

Patient Name : Mrs.RUPAL KUMARI	Collected : 27/Nov/2023 10:19AM
Age/Gender : 32 Y 5 M 16 D/F	Received : 27/Nov/2023 10:55AM
UHID/MR No : SCHI.0000016439	Reported : 27/Nov/2023 12:52PM
Visit ID : SCHIOPV23390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48963	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Patient Name : Mrs.RUPAL KUMARI	Collected : 27/Nov/2023 10:19AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	9.6	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	31.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.38	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	71.7	fL	83-101	Calculated
MCH	22	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,290	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	57.1	%	40-80	Electrical Impedance
LYMPHOCYTES	32.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3020.59	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1703.38	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	222.18	Cells/cu.mm	20-500	Calculated
MONOCYTES	317.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.45	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	172000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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Age/Gender : 32 Y 5 M 16 D/F	Received : 27/Nov/2023 10:55AM
UHID/MR No : SCHI.0000016439	Reported : 27/Nov/2023 04:07PM
Visit ID : SCHIOPV23390	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mrs.RUPAL KUMARI	Collected : 27/Nov/2023 12:12PM
Age/Gender : 32 Y 5 M 16 D/F	Received : 27/Nov/2023 04:25PM
UHID/MR No : SCHI.0000016439	Reported : 27/Nov/2023 07:13PM
Visit ID : SCHIOPV23390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48963	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	mg/dL	70-140	GOD - POD
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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.



Patient Name : Mrs.RUPAL KUMARI	Collected : 27/Nov/2023 10:19AM
Age/Gender : 32 Y 5 M 16 D/F	Received : 27/Nov/2023 01:16PM
UHID/MR No : SCHI.0000016439	Reported : 27/Nov/2023 03:35PM
Visit ID : SCHIOPV23390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48963	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	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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Age/Gender : 32 Y 5 M 16 D/F	Received : 27/Nov/2023 11:23AM
UHID/MR No : SCHI.0000016439	Reported : 27/Nov/2023 07:10PM
Visit ID : SCHIOPV23390	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	149	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	192	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.38		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	73.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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:

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	30.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	14.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.5-6.2	Uricase
CALCIUM	8.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



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Visit ID : SCHIOPV23390	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	12-43	Glycylglycine Nitoranalide



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Age/Gender : 32 Y 5 M 16 D/F	Received : 27/Nov/2023 06:36PM
UHID/MR No : SCHI.0000016439	Reported : 27/Nov/2023 09:02PM
Visit ID : SCHIOPV23390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48963	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.044	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name : Mrs.RUPAL KUMARI	Collected : 27/Nov/2023 10:19AM
Age/Gender : 32 Y 5 M 16 D/F	Received : 27/Nov/2023 12:23PM
UHID/MR No : SCHI.0000016439	Reported : 27/Nov/2023 12:46PM
Visit ID : SCHIOPV23390	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48963	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

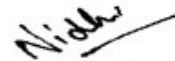
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

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




Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist




Dr.Lovekesh Monga
M.B.B.S,M.D(Pathology)
Consultant Pathologist.



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



entry 2/11/23

Name : Mrs. Rupal Kumari	Age : 32 Y	UHID :SCH1.0000016439
Address : prahladpue new delhi	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCH1OPV23390
		Bill No :SCH1-OCR-8692
		Date : 27.11.2023 10:09

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING) ✓	
2	GAMMA GLUTAMYL TRANFERASE (GGT) ✓	
3	SONO MAMOGRAPHY - SCREENING ✓	
4	HbA1c, GLYCATED HEMOGLOBIN ✓	
5	LIVER FUNCTION TEST (LFT) ✓	
6	X-RAY CHEST PA ✓	
7	GLUCOSE, FASTING ✓	
8	HEMOGRAM + PERIPHERAL SMEAR ✓	
9	ENT CONSULTATION ✓	
10	CARDIAC STRESS TEST(TMT) ✓	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION ✓	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION ✓	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR ✓	
17	ECG ✓	
18	BLOOD GROUP ABO AND RH FACTOR ✓	
19	LIPID PROFILE ✓	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE <i>not done (penders)</i>	
22	OPHTHAL BY GENERAL PHYSICIAN ✓	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	
26	DENTAL CONSULTATION ✓	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) : <i>TR 2.00</i>	

Hb 9.6

Height:.....	164
Weight:.....	45.2 55.1
B.P:.....	110/70
Pulse:.....	60 66

SpO2-99

FO_Desk

From: noreply@apolloclinics.info
Sent: 03 November 2023 12:26
To: rupaldovebird@gmail.com
Cc: phc.klc@apollospectra.com; syamsunder.m@apollohl.com;
cc.klc@apollospectra.com
Subject: Your Apollo order has been confirmed



Dear MS. KUMARI RUPAL .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **SPECTRA NEHRU ENCLAVE clinic** on **2023-11-25** at **09:25-09:30**.

Payment Mode	Credit
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.


Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.



बैंक ऑफ बड़ौदा
Bank of Baroda



नाम
Name
रूपल कुमारी
Rupal Kumari
कर्मचारी कूट
E.C. No. 111611


जारीकर्ता प्राधिकारी
Issuing Authority

Rupal Kumari
धारक के हस्ताक्षर
Signature of Holder

DIGITAL X-RAY REPORT

NAME: RUPAL	DATE: 27.11.2023
UHID NO : 16439	AGE: 32YRS/ SEX: F

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. MONICA CHHABRA
Consultant Radiologist

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Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
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Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

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Dr. Lalit Mohan Parashar

MS (ENT)

Ear, Nose, Throat Specialist and
Head & Neck Surgeon

For Appointment: +91 11 40465555

Mob.: +91 9910995018

MCI No. 4774/85

RUPM Kumar

32/F

% Presenting with curca

NO LEADING ENT COMPLAINTS

O/E


NOSE - SEPTUM MIDLINE

THROAT - NAD

EARS - B/L TM Normal

VOICE, SPEECH AND HEARING (N)

ENT - NORMAL


27/11/2023

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27/11/23

1 Dr. Rupa Kumar

32/11

by @ 1/6 - 1/6

1/6 - 1/6

(unneeded)

NCI 1/10
12 months

9-11/12

10-11/12

1/12/20

1/12/20

8/12/20

1/12/20

1/12/20

1/12/20

1/12/20

Adv. Complete Eye Dop

1/12/20

27/11/2023 .

Mrs. Rupal Kumari .

32 Years / Female ,

C/C :- Regular Dental Check up ,

M/H :- N-R ,

PDH :- N-R ,

O/E :- calculus +, Stains present ,

Advised: Sealing of oral Propylamine (H)

Am

LMP - 25/11/23

on period .

PH - nil

ML - 1yr .

FT - nil

0/e - GC fair

PIA - neg -

breasts - neg .

Rupal Kumari .

32y/1= .

27/11/23

B tre .

Adw .

- T. MCBM 69
OD - -

(3 mos prior conception)

Shan
DR Shan

Measurement Results
 QRS : 76 ms
 QT/QTcB : 388 / 417 ms
 PR : 138 ms
 P : 90 ms
 RR/PP : 866 / 860 ms
 P/QRS/T : 55/ 45/ -25 degrees
 Sokolow LVI : 10 mV
 NK

Interpretation
 low QRS amplitudes
 R/S inversion area between U1 and U2
 probably abnormal ECG

Unconfirmed report



NAME :	RUPAL KUMARI	AGE/SEX:	32	YRS./F
UHID :	16439			
REF BY :	APOLLO SPECTRA	DATE:-	27.11.2023	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

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

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Uterus is antverted and normal in size . It measures 7.8 x 3.6 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 4.7 mm

Both ovaries are normal in size ,shape and echotexture.

Right ovary: 3.3 x 1.8 cm

Left ovary: 2.8 x 2 cm

No obvious adenexal mass is seen. No free fluid seen.

IMPRESSION: NO SIGNIFICANT ABNORMALITY.

Please correlate clinically and with lab. Investigations.


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Name :	RUPAL KUMARI	Age/Sex	32	Yrs. /F
UHID :	16439			
Ref By :	APOLLO SPECTRA	Date:-	27.11.2023	

USG BOTH BREAST

Both breast shows normal parenchymal pattern.

No obvious architectural distortion seen.

No abnormal ductal dilatation seen.

Skin and subcutaneous tissues are normal.

No abnormal vascularity seen on both sides.

Bilateral subareolar regions are unremarkable.

Few small axillary nodes with preserved fatty hilum are seen bilaterally.

IMPRESSION: USG breast reveals:

No significant abnormality

Advise: Clinical Correlation.



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Patient Name : Mrs. Rupal Kumari Age : 32 Y/F
UHID : SCHI.0000016439 OP Visit No : SCHIOPV23390
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 27-11-2023 16:05
Referred By : SELF

Protocol : Bruce Protocol
Medication :
Target Heart Rate : 188 BPM
Heart Rate Achieved : 179 BPM
Percentage of THR Achieved : 95%
Maximum Blood Pressure : 128/86 mmHg
Total Exercise Duration : 06:06 Min.
Maximum Worked Attained : 07.10 Mets
Reason for termination : Max HR Attained


Comments

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

Summary

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

Please correlate clinically
Not valid for medico legal purpose.



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

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APOLLO SPECTRA
NEHRU ENCLAVE
NEW DELHI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KUMARI, RUPAL
Patient ID: 16349
Height: 164 cm
Weight: 55.1 kg

DOB: 11.06.1991
Age: 32 yrs
Gender: Female
Race: Indian

Study Date: 27.11.2023
Test Type: --
Protocol: BRUCE

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

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	02:13	0.00	0.00	88	110/70	
	STANDING	00:52	0.00	0.00	81		
	HYPERV.	00:05	0.00	0.00	83		
EXERCISE	WARM-UP	00:13	0.60	0.00	81		
	STAGE 1	03:00	1.70	10.00	162	110/70	
	STAGE 2	03:00	2.50	12.00	166	128/86	
RECOVERY	STAGE 3	00:07	2.90	13.60	166		
		03:09	0.00	0.00	96	120/76	

The patient exercised according to the BRUCE for 6:06 min:s, achieving a work level of Max. METS: 7.10. The resting heart rate of 70 bpm rose to a maximal heart rate of 179 bpm. This value represents 95 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 128/86 mmHg. The exercise test was stopped due to Max HR attained.

Interpretation

Summary: HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.

Conclusions

--

Physician _____ Technician _____

KUMARI, RUPAL

Patient ID: 16349

27.11.2023 Female 164 cm 55.1 kg

1:07:23pm 32 yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 06:06
 Max HR: 179 bpm 95 % of max predicted 188 bpm HR at rest: 70
 Max BP: 128/86 mmHg BP at rest: 110/70 Max RPP: 22912 mmHg*bp
 Maximum Workload: 7.10 METS
 Max. ST: -1.80 mm, -0.94 mV/s in II; EXERCISE STAGE 3 6:07
 Arrhythmia: A-75, VBI:1, PVC:17, PSVC:3
 ST/HR index: 2.36 μ V/bpm
 ST/HR slope: 1.50 μ V/bpm (II)
 HR reserve used: 77 %
 HR recovery: 29 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.019 mV (II)
 QRS duration: BASELINE: 80 ms, PEAK EX: 72 ms, REC: 80 ms

Reasons for Termination: Max HR attained

Summary:
HR Response to Exercise: appropriate. **BP Response to Exercise:** normal resting BP

- appropriate response. **Chest Pain:** none.

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST Level [mm]	Comment
PRETEST	SUPINE	02:13	0.00	0.00	1.0	88	110/70	9680	1	0.00	
	STANDING	00:52	0.00	0.00	1.0	81		8910	0	0.05	
	HYPERY.	00:05	0.00	0.00	1.0	83		9130	0	0.00	
	WARM-UP	00:13	0.60	0.00	1.0	81		8910	0	0.00	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	162	110/70	17820	1	-0.95	
	STAGE 2	03:00	2.50	12.00	7.0	166	128/86	21248	0	-1.45	
	STAGE 3	00:07	2.90	13.60	7.1	166		21248	0	-1.80	
RECOVERY		03:09	0.00	0.00	1.0	96	120/76	11520	0	-0.50	