Patient Name	: Mrs.ISMEET KAUR SALUJA	Collected	: 15/Apr/2024 08:39AM
Age/Gender	: 38 Y 2 M 9 D/F	Received	: 15/Apr/2024 11:49AM
UHID/MR No	: CWAN.0000135582	Reported	: 15/Apr/2024 12:25PM
Visit ID	: CWANOPV230199	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 658066		

Certificate No: M[illegible]5587

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240101916
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.ISMEET KAUR SALUJA	Collected	: 15/Apr/2024 08:39AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	39.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88.3	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,630	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4295.69	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2296.63	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	457.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	541.73	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.15	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.87		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate

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

SIN No:BED240101916
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

No hemoparasite seen

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240101916

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

Patient Name	: Mrs.ISMEET KAUR SALUJA	Collected	: 15/Apr/2024 08:39AM
Age/Gender	: 38 Y 2 M 9 D/F	Received	: 15/Apr/2024 11:49AM
UHID/MR No	: CWAN.0000135582	Reported	: 15/Apr/2024 12:59PM
Visit ID	: CWANOPV230199	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

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SIN No:BED240101916

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	81	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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

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

SIN No:EDT240046880

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

Patient Name	: Mrs.ISMEET KAUR SALUJA	Collected	: 15/Apr/2024 08:39AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240046880

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**226**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	**167**	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**61**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**164**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**131.09**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**33.39**	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.
2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

Sneha Shah
Dr Sneha Shah
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Consultant Pathologist

SIN No:SE04695760

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

Patient Name	: Mrs.ISMEET KAUR SALUJA	Collected	: 15/Apr/2024 08:39AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

eligibility of drug therapy.

4) 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.

5) 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.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Dr Sneha Shah
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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.02	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	39.23	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		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 > 1In 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.

• 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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SIN No:SE04695760

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.61	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	**14.62**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**6.8**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.04	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	**8.70**	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.71	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.77	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.19	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

Dr Sneha Shah
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Consultant Pathologist

SIN No:SE04695760

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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	17.53	U/L	<38	IFCC

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04695760

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

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Age/Gender	: 38 Y 2 M 9 D/F	Received	: 15/Apr/2024 12:20PM
UHID/MR No	: CWAN.0000135582	Reported	: 15/Apr/2024 01:12PM
Visit ID	: CWANOPV230199	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 658066		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	**6.754**	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

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24068906

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

Patient Name	: Mrs.ISMEET KAUR SALUJA	Collected	: 15/Apr/2024 08:39AM
Age/Gender	: 38 Y 2 M 9 D/F	Received	: 15/Apr/2024 12:04PM
UHID/MR No	: CWAN.0000135582	Reported	: 15/Apr/2024 12:21PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 658066		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2330863
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Name : Mrs. ISMEET KAUR SALUJA	**Age:** 38 Y **Sex:** F	**UHID:**CWAN.0000135582	
Address : PUNE		**OP Number:**CWANOPV230199	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		**Bill No :**CWAN-OCR-50768	
ismeet.chhabra@gmail.com		**Date** : 15.04.2024 08:37	

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNAECOLOGY CONSULTATION	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
9	ECG IN 9:48 OUT 9:54	
10	LBC PAP TEST- PAPSURE	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	HbA1c, GLYCATED HEMOGLOBIN	
14	ENT CONSULTATION	
15	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPTHAL BY GENERAL PHYSICIAN	
20	ULTRASOUND - WHOLE ABDOMEN	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Ht - 153
Wt - 63.9
BP - 110/80

APOLLO HEALTH AND LIFESTYLE LTD. WANOWRIE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Ismeet Sahiya on 16/4/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
• Medically Fit	
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. Mild Dyslipidemia 2. Mild Increase in TSH levels 3. However the employee should follow the advice/medication that has been communicated to him/her. Review after	✓
• Currently Unfit. Review after recommended	
• Unfit	

Dr.

Medical Officer
The Apollo Clinic, (Location)

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

This certificate is not meant for medico-legal purposes.

Apollo HOSPITALS

Apollo Clinic
Expertise. Closer to you.

Date : 15-04-2024
MR NO : CWAN.0000135582

Department : GENERAL
Doctor :

Name : Mrs. ISMEET KAUR SALUJA

Registration No :
Qualification :

Age/ Gender : 38 Y / Female

Consultation Timing: 08:36

Height : 153 cm	Weight : 64kg.	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/70 mm Hg

General Examination / Allergies History

-H/O: Hypothyroidism
stopped taking
Thyronorm 25mcg
x 1 month.

2 Covid Vaccines
taken

Clinical Diagnosis & Management Plan

For AMC

H/O Diet & Allergy

? Preg ? Irregular x 4-5 months,

O/E- CVS
CNS
Resp.
Abd
WNL

Thyro Reports

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

SAMPLE
PATHOLOGY
9763461253
Clinic
9121226368
COLLECTION
AT HOME

Follow up date:

Doctor Signature

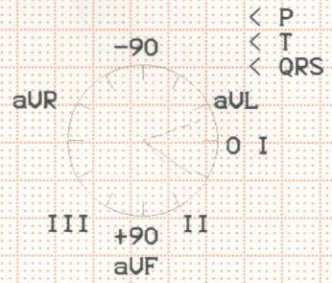
ARROW CE

GE MAC1200 ST SALUJA, ISMEET KAUR 000135582, APOLLO CLINIC WANOWRIE
Female, 38 Years (06.02.1986)

HR 95bpm

Measurement Results:

QRS	:	80	ms
QT/QTcB	:	352 / 444	ms
PR	:	134	ms
P	:	102	ms
RR/PP	:	628 / 625	ms
P/QRS/T	:	45/ 35/ -20	degrees
QTD/QTcBD	:	74 / 93	ms
Sokolow	:	2.1	mV
NK	:	13	

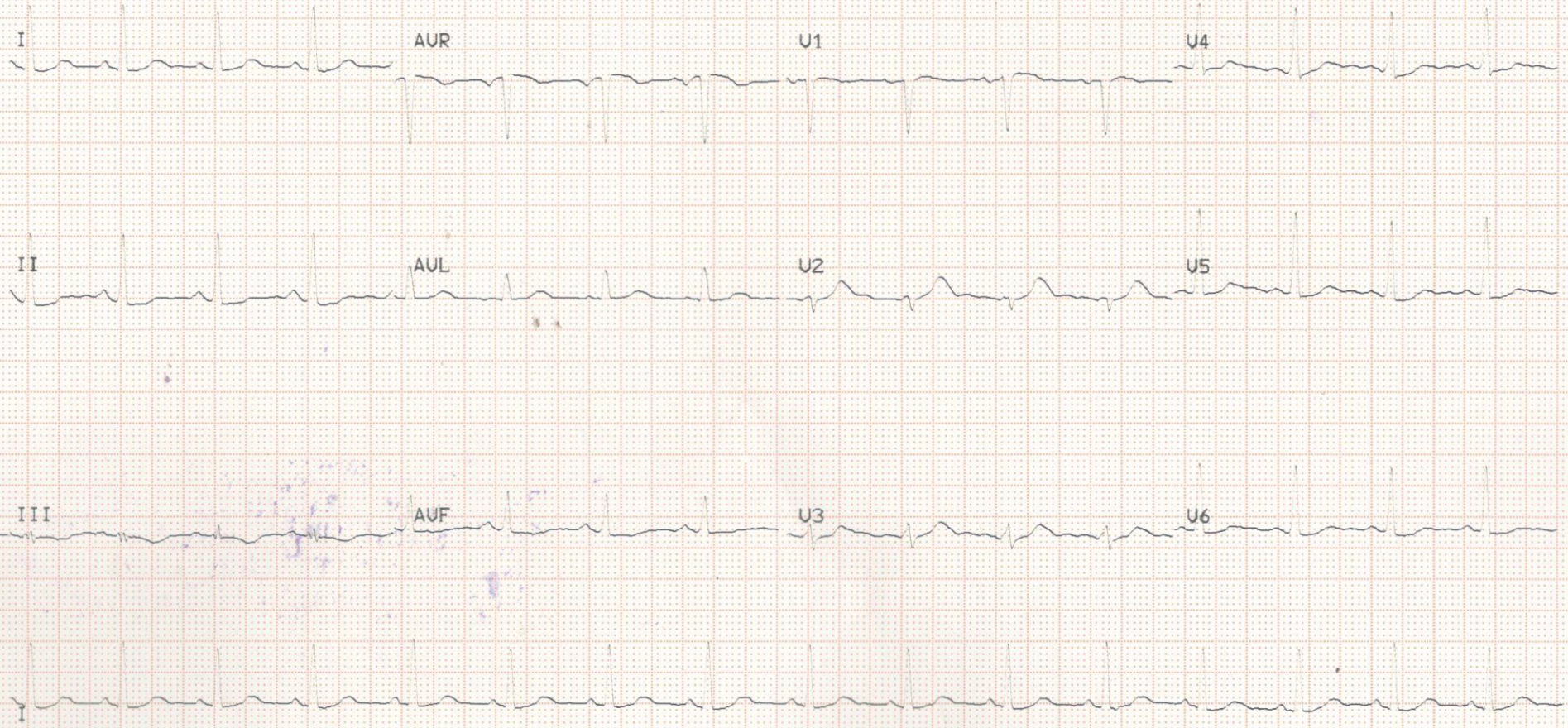


Interpretation:

normal ECG

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

~~Unconfirmed report.~~



15.Apr.2024 09:54:38 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1_R Automatic V6.2 M12i (1)

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Patient Name	: Mrs. ISMEET KAUR SALUJA	Age	: 38 Y F
UHID	: CWAN.0000135582	OP Visit No	: CWANOPV230199
Reported on	: 15-04-2024 10:10	Printed on	: 15-04-2024 10:16
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

Uterus measures 7.5 x 4.7 x 5.7 cm.appears normal in size. **A 25 x 18 mm intramural fibroid is seen**. Endometrial echo-complex appears normal and measures 12 mm.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology.

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

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Patient Name	: Mrs. ISMEET KAUR SALUJA	Age	: 38 Y F
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Adm/Consult Doctor	:	Ref Doctor	: SELF

No obvious bowel mass detected.

IMPRESSION:

Uterine fibroid.

No other significant abnormality detected.

Suggest – clinical correlation.

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

Printed on:15-04-2024 10:10 ---End of the Report---

Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology