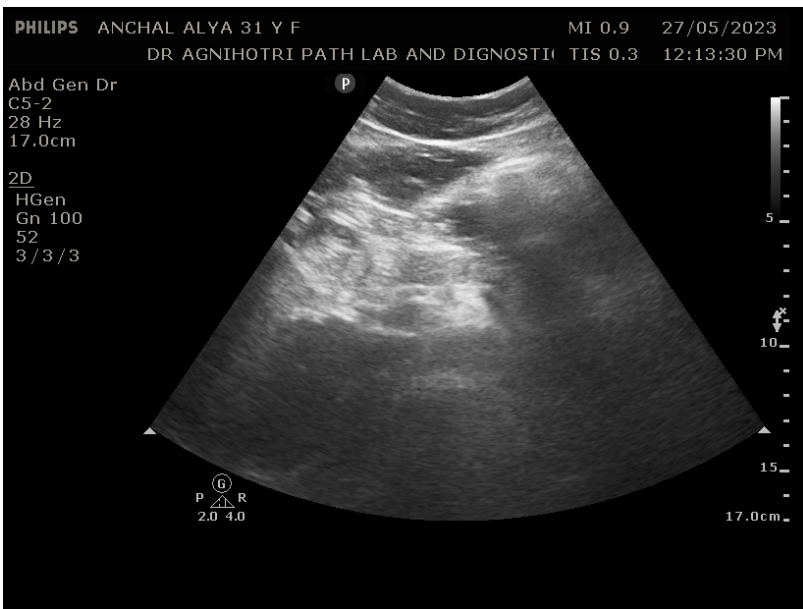
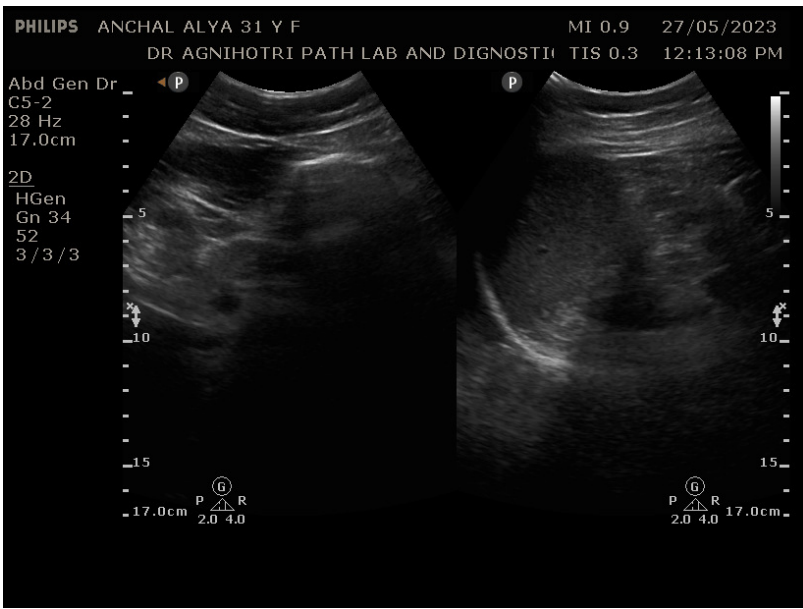


Dr. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER, INDORE

27 May 2023

Name : ANCHAL ALYA 31 Y F



MER- MEDICAL EXAMINATION REPORT

Date of Examination	27/5/2028		
NAME	Mrs. Anchel Alya		
AGE	31 years	Gender	(F) Male Female
HEIGHT(cm)	160 cms.	WEIGHT (kg)	72 kg
B.P.	140 / 70	P- 86 min / Regular	
ECG	WNL, T wave inversion in anterolateral leads		
X Ray	Normal.		
Vision Checkup	Color Vision : Clear .		
	Far Vision Ratio : 6 / 6		
	Near Vision Ratio : 20 / 20		
Present Ailments	- Nil -		
Details of Past ailments (If Any)	- Nil -		
Comments / Advice : She / He is Physically Fit	Physically fit		

Orate

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. ANCHAL ALYA on 27/5/2023

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 	✓
<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.....</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"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. *Uneto*
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

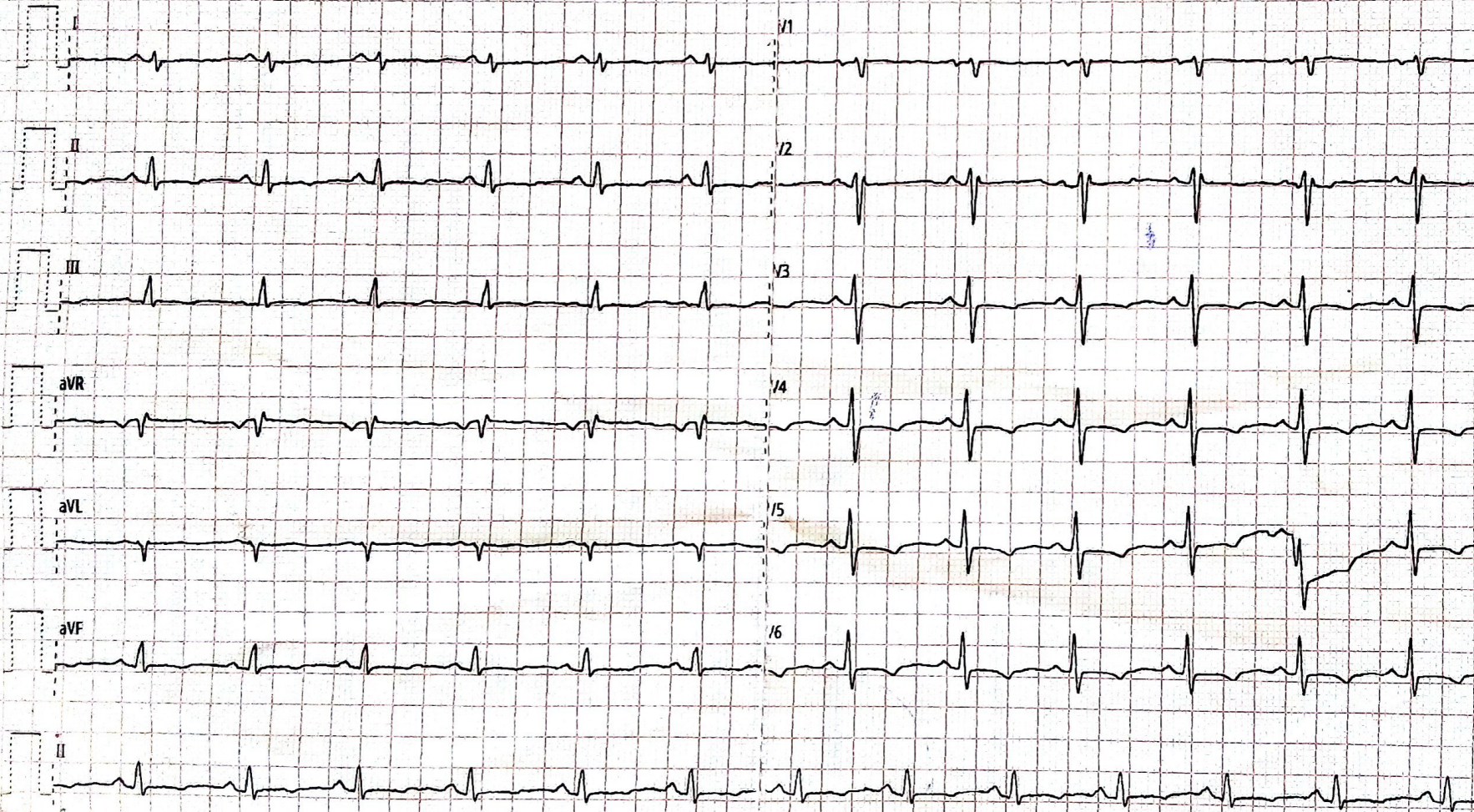
DR. AGNIHOTRI DIAGNOSTIC CENTER INDORE ECG report

ID : 20230527091223
Name : ANCHAL ARYA
Gender : F
Age : 31 Years
Dept :
Bed No:
HR : 83 bpm
PR : 138 ms
QRS : 96 ms
QT/QTc : 372/412 ms
P/QRS/T : 51/98/46°
RV5/SV1 : 0.562/0.229 mv
RV5+SV1 : 0.791 mv

<<Interpretations >>
Sinus rhythm
Rightward axis
Anterolateral ST-T abnormality
- may be due to myocardial ischemia
Low QRS voltages in limb leads
Abnormal ECG

Confirm and sign :

Dr. Yatendra Kumar P...
D.M. Cardiologist
MP-13449





Dr. Agnihotri's Path Lab & Diagnostic Center

(A unit of Virom Healthcare Pvt. Ltd.)

Patient Name	ANCHAL ALYA	Patient ID	270523055
Age Gender	31Y/FEMALE	Scan Date	27 MAY 2023
Referring Doctor	DR .SELF	Report Date	27 MAY 2023

CHEST X-RAY PA VIEW

- Soft tissue opacity and thoracic bony cage appears to be normal.
- Bilateral bronchovascular markings are prominent.
- Cardiac shadow is normal .
- Both lungs fields are clear .
- Both domes of diaphragm appear normal.
- Both cardio-phrenic angles appear to be clear.

IMPRESSION: CHEST XRAY PA VIEW REVEALS:

No obvious abnormality noted.

Suggested clinical correlation.

Dr. Pramita kheti

MBBS,MD REG MP NO - 28319

Consultant Radiologist

Disclaimer

It is an online interpretation of medical imaging based on the available clinical data. Patient's identification in online reporting is not established, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

📍 **Head Office** : UG-4,5,6, The Magnet Tower, 6/1, Race Course Road,
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Dr. Agnihotri's Path Lab & Diagnostic Center

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Patient Name	MRS.ANCHAL ALYA	Age / Sex	31/F
Referred by	SELF	Date	27.05.2023
OPD / IPD	OPD		

USG WHOLE ABDOMEN

Technique: - Real time ultrasound examination of abdomen and pelvis was performed with abdominal probe on ultrasound machines (SAMSUNG HS70 A / "SIEMENS" ACUSON X 600).

OBSERVATIONS:-

Liver is normal in size. No focal lesion is seen. No evidence of any IHBR dilatation.

Gall bladder wall is normal. No sludge or calculi. Walls are thin.

The main portal vein is normal. CBD is normal in size.

Pancreas and spleen are normal in size, shape and echotexture.

Right kidney measures 9.6 cms Left kidney measures 9.2 cms
Both kidneys show normal size and echotexture. Cortico-medullary differentiation and cortical thickness are well maintained. No calculi / hydronephrosis in either side.

Urinary bladder shows normal wall and echo free lumen.

Uterus is antverted and normal in size. Myometrium appears homogeneous with no focal lesion. Endometrium is 6 mm. Both ovaries are normal in size.

No ascites or pleural effusion noted. No significant lymphadenopathy.

Impression:-

No significant abnormality is seen.

For clinico-pathological correlation.

Anchal
Dr. A. Mangal
MBS, DNB, DNR
Consultant Radiologist

Important: Owing to technical and biological limitations in case of any error in any study, the doctor can not be held responsible for claim of damages of any nature and this report is not valid for any medicolegal aspect.

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Dr. Agnihotri's Path Lab & Diagnostic Center

(A unit of Virom Healthcare Pvt. Ltd.)

Patient ID : 00000110
Patient Name : MrS. ANCHAL ALYA
Age/ Gender : 34YEAR FEMALE
Ref. By : DR.SELF
Center Name : Dr. Agnihotri's Path Lab & Diagnostic Center
DATE : 27/ 05 /2023

ECHO COLOR DOPPLER REPORT

1. INTERPRETATION:

CHD : Small Ostium Secundum ASD

Of Size 1.5-1.7cm With LT to RT

Stunt Margins Well Preserved

Trivial TR Mild PAH of 36mmhg

Mild Dilated RA & RV

EF is 65%

2. IMAGING

M Mode examination revealed normal movement of both mitral leaflets during diastole. No SAM or mitral valve prolapse is seen. Aortic cusps are not thickened and enclosure line is central. Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle. Movement of septum, anterior, posterior, inferior and lateral walls is normal.

Global LVEF is 65%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted.

Right atrium & right ventricle are Mild Dilated. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Interatrial and interventricular septa are

intact, No intracardiac mass of thrombus is seen. No pericardial pathology is observed.

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3. MEASUREMENTS: Normal

Aortic root diameter	3.0cms	2.0 - 3.7 cm <2.2cm/M2
Aortic valve opening	1.8cms	1.5-2.6cm
Right ventricular dimension	3.0cms	0.7-2.5cm <1.4cm/M2
Left atrial dimension	3.3cms	1.9-4.0cm <2.2cm/M2
Left ventricular ED dimension	4.4cms	3.7-5.6cm <3.2cm/M2
Left ventricular ES dimension	3.0cms	2.2-4.0cm
Interventricular ED septal thickness	0.8cms	0.6-1.2cm
Left vent ED PW thickness	0.8cm	0.5-1.0cm
IVS/LVPW	1	<1.3

Indices of left Ventricle function:

LVEjection Fraction	65%	60 - 80 %
---------------------	-----	-----------

3. COLOUR DOPPLER STUDY

Peak Velocity Max. Gradient Regurgitation (m/sec) (mm/Hg)

M.V	0.83	2.78	0/0
-----	------	------	-----

A.V	1.27	6.48	0/0
-----	------	------	-----

P.V	1.01	4.10	
-----	------	------	--

T.V	0.56	1.25	TRIVIAL
-----	------	------	---------

**Dr. YATENDRA KUMAR
PORWAL**
MD, Cardiologist

📍 **Head Office** : UG-4,5,6, The Magnet Tower, 6/1, Race Course Road,
Janjirwala Square, New Palasia, INDORE (M.P.)



Dr. Agnihotri's Path Lab & Diagnostic Center

Reg. No.: CL/6000/OCT-2017

Patient ID : 270523044
Patient Name : **MRS. ANCHAL ALYA**
Age / Gender : 31 YEARS / FEMALE
Ref. By : ARCOFEMI HEALTHCARE LIMITED
Center Name : DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER

Sample Collected on : 27-May-2023 8:35 AM
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HAEMATOLOGY.

Investigation	Result
PERIPHERIAL SMEAR EXAMINATION	
RBCs SERIES	shows normocytic normochromic picture on smear.
WBCs SERIES	Total count with in normal range. Differential count with in normal range
PLATELETS	adequate on smear
COMMENTS	Smear study within normal limits.

Reports relates to the sample submitted.

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MD Pathology

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HAEMATOLOGY

Investigation	Result
BLOOD GROUP	
ABO " Group	"O"
Rh (D) Factor	Positive
Method : Slide Agglutination Test.	
Limitations :	
The test is accurate and will detect the common blood grouping system A,B,O,AB and Rhesus(D). Unusual blood groups or rare sub-types will not be detected by this method. Further investigation by a blood transfusion laboratory will be necessary to identify such groups.	
ESR (EDTA Whole Blood)	15 mm/1hr. 0-20
Westergren's	

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HBA1c [GLYCOSYLATED HEMOGLOBIN]

Investigation	Result	Unit	Bio. Ref. Range
HbA1c	5.01	%	4-6
Method : TURBIDIMETRY			
Average Blood Glucose (ABG)	97	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested > 211 : Panic Value

Method : Derived from HBA1c values

INTERPRETATION :

- HbA1c is used for monitoring diabetic control . If reflects the estimated average glucose (eAG) .
- HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2020 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .
- Trends in HbA1c are a better indicator of diabetes control than a solitary test.

Limitations:

An increase almost certainly means DM if other factors are absent but a normal value does not rule out impaired glucose tolerance. A value less than the normal mean is not seen in untreated DM.

In hemolytic anemia, iron deficiency anemia, and transfusion, the average age of erythrocytes is altered. Caution should be used when interpreting the HbA1C results from patients with these conditions.

Clinical diagnosis should not be made on the findings of a single test result but should integrate both clinical and laboratory data.

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COMPLETE BLOOD COUNT(CBC)

Investigation	Result	Unit	Bio. Ref. Range
RBC			
HAEMOGLOBIN	12.8	g/dl	12.1-15.1
RBCs Count	4.52	$\times 10^6/\text{cumm}$	4.5-5.5
Packed Cell Volume (PCV/HCT)	36.1	%	36-46
Mean Corpuscular Volume (MCV)	79.9	fl	80-98
Mean Corpuscular Hemoglobin(MCH)	28.3	pg	27-32
Mean Corp. Hemo. Conc.(MCHC)	32.3	gm%	31.5-34.5
Red Cell Distribution Width (RDW-CV)	13.7	%	11.5-14.5
WBC			
Total WBCs Count	7.39	$10^3/\text{ul}$	4-11
Neutrophils	58	%	35-80
Lymphocytes	38	%	18-44
Monocytes	02	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Absolute Neutrophil Count	4.29	$10^3/\text{ul}$	2-7
Absolute Lymphocyte Count	2.81	$10^3/\text{ul}$	1-4
Absolute Eosinophil Count	0.15	$10^3/\text{ul}$	0.02-0.5
Absolute Monocyte Count	0.15	$10^3/\text{ul}$	0.02-1.0
Absolute Basophil Count	0.00	$10^3/\text{ul}$	0.02-0.1
PLATELETS			
Platelet count	300.00	$10^3/\text{ul}$	150-400

Fully Automated, Bidirectional Interfaced, Differential Auto Hematology Analyzer - "(Mindray BC6000) 6 Part hematology analyzer"

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Range
Gamma GT (GGTP) (Serum, Enzymatic)	23.0	U/L	9-36
Fasting Plasma Glucose (Plasma-F, GOD-POD)	71	mg/dL	70-110
Fasting Urine Glucose	Nil		
AS PER AMERICAN DIABETES ASSOCIATION 2020 UPDATE-			
FASTING GLUCOSE LEVEL-			
- Normal glucose tolerance : 70-110 mg/dl			
- Impaired Fasting glucose (IFG) : 110-125 mg/dl			
- Diabetes mellitus : ≥ 126 mg/dl			
CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS			
- Fasting plasma glucose ≥ 126 mg/dl			
- Classical symptoms + Random plasma glucose ≥ 200 mg/dl			
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)			
- Glycosylated haemoglobin $> 6.5\%$			
***Any positive criteria should be tested on subsequent day with same or other criteria.			
*** In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples			
Post Prandial Plasma Glucose (2 hrs. after Lunch) (Plasma-PM, GOD-POD)	101	mg/dL	70-140



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AS PER AMERICAN DIABETES ASSOCIATION 2020 UPDATE-

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms + Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

***Any positive criteria should be tested on subsequent day with same or other criteria

RENEL FUNCTION TEST

Blood Urea	18	mg/dL	10-50
Creatinine	0.88	mg/dL	0.8-1.4

SARCOSINE OXIDASE METHOD

Performed on Fully Automated Biochemistry Analyser

Techniques & kits used : Fully Automated, Bidirectional Interfaced, Random Access Biochemistry Analyser.

URIC ACID	3.66	mg/dL	Male : 2.5-8.0 mg/dL Female : 1.9-7.5 mg/dL
-----------	------	-------	--

ENZYMATIC

Techniques & kits used : Fully Automated, Bidirectional Interfaced, Random Access Biochemistry Analyser

CALCIUM - TOTAL	9.11	mg/dL	8.5-11.0 mg/dL Critical values < 6.6 or > 12.9
-----------------	------	-------	---

ARSENAZO III, END POINT

Limitations :

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

Techniques & kits used : Fully Automated, Bidirectional Interfaced, Random Access Biochemistry Analyser.

BUN-Blood Urea Nitrogen	8	mg/dL	8-23
BUN / Sr.Creatinine Ratio	9	Ratio	9:1 - 23:1

LIVER FUNCTION TEST

Total Bilirubin	0.56	mg/dL	0.3-1.2
-----------------	------	-------	---------

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Direct Bilirubin	0.21	mg/dL	0-0.4
Indirect Bilirubin	0.35	mg/dL	0.3-0.8
Aminotransferases - AST/SGOT	23	U/L	10-40
Aminotransferases - ALT/SGPT	32	U/L	10-40
Alkaline Phosphatase	56	IU/L	30-120
Total Protein	6.99	g/dl	6.0-8.5
Albumin	3.56	g/dl	3.4-5.6
Globulin	3.43	g/dl	2.3-3.5
A/G Ratio	1.04		1.2-2.3

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SEROLOGY

Investigation	Result	Unit	Bio. Ref. Range
Rheumatoid Factor - RF, Serum NEPHELOMETRY	10.0	IU/ml	0-20

Techniques & kits used : MispaI-2 Nephelometer.

Principal : Turbidimetric immunoassay for quantitative detection of rheumatoid factors of the IgM class.

Analytical sensitivity range : 10.0 - 100 IU/mL.

Clinical diagnosis should not be made on the findings of a single test results, but should integrate both clinical and laboratory data

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TFT

Investigation	Result	Unit	Bio. Ref. Range
THYROID FUNCTION TEST			
Total Triiodothyronine (T3)	1.58	ng/ml	0.69-2.15
Total Thyroxine (T4)	7.85	ug/dl	5.2-12.7
Thyroid Stimulating Hormone (TSH)	2.22	uIU/mL	0.35-5.50

Method : Competitive Chemi Luminescent Immuno Assay

Limitations:

Interference may be encountered with certain sera containing antibodies directed against the reagent components. For this reason, assay results should be interpreted taking into consideration the patient's history and the results of any other tests performed.

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Report Released on : 27-May-2023 5:17 PM



LIPID PROFILE

Investigation	Result	Unit	Bio. Ref. Range
Serum Cholesterol -Total	141.0	mg/dL	Desirable <200 Borderline High 200-239 High > 240
Serum Triglycerides	132	mg/dL	Desirable <150 Borderline High 150-199 High > 200
HDL Cholesterol	50	mg/dL	<40 Low >60 High
LDL Cholesterol	64.60	mg/dL	Near to above optimal 100-129 Borderline High 130-159 High 160-189 Very High >190
VLDL Cholesterol	26.40	mg/dL	6-38
CHOL/HDL Ratio	2.82	Ratio	3.50-5.00
LDL / HDL Ratio	1.29	Ratio	0-3.00

INTERPRETATION :

Reports relates to the sample submitted.

Note: All pathological tests have technical & biological limitations. Please correlate clinically as well as with other investigative findings. A review should be requested in case of any disparity. This report is not valid for medicolegal purposes.

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Utkarsha

Dr.Utkarsha Singh
MD Pathology



Dr. Agnihotri's Path Lab & Diagnostic Center

Reg. No.: CL/6000/OCT-2017

Patient ID : 270523044
Patient Name : **MRS. ANCHAL ALYA**
Age / Gender : 31 YEARS / FEMALE
Ref. By : ARCOFEMI HEALTHCARE LIMITED
Center Name : DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER

Sample Collected on : 27-May-2023 8:35 AM
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REPORT ON URINE ROUTINE

Investigation	Result	Unit
Specimen Name	Urine	
PHYSICAL EXAMINATION		
QUANTITY	25	ml
COLOUR	Pale yellow	
APPEARANCE	Clear	
SPECIFIC GRAVITY	1020	
CHEMICAL EXAMINATION		
REACTION (PH)	Acidic	
URINE GLUCOSE (SUGAR)	Nil	
URINE PROTEIN (ALBUMIN)	Nil	
URINE KETONES (ACETONE)	Negative	
BILE PIGMENTS/ BILE SALT	Negative	
BLOOD	Negative	
MICROSCOPIC EXAMINATION		
EPITHELIAL CELLS	3-4	/ HPF
PUS CELLS (WBCS)	2-3	/ HPF
RED BLOOD CELLS	Nil	/ HPF

Reports relates to the sample submitted.

Note: All pathological tests have technical & biological limitations. Please correlate clinically as well as with other investigative findings. A review should be requested in case of any disparity. This report is not valid for medicolegal purposes.

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Patient Name : **MRS. ANCHAL ALYA**
Age / Gender : 31 YEARS / FEMALE
Ref. By : ARCOFEMI HEALTHCARE LIMITED
Center Name : DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER

Sample Collected on : 27-May-2023 8:35 AM
Sample Received on : 27-May-2023 8:35 AM
Report Released on : 27-May-2023 5:21 PM



PAP Smear Examination Report

Investigation	Result
Specimen	PAP smear
Adequacy	Satisfactory for evaluation
General categorization	Smear studied shows superficial squamous cells on background of mild inflammatory infiltrate.
Interpretation	Negative for intraepithelial lesion or malignancy (NILM).

Reports relates to the sample submitted.

Note: All pathological tests have technical & biological limitations. Please correlate clinically as well as with other investigative findings. A review should be requested in case of any disparity. This report is not valid for medicolegal purposes.

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