

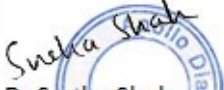
Patient Name : Mrs.JHARANA DEVI CHOUDHURY
Age/Gender : 44 Y 3 M 4 D/F
UHID/MR No : CVIM.0000244958
Visit ID : CVIMOPV628919
Ref Doctor : Self
Emp/Auth/TPA ID : 22S32929

Collected : 14/Sep/2024 10:20AM
Received : 14/Sep/2024 02:21PM
Reported : 14/Sep/2024 02:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia
Advice: Iron studies & Hb Electrophoresis


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: VIR240901134
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.8	g/dL	12-15	Spectrophotometer
PCV	26.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	58.4	fL	83-101	Calculated
MCH	17.1	pg	27-32	Calculated
MCHC	29.2	g/dL	31.5-34.5	Calculated
R.D.W	21	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,860	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.4	%	40-80	Electrical Impedance
LYMPHOCYTES	31.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3480.84	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1845.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	64.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	457.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.89		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	36	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Advice: Iron studies & Hb Electrophoresis



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.JHARANA DEVI CHOUDHURY	Collected : 14/Sep/2024 01:31PM
Age/Gender : 44 Y 3 M 4 D/F	Received : 14/Sep/2024 06:05PM
UHID/MR No : CVIM.0000244958	Reported : 14/Sep/2024 07:28PM
Visit ID : CVIMOPV628919	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	121	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	209	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.



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SIN No:VIR240901227

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Collected : 14/Sep/2024 10:20AM
 Received : 15/Sep/2024 12:21PM
 Reported : 15/Sep/2024 02:38PM
 Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	186	mg/dL		Calculated


Comment:

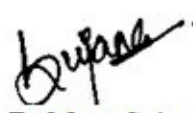
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)


 Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


 Dr.Matta Sujana Reddy
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



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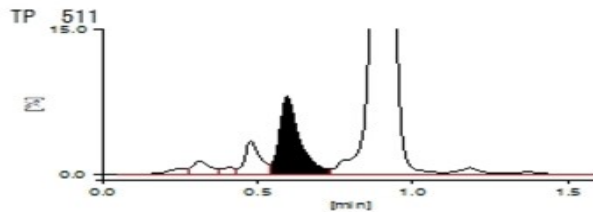
Chromatogram Report

V5.28 1 2024-09-15 14:13:18
 ID VIR240901138
 Sample No. 09150089 SL 0008 - 06
 Patient ID
 Name
 Comment

CALIB	Y = 1.1860X + 0.6587		
Name	%	Time	Area
A1A	0.5	0.23	7.67
A1B	1.0	0.31	13.97
F	0.4	0.41	5.57
LA1C+	2.1	0.48	29.72
SA1C	8.1	0.60	91.15
AO	90.1	0.90	1300.31
H-V0			
H-V1			
H-V2			

Total Area 1448.39

HbA1c 8.1 % IFCC 64 mmol/mol
HbA1 9.5 % HbF 0.4 %



15-09-2024 14:13:18 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1

Maruthi
 Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

Sujana
 Dr.Matta Sujana Reddy
 M.B.B.S,M.D(Biochemistry)
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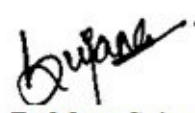
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Age/Gender : 44 Y 3 M 4 D/F	Received : 14/Sep/2024 09:28PM
UHID/MR No : CVIM.0000244958	Reported : 15/Sep/2024 06:55AM
Visit ID : CVIMOPV628919	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	86	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.12	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.70		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.06	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.86	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.74	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	45.24	U/L	30-120	IFCC
PROTEIN, TOTAL	8.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.36	g/dL	2.0-3.5	Calculated
A/G RATIO	0.95		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	10.39	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.72	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.38	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135.71	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.91	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.36	g/dL	2.0-3.5	Calculated
A/G RATIO	0.95		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.50	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.112	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

- 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

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SIN No: VIR240901137

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

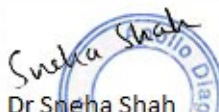


Patient Name : Mrs.JHARANA DEVI CHOUDHURY	Collected : 14/Sep/2024 10:20AM
Age/Gender : 44 Y 3 M 4 D/F	Received : 14/Sep/2024 02:28PM
UHID/MR No : CVIM.0000244958	Reported : 14/Sep/2024 03:52PM
Visit ID : CVIMOPV628919	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32929	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR240901137

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.JHARANA DEVI CHOUDHURY
 Age/Gender : 44 Y 3 M 4 D/F
 UHID/MR No : CVIM.0000244958
 Visit ID : CVIMOPV628919
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S32929

Collected : 14/Sep/2024 10:20AM
 Received : 14/Sep/2024 05:31PM
 Reported : 14/Sep/2024 06:37PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.008		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	POSITIVE+		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:VIR240901136

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



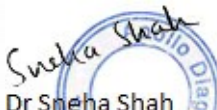
Patient Name : Mrs.JHARANA DEVI CHOUDHURY
 Age/Gender : 44 Y 3 M 4 D/F
 UHID/MR No : CVIM.0000244958
 Visit ID : CVIMOPV628919
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S32929

Collected : 14/Sep/2024 10:20AM
 Received : 16/Sep/2024 02:01PM
 Reported : 16/Sep/2024 02:35PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:VIR240901141

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.JHARANA DEVI CHOUDHURY	Collected : 14/Sep/2024 10:20AM
Age/Gender : 44 Y 3 M 4 D/F	Received : 14/Sep/2024 04:46PM
UHID/MR No : CVIM.0000244958	Reported : 14/Sep/2024 05:31PM
Visit ID : CVIMOPV628919	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32929	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	POSITIVE ++		NEGATIVE	Dipstick

***** End Of Report *****

Result/s to Follow:
LBC PAP SMEAR

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR240901140

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.JHARANA DEVI CHOUDHURY
Age/Gender : 44 Y 3 M 4 D/F
UHID/MR No : CVIM.0000244958
Visit ID : CVIMOPV628919
Ref Doctor : Self
Emp/Auth/TPA ID : 22S32929

Collected : 14/Sep/2024 10:20AM
Received : 14/Sep/2024 04:46PM
Reported : 14/Sep/2024 05:31PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240901140

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mrs. Jharana Devi Choudhury	Age	: 44Yrs 3Mths 5Days
UHID	: CVIM.0000244958	OP Visit No.	: CVIMOPV628919
Printed On	: 14-09-2024 06:10 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S32929		

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

Liver appears normal in size and echotexture. No focal lesion is seen.
PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears marginally bulky (12 x 6.5 cm). No focal lesion seen.
Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on right side. Calculus concretions noted in left kidney upper and lower poles.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears enlarged (10.6 x 6.4 x 6.9 cm) in size. It shows a large anterior wall fibroid measuring 6.1 x 4.4 cm. Endometrial echo-complex appears normal and measures 8.1 mm.

Both ovaries appear normal in size, shape and echotexture.
No evidence of any adnexal pathology noted.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal.
No abnormal lymphadenopathy noted.

IMPRESSION:-

Marginally bulky spleen.

Calcular concretions noted in left kidney upper and lower poles.

Enlarged uterus due to anterior wall fibroid.

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

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Patient Name	: Mrs. Jharana Devi Choudhury	Age	: 44Yrs 3Mths 5Days
UHID	: CVIM.0000244958	OP Visit No.	: CVIMOPV628919
Printed On	: 14-09-2024 06:07 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S32929		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

IMPRESSION :

No significant pathology noted in bilateral breast parenchyma. BIRAD -I

NOTE: This report is not for medico legal purpose. The science of the radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal structures. Hence the report represents only some of the various possibilities and a number of variables, known and unknown does exist.

---End Of The Report---

Preeti

Dr. PREETI P KATHE

DMRE, MD, DNB

2003/04/1886

Radiology

Patient Name	: Mrs. Jharana Devi Choudhury	Age	: 44Yrs 3Mths 5Days
UHID	: CVIM.0000244958	OP Visit No.	: CVIMOPV628919
Printed On	: 14-09-2024 06:39 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S32929		

DEPARTMENT OF RADIOLOGY

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

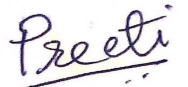
Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology