

Patient Name : Mrs.PREETI SHARMA	Collected : 28/Sep/2024 09:57AM
Age/Gender : 33 Y 4 M 7 D/F	Received : 28/Sep/2024 11:46AM
UHID/MR No : SCHE.0000088431	Reported : 28/Sep/2024 02:30PM
Visit ID : SCHEOPV106381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31467	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	34.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78	fL	83-101	Calculated
MCH	25.4	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7070	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2525	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	202	Cells/cu.mm	20-500	Calculated
MONOCYTES	303	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.8		0.78- 3.53	Calculated
PLATELET COUNT	343000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC-HYPOCHROMIA +, MICROCYTOSIS +, ANISOCYTOSIS + WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240233255



Patient Name : Mrs.PREETI SHARMA
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DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DPB
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SIN No:BED240233255



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DEPARTMENT OF HAEMATOLOGY

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

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



DR. APARNA NAIK
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SIN No:BED240233255



Patient Name : Mrs.PREETI SHARMA	Collected : 28/Sep/2024 09:57AM
Age/Gender : 33 Y 4 M 7 D/F	Received : 28/Sep/2024 11:36AM
UHID/MR No : SCHE.0000088431	Reported : 28/Sep/2024 01:47PM
Visit ID : SCHEOPV106381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31467	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 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.



DR. APARNA NAIK
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SIN No:PLF02208621



Patient Name	: Mrs.PREETI SHARMA	Collected	: 28/Sep/2024 01:25PM
Age/Gender	: 33 Y 4 M 7 D/F	Received	: 28/Sep/2024 03:30PM
UHID/MR No	: SCHE.0000088431	Reported	: 28/Sep/2024 04:14PM
Visit ID	: SCHEOPV106381	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S31467		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	70-140	GOD - POD

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR. APARNA NAIK
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SIN No:PLP1486433



Patient Name : Mrs.PREETI SHARMA	Collected : 28/Sep/2024 09:57AM
Age/Gender : 33 Y 4 M 7 D/F	Received : 28/Sep/2024 02:16PM
UHID/MR No : SCHE.0000088431	Reported : 28/Sep/2024 04:12PM
Visit ID : SCHEOPV106381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31467	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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. Akanksha Kanad Vitkar
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: EDT240091877



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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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	89	mg/dL	<150	
HDL CHOLESTEROL	59	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		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. APARNA NAIK
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CONSULTANT PATHOLOGIST

SIN No:SE04830439



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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	102.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		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 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.

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DR. APARNA NAIK
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CONSULTANT PATHOLOGIST

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DEPARTMENT OF BIOCHEMISTRY

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


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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.49	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.97	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.0-5.5	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		0.9-2.0	Calculated



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04830439



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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	38.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	20.475	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

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Dr. Akanksha Kanad Vitkar
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: SPL24141785



Patient Name : Mrs.PREETI SHARMA
 Age/Gender : 33 Y 4 M 7 D/F
 UHID/MR No : SCHE.0000088431
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. Akanksha Kanad Vitkar
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

SIN No: SPL24141785



Patient Name : Mrs.PREETI SHARMA	Collected : 28/Sep/2024 09:57AM
Age/Gender : 33 Y 4 M 7 D/F	Received : 28/Sep/2024 02:42PM
UHID/MR No : SCHE.0000088431	Reported : 28/Sep/2024 04:47PM
Visit ID : SCHEOPV106381	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

*** End Of Report ***

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DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414439



Patient Name : Mrs.PRETI SHARMA
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Result/s to Follow:
LBC PAP SMEAR

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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. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414439



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Customer Pending Tests
LBC REPORT PENDING

24

mail.

Name : Mrs. Preeti Sharma	Age : 33 Y	UHD :SCHE.0000088431
Address : Oswal Heights, Chembur	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCHEOPV106381
		Bill No :SCHE-OCR-25041
		Date : 28.09.2024 09:51

Sno	Serive 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	
✓ 3	LIVER FUNCTION TEST (LFT)	
✓ 4	GLUCOSE, FASTING	
✓ 5	HEMOGRAM + PERIPHERAL SMEAR	
✓ 6	GYNÆCOLOGY CONSULTATION	
✓ 7	DIET CONSULTATION	
✓ 8	COMPLETE URINE EXAMINATION	
✓ 9	URINE GLUCOSE(POST PRANDIAL)	
✓ 10	PERIPHERAL SMEAR	
✓ 11	ECG	
✓ 12	LBC PAP TEST- PAPSURE	
✓ 13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓ 14	DENTAL CONSULTATION	
✓ 15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.00 1.00 pm	
✓ 16	URINE GLUCOSE(FASTING)	
✓ 17	HbA1c, GLYCATED HEMOGLOBIN	
✓ 18	X-RAY CHEST PA	
✓ 19	DENT CONSULTATION <i>Dr. R. Nambiar</i>	
✓ 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 <i>Dr. N. Sharma</i>	
✓ 25	ULTRASOUND - WHOLE ABDOMEN	
✓ 26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mrs.PREETI SHARMA
Age/Gender : 33 Y 4 M 7 D/F
UHID/MR No : SCHE.0000088431
Visit ID : SCHEOPV106381
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31467

Collected : 28/Sep/2024 09:57AM
Received : 28/Sep/2024 11:46AM
Reported : 28/Sep/2024 02:30PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	34.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	25.4	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7070	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2525	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	202	Cells/cu.mm	20-500	Calculated
MONOCYTES	303	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.8		0.78- 3.53	Calculated
PLATELET COUNT	343000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC-HYPOCHROMIA +, MICROCYTOSIS +, ANISOCYTOSIS +
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Page 1 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240233255



Patient Name : Mrs.PREETI SHARMA
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DEPARTMENT OF HAEMATOLOGY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:BED240233255



Patient Name : Mrs.PREETI SHARMA
 Age/Gender : 33 Y 4 M 7 D/F
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Collected : 28/Sep/2024 09:57AM
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DEPARTMENT OF HAEMATOLOGY

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

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



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:BED240233255



Patient Name : Mrs.PREETI SHARMA
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 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.



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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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	70-140	GOD - POD

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:PLP1486433



Patient Name : Mrs.PREETI SHARMA
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 Visit ID : SCHEOPV106381
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Collected : 28/Sep/2024 09:57AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. Akanksha Kanad Vitkar
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

SIN No: EDT240091877



Patient Name : Mrs.PREETI SHARMA
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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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	200	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	89	mg/dL	<150	
HDL CHOLESTEROL	59	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	123.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		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. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04830439



Patient Name : Mrs.PREETI SHARMA
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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	102.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		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, Wilsons’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.


 DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04830439



Patient Name : Mrs.PREETI SHARMA
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DEPARTMENT OF BIOCHEMISTRY

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

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



DR. APARNA NAIK
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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.49	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	20.97	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.0-5.5	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		0.9-2.0	Calculated


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04830439



Patient Name : Mrs.PREETI SHARMA
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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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.00	U/L	16-73	Glycylglycine Kinetic method



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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	20.475	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 Antilodies



Dr. Akanksha Kanad Vitkar
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist
 SIN No: SPL24141785



Patient Name : Mrs.PREETI SHARMA
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DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. Akanksha Kanad Vitkar
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

SIN No: SPL24141785



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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

*** End Of Report ***

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 DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:UR2414439



Patient Name : Mrs.PREETI SHARMA
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Received : 28/Sep/2024 02:42PM
Reported : 28/Sep/2024 04:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:
LBC PAP SMEAR

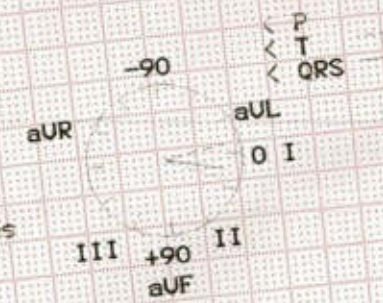


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

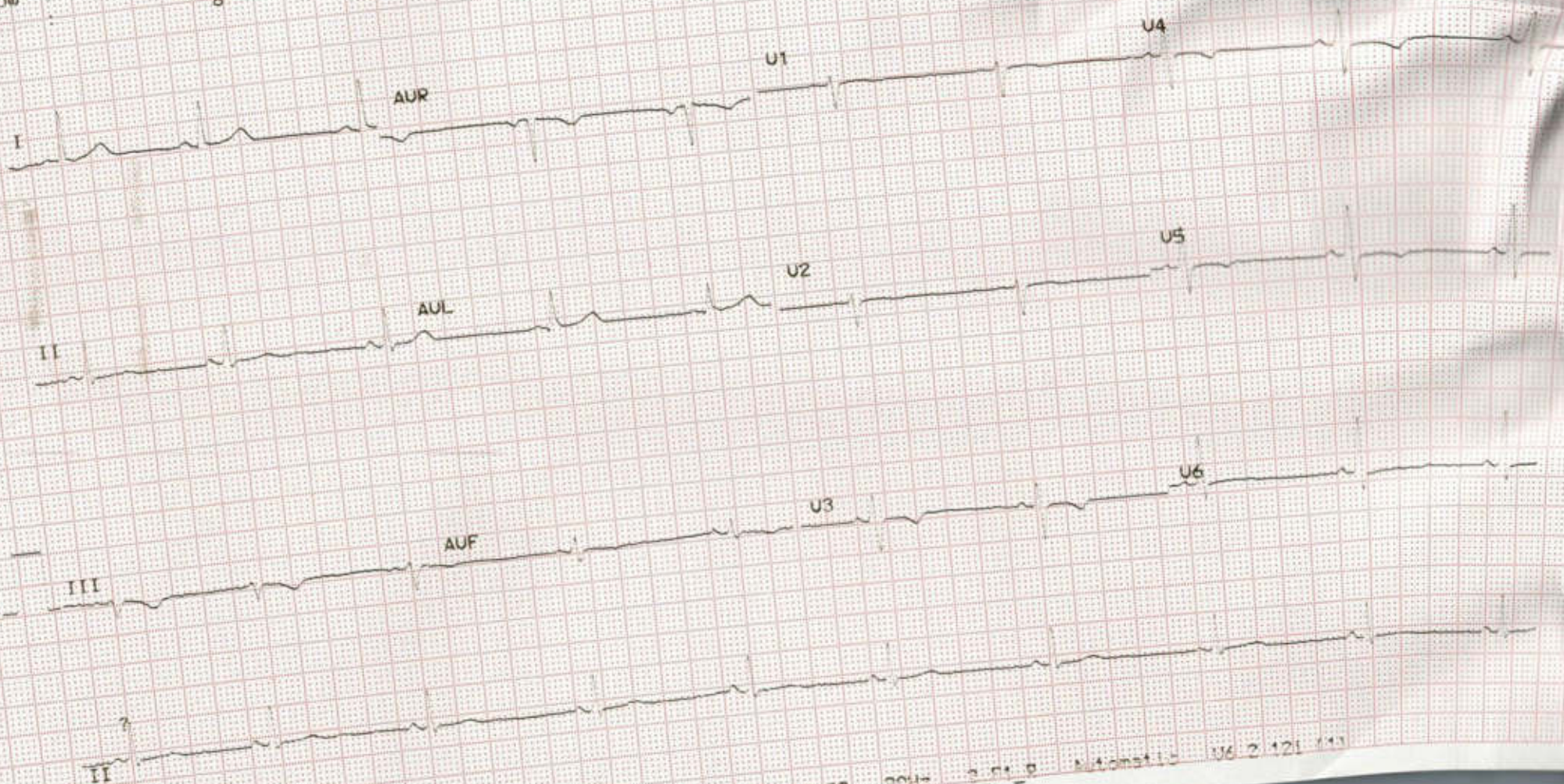
SIN No:UR2414439



398 / 368 ms
 118 ms
 90 ms
 1050 / 1050 ms
 25 / 15 / -10 degrees
 44 / 43 ms
 1.3 mV
 8



short PR interval
 T-wave near baseline (lateral)
 negative T-wave (anterior)
 borderline ECG





Patient Name : Mrs. Preeti Sharma
UHID : SCHE.0000088431
Reported on : 28-09-2024 15:17
Adm/Consult Doctor :

Age : 33 Y F
OP Visit No : SCHEOPV106381
Printed on : 28-09-2024 15:17
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: Normal in size, shape and shows increased echogenicity. No obvious mass seen. IHBR appear normal.

Gall Bladder: Not visualized consistent of post-operative status. CBD not dilated

Pancreas : Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys: Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK: 9.9 X 4.2 cm.

LK: 10 X 4.6 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Uterus: Normal in size and echopattern, measuring 7.0 X 4.8 X 3.9 cms.

Myometrium is uniform. Endometrium thickness - 6 mm.

Ovaries: Both the ovaries are normal in size and echopattern

IMPRESSION: GRADE I FATTY LIVER.

Printed on:28-09-2024 15:17

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mrs. Preeti Sharma
Age / Sex : 33 yrs / Female.
Ref Doctor : Health Check

Bill No : SCHE -
UHID NO : SCHE.0000088431
Report Date : 28 / 09 / 2024

2 - D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60%). E/O GRADE I DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 27	LA (mm) : 28
IVSd (mm) : 11	LVIDd (mm) : 38
IVSs (mm) : 16	LVIDs (mm) : 28
LVPWd (mm) : 10	LVPWs (mm) : 14
EF(Teich)(mm) : 60%	

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



Patient Name	: Mrs. Preeti Sharma	Age	: 33 Y F
UHID	: SCHE.000088431	OP Visit No	: SCHEOPV106381
Reported on	: 28-09-2024 12:41	Printed on	: 28-09-2024 12:53
Adm/Consult Doctor	:	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:28-09-2024 12:41

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



OUT- PATIENT RECORD

Date : 28/09/24
 MRNO : 88437
 Name :- Preeti Sharma
 Age / Gender : 33 (F)
 Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
 Consultant **Dr. Amit Shobhavat**
 Reg. No : 2001/09/3124
 Qualification : F.C.C.M, Dip. Diabetology

Pulse :	B.P :	Resp :	Temp :
Weight : <u>100</u>	Height : <u>166</u>	BMI : <u>36.3 kg/m²</u>	Waist Circum : _____

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Hypothyroid .
No DM/HTN .
No surgical illn
Wntd P .
As
h p

physically fit

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date : 28.09.2024.
 MRNO : _____
 Name :- PREETI SHARMA
 Age / Gender : 33 year / FEMALE
 Mobile No:- _____

Department : **Consultant ENT Surgeon**
 Consultant **Dr. Roshni Nambiar**
 Reg. No : 2006/02/1129
 Qualification : M.B.B.S., DNB. Othorhinolaryngology

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

General Examination / Allergies
History

Routine medical
 Hypothyroidism on
 100mg thyroxine x
 1yr.

Clinical Diagnosis & Management Plan

CFE
 Ears (R) (+) (+)
 Bil IM Wact WNL
 Rinne (+) (+)
 Weber ↔
 Nose / mucosa WNL
 Neck exam - NAD

Abn / none of ears.
 Clinically normal ENT exam.

[Signature]

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date : 28/9/21
MRNO : SCHE.00000
Name :- Preethi Sharma
Age / Gender : 33 yrs
Mobile No:- _____

Department : **Gynaecology**
Consultant **Dr. Ila Tyagi**
Reg. No : **66818**
Qualification : **Consultant Gynaecology**

Pulse : <u>68</u>	B.P: <u>120/70</u>	Resp : <u>16</u>	Temp : <u>97°f</u>
Weight : <u>100.0</u>	Height : <u>160</u>	BMI : <u>39.1</u>	Waist Circum : <u>116 133</u>

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Chest :- 105 | 110
SpO2 :-

M.S - 8 yrs.

P.L, P ch - 5 yrs a few - 18 yrs

LMP: 20 period (1 mth back)

low - mch leg

- No sig H/O past illness -

P/B - desch + f.

Candidiasis

Co N

P/W ul - 4 WNS P/B free.

fenzia vag tabs.
28/9 . 30/9 -

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date : 28/9/24
 MRNO : _____
 Name :- Mrs Beeti Sharma
 Age / Gender : 33 yr / F.
 Mobile No:- _____

Department : **OPHTHALMOLOGY**
 Consultant **Dr. Neeta Sharma**
 Reg. No : **68446 8369602399**
 Qualification : **MBBS, DIP. Ophthal, DNB (Ophthal)**

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

General Examination / Allergies History

for me.
 H/o Thyroid Disorder
 ++.

Clinical Diagnosis & Management Plan

for me.
o/c

clear
NRC

BCCV
 - Normal.

V R 6/9p
 A T
 2L 6/6p

V R N/5
 A T
 2L N/5

2) f.u. see

Nsh

Follow up date:

Doctor Signature

Date: - 28/09/24

Phone: - 9509549408



Apollo Spectra
Specialists in Surg

Patient Name: - Preeti Sharma

Address: - Chembur

Age: - 33

Chief complaint:

- Pain in opening & closing of Jaw & headache.

Medical History - pt. is on medication Thyroxine (100mg) once a day since 1yr.

Intraoral Findings:

- class I cavity w.r.t

- cautious $\frac{8}{8}$

- Mesially Impacted $\frac{8}{8}$

Rx advised:

- fillings -

$\frac{76}{678}$

- Exⁿ $\frac{8}{8}$

Issue Date : 16/02/2013



श्री शर्मा
Preell Sharma
क्या लिंग / DOB : 21/05/1991
लिंग / Female



भारत सरकार
Government of India



श्री शर्मा, श्री प्रदान

6386 1160 7968

आपका आधार क्रमांक / Your Aadhaar No. :



MF951714204FI



95171420

To
श्री शर्मा
Preell Sharma
Mahesh chandra sharma,
6, Pragati Nagar,
Near Prajapali Chatrawas, Kota,
VTC: Ajmer,
PO: Ajmer,
District: Ajmer,
State: Rajasthan,
PIN Code: 305001,
Mobile: 8003740718

आपका आधार क्रमांक / Enrollment No.: 0000/00769/32133

भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

भारत सरकार
Government of India



Ccf Team

From: appointment@healthassure.in
Sent: 12 September 2024 18:52
To: foincharge.cbr@apollospectra.com
Cc: cc.cbr@apollospectra.com
Subject: Appointment Confirmation || Preeti Sharma , HealthAssure



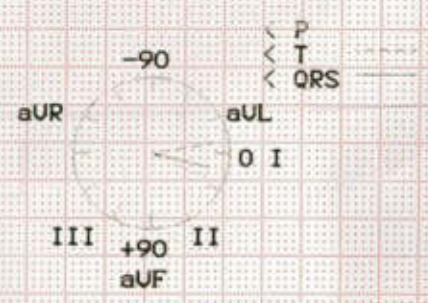
Dear Apollo Spectra - Chembur,

Greetings from HealthAssure Team !

Appointment for Preeti Sharma for Loreal has been confirmed at your center on 13/09/2024 at 8:15 AM.
Kindly ensure the appointment is done on time & completed successfully.

Customer Name:	Preeti Sharma
Date of Birth:	15/07/1993
Gender:	Female
Case No.:	HA11092024EDIHA
Appointment Date and Time:	13/09/2024 Time:8:15AM
Email ID:	preeti.sharma@loreal.com
Mobile No:	8587897556
Address for Visit :	Ujagar Prints : T.S No. 653/7 off Borla Village on Plot No 28/W,Sunder Baug, Off. Sion Trombay RoadOpp. Deonar Bus Depot Main Gate,Deonar, Chembur,Mumbai,Maharashtra Click Here to get Direction
Service:	Package 3 - Essential AHC Package - Between 30-40 - F HEALTHASSURE - LOREAL-PACKAGE 3 ESSENTIAL AHC PACKAGE 30 TO 40Y FEMALE - PAN INDIA - FY2425
Tests to be carried out:	Ca 125,CBC+ESR,Chest X-Ray,ECG,Fasting Blood Sugar,HbA1c,High Sensitivity C-Reactive Protein, Serum,Kidney Function Test,Lipid Profile,Liver Function Test,Pap Smear,PFT (Pulmonary Function Test),Physician Consultation,Thyroid Function Test,Urine Routine Analysis,USG A and P
Mode of Visit:	Center Visit
Female Technician Requested:	Yes
Pre-Requisites:	Fasting - Yes - [Please be in overnight fasting for a minimum of 10 hours and a maximum of 12 hours before the time of the medical appointment. Do not consume tea, coffee or any other beverages. Water can be consumed] Copy of ID Proof - Any Government ID Proofs

AGE: 33
 Measurement Results
 QRS : 98 ms
 QT/QTcB : 398 / 368 ms
 PR : 118 ms
 P : 90 ms
 RR/PP : 1050 / 1050 ms
 P/QRS/T : 25 / 15 / -10 degrees
 QTd/QTcBd : 44 / 43 ms
 Sokolow : 1.3 mV
 NK : 8

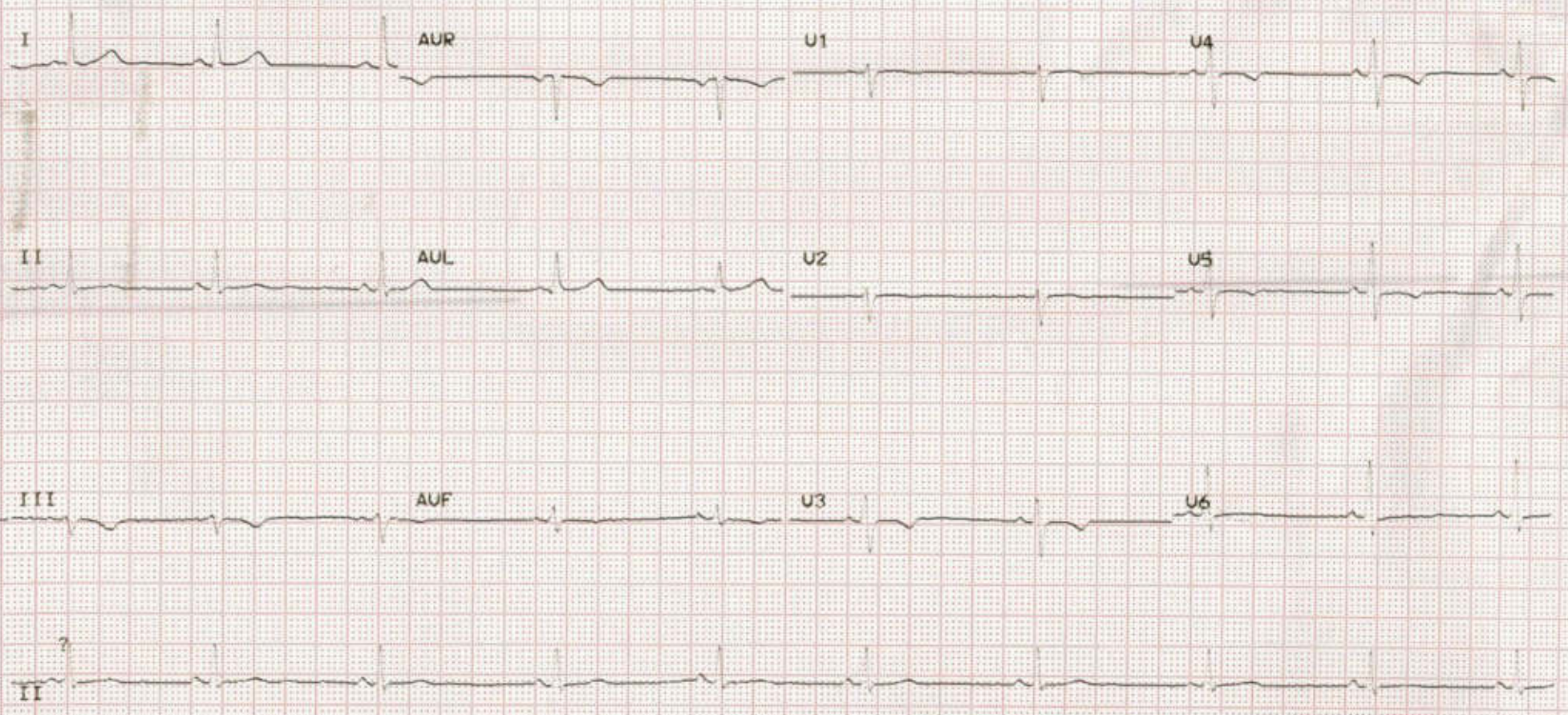


Interpretation:
 short PR interval
 T-wave near baseline (lateral)
 negative T-wave (anterior)
 borderline ECG

WMA



Unconfirmed report.



Patient Name : Mrs. Preeti Sharma

Age/Gender : 33 Y/F

UHID/MR No. : SCHE.0000088431

OP Visit No : SCHEOPV106381

Sample Collected on :

Reported on : 28-09-2024 15:17

LRN# : RAD2420899

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S31467

DEPARTMENT OF RADIOLOGY

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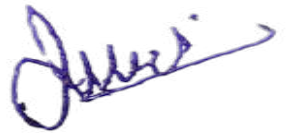
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Radiology

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Reported on : 28-09-2024 12:42

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Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S31467

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CONCLUSION :

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