

Apollo Health Check



Name: Ranjeeta Mishra

UHID:42425

Date: 25/03/2023

Date of Birth: 15/10/1979

Age: 43 yrs

Sex: Female

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus Check Advanced-
Female

Medical Summary

GENERAL EXAMINATION

Vital signs: Height: 156.5 cm Weight: 68.1 kg Pulse: 88 /min
BP: 100/60 mmHg BMI: 28.02

Physician Consultation

Chief Complaints: Gaseous Trouble

History: **Past History:** Known case of Hypothyroidism on medication,
LSCS 20 years back

Family History: Nil Significant

Addiction: Nil **Allergies:** Nil **Exercise:** Irregular

Systemic Review: NAD


Impression: Clinically normal individual

Recommendation: Diet & Lifestyle modification

ENT Consultation

No ENT complains.

On Examination: Ear, Nose, Throat – NAD


Dr. Mayur Patel
MD - Physician

Apollo Health Check



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Female

Medical Summary

Gynaec Consultation

Chief Complaint: Oligomenorrhea since 1 year, No C/o hot flashes, mood swings

Menstrual History: Menarche: 12 years age LMP – 1.5 month

Regularity of periods: Regularly irregular

Flow: Decreased

Obstetric History: Married Life: 21 years

Details of Conception: P1L1 – F/F1CS/ 20years

LCB: 20 yrs

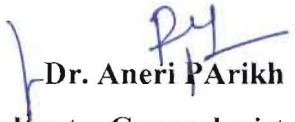
On examination: Breasts: B/L Breast Normal

Per abdomen: Soft, LSCS scratches

Per vagina: Uterus – normal size, Anteverted

Per speculum: Cervix healthy, LSCS perimenopause

Recommendations: Tab. Shelcal 0-1-0 (30), Explained about perimenopause charges


Dr. Aneri Parikh
Consultant – Gynecologist

Vision Check (Without Glasses)

Colour Vision: Normal

Far Vision: Normal

Near Vision: Normal

DEPARTMENT OF LABORATORY MEDICINE

Name: Ranjeeta Mishra

Sample Collected Date: 25/03/2023

Gender : Female

Age : 43 Years

<u>Test</u>	<u>Results</u>	<u>Biological Reference Intervals</u>	<u>Units</u>
Hb	11.3	Male: 13-17 Female:11-15	gm/dl
RBC Count	4.49	4.5 – 5.5	mill/cumm
PCV	35.9	40 – 50	%
MCV	80.0	83 – 101	fl
MCH	25.2	27 – 32	pg
MCHC	31.5	31.5 - 34.5	%
RDW	14.1	11.6 – 14	%
Platelet Count	156000	150000 - 400000	/cumm
Total WBC count	4000	4000 – 11000	/cumm

DIFFERENTIAL COUNT

Neutrophil	62	40-80	%
Lymphocyte	29	20-40	%
Eosinophil	05	1 - 6	%
Monocyte	04	Upto 8	%
Basophils	00	<1-2	%
ESR	06	0 - 20	mm/1hr

BLOOD GROUP B POSITIVE


Dr. Gopi Davara
MBBS DCP

Patient Name : Mrs. Ranjeeta Mishra	Age / Gender : 43Y/Female
UHID/MR No. : FVAD.0000042425	OP Visit No : FVADOPV22578
Visit Date : 25-03-2023 11:20	Reported on : 25-03-2023 14:20
Sample Collected on : 25-03-2023 11:22	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobS34607	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	39	30 - 70	mg/dl
VLDL	23.6	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	3.15	0 - 4.5	
Method: Calculated			
CHOLESTEROL	123	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	60.4	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	118	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	1.5*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	0.74	0.5-1.5	mg/dl
Method: Jaffe			
Urea	29.8	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	3.9	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL	0.53	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.28	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	6.83	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	3.91	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.33	1.0 - 2.0	
Method: Calculated			
SGOT /AST	14		IU/l
Method: IFCC			
ALKA-PHOS	127		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.25	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	7	0 - 40	U/L
Method: Daizo			
GGT.	10	10 - 50	U/L

Patient Name : Mrs. Ranjeeta Mishra	Age / Gender : 43Y/Female
UHID/MR No. : FVAD.0000042425	OP Visit No : FVADOPV22578
Visit Date : 25-03-2023 11:20	Reported on : 25-03-2023 14:20
Sample Collected on : 25-03-2023 11:22	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobS34607	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

Method: SZAZ

GLOBULIN. Method: Calculated.	2.92	2.8 - 4.5	g/dl
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING). Method: (GOD-POD)	93	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	95	80.0 - 140.0	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009


Dr. Gopi Davara
MBBS DCP

Fasting Urine Sugar Nil

Post Prandial Urine Sugar Nil

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Patient Name : Mrs. Ranjeeta Mishra	Age / Gender : 43Y/Female
UHID/MR No. : FVAD.0000042425	OP Visit No : FVADOPV22578
Visit Date : 25-03-2023 11:20	Reported on : 25-03-2023 11:24
Sample Collected on : 25-03-2023 11:22	Specimen : Urine
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobS34607	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test	Result
Urine Routine And Microscopy	

PHYSICAL EXAMINATION:

Volume of urine	30 Millilitre
Colour	Yellow
Specific Gravity	1.025
Deposit	Absent
Appearance	Clear
pH	6.0

Chemical Examination

Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal(< mg/dl)

Microscopic Examination

Pus Cell	2-3/hpf
Red Blood Cells	Nil
Epithelial Cells	3-4/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC017


 Dr. Gopi Davara
 MBBS DCP



TEST REPORT

Reg. No. : 30301014455 Reg. Date : 25-Mar-2023 11:59 Collected On : 25-Mar-2023 12:00
 Name : Ms. RANJEETA MISHRA Approved On : 25-Mar-2023 14:30
 Age : 43 Years Gender : Female Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA

Test Name	Results	Units	Bio. Ref. Interval
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HEMOGLOBIN A1 C

HbA1c <i>HPLC</i>	5.20	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
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Mean Blood Glucose 103 mg/dL
Method: Calculated

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *Or
- Fasting plasma glucose > 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

DEPARTMENT OF LABORATORY MEDICINE

CERVICAL CYTOLOGY REPORT

(As per Bethesda System)

Name : Ranjeeta Mishra

Collected Date:25/03/2023

Gender : FEMALE

Age : 43 Years

Ref. by : Self

Gross Description : 2 fixed slides received

Specimen Adequacy: Adequate

Microscopic Description: Predominantly superficial and intermediate squamous epithelial cells .
No evidence of atypical/dysplasia.

Conclusion: **NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY(NILM)**

Recommendations based on diagnostic category

1. Not satisfactory for evaluation : Please repeat the smear
2. Inflammatory smear : Please repeat after treatment of specific infection
3. LGSIL : Repeat smear annually for 2 years
4. HGSIL : Colposcopy and Biopsy
5. Squamous Cell Carcinoma : Biopsy
6. ASCUS : Repeat smear annually for 2 years
7. NILM : Smear is negative for malignancy, repeat if clinically suspicious



Dr.GOPI DAVARA
M.B.B.S.DCP



TEST REPORT

Name : Mrs. RANJEETA MISHRA	Reg. No : 3032001078
Age/Sex : 43 Years / Female	Reg. Date : 25-Mar-2023 12:55 PM
Ref. By :	Collected On : 25-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TSH * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.875	µIU/ml	0.55 - 4.78
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Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

T3 (Triiodothyronine) * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.84	ng/mL	0.58 - 1.59
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Print ON : 25-Mar-2023 05:07 PM



Dr. Varun Gohil
Consultant Pathologist



TEST REPORT

Name	: Mrs. RANJEETA MISHRA	Reg. No	: 3032001078
Age/Sex	: 43 Years / Female	Reg. Date	: 25-Mar-2023 12:55 PM
Ref. By	:	Collected On	: 25-Mar-2023
Client Name	: Apollo Clinic		

T4 (Thyroxine) *	10.52	µg/dL	4.87 - 12.60
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY
Sample Type: Serum

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

----- End Of Report -----

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Report Status : **Final**

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Print ON : 25-Mar-2023 05:07 PM

Dr. Varun Gohil
Consultant Pathologist

Patient Name: Mrs. Ranjeeta Mishra
Visit No: FVADOPV22578
Cond Doctor: Dr. Mayur Patel
Referred By: SELF


MR No: FVAD.0000042425
Age/Gender: 43 Y/F
Conducted Date: 25-03-2023 15:05
Prescribing Doctor:

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 63 beats per minute
3. Normal P, QRS, T wave axis
4. Normal PR, QRS, QT duration
5. No pathological Q wave or ST - T changes seen
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : Within Normal Limits.


Dr. Mayur Patel
MD(Physician)

APOLLO CLINIC VAOODARA

Room : 2 Dep: OPD

ID : 0

Name : RANIEETA MISHRA

Gender : F Age : 043 (Yrs)

Height : 000 (cm) Weight: 000 (Kg)

Axis (deg)

P : 32

QRS: 58

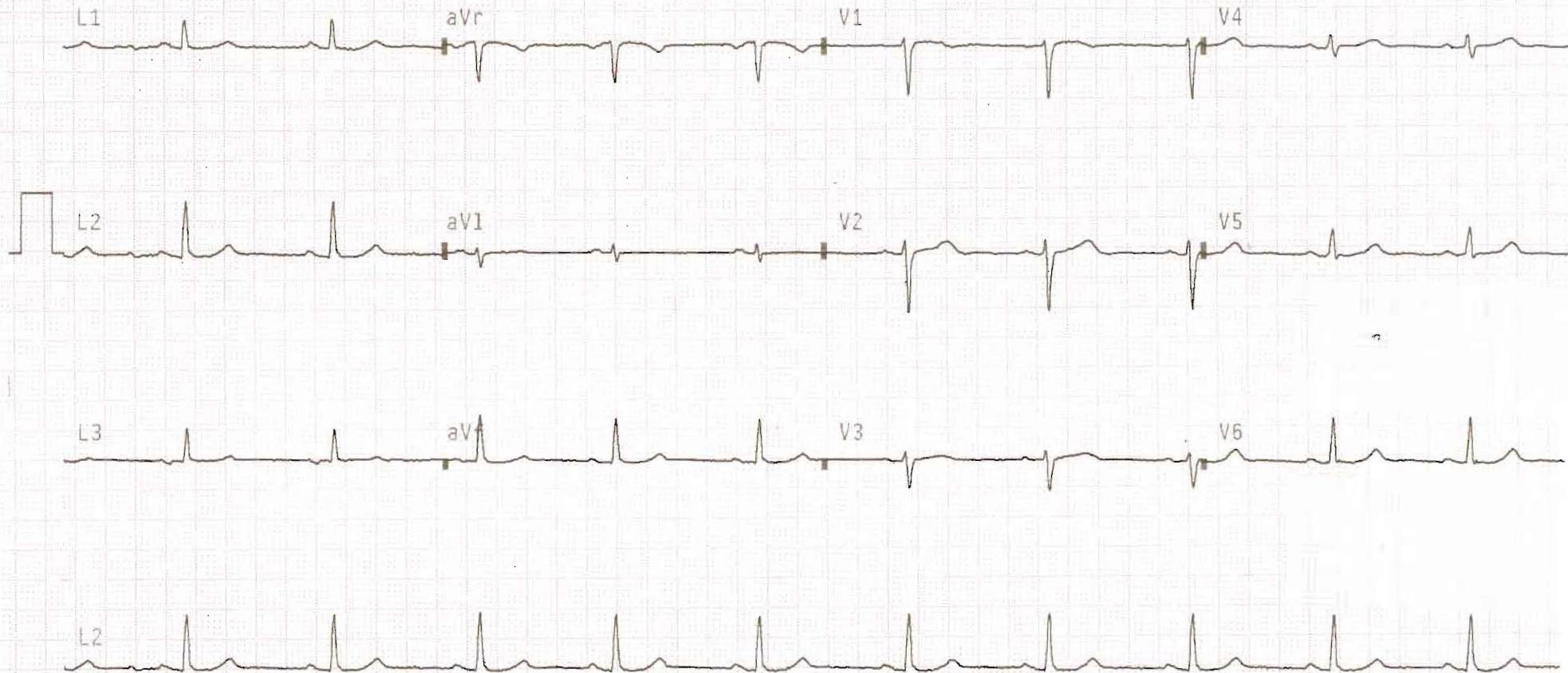
T : 46

Intervals (msec)

PR: 180, QRS: 91

QT: 412, QTc: 425

ST: 85



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ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : RANJEETA MISHRA

AGE/SEX:43YRS/FEMALE

DATE: 25/03/2023

OBSERVATIONS:

- NORMAL LV SIZE WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: NO MR, NO MS
- NO AR: NO AS
- TRIVIAL TR, NO PAH, PASP 23 MMHG
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-23MM ; LA-25MM ; IVS-11/13MM ; LV-32/20MM ; LVPW-12/15MM

FINAL IMPRESSION: NORMAL LV SIZE WITH GOOD LV SYSTOLIC FUNCTION
NO E/O DIASTOLIC DYSFUNCTION PRESENT.
TRIVIAL TR.
LVEF 60% (VISUAL)



DR MAYUR PATEL

MD (PHYSICIAN), PGCCC

Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

Name: RANJEETA MISHRA

Age : 43YRS

Sex : FEMALE

SONOMAMMOGRAPHY OF BOTH BREASTS

Skin reveal no abnormality.

Subcutaneous layer appear normal.

Glandular plane reveal no cyst, mass dilated lactiferous ducts.

Retromammory fat plane appears normal.

Muscle layers unremarkable.

CONCLUSION: Normal Sonomammography of both breasts.



DR.H M Patel,
CONSULTANT RADIOLOGIST

Name: RANJEETA MISHRA

Age : 43YRS

Date: 25/03/23

Sex : FEMALE

USG WHOLE ABDOMEN

Liver is normal (13.9cm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size (6.8x1.6cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head 2cm and Body 1.7cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal in size (9.7cm) and echotexture. Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 9.6cm and LK 10.2cm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus or hydronephrosis is seen on either side.

Urinary bladder is normal. No calculus filling defect, mass or diverticula is seen. Residual urine nil.

Uterus normal size (7.7x3.8x 3.8cm Vol. 16cc) and shape normal. Endometrium mm. No focal or diffuse lesion noted.

Ovaries: are normal. RO measures 2.5x2.3cm and LO measures 2.8x2.9cm. Lo shows follicle of 20 mm. Parametrium are free. No fluid in pelvis.

IMPRESSION: Normal sonography of whole abdomen.



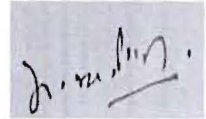
Dr. H. M. PATEL
Consultant Radiologist

Patient Name	: Mrs. Ranjeeta Mishra	MR No	: FVAD.0000042425
Age/Sex	: 43 Y/F	Visit No	: FVADOPV22578
Pres Doctor	:	Bill Date	:25-03-2023 11:20
Ref.by	: SELF	Report Date	: 25-03-2023 16:26

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist

Technician