

Patient Name : Mrs.RANI SONKAR	Collected : 09/Nov/2024 10:16AM
Age/Gender : 31 Y 1 M 28 D/F	Received : 09/Nov/2024 12:48PM
UHID/MR No : CMAR.0000187029	Reported : 09/Nov/2024 03:34PM
Visit ID : CMAROPV881903	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38281	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

.



**Dr.Nisha**  
**M.B.B.S,MD(Pathology)**  
**Consultant Pathologist**



SIN No: CHL241101490

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.1	g/dL	12-15	Spectrophotometer
PCV	<b>34.50</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>3.73</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	92.6	fL	83-101	Calculated
MCH	<b>32.4</b>	pg	27-32	Calculated
MCHC	<b>34.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,610	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65.5	%	40-80	Electrical Impedance
LYMPHOCYTES	26.8	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3674.55	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1503.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	56.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	330.99	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.88	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	226000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>22</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
Methodology	: Microscopic			
RBC	: Normocytic Normochromic			




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

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**DEPARTMENT OF HAEMATOLOGY**

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WBC	:	Normal in number, morphology and distribution. No abnormal cells seen
Platelets	:	Adequate in Number
Parasites	:	No Haemoparasites seen
IMPRESSION	:	Normocytic normochromic blood picture
Note/Comment	:	Please Correlate clinically



**Dr.Nisha**  
**M.B.B.S,MD(Pathology)**  
**Consultant Pathologist**



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Age/Gender : 31 Y 1 M 28 D/F	Received : 09/Nov/2024 12:48PM
UHID/MR No : CMAR.0000187029	Reported : 09/Nov/2024 05:52PM
Visit ID : CMAROPV881903	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




Dr. Varsha Narayanan  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN-N6-CHL241101490 APOLLO HEALTH AND LIFESTYLE LIMITED - HYDARABAD

Patient Name : Mrs.RANI SONKAR	Collected : 09/Nov/2024 10:16AM
Age/Gender : 31 Y 1 M 28 D/F	Received : 09/Nov/2024 11:31AM
UHID/MR No : CMAR.0000187029	Reported : 09/Nov/2024 01:55PM
Visit ID : CMAROPV881903	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38281	

**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	81	mg/dL	70-110	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.



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SIN No: CHL241101494

Patient Name : Mrs.RANI SONKAR  
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 UHID/MR No : CMAR.0000187029  
 Visit ID : CMAROPV881903  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22S38281

Collected : 11/Nov/2024 12:38PM  
 Received : 11/Nov/2024 03:34PM  
 Reported : 11/Nov/2024 04:41PM  
 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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	120	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. Nisha**  
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SIN No: CHL241101852

Patient Name : Mrs.RANI SONKAR	Collected : 09/Nov/2024 10:16AM
Age/Gender : 31 Y 1 M 28 D/F	Received : 09/Nov/2024 11:45AM
UHID/MR No : CMAR.0000187029	Reported : 09/Nov/2024 03:10PM
Visit ID : CMAROPV881903	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38281	

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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 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)



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SIN No: CHL241101489





Patient Name : Mrs.RANI SONKAR	Collected : 09/Nov/2024 10:16AM
Age/Gender : 31 Y 1 M 28 D/F	Received : 09/Nov/2024 11:44AM
UHID/MR No : CMAR.0000187029	Reported : 09/Nov/2024 03:24PM
Visit ID : CMAROPV881903	Status : Final Report
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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.67	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.37	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.3	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	63.12	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>5.85</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	3.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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’ diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:\*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.

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



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Age/Gender : 31 Y 1 M 28 D/F	Received : 09/Nov/2024 11:44AM
UHID/MR No : CMAR.0000187029	Reported : 09/Nov/2024 02:58PM
Visit ID : CMAROPV881903	Status : Final Report
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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.55	U/L	5-32	Szasz



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.698	µIU/mL	0.38-5.33	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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 Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

*Misha*  
**Dr.Nisha**  
 M.B.B.S,MD(Pathology)  
 Consultant Pathologist



SIN No: CHL241101488

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**DEPARTMENT OF IMMUNOLOGY**

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:CHL241101488

Patient Name : Mrs.RANI SONKAR	Collected : 09/Nov/2024 10:16AM
Age/Gender : 31 Y 1 M 28 D/F	Received : 09/Nov/2024 01:18PM
UHID/MR No : CMAR.0000187029	Reported : 09/Nov/2024 01:31PM
Visit ID : CMAROPV881903	Status : Final Report
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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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			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.

Dr. Varsha Narayanan  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Patient Name : Mrs.RANI SONKAR	Collected : 09/Nov/2024 10:16AM
Age/Gender : 31 Y 1 M 28 D/F	Received : 12/Nov/2024 11:29AM
UHID/MR No : CMAR.0000187029	Reported : 12/Nov/2024 11:30AM
Visit ID : CMAROPV881903	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD



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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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



Dr. Varsha Narayanan  
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Consultant Pathologist

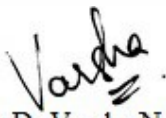




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### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

  
**Dr. Varsha Narayanan**  
**M.B.B.S., M.D (Pathology)**  
**Consultant Pathologist**



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Ring Road, Hyderabad, Telangana,  
Pin Code: 500081

 **1860 500 7788**  
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Patient Name	: Mrs. Rani Sonkar	Age	: 31Yrs 1Mths 29Days
UHID	: CMAR.0000187029	OP Visit No.	: CMAROPV881903
Printed On	: 09-11-2024 10:22 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S38281		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND WHOLE ABDOMEN FEMALE

LIVER: Appears normal in size ( 15cm), and **shows diffuse increase in echopattern**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern.No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained.

No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.9 cm and parenchymal thickness measures 1.7cm.

Left kidney measures 10.5cm and parenchymal thickness measures 1.8cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.6 X 5.0 X 3.8cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7.4mm.

OVARIES: Both ovaries appear normal in size and echopattern.

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Right ovary measures 3.4 X 2.7cm.

Left ovary measures 3.3 X 2.5cm.

No free fluid is seen.

Visualized bowel loops appears normal.

**IMPRESSION :**

**GRADE I FATTY INFILTRATION OF LIVER.**

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

---End Of The Report---



Dr.NAVEEN KUMAR K  
MBBS, DMRD Radiology, (DNB)  
85518  
Radiology

Patient Name	: Mrs. Rani Sonkar	Age	: 31Yrs 2Mths 0Days
UHID	: CMAR.0000187029	OP Visit No.	: CMAROPV881903
Printed On	: 11-11-2024 01:51 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S38281		

## DEPARTMENT OF CARDIOLOGY

### 2D ECHO& COLOUR DOPPLER

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	27mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	33mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
RVID(ed)	12mm	07 - 21 mm	EF	60 %	(50 - 70 %)
LVID(ed)	44mm	35 - 55 mm	%FD	30%	(25 - 40%)
LVID(es)	26mm	24 - 42 mm			

### MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

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LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
	Normal cardiac chambers
	Normal valves
	Normal LV Systolic function
IMPRESSION	No pulmonary hypertension
	No RWMA at rest
	Normal pericardium,
	No intracardiac masses / thrombi

---End Of The Report---



Dr.KAPIL RANGAN  
MBBS,MD,DM (CARDIOLOGY)  
KMC NO.88625  
Cardiology

Patient Name	: Mrs. Rani Sonkar	Age	: 31Yrs 1Mths 29Days
UHID	: CMAR.0000187029	OP Visit No.	: CMAROPV881903
Printed On	: 09-11-2024 11:15 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S38281		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

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**

For clinical correlation.

---End Of The Report---



Dr.NAVEEN KUMAR K  
MBBS, DMRD Radiology, (DNB)  
85518  
Radiology

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Rani Sankar on 09/11/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. \_\_\_\_\_  
Medical Officer



*This certificate is not meant for medico-legal purposes*

Name : Mrs. Rani Sonkar

Age : 31Y 1M 28D

UHID : CMAR.0000187029

Address : Mallathahalli Bangalore Karnataka INDIA 560056 sex : Female



CMAR.0000187029

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

OP No: CMAROPV881903

Bill No: CMAR-OCR-133335

Date: Nov 9th, 2024, 9:43 AM

Sno.	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	ULTRASOUND - WHOLE ABDOMEN <i>→ NB Room 4</i>	Ultrasound Radiology
2	OPHTHAL BY GENERAL PHYSICIAN	Consultation
3	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology
4	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry
5	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry
6	GYNAECOLOGY CONSULTATION	Consultation
7	DIET CONSULTATION	General
8	BODY MASS INDEX (BMI)	General
9	ECG <i>→ Room 7</i>	Cardiology
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry
11	2 D ECHO <i>→ Room 6</i>	Cardiology
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank
13	X-RAY CHEST PA <i>→ Rooms</i>	X Ray Radiology
14	URINE GLUCOSE(FASTING)	Clinical Pathology
15	LBC PAP TEST - PAPSURE	Histopathology
16	FITNESS BY GENERAL PHYSICIAN	Consultation
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry
18	GLUCOSE, FASTING	Biochemistry
19	ENT CONSULTATION	Consultation
20	LIPID PROFILE	Biochemistry
21	DENTAL CONSULTATION <i>→ (8)</i>	Consultation
22	HEMOGRAM + PERIPHERAL SMEAR	Haematology
23	PERIPHERAL SMEAR	Haematology
24	COMPLETE URINE EXAMINATION	Clinical Pathology
25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry



Sno.	Service Type/Service Name	Department	
26	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>

wt: 65.1 kg

Ht: 158 cm

BP: 110/80 mmHg

PR: 85 bpm

Technician:  
Ordering ph:  
Referring ph:  
Attending ph:

QRS : 66 ms  
QT / QTc Baz : 380 / 418 ms  
PR : 126 ms  
P : 104 ms  
RR / PP : 816 / 821 ms  
P / QRS / T : 61 / 60 / 20 degrees

Normal sinus rhythm  
Normal ECG

