comment
PRETEST	SUPINE	02:45	0.00	0.00	1.0	116	100/65	11600	1	-0.95	
	STANDING	00:42	0.00	0.00	1.0	104		10400	0	-1.00	
	HYPERV.	00:02	0.00	0.00	1.0	104		10400	0	-0.95	
	WARM-UP	00:11	0.20	0.00	1.0	100		10000	0	-0.90	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	127	100/65	12700	0	-0.80	
	STAGE 2	03:00	2.50	12.00	7.0	166	130/84	21580	0	-0.95	
	STAGE 3	00:05	2.70	13.10	7.0	169		21970	0	-1.05	
RECOVERY		04:13	0.00	0.00	1.0	88	130/84	11440	0	-0.45	

Unconfirmed

Patient Name : Mrs. Sheetal Sharma Age : 41 Y/F
UHID : SCHI.0000018734 OP Visit No : SCHIOPV27217
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 09-03-2024 17:06
Referred By : SELF

Protocol : Bruce Protocol
Medication :
Target Heart Rate : 179 BPM
Heart Rate Achieved : 171 BPM
Percentage of THR Achieved : 95%
Maximum Blood Pressure : 130/84 mmHg
Total Exercise Duration : 06:04 Min.
Maximum Worked Attained : 07.00 Mets
Reason for termination : Max HR attained.

Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
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Not valid for medico legal purpose.

Dr. M K Gupta
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Patient Name	: Mrs. Sheetal Sharma	Age	: 41 Y/F
UHID	: SCHI.0000018734	OP Visit No	: SCHIOPV27217
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 09-03-2024 17:06
Referred By	: SELF		

Patient Name : Mrs. Sheetal Sharma
UHID : SCHI.0000018734
Conducted By: :
Referred By : SELF

Age : 41 Y/F
OP Visit No : SCHIOPV27217
Conducted Date :

Patient Name : Mrs. Sheetal Sharma
UHID : SCHI.0000018734
Conducted By :
Referred By : SELF

Age : 41 Y/F
OP Visit No : SCHIOPV27217
Conducted Date :
