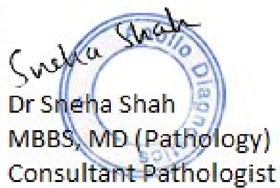
Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 09:28AM
Age/Gender	: 33 Y 10 M 0 D/F	Received	: 28/Sep/2024 02:15PM
UHID/MR No	: SPUN.0000016380	Reported	: 28/Sep/2024 03:38PM
Visit ID	: CAUNOPV177552	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32902		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen
Impression: Iron Deficiency Anemia
Advice: Iron studies & Hb Electrophoresis.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH240903190
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.5**	g/dL	12-15	Spectrophotometer
PCV	**28.50**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**66.7**	fL	83-101	Calculated
MCH	**22.3**	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	**18.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,030	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.6	%	40-80	Electrical Impedance
LYMPHOCYTES	25.6	%	20-40	Electrical Impedance
EOSINOPHILS	**0.7**	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4681.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1799.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	49.21	Cells/cu.mm	20-500	Calculated
MONOCYTES	485.07	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.6		0.78- 3.53	Calculated
PLATELET COUNT	335000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**24**	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen
Impression: Iron Deficiency Anemia

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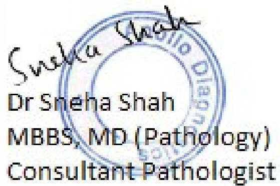
DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.



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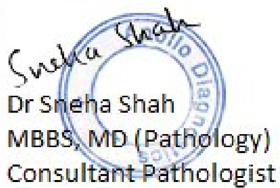
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 09:28AM
Age/Gender	: 33 Y 10 M 0 D/F	Received	: 28/Sep/2024 01:02PM
UHID/MR No	: SPUN.0000016380	Reported	: 28/Sep/2024 01:21PM
Visit ID	: CAUNOPV177552	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
GLUCOSE, FASTING , *NAF PLASMA*	88	mg/dL	70-100	HEXOKINASE

Comment:

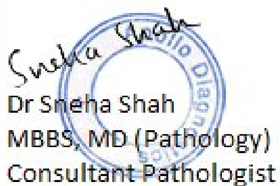
As per American Diabetes Guidelines, 2023

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.



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SIN No:AUH240903191

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Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 01:08PM
Age/Gender	: 33 Y 10 M 0 D/F	Received	: 28/Sep/2024 04:59PM
UHID/MR No	: SPUN.0000016380	Reported	: 28/Sep/2024 06:02PM
Visit ID	: CAUNOPV177552	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32902		

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	82	mg/dL	70-140	HEXOKINASE

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.Sanjay Ingle
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SIN No:AUH240903449

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UHID/MR No	: SPUN.0000016380	Reported	: 28/Sep/2024 05:05PM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)

DR.Sanjay Ingle
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Consultant Pathologist

SIN No:AUH240903189

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHO-POD
TRIGLYCERIDES	55	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.61	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.94	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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

Measurements in the same patient can show physiological and analytical variations.
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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Consultant Pathologist

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.26	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.1	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.3**		<1.15	Calculated
ALKALINE PHOSPHATASE	60.68	U/L	30-120	IFCC
PROTEIN, TOTAL	6.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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 > 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. 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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.48**	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	25.37	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**1.63**	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.94	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.86	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.46	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106.35	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

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Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 09:28AM
Age/Gender	: 33 Y 10 M 0 D/F	Received	: 28/Sep/2024 01:04PM
UHID/MR No	: SPUN.0000016380	Reported	: 28/Sep/2024 02:29PM
Visit ID	: CAUNOPV177552	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32902		

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	13.12	U/L	<38	IFCC

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH240903187

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Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 09:28AM
Age/Gender	: 33 Y 10 M 0 D/F	Received	: 28/Sep/2024 01:17PM
UHID/MR No	: SPUN.0000016380	Reported	: 28/Sep/2024 02:29PM
Visit ID	: CAUNOPV177552	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32902		

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
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	**10.374**	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

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH240903193

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Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 09:28AM
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH240903193

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Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 09:28AM
Age/Gender	: 33 Y 10 M 0 D/F	Received	: 28/Sep/2024 02:22PM
UHID/MR No	: SPUN.0000016380	Reported	: 28/Sep/2024 03:03PM
Visit ID	: CAUNOPV177552	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32902		

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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
COMPLETE URINE EXAMINATION (CUE), LBC PAP SMEAR

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH240903186
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Patient Name	: Ms.PRIYANKA BARVE	Collected	: 28/Sep/2024 09:28AM
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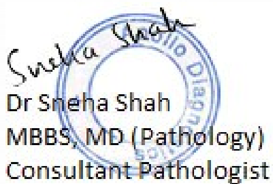
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32902		

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
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.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH240903186
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Ms. Priyanka Barve	Age	: 33Yrs 10Mths 4Days
UHID	: SPUN.0000016380	OP Visit No.	: CAUNOPV177552
Printed On	: 01-10-2024 06:45 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32902		

DEPARTMENT OF RADIOLOGY

USG ABDOMEN & PELVIS

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

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

Spleen appears normal. No focal lesion seen. Spleenic 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 C M differentiation are maintained. No calculus / hydronephrosis seen on either side.
Right kidney - 10.0 x 4.9 cm.
Left kidney – 11.5 x 5.1 cm.

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

Uterus appears normal in size measuring 7.0 x 3.8 x 4.7 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.9 mm.

Both ovaries- appear normal in size, shape and echo pattern.
Right ovary – 2.3 x 1.2 cm.
Left ovary – 2.0 x 1.5 cm.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

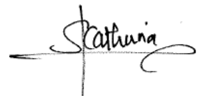
IMPRESSION :-

No 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.

---End Of The Report---



Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Patient Name	: Ms. Priyanka Barve	Age	: 33Yrs 10Mths 1Days
UHID	: SPUN.0000016380	OP Visit No.	: CAUNOPV177552
Printed On	: 29-09-2024 05:26 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Reffered By	: Self	Registration No.	: --
Employeer Id	: 22E32902		

DEPARTMENT OF CARDIOLOGY

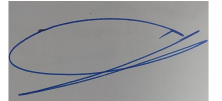
Observation :-

1. Sinus Rhythm.
2. No pathological Q wave or ST-T changes seen.
3. Normal P,QRS,T waves and axis.
4. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr. SATYAJEET SURYAWANSHI
MBBS, D.N.B. (CARDIOLOGY)
2005/05/2798
Cardiology

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DATE: 20/09/24

PATIENT NAME : Mrs priyanka Bane

AGE : 34yrs

MARRIED / UNMARRIED: ✓

MENSTRUAL HISTORY : 3-4/30 moderate painful m

MENARCHE :

PMC :

LMP : 12/09/24

OBSTETRIC HISTORY : G P L A

PAST HISTORY : DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES Nil

FAMILY HISTORY : DM/ HT/ IHD / MALIGNANCIES — mother Hypertension

No family H/o Cancer

Apollo HOSPITALS

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Date	: 9/28/2024	Department	:Ophthalmology
Patient Name	: Ms. Priyanka Barve	Doctor	: Dr.PRADNYA NIKAM
UHID	: SPUN.0000016380	Registration No.	: 2001123421
Age / Gender	: 33Yrs 9Mths 30Days / Female	Qualification	: MBBS, DOMS
Consulation Timing	: 9:18 AM		

Height : 155	Weight : 67	BMI :	Waist Circum : 85
Temp :	Pulse : 80	Resp :	B.P : 120/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

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Patient Name : MR Priyanka Barve **Date** : 28/09/24

AGE/Sex : 33/F **UHID/ MR NO :**

	RIGHT EYE	LEFT EYE
FAR VISION	6/6	6/6
NEAR VISION	N6	N6
ANTERIOR SEGMENT PUPIL	Normal	Normal
COLOUR VISION	Normal	Normal
FAMILY / MEDICAL HISTORY	No	No

Impression:

Adv.: -

E/D Eyemist / Tears

1-1-1

15 days

Optometrist: -

Mr. Yogesh Avaghad

Apollo Clinic – Aundh Pune

भारत सरकार
Government of India

Issue Date: 14/04/2012

प्रियंका उत्तम बारवे
Priyanka Uttam Barve
जन्म तारीख/DOB: 29/11/1990
महिला/ FEMALE

5921 6268 9646

VID : 9158 7378 2931 3693

माझे आधार, माझी ओळख