

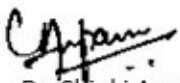
Patient Name : Miss.ABHILASHA GUPTA	Collected : 06/Jan/2024 08:55AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 06/Jan/2024 11:50AM
UHID/MR No : CKOR.000249782	Reported : 06/Jan/2024 01:24PM
Visit ID : CKOROPV394604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.1	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,830	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66.7	%	40-80	Electrical Impedance
LYMPHOCYTES	21.9	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5222.61	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1714.77	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	234.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	610.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.98	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	335000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	67	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic



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SIN No:BED240003882

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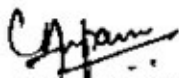
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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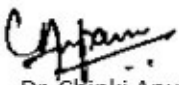
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**DEPARTMENT OF HAEMATOLOGY**

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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  $>$  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)	139	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				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC

Page 4 of 15



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

ESTIMATED AVERAGE GLUCOSE (eAG) 114 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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>38</b>	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	99	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.25		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.05	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.89	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	103.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.56	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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 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:**

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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)

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Karnataka - 560034

 **1860 500 7788**  
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Patient Name : Miss.ABHILASHA GUPTA	Collected : 06/Jan/2024 08:55AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 06/Jan/2024 11:57AM
UHID/MR No : CKOR.0000249782	Reported : 06/Jan/2024 01:41PM
Visit ID : CKOROPV394604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF BIOCHEMISTRY

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

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



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

SIN No:SE04594163



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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>11.90</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.55	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101-109	ISE (Indirect)



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M.B.B.S,M.D(Biochemistry)  
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 1860 500 7788  
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Patient Name : Miss.ABHILASHA GUPTA	Collected : 06/Jan/2024 08:55AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 06/Jan/2024 11:57AM
UHID/MR No : CKOR.0000249782	Reported : 06/Jan/2024 01:04PM
Visit ID : CKOROPV394604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.00	U/L	<38	IFCC



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

SIN No:SE04594163



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Age/Gender : 36 Y 7 M 25 D/F	Received : 06/Jan/2024 11:55AM
UHID/MR No : CKOR.000249782	Reported : 06/Jan/2024 02:49PM
Visit ID : CKOROPV394604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.4	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.68	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.890	µIU/mL	0.35-4.94	CMIA

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.SHIVARAJA SHETTY  
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CONSULTANT BIOCHEMIST

SIN No:SPL24002507



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APOLLO CLINICS NETWORK

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Patient Name : Miss.ABHILASHA GUPTA	Collected : 06/Jan/2024 08:55AM
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UHID/MR No : CKOR.0000249782	Reported : 06/Jan/2024 02:49PM
Visit ID : CKOROPV394604	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NA	

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY  
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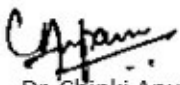
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Patient Name : Miss.ABHILASHA GUPTA	Collected : 06/Jan/2024 08:55AM
Age/Gender : 36 Y 7 M 25 D/F	Received : 06/Jan/2024 02:08PM
UHID/MR No : CKOR.0000249782	Reported : 06/Jan/2024 02:46PM
Visit ID : CKOROPV394604	Status : Final Report
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Emp/Auth/TPA ID : NA	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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



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



Dr. Shobha Emmanuel  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2258243

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DEPARTMENT OF CLINICAL PATHOLOGY

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

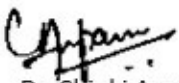
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

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

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)



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



Dr. Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UF010127

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<b>Name</b> : Miss. ABHILASHA GUPTA  <b>Address</b> : kml <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 36 Y  <b>Sex</b> : F	<b>UHID</b> :CKOR.0000249782  <small>*CKOR.0000249782*</small> <b>OP Number</b> :CKOROPV394604 <b>Bill No</b> :CKOR-OCR-80211 <b>Date</b> : 06.01.2024 08:51
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓ 2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 2	2D ECHO	10 12 PM
✓ 3	LIVER FUNCTION TEST (LFT) R12	
✓ 4	GLUCOSE, FASTING	
✓ 5	HEMOGRAM + PERIPHERAL SMEAR	
✓ 6	GYNACEOLOGY CONSULTATION	
✓ 7	DIET CONSULTATION	
✓ 8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
✓ 10	PERIPHERAL SMEAR	
✓ 11	ECG R14	
✓ 12	LBC PAP TEST- PAPSURE 2 ground @ 10.30 AM	
✓ 13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION R15	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
✓ 16	URINE GLUCOSE(FASTING)	
✓ 17	HbA1c, GLYCATED HEMOGLOBIN	
✓ 18	X-RAY CHEST PA R11	
✓ 19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
✓ 21	BLOOD GROUP ABO AND RH FACTOR	
✓ 22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
✓ 24	OPHTHAL BY GENERAL PHYSICIAN OPPTW R17. 11	
✓ 25	ULTRASOUND - WHOLE ABDOMEN	
✓ 26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

✓ VIB - HOC 199  
 ✓ Dental - 15  
 ✓ Physio - 24  
 ✓ Opthal -

Height - 166 cm  
 weight - 65.2 kg  
 pulse - 111 bts/mts  
 Bp - 134/91 mmHg  
 BF - 9:15  
 PP - 11:15





## Apollo Clinic

### Consent Form

Patient Name: Abhilasha Gupta Age: 36 years  
UHID Number: ..... Company Name: .....

I Mr/Mrs/Miss: ..... Employee of .....  
(Company) want to inform you that I am ~~not~~ getting the ENT / Consultation AN  
Test which is a part of health check package.

Reason if any: I will be coming on Friday.  
And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 06.01.2024

Date : 6/1/20  
 MRNO :  
 Name : Ms Abhilaasha  
 Age/Gender : 36ym

M/C

Department : OBSTERICS & GYNAECOLOGY  
 Consultant : DR JYOTHI RAJESH  
 KMC NO-42823  
 Qualification : DGO, (DNB)  
 Consultation Timings : 9.30am to 12.00pm  
 Phone no: 9972044580

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

No gynae complaints  
 m m m m - regular m m - 16/12  
 OBM - ~~present~~ <sup>spontaneous</sup>  
 Past Hx - No  
 Family Hx - father - HTN  
 O/E - P/A - soft  
 P/B - Cx 1 ⊕ CBC - normal  
 P/U - clear

Follow up date:

2 weeks

Doctor Signature

~

**Patient Name** : Ms Abhilasha Gupta

**Patient ID** : 249782

**Age** : 36Year(s)

**Sex** : Female

**Referring Doctor** : H/C

**Date** : 06.01 .2024

**ULTRASOUND ABDOMEN AND PELVIS**

**Liver** is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion

**Portal vein** is normal in size, course and caliber. CBD is not dilated.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity

**Spleen** is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

**Right kidney** is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left kidney** is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Urinary Bladder** is well distended. wall thickness is normal. No internal echoes.

**Uterus:** is normal in size. Endometrial echoes are normal

**Endometrium:** measures 6.0mm.

**Both ovaries** are normal in size and echopattern.

**Both adnexa:** Normal, no mass seen.

There is no ascites.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY DETECTED**

**DR VINOD JOSEPH DNB,DMRD**  
**RADIOLOGIST**

NAME: MISS.ABHILASHA GUPTA

AGE: 36 Y

SEX: FEMALE

DATE: 06/ 01 /2024

## ECHOCARDIOGRAPHY REPORT

### MEASUREMENT

AO - 29 (20 - 35)mm	LIVD d - 40 (36-52)mm	IVS - 10 (06 - 11)mm
LA -25 (19- 40)mm	LVID s - 27 (23- 39)mm	PWD - 10 (06- 11)mm
EF - 60 % (>50%)	RVID-23	

### VALVES

Mitral Valve : Normal  
Aortic Valve : Normal, Tricuspid  
Tricuspid Valve : Normal, Trivial TR, RVSP - 20 mm  
Pulmonary Valve : Normal

### CHAMBERS

Left Atrium : Normal  
Right Atrium : Normal  
Left Ventricle : Normal ,  
Right Ventricle : Normal

### SEPTAE

IVS : Intact  
IAS : Intact



**GREAT ARTERIES**

Aorta : Normal  
Pulmonary Artery : Normal

**DOPPLER DATA**

Mitral : E > A , 0.8 / 0.5 m/s  
Aortic : Normal , 1.0 m/s  
Tricuspid : Normal , 0.6 / 0.4  
Pulmonary : Normal, 1.1

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

**FINAL DIAGNOSIS**

**NORMAL LV SYSTOLIC FUNCTION  
NO RWMA AT REST, LV EF -60%  
RVSP - 20 mm  
NORMAL LV DIASTLIC FUNCTION  
NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION**



**DR. HRISHIKESH V  
MD, DrNB  
CONSULTANT CARDIOLOGIST**

# OPHTHAL REPORT

NAME: Abhilasha Gupta  
AGE: 36 GENDER: MALE/FEMALE

## RIGHT EYE

	SPH	CYL	AXIS	VA
DV	—	-1.00	80°	6/6
NV	—————			NS

## LEFT EYE

	SPH	CYL	AXIS	VA
DV		Plano		6/6
NV	—————			NS

REMARK: use same glass

DATE: 08/01/24

Chans  
OPTOMETRIST

C

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

Patient Name	: Miss. ABHILASHA GUPTA	Age	: 36 Y F
UHID	: CKOR.0000249782	OP Visit No	: CKOROPV394604
Reported on	: 06-01-2024 12:23	Printed on	: 06-01-2024 12:48
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

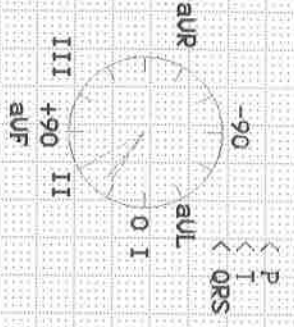
**IMPRESSION : NORMAL STUDY.**

*for* **DR VINOD JOSEPH DNB,DMRD**  
**RADIOLOGIST**

Printed on:06-01-2024 12:23

---End of the Report---

AGE: 36  
 Female  
 Measurement Results:  
 QRS : 90 ms  
 QT/QTcB : 368 / 463 ms  
 PR : 120 ms  
 P : 96 ms  
 RR/PP : 632 / 645 ms  
 P/ORS/T : 60 / 40 / 35 degrees  
 QTd/QTcBd : 42 / 53 ms  
 Sokolow : 1.7 mV  
 NK : 13

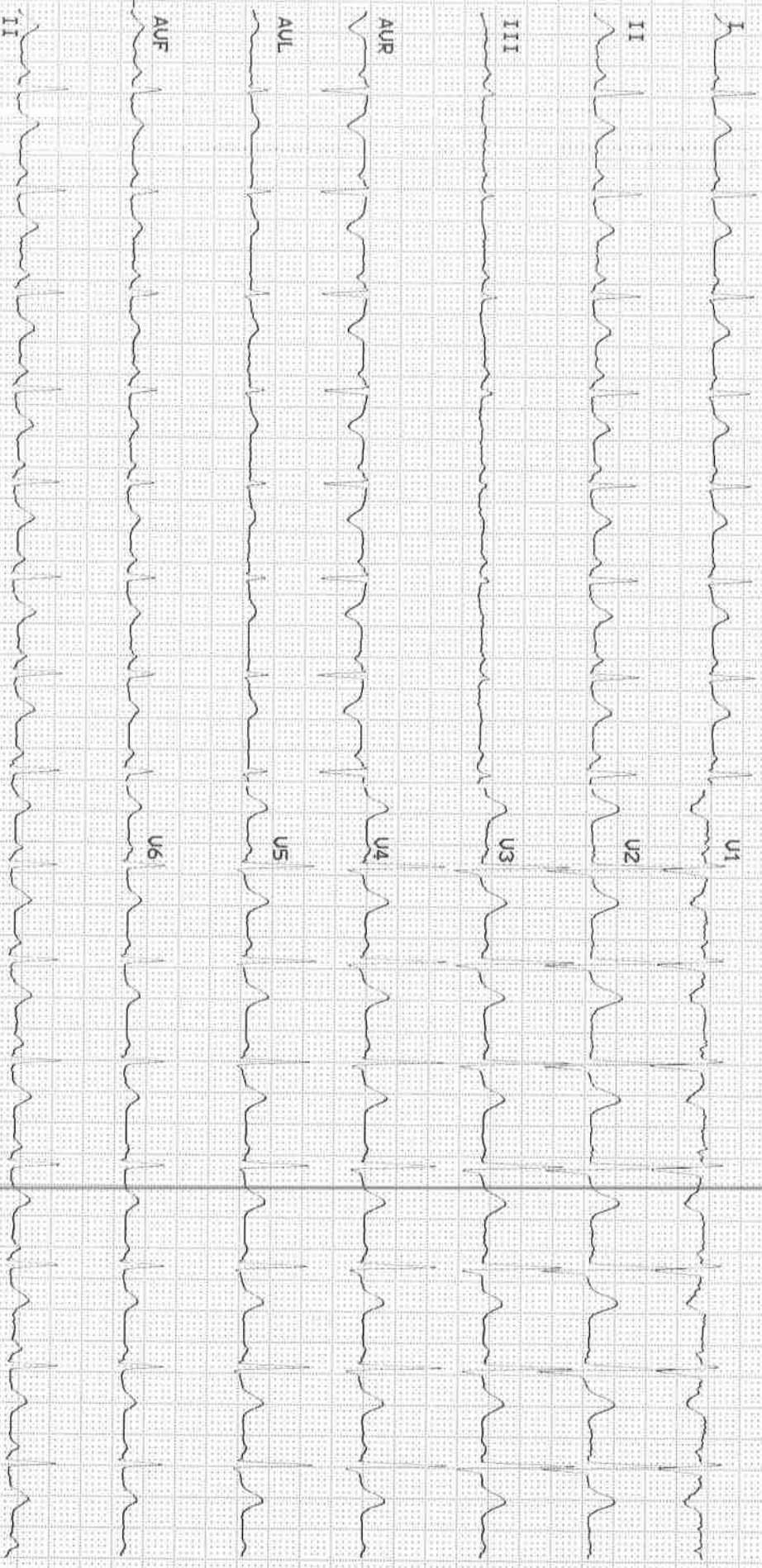


Interpretation:

Normal

B

Unconfirmed report.





Patient Name : Miss. ABHILASHA GUPTA  
UHID : CKOR.0000249782  
Reported By: : Dr. MOHAN MURALI  
Referred By : SELF

Age : 36 Y/F  
OP Visit No : CKOROPV394604  
Conducted Date : 06-01-2024 15:19

### ECG REPORT

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 94 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL RESTING ECG.

Dr MOHAN MURALI  
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH  
FOR FUTURE REFERENCE IF NEEDED.

----- END OF THE REPORT -----

**Patient Name** : Miss. ABHILASHA GUPTA

**Age/Gender** : 36 Y/F

**UHID/MR No.** : CKOR.0000249782

**OP Visit No** : CKOROPV394604

**Sample Collected on** :

**Reported on** : 06-01-2024 11:16

**LRN#** : RAD2201861

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : NA

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** is normal in size and shows normal echo pattern. No biliary dilatation. No focal lesion

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There is no ascites.

### IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED

**DR VINOD JOSEPH DNB,DMRD**  
**RADIOLOGIST**

**Dr. VINOD P JOSEPH**  
**MBBS, DNB, DMRD**  
Radiology

**Patient Name** : Miss. ABHILASHA GUPTA

**Age/Gender** : 36 Y/F

**UHID/MR No.** : CKOR.0000249782

**OP Visit No** : CKOROPV394604

**Sample Collected on** :

**Reported on** : 06-01-2024 12:23

**LRN#** : RAD2201861

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : NA

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

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Bones and soft tissues appear normal.

**IMPRESSION : NORMAL STUDY.**

**DR VINOD JOSEPH DNB,DMRD**  
**RADIOLOGIST**