



Name	: MRS. SUDHA TAANK	UHID No.	: AFB000331089
HUSBAND	: SAJJAN KUMAR TAANK	Date	: 13-09-2024 10:34:16
Age / Gender	: 49 Yrs 1 Mth / FEMALE	Doctor / Unit	: DR. PRABHSARAN AHUJA /
CPG	: CORPORATE CASH/ArcoFeml HealthCare Ltd	Department	: Health Check Up
Inst. Name	: ArcoFeml Healthcare Ltd		
Address	: H.NO-2493,G BLOCK, SAINIK COLONY, FARIDABAD, HARYANA, INDIA		

Non/O Hypertension /Drabaten.

R

2as Zentel.
1as single dose.

DR. PRABHSARAN AHUJA, MBBS, Director - PHC-Health Check Up,
PHC (1st Floor), OPD Timmings Mon to Sat 9:00 a.m to 3:00p.m.

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

UHID-331089
DOB 7/20/1975 49 Years

MRS SUDEHA TAANK
Female

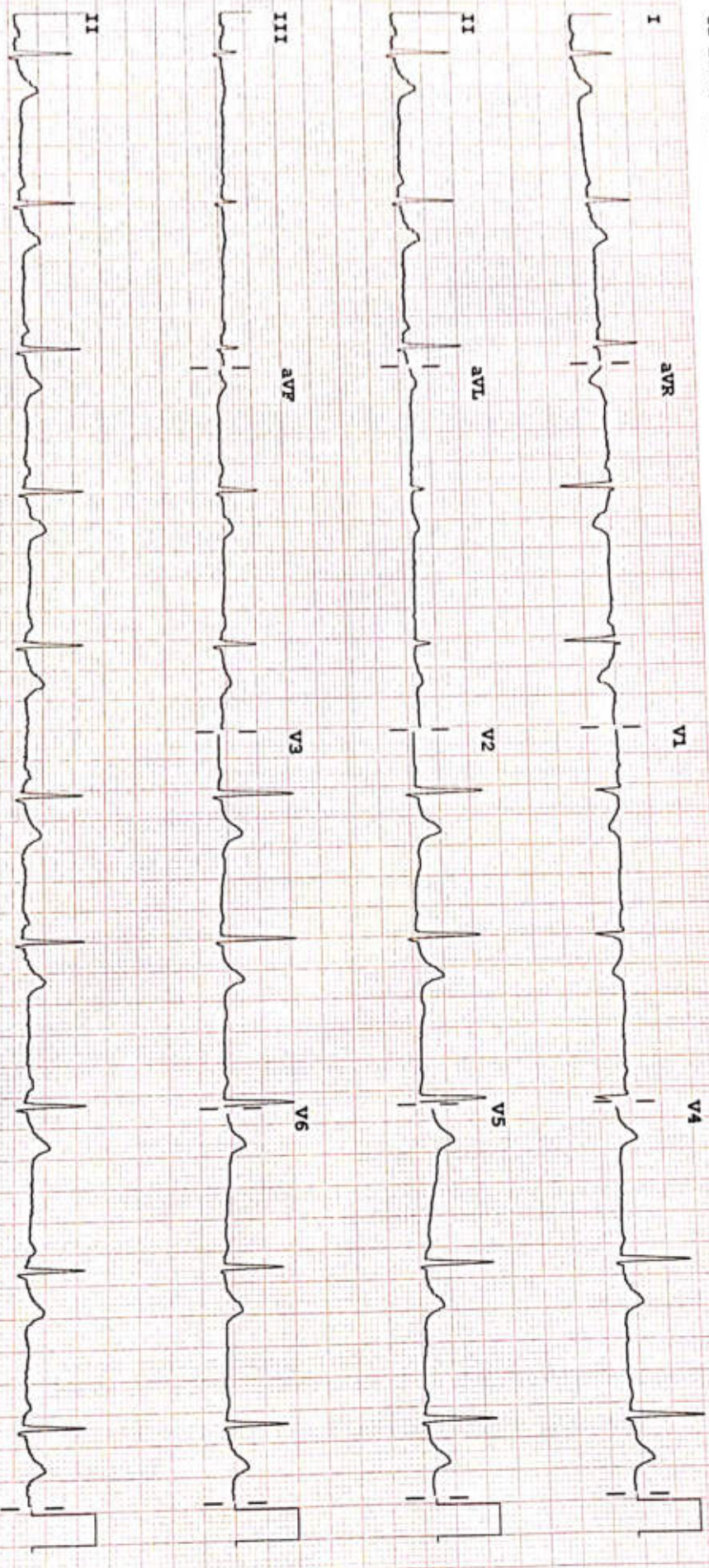
9/13/2024 11:10:31 AM
ASIAN HOSPITAL

Rate 59

PR 162
QRSD 82
QT 385
QTc 382

--AXIS--
P 51
QRS 41
T 36

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F-60 ~ 0.15-100 Hz

100B

P?

MCS MEDICAL INC

OK U1A

Eq# M2451A



FINAL REPORT

Bill No. :	AFBHC240008757	Bill Date :	13-09-2024 10:44
Patient Name :	MRS. SUDHA TAANK	UHID :	AFB000331089
Age / Gender :	49 Yrs 1 Mth / FEMALE	Patient Type :	OPD If PHC :
Ref. Consultant :	DR. PRABHSARAN AHUJA	Ward / Bed :	/
Sample ID :	AFB24303937	Current Ward / Bed :	/
		Receiving Date & Time :	13-09-2024 10:47
		Reporting Date & Time :	13-09-2024 12:38

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

ESR (Westergren)		18	mm 1st hr	0 - 20
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CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		3.9	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS No Detection)	L	10.9	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	34.6	%	36 - 46
MEAN CORPUSCULAR VOLUME		89.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		31.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		168	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	50.1	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.4	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		45	%	40 - 80
LYMPHOCYTES		37	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS	H	11	%	1 - 5
BA SOPHILS		0	%	0 - 1

GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)		5.1	%	4.27 - 6.07
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

Note: 1.A three monthly monitoring is recommended in diabetics.
2.Since HbA1c concentration represents the integrated values for blood glucose over the

recent food intake, it is a more useful tool for monitoring diabetics.

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low
Laboratory test results are to be clinically correlated.
Storage and discard of Specimen shall be as per AIMS specimen retention policy.
Test results are not valid for Medico - Legal purposes.



FINAL REPORT

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Patient Name	: MRS. SUDHA TAANK	UHID	: AFB000331089
Age / Gender	: 49 Yrs 1 Mth / FEMALE	Patient Type	: OPD IF PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24303938	Current Ward / Bed	: /
		Receiving Date & Time	: 13-09-2024 10:47
		Reporting Date & Time	: 13-09-2024 13:12

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

BLOOD GROUP (ABO & RH)

ABO GROUP	O
RH TYPE	POSITIVE

**** End of Report ****

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Uma Rani

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Patient Name :	MRS. SUDHA TAANK	UHID :	AFB000331089
Age / Gender :	49 Yrs 1 Mth / FEMALE	Patient Type :	OPD <input type="checkbox"/> IF PHC <input type="checkbox"/>
Ref. Consultant :	DR. PRABHSARAN AHUJA	Ward / Bed :	/
Sample ID :	AFB24304006	Current Ward / Bed :	/
		Receiving Date & Time :	13-09-2024 11:22
		Reporting Date & Time :	13-09-2024 12:24

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

URINE-SUGAR (GOD POD Method)		Negative		Negative
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Age / Gender :	49 Yrs 1 Mth / FEMALE	Patient Type :	OPD If PHC :
Ref. Consultant :	DR. PRABHSARAN AHUJA	Ward / Bed :	/
Sample ID :	AFB24304304	Current Ward / Bed :	/
		Receiving Date & Time :	13-09-2024 15:03
		Reporting Date & Time :	13-09-2024 15:51

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma, Serum

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		104.0	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

**** End of Report ****

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Results are Verified By



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		Reporting Date & Time :	13-09-2024 15:51

Sample Type: Plasma, Serum

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	88.0	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA Urease-GLDH,Kinetic	15	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	0.7	mg/dL	0.6 - 1.1
SODIUM-SERUM (Indirect Ion-Selective Electrode)	137	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)	4.1	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)	104	m.mol/L	98 - 107

SERUM PROTEINS

S.PROTEIN-TOTAL (Biuret)	6.9	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.2	g/dL	3.5 - 5.2
S.GLOBULIN	L 2.7	g/dL	2.8-3.8
A/G RATIO	1.56		1.5 - 2.5

LIPID PROFILE

CHOLESTROL-TOTAL (CHO-POD)	H	194	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		47	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	142	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		116	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	147.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.1		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.0		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		23	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 1. Cigarette smoking.
 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	H	1.01	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.20	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.81	mg/dL	0.2 - 0.8

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Ref. Consultant : DR. PRABHSARAN AHUJA	Ward / Bed : /
Sample ID : AFB24304304	Current Ward / Bed : /
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	Reporting Date & Time : 13-09-2024 15:51

S.PROTEIN-TOTAL (Diuret)		6.9	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding Bromocresol Green)		4.2	g/dL	3.5 - 5.2
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO		1.56		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	H	110.0	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		34.0	IU/L	0 - 35
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		28.0	IU/L	0 - 35
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		32.0	IU/L	0 - 38
LACTATE DEHYDROGENASE (IFCC; L-P)		150.0	IU/L	0 - 248

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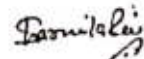


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Age / Gender	: 49 Yrs 1 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> IF PHC <input type="checkbox"/>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24304303	Current Ward / Bed	: /
		Receiving Date & Time	: 13-09-2024 15:03
		Reporting Date & Time	: 13-09-2024 16:42

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

PHYSICAL EXAMINATION

QUANTITY	20 ml.		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Slight		

CHEMICAL EXAMINATION

PH (Colorimetric method)	6.0		5.0 - 8.5
PROTEINS (Protein error of indicators)	Trace		Negative
SUGAR (Colorimetric method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pH change)	1.025		1.005 - 1.030
UROBILINOGEN (Modified Ehrlich Reaction)	Normal		NORMAL
BILIRUBIN (Acc coloring)	Negative		NEGATIVE
KETONES (Acetoacetic acid reaction with sodium nitroprusside)	Negative		NEGATIVE
NITRITE (Diazotization reduction)	Negative		NEGATIVE

MICROSCOPIC EXAMINATION

LEUCOCYTES	3-4	/HPF	0 - 5
RBCS	Nil		
EPITHELIAL CELLS (URINE)	8-10		
CASTS	Nil		
CRYSTALS	Nil		

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CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

PHYSICAL EXAMINATION

QUANTITY	20 mL
COLOUR	Pale yellow
TURBIDITY	Slight

CHEMICAL EXAMINATION

PH (Double pH indicator method)	6.0	5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Trace	Negative
SUGAR (GOC POD Method)	Negative	Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.025	1.005 - 1.030
UROBILINOGEN (Modified Erlich Reaction)	Normal	NORMAL
BILIRUBIN (Azo Coupling)	Negative	NEGATIVE
KETONES (Acetoacetic acid reaction with sodium nitroprusside)	Negative	
NITRITE (Kinetic cadmium-reduction)	Negative	NEGATIVE

MICROSCOPIC EXAMINATION

LEUCOCYTES	3-4	/HPF	0 - 5
RBCS	Nil		
EPITHELIAL CELLS (URINE)	8-10		
CASTS	Nil		
CRYSTALS	Nil		

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Age / Gender : 49 Yrs 1 Mth / FEMALE	Patient Type : OPD If PHC :
Ref. Consultant : DR. PRABHSARAN AHUJA	Ward / Bed : /
Sample ID : AFB24303940	Current Ward / Bed : /
	Receiving Date & Time : 13-09-2024 10:47
	Reporting Date & Time : 13-09-2024 12:28

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE(2D ECHO)

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.83	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	0.99	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.88	mIU/L	0.27-4.20


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NON INVASIVE CARDIOLOGY

Patient Name	: MRS. SUDHA TAANK	IPD No.	:
Age	: 49 Yrs 1 Mth	UHID	: AFB000331089
Gender	: FEMALE	Bill No.	: AFBHC240008757
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	: 13-09-2024 10:44:55
Ward	:	Room No.	:
		Procedure Date	: 13-09-2024 11:58:13

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.3		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.6		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	3.9		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.7		2.2-4.0 cm
IVS thickness	ED - 0.9	ES-1.6	0.6-1.2cm
LVPW Thickness	ED - 0.9	ES-1.5	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

NON INVASIVE CARDIOLOGY

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MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	Cm/s	Cm/s	
MITRAL VELOCITY	E-82	A-51	MR 2/4
TRICUSPID VELOCITY	cm/s		TR 2/4
AORTIC VELOCITY	126 cm/s		AR 0/4
PULMONARY VELOCITY	125 cm/s		PR 0/4
PA Pressure	36 mmHg		

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COLOUR FLOW MAPPING

Mild MR, Mild TR.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal RV systolic function.
3. Normal cardiac chamber dimension.
4. Mild MR, Mild TR (PASP=36mmHg).
5. Normal mitral inflow pattern.
6. No clot/mass/vegetation/PE.



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Interventional Cardiologist.

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Consultant Cardiology

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The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.
NOT FOR MEDICOLEGAL PURPOSES
.....End of Report.....

Prepare By.
KUMAR.HRISHIK
ES



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. SUDHA TAANK	IPD No.	:
Age	: 49 Yrs 1 Mon	UHID	: AFB000331089
Gender	: FEMALE	Bill No.	: AFBHC240008757
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	: 13-09-2024 10:44:55
Ward	:	Room No.	:
		Print Date	: 14-09-2024 09:28:50

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....

Prepare By.
SAPNA ARYA

VA
DR. VAISHALI KUNDU, MBBS, MD- Radio-
diagnosis
Associate Consultant

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. SUDHA TAANK	IPD No.	:	
Age	: 49 Yrs 1 Mth	UHID	:	AFB000331089
Gender	: FEMALE	Bill No.	:	AFBHC240008757
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	13-09-2024 10:44:55
Ward	:	Room No.	:	
		Print Date	:	13-09-2024 14:46:52

USG-WHOLE ABDOMEN:

Visualized liver is normal in size and echotexture. *Left lobe appears partially obscured.* Intrahepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder is partially distended and shows clear lumen.
Visualized CBD appears normal in calibre.

Visualized pancreas appears normal in size and echotexture.

Spleen is normal in size.

Both kidneys are normal in size and echotexture. Cortico-medullary distinction is maintained. No hydronephrosis seen bilaterally. (CT is the modality of choice for evaluation of tiny renal calculi).

Urinary bladder appears normal in position, shape and outline. Wall thickness is normal.

Uterus is grossly normal in size and echotexture. Endometrial echo measures 5 mm approx in thickness.

Bilateral adnexae reveal no obvious focal lesion on TAS.

No ascites is seen.

Please correlate clinically and with other investigations.

.....End of Report.....

Prepare By.
MAHESH.K

DR. VAIBHAV MISHRA, MBBS, DMRD,
DNB (Radiodiagnosis)
Consultant

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



FINAL REPORT

Bill No.	: AFBHC240008757	Bill Date	: 13-09-2024 10 44
Patient Name	: MRS. SUDHA TAANK	UHID	: AFB000331089
Age / Gender	: 49 Yrs 1 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward	:
Sample ID	: AFB24304383	Current Bed	:
		Reporting Date & Time	: 14-09-2024 15 07
		Receiving Date & Time	: 13/09/2024 15 59

CYTOPATHOLOGY REPORTING

Cytopathology No: C-2133/24

Material Received: PAP SMEAR

Reporting System: BETHESDA -2014

Material Adequacy: Adequate.

Microscopic Examination:

Smears show superficial and intermediate squamous epithelial cells with neutrophillic infiltrate.

Endocervical/Transformation Zone Component: Present.

Dysplastic Cells: Not detected.

Organism: Not detected.

Diagnosis: Inflammatory smears.

Comyrrace

*** End of Report ***

DR. RAMESH CHANDNA
MD, MICROBIOLOGY,
PGDHMM
Chairman (Quality, Safety,
LAB Services & Blood Bank)

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