

Certificate No: MC-5597

Patient Name : Mrs.SWATI GARUD	Collected : 20/Jan/2024 09:11AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 20/Jan/2024 12:46PM
UHID/MR No : CKHA.0000071323	Reported : 20/Jan/2024 01:51PM
Visit ID : CKHAOPV108315	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE5461	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	12-15	Spectrophotometer
PCV	40.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.14	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	79	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,360	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.7	%	40-80	Electrical Impedance
LYMPHOCYTES	35.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5307.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3285.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	655.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.36	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC's Anisocytosis+, Microcytes+, Elliptocytes+				
WBC's are normal in number and morphology				
Platelets are Adequate				
No Abnormal cells/hemoparasite seen.				

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



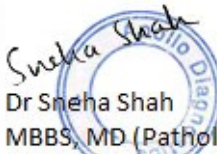
Certificate No: MC-5697

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Age/Gender : 32 Y 6 M 0 D/F	Received : 20/Jan/2024 12:46PM
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Visit ID : CKHAOPV108315	Status : Final Report
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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. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



Certificate No: MC-5597

Patient Name : Mrs.SWATI GARUD	Collected : 20/Jan/2024 11:38AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 20/Jan/2024 02:34PM
UHID/MR No : CKHA.0000071323	Reported : 20/Jan/2024 05:39PM
Visit ID : CKHAOPV108315	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE5461	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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:

- 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.
- 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	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
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Certificate No: MC-5587

Patient Name : Mrs.SWATI GARUD	Collected : 20/Jan/2024 09:11AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 20/Jan/2024 12:45PM
UHID/MR No : CKHA.0000071323	Reported : 20/Jan/2024 03:35PM
Visit ID : CKHAOPV108315	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE5461	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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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UHID/MR No : CKHA.0000071323	Reported : 20/Jan/2024 05:15PM
Visit ID : CKHAOPV108315	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. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	112	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.89	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.41	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.77		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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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. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.91	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.86	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	56.99	U/L	30-120	IFCC
PROTEIN, TOTAL	7.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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, Wilson'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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	19.51	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.45	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.22	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.05	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.18	mmol/L	101-109	ISE (Indirect)



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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. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.68	U/L	<38	IFCC



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Age/Gender : 32 Y 6 M 0 D/F	Received : 20/Jan/2024 12:59PM
UHID/MR No : CKHA.0000071323	Reported : 20/Jan/2024 02:18PM
Visit ID : CKHAOPV108315	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE5461	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	15.70	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.169	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

- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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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. 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	>1.025		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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/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



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





Certificate No: MC-5697

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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. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

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

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

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



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Swati Garud on 22/1/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>↑ Lymphocytes</u></p> <p>2. <u>↑ Cholesterol level</u></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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Lily Dube
 Medical Officer
 Apollo Clinic (Charadi)
 2322/04/0739

This certificate is not meant for medico-legal purposes

Date : 20-01-2024
MR NO : CKHA.0000071323

Department : GENERAL
Doctor :

Name : Mrs. SWATI GARUD

Registration No :

Age/ Gender : 32 Y / Female

Qualification :

Consultation Timing: 08:53

mp-98

Height : 157	Weight : 69.5	BMI : 27	Waist Circum : 88
Temp : 97.5F	Pulse : 107	Resp : 22	B.P : 115/75

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Cmp - 28/12/23

Present complains - Nil

Comorbidity - Nil

Allergies - Nil

Surgical H/O Nil

Family H/O Nil

Addiction - Nil

OE

CVS-

CNS-

P/A-

Chest-

} NAD

H/O covid infection - No

Vaccinated with - both doses

Follow up date:

Doctor Signature

Swati Garud.

32 years.

20/01/2024

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

SIB Dr. Pradnya.

32 year old female,
for regular gynaec consultation

M/H -

LMP = 28/12/2024

PMH = 3 days / 30 days / Regular.

Ad

LBC PAPSURE
test



DR. PRADNYA GANGARDE
MBBS M.S.OBGY
Reg. No. 2017/05/1913

Follow up date:

Doctor Signature

Mrs. Swati Gaud,
32yrs / R.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

pt came for Routine ENT Health checkup;
- No active ENT complaints;
- No h/o ↓ hearing loss;

O/E BIL EAC - clear ; B/LTM - intact;

DNS absent;

- Mild congestion of PPNI ⊕

↓
- Steam inhalation
1-17



Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Mrs. Swati Karad

GENDER: M/F

DATE: 20.1.24

AGE: 32y

UHID: 71323

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-2.75	-0.50	40	6/6
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	-2.50	-0.50	140	6/6
NEAR				

INSTRUCTIONS:

SIGNATURE



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

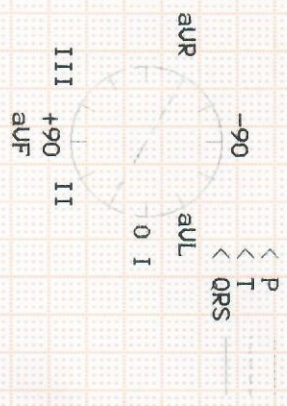
TO BOOK AN APPOINTMENT

 **1860 500 7788**

AGE: 32

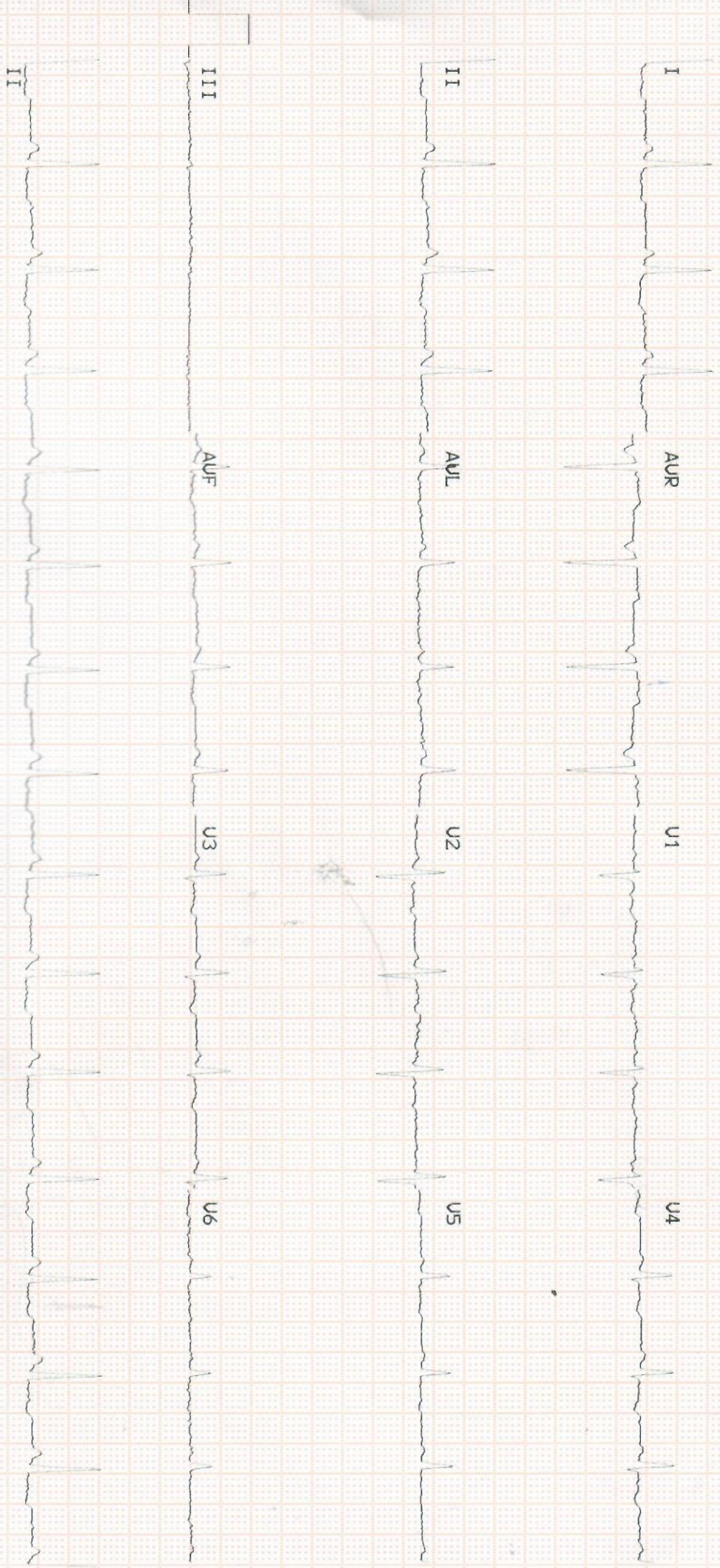
Measurement Results:

QRS	:	78	ms
QT/QTcB	:	328 / 401	ms
PR	:	112	ms
P	:	96	ms
AV/AVF	:	96 / 100	ms
P/QRS/T	:	33 / 31 / 211	degrees



Interpretation:

Unlimited Report



Patient Name : Mrs. SWATI GARUD
UHID : CKHA.0000071323
Reported on : 20-01-2024 14:36
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CKHAOPV108315
Printed on : 20-01-2024 19:04
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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 .

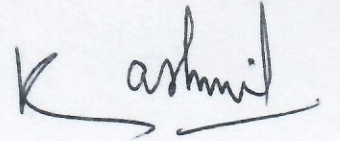
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:20-01-2024 14:36

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mrs. SWATI GARUD
UHID : CKHA.0000071323
Reported on : 20-01-2024 16:01
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CKHAOPV108315
Printed on : 20-01-2024 19:04
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows **minimally raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is partially distended. No calculus or sludge noted.

Spleen : It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas : It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : Normal in size ms 8.8 x 3.5 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 9.1 x 4.0 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: is anteverted, and measures 7.9 x 3.6 x 5.7 cms. No focal lesion seen. Endometrial thickness is 10 mm.

Right ovary : measures 2.7 x 1.7 cms.

Left ovary : measures 2.4 x 1.8 cms.

Both ovaries: appears normal in size and echotexture.

Visualised bowel loops appear normal.

IMPRESSION :

- **Early fatty changes in liver.**

Patient Name : Mrs. SWATI GARUD
UHID : CKHA.0000071323
Reported on : 20-01-2024 16:01
Adm/Consult Doctor :

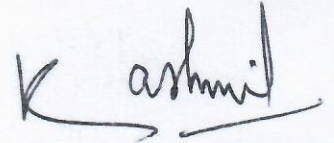
Age : 32 Y F
OP Visit No : CKHAOPV108315
Printed on : 20-01-2024 19:04
Ref Doctor : SELF

Clinical correlation suggested.....

(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:20-01-2024 16:01

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Name: MRS. SWATI GARUD

Age/ Sex: 32 Yrs / F

Date: 20 /01/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	22	PULMONARY VE(m/sec)	0.9
LEFT ATRIUM (mm)	29	PG (mmHg)	3.5
		AORTIC VEL (m/sec)	1.3
IVS - D (mm)	10	PG (mmHg)	7.3
LVID - D (mm)	46	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.



DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER
31	Arcofemi/Mediwheel /MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobE5461	MRS. GARUD SWATI SANDESH	33 year	Female

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

कूट क्र. | E.C.No. **163775**

नाम | Name **Swati Sanesh Garud**

पदनाम | Desig. **Business Associates**

धारक के हस्ताक्षर | Signature of Holder


20/09/2022
जारी करने की तारीख
Date of Issue


जारीकर्ता प्राधिकारी
Issuing Authority





Age = 32

Contact = 9503058458