

Patient Name : Mrs.MADHURIMA SIRCAR	Collected : 24/Mar/2024 09:08AM
Age/Gender : 38 Y 2 M 5 D/F	Received : 24/Mar/2024 11:39AM
UHID/MR No : CMAR.0000247137	Reported : 24/Mar/2024 01:06PM
Visit ID : CMAROPV790653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101310	

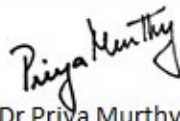
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	40.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	93.8	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50.8	%	40-80	Electrical Impedence
LYMPHOCYTES	21.6	%	20-40	Electrical Impedence
EOSINOPHILS	19	%	1-6	Electrical Impedence
MONOCYTES	7.4	%	2-10	Electrical Impedence
BASOPHILS	1.2	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3352.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1425.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1254	Cells/cu.mm	20-500	Calculated
MONOCYTES	488.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	79.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.35		0.78- 3.53	Calculated
PLATELET COUNT	156000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				



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



Dr Priya Murthy  
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SIN No:BED240081075

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE 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 |  
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**RBCs:** are normocytic normochromic

**WBCs:** are normal in total number with increase in eosinophil count and proportion.

**PLATELETS:** appear adequate, normal morphology.

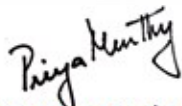
**HEMOPARASITES:** negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA.**

**Kindly correlate clinically.**



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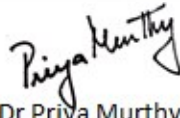
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	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:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  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)	98	mg/dL	70-140	HEXOKINASE


Comment:

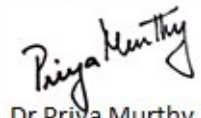
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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				

Page 4 of 14

  
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 Consultant Biochemist

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



SIN No:EDT240037247

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HbA1C, GLYCATED HEMOGLOBIN	6.0	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	236	mg/dL	<200	CHO-POD
TRIGLYCERIDES	152	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.80		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated

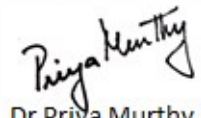
**Comment:**

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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

  
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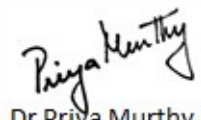
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
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Patient Name : Mrs.MADHURIMA SIRCAR	Collected : 24/Mar/2024 09:08AM
Age/Gender : 38 Y 2 M 5 D/F	Received : 24/Mar/2024 01:33PM
UHID/MR No : CMAR.0000247137	Reported : 24/Mar/2024 03:25PM
Visit ID : CMAROPV790653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101310	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	44.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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.

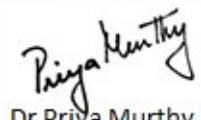
**2. Cholestatic Pattern:**

- 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.

  
**Govinda Raju N L**  
 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
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SIN No:SE04674258

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory  
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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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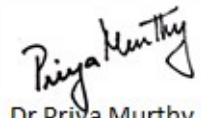
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.83	mg/dL	0.51-0.95	Jaffe's, Method
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.63	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.84	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

  
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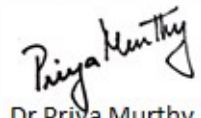
**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.00	U/L	<38	IFCC

Page 10 of 14

  
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Patient Name : Mrs.MADHURIMA SIRCAR	Collected : 24/Mar/2024 09:08AM
Age/Gender : 38 Y 2 M 5 D/F	Received : 24/Mar/2024 01:44PM
UHID/MR No : CMAR.0000247137	Reported : 24/Mar/2024 02:58PM
Visit ID : CMAROPV790653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101310	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.14	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.673	µIU/mL	0.34-5.60	CLIA

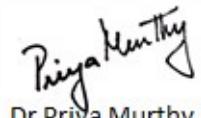
Comment:

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	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

  
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SIN No: SPL24054575

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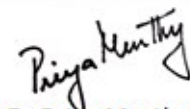
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**Govinda Raju N L**  
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Patient Name : Mrs.MADHURIMA SIRCAR	Collected : 24/Mar/2024 09:08AM
Age/Gender : 38 Y 2 M 5 D/F	Received : 24/Mar/2024 12:53PM
UHID/MR No : CMAR.0000247137	Reported : 24/Mar/2024 01:57PM
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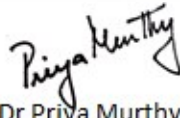
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



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SIN No:UR2315169

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Patient Name : Mrs.MADHURIMA SIRCAR	Collected : 24/Mar/2024 09:08AM
Age/Gender : 38 Y 2 M 5 D/F	Received : 24/Mar/2024 12:53PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

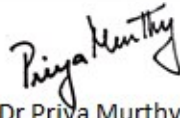
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Result/s to Follow:  
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Dr.Anusha B M  
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Dr Priya Murthy  
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SIN No:UF011444

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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 (VV 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)

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
www.apolloclinic.com

Date : 24-03-2024

Department : GENERAL

MR NO : CMAR.0000247137

Doctor :

Name : Mrs. Madhurima Sircar

Registration No :

Age/ Gender : 38 Y / Female

Qualification :

Consultation Timing: 08:48

Height : 153cm.	Weight : 56.9kg	BMI :	Waist Circum :
Temp :	Pulse : 96 b/m.	Resp :	B.P : 120/80mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

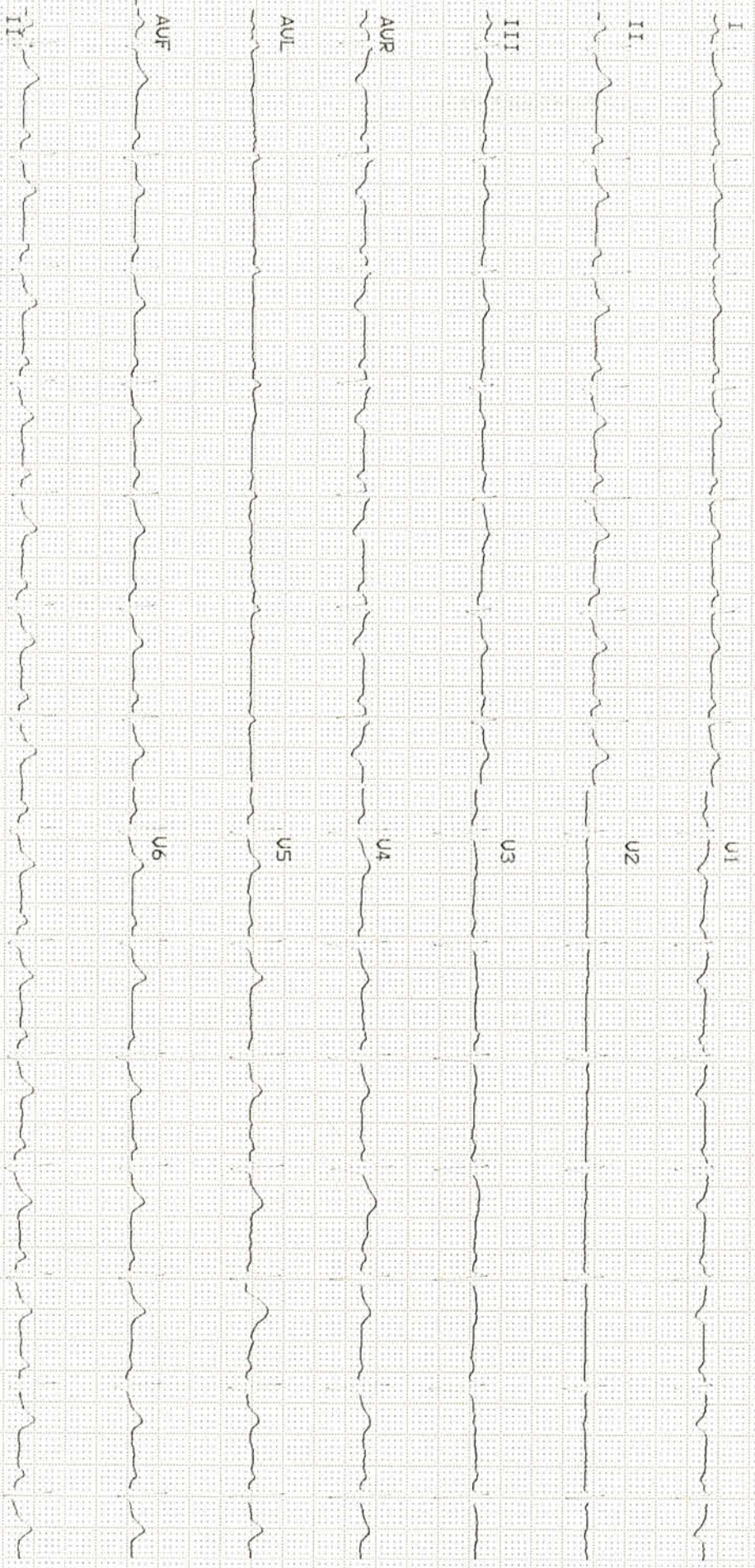
Doctor Signature

Measurement Results

QRS	94 ms	< P
QT/QTcB	364 / 430 ms	< T
PR	134 ms	< QRS
P	106 ms	0 I
PP/PP	718 / 725 ms	
P/QRS/T	45 / 50 / 55 degrees	
QT/QTcBD	68 / 80 ms	
Sokolow	1.0 mV	
RK	12	

Interpretation  
normal ECG

Unconfirmed report





## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Madhurima Sircar on 24/3/24

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>	<input checked="" type="checkbox"/>
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<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

  
 Dr. \_\_\_\_\_  
**Medical Officer**

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

Patient Name : Mrs. Madhurima Sircar  
UHID : CMAR.0000247137  
Reported on : 25-03-2024 12:15  
Adm/Consult Doctor :

Age : 38 Y F  
OP Visit No : CMAROPV790653  
Printed on : 25-03-2024 14:10  
Ref Doctor : SELF

---

**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

Printed on:25-03-2024 12:15

---End of the Report---



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



Date: 24-03-2024  
MR NO : CMAR.0000247137

Department : GENERAL  
Doctor :

Name : Mrs. Madhurima Sircar  
Age/ Gender : 38 Y / Female

Registration No :  
Qualification :

Consultation Timing: 08:48

Height : 153cm.	Weight : 56.9kg	BMI :	Waist Circum :
Temp :	Pulse : 96 b/m.	Resp :	B.P : 120/80 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

JE MALIZOO ST MADURIMA S. 00247137, APOLLO  
38 Years (19 01 1986)

Arrow CE

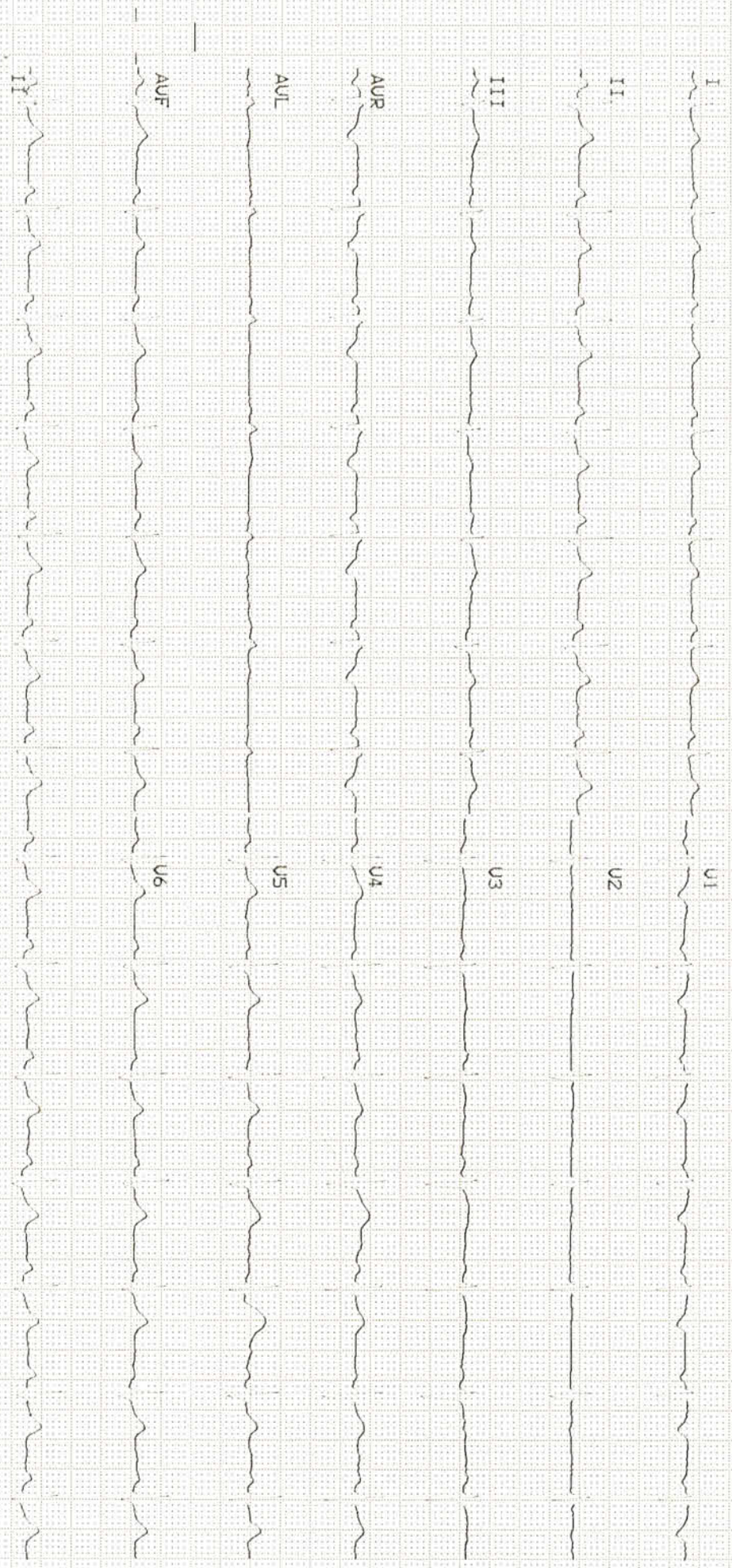
HR 83 bpm

Measurement Results

QRS	94 ms	< P
QT/QTcB	364 / 430 ms	< T
PR	134 ms	< QRS
P	106 ms	
PR/PP	718 / 725 ms	0 I
P/ORS/T	45 / 50 / 55 degrees	
QT/QTcBD	68 / 80 ms	III +90 II
Sokolow	1.0 mV	aVF
NK	12	

Interpretation  
normal ECG

Unconfirmed report



21 May 2024 19:57:30 AM 25mm/s 1cm/mV VDS 50Hz 0.08 20Hz 6.1V Automatic V6.2 M21

Patient Name : Mrs. Madhurima Sircar Age : 38 Y/F  
 UHID : CMAR.0000247137 OP Visit No : CMAROPV790653  
 Conducted By: : Conducted Date : 24-03-2024 12:03  
 Referred By : SELF

**ECHO ( 2D & COLOUR DOPPLER)**

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	22mm	25 - 37 mm	IVS(ed)	07mm	06 - 11 mm
LA(es)	26mm	19 - 40 mm	LVPW(ed)	07mm	06 - 11 mm
LVID(ed)	38mm	35 - 55 mm	EF	60%	(50 – 70 %)
LVID(es)	23mm	24 - 42 mm			

**MORPHOLOGICAL DATA**

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.92m/s, MVA- 0.59m/s, MVE/A-1.54
Aortic Valve	Normal, 1.15m/s
Tricuspid Valve	Normal, Trace TR, Incomplete Signal
Pulmonary Valve	Normal, 0.8m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
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. Rrashant Ramdas**  
**Consultant Cardiologist**  
**DMC No. 53011**

Patient Name	: Mrs. Madhurima Sircar	Age	: 38 Y F
UHID	: CMAR.0000247137	OP Visit No	: CMAROPV790653
Reported on	: 24-03-2024 13:41	Printed on	: 24-03-2024 13:44
Adm/Consult Doctor	:	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:** Minimally distended.

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

**PANCREAS:** Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal

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

Right kidney measures 8.5 x 3.3 cm.

Left kidney measures 9.5 x 4.4 cm.

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

**UTERUS:-** Endometrium measures 6 mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

No free fluid is seen.

#### **IMPRESSION:-**

**A Fibroid seen in uterus measuring 9 x 5 mm.**

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Patient Name : Mrs. Madhurima Sircar  
UHID : CMAR.0000247137  
Reported on : 24-03-2024 13:41  
Adm/Consult Doctor :

Age : 38 Y F  
OP Visit No : CMAROPV790653  
Printed on : 24-03-2024 13:44  
Ref Doctor : SELF

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: 24-03-2024 13:41

---End of the Report---



**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**



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

	Tick
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 Dr. \_\_\_\_\_  
**Medical Officer**

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

Patient Name : Mrs. Madhurima Sircar  
UHID : CMAR.0000247137  
Reported on : 25-03-2024 12:15  
Adm/Consult Doctor :

Age : 38 Y F  
OP Visit No : CMAROPV790653  
Printed on : 25-03-2024 14:10  
Ref Doctor : SELF

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**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

Printed on:25-03-2024 12:15

---End of the Report---



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

Date : 24-03-2024

Department : GENERAL

MR NO : CMAR.0000247137

Doctor :

Name : Mrs. Madhurima Sircar

Registration No :

Age/ Gender : 38 Y / Female

Qualification :

Consultation Timing: 08:48

Height : 153cm.	Weight : 56.9kg	BMI :	Waist Circum :
Temp :	Pulse : 96 b/m.	Resp :	B.P : 120/80mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

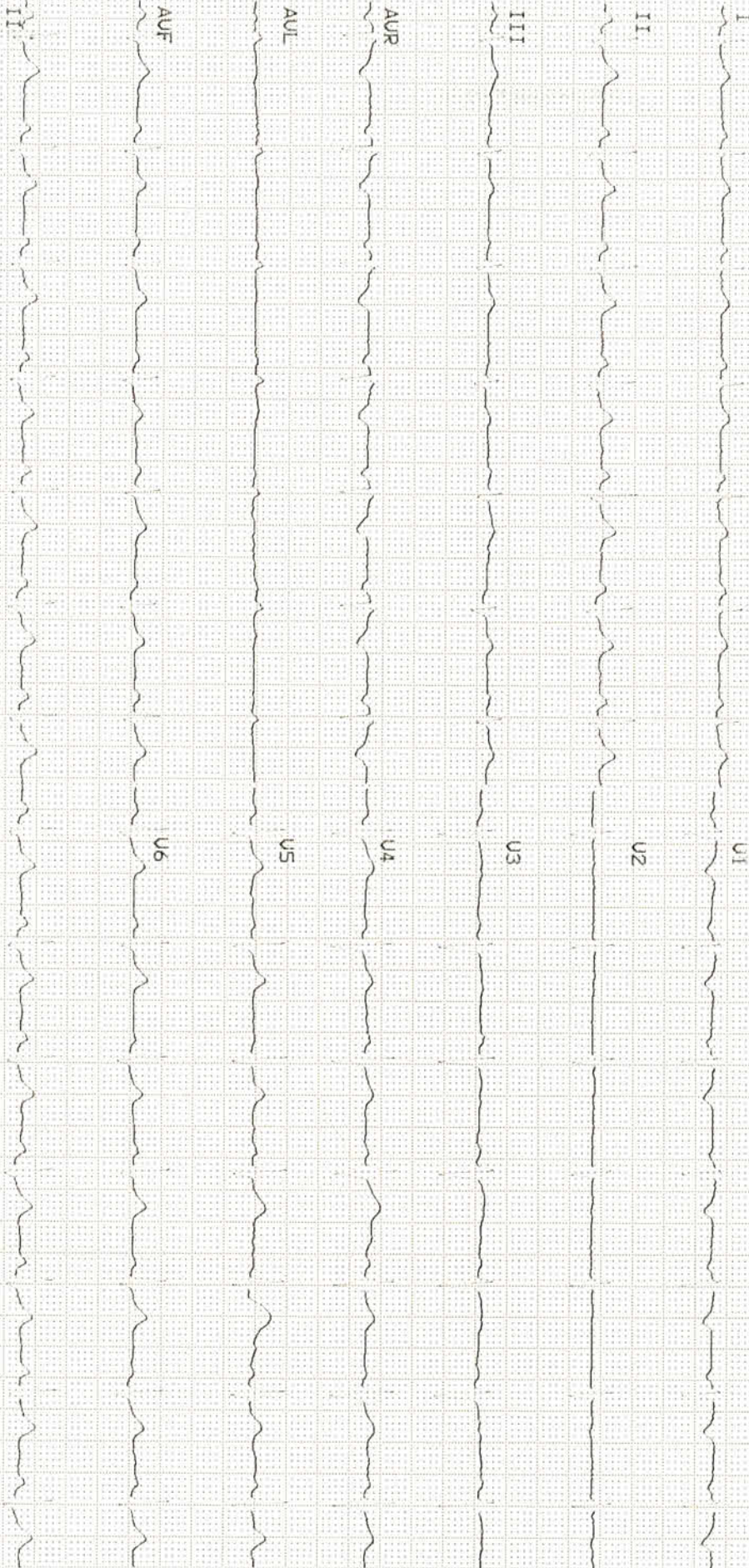
Measurement Results

QRS	94 ms	< P
QT/QTcB	364 / 430 ms	< T
PR	134 ms	< QRS
P	106 ms	0 I
PP/PP	718 / 725 ms	
P/QRS/T	45 / 50 / 55 degrees	
QT/QTcBD	68 / 80 ms	
Sokolow	1.0 mV	
NK	12	

Interpretation

normal ECG

Unconfirmed report



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Madhurima Sircar on 24/3/24

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

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<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
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 Dr. \_\_\_\_\_  
**Medical Officer**

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Patient Name	: Mrs. Madhurima Sircar	Age	: 38 Y F
UHID	: CMAR.0000247137	OP Visit No	: CMAROPV790653
Reported on	: 25-03-2024 12:15	Printed on	: 25-03-2024 14:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

## DEPARTMENT OF RADIOLOGY

---

### X-RAY CHEST PA

Both lung fields and hila are normal .  
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Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

### CONCLUSION :

No obvious abnormality seen

Printed on:25-03-2024 12:15

---End of the Report---



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



**APOLLO CLINIC**  
**NEAR KUNDALAHALLI SIGNAL, MARATHAHALLI**  
**BANGLORE**  
**560066**

Name : Mudiam abhinav karthik .  
: 000

Age : 22 yrs

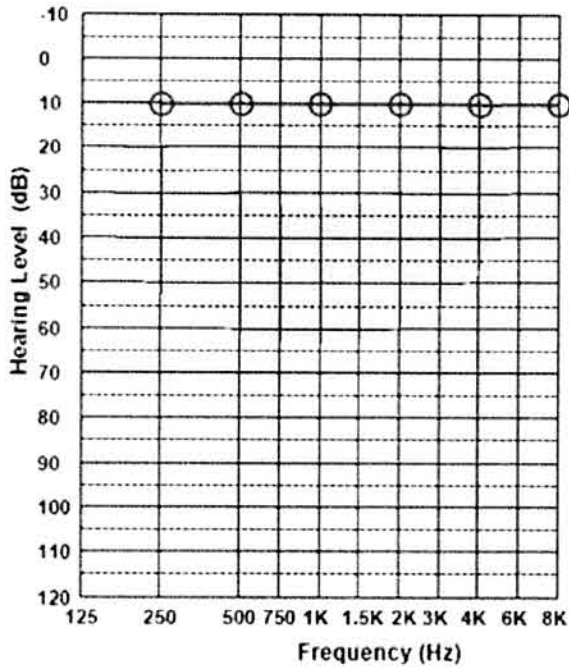
Sex : Male

Date : 3/24/2024 11:40:44 AM

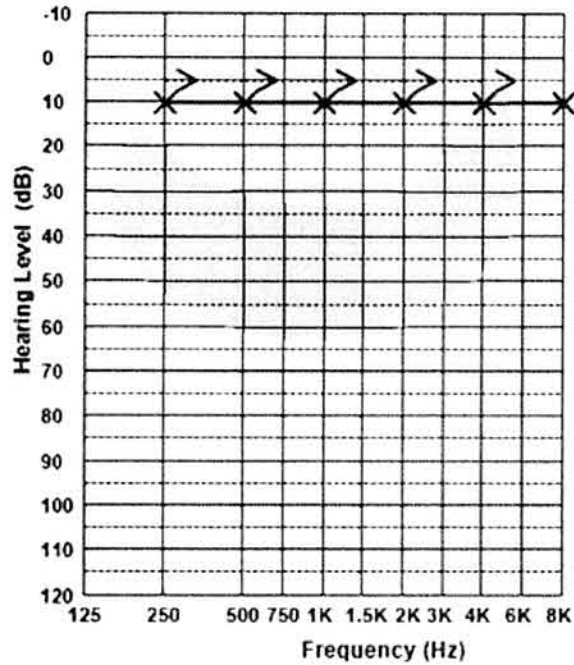
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**PURE TONE TEST**

RIGHT EAR



LEFT EAR



Freq.	125	250	500	750	1000	1.5K	2K	3K	4K	6K	8K
<b>R</b>		10	10		10		10		10		10
R(M)											
BCR											

PTA (R) = 10dB      PTA-M(R) =      PTA-BCM(R) =      (500,1K,2K)

Freq.	125	250	500	750	1000	1.5K	2K	3K	4K	6K	8K
<b>L</b>		10	10		10		10		10		10
L(M)											
BCL		5	5		5		5		5		

PTA (L) = 10dB      PTA-M (L) =      PTA-BCM(L) =      (500,1K,2K)

Legend	R	L
Air	○	×
Air/Masked	△	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	∩	∩
Free Field	∅	⊗
FF/Prothesis	A	A
Binaural		B
No Response		↓

**AUDIOLOGICAL DIAGNOSIS**

Provisional diagnosis; Bilateral hearing sensitivity within normal limit

AUDIOLOGIST

Recommendation; ENT Follow up

**Audiometer : LABAT**



Date: 24-03-2024  
MR NO : CMAR.0000247137

Department : GENERAL  
Doctor :

Name : Mrs. Madhurima Sircar  
Age/ Gender : 38 Y / Female

Registration No :  
Qualification :

Consultation Timing: 08:48

Height : 153cm.	Weight : 56.9kg	BMI :	Waist Circum :
Temp :	Pulse : 96 b/m.	Resp :	B.P : 120/80 mmHg

General Examination / Allergies  
History

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Follow up date:

Doctor Signature



JE MALIZOO ST MADURIMA S. 00247137, APOLLO  
38 Years (19 01 1986)

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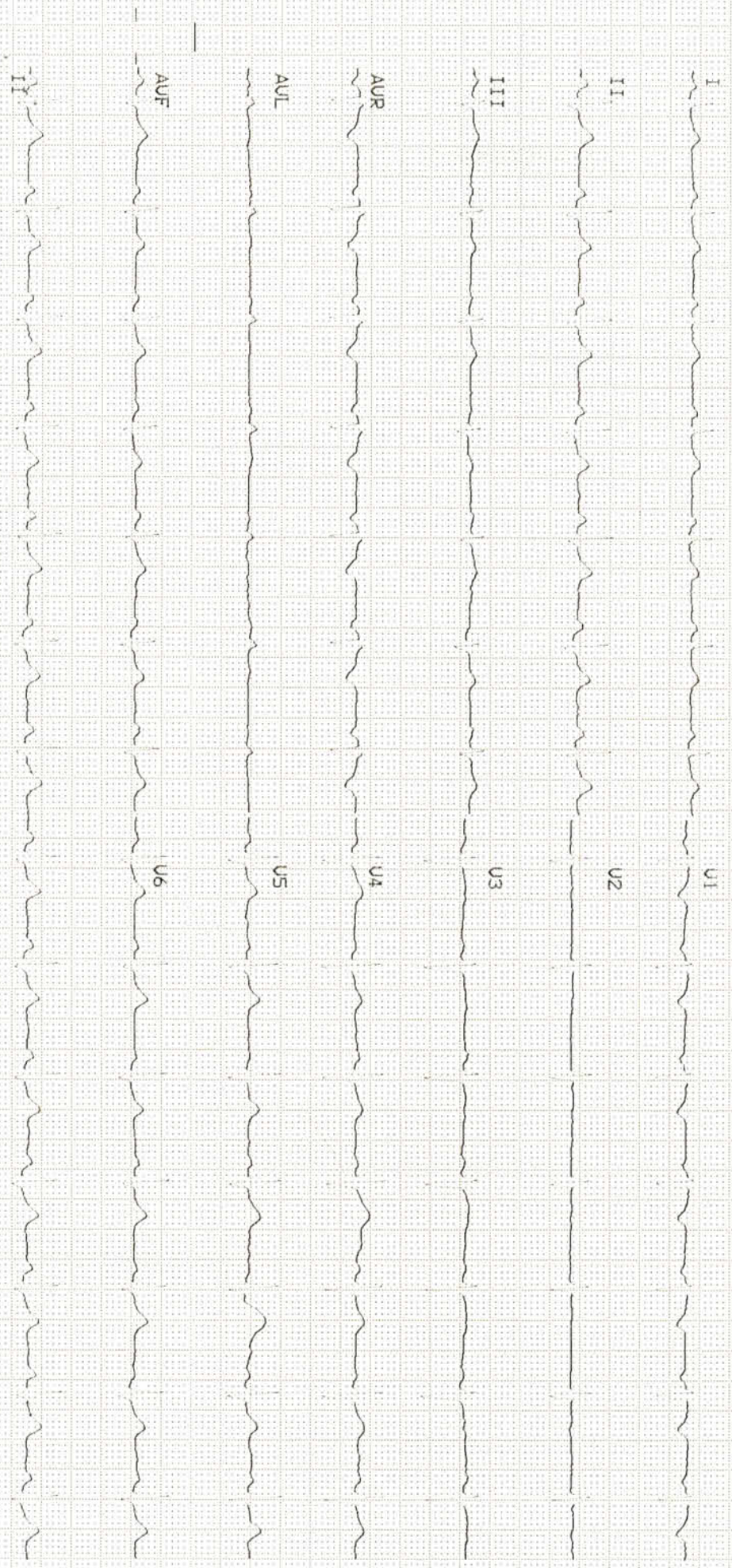
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Measurement Results

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P/ORS/T	45 / 50 / 55 degrees	
QT/QTcBD	68 / 80 ms	III +90 II
Sokolow	1.0 mV	aVF
NK	12	

Interpretation  
normal ECG

Unconfirmed report



21 May 2024 19:57:30 AM 25mm/s 1cm/mV VDS 50Hz 0.08 20Hz 6.1V Automatic V6.2 mV

Patient Name : Mrs. Madhurima Sircar Age : 38 Y/F  
 UHID : CMAR.0000247137 OP Visit No : CMAROPV790653  
 Conducted By: : Conducted Date : 24-03-2024 12:03  
 Referred By : SELF

**ECHO ( 2D & COLOUR DOPPLER)**

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
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LVID(ed)	38mm	35 - 55 mm	EF	60%	(50 – 70 %)
LVID(es)	23mm	24 - 42 mm			

**MORPHOLOGICAL DATA**

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.92m/s, MVA- 0.59m/s, MVE/A-1.54
Aortic Valve	Normal, 1.15m/s
Tricuspid Valve	Normal, Trace TR, Incomplete Signal
Pulmonary Valve	Normal, 0.8m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
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. Rrashant Ramdas**  
**Consultant Cardiologist**  
**DMC No. 53011**

Patient Name	: Mrs. Madhurima Sircar	Age	: 38 Y F
UHID	: CMAR.0000247137	OP Visit No	: CMAROPV790653
Reported on	: 24-03-2024 13:41	Printed on	: 24-03-2024 13:44
Adm/Consult Doctor	:	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:** Minimally distended.

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

**PANCREAS:** Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal

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

Right kidney measures 8.5 x 3.3 cm.

Left kidney measures 9.5 x 4.4 cm.

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

**UTERUS:-** Endometrium measures 6 mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

No free fluid is seen.

#### **IMPRESSION:-**

**A Fibroid seen in uterus measuring 9 x 5 mm.**

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Patient Name : Mrs. Madhurima Sircar  
UHID : CMAR.0000247137  
Reported on : 24-03-2024 13:41  
Adm/Consult Doctor :

Age : 38 Y F  
OP Visit No : CMAROPV790653  
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Report disclaimer :

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Printed on: 24-03-2024 13:41

---End of the Report---



**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**

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**DEPARTMENT OF RADIOLOGY**

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**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

Printed on:25-03-2024 12:15

---End of the Report---



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

**Patient Name** : Mrs. Madhurima Sircar

**Age/Gender** : 38 Y/F

**UHID/MR No.** : CMAR.0000247137

**OP Visit No** : CMAROPV790653

**Sample Collected on** :

**Reported on** : 25-03-2024 12:26

**LRN#** : RAD2280019

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 101310

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

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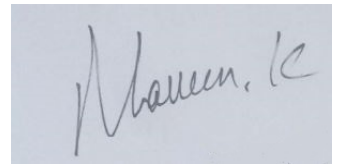
Both costophrenic and cardiophrenic angles are clear .

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**CONCLUSION :**

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



<b>Patient Name</b>	: Mrs. Madhurima Sircar	<b>Age/Gender</b>	: 38 Y/F
<b>UHID/MR No.</b>	: CMAR.0000247137	<b>OP Visit No</b>	: CMAROPV790653
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-03-2024 13:44
<b>LRN#</b>	: RAD2280019	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 101310		

## DEPARTMENT OF RADIOLOGY

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

**PANCREAS:** Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal

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

Right kidney measures 8.5 x 3.3 cm.

Left kidney measures 9.5 x 4.4 cm.

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

**UTERUS:-** Endometrium measures 6 mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

No free fluid is seen.

#### **IMPRESSION:-**

**A Fibroid seen in uterus measuring 9 x 5 mm .**

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically 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.

**Dr. RAMESH G**  
**MBBS DMRD**  
RADIOLOGY

Patient Name : Mrs. Madhurima Sircar  
UHID : CMAR.0000247137  
Conducted By: :  
Referred By : SELF

Age : 38 Y/F  
OP Visit No : CMAROPV790653  
Conducted Date : 24-03-2024 12:03

### **ECHO ( 2D & COLOUR DOPPLER)**

<b>DIMENSIONS</b>	<b>VALUES</b>	<b>VALUES(RANGE)</b>	<b>DIMENSIONS</b>	<b>VALUES</b>	<b>VALUES(RANGE)</b>
AO(ed)	22mm	25 - 37 mm	IVS(ed)	07mm	06 - 11 mm
LA(es)	26mm	19 - 40 mm	LVPW(ed)	07mm	06 - 11 mm
LVID(ed)	38mm	35 - 55 mm	EF	60%	(50 – 70 %)
LVID(es)	23mm	24 - 42 mm			

### **MORPHOLOGICAL DATA**

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.92m/s, MVA- 0.59m/s, MVE/A-1.54
Aortic Valve	Normal, 1.15m/s
Tricuspid Valve	Normal, Trace TR, Incomplete Signal
Pulmonary Valve	Normal, 0.8m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal

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Left Atrium	Normal
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. Prashant Ramdas**  
**Consultant Cardiologist**  
**DMC No. 53011**