

Patient Name : Mrs. THIRUPURA SUNDARI M	Collected : 28/Oct/2023 08:20AM
Age/Gender : 59 Y 3 M 9 D/F	Received : 28/Oct/2023 12:41PM
UHID/MR No : CANN.0000124242	Reported : 28/Oct/2023 03:28PM
Visit ID : CANNOPV376402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49086	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology: Microscopic

RBC MORPHOLOGY : Microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number

PARASITES : No haemoparasites seen

NOTE/COMMENT : Please correlate clinically.



APOLLO CLINICS NETWORK

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	37.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79.9	fL	83-101	Calculated
MCH	26	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65.2	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4238	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1670.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	175.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	383.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.5	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	33	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

Methodology: Microscopic

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Test Name	Result	Unit	Bio. Ref. Range	Method
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PARASITES	: No haemoparasites seen			
NOTE/COMMENT	: Please correlate clinically.			



SIN No: BED230263460

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

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Age/Gender : 59 Y 3 M 9 D/F	Received : 28/Oct/2023 12:41PM
UHID/MR No : CANN.0000124242	Reported : 28/Oct/2023 05:14PM
Visit ID : CANNOPV376402	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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 **1860 500 7788**
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Patient Name : Mrs.THIRUPURA SUNDARI M	Collected : 28/Oct/2023 11:06AM
Age/Gender : 59 Y 3 M 9 D/F	Received : 28/Oct/2023 02:48PM
UHID/MR No : CANN.0000124242	Reported : 28/Oct/2023 04:41PM
Visit ID : CANNOPV376402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE
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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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	HEXOKINASE
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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.



Patient Name : Mrs.THIRUPURA SUNDARI M	Collected : 28/Oct/2023 08:20AM
Age/Gender : 59 Y 3 M 9 D/F	Received : 28/Oct/2023 12:42PM
UHID/MR No : CANN.0000124242	Reported : 28/Oct/2023 02:43PM
Visit ID : CANNOPV376402	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	128	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)



Patient Name : Mrs.THIRUPURA SUNDARI M	Collected : 28/Oct/2023 08:20AM
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	247	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	191	mg/dL	<130	Calculated
LDL CHOLESTEROL	161.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.41		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.47	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.32		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 > 1 In 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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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.66	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	16.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)



SIN No:SE04523325

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<38	IFCC



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Patient Name : Mrs. THIRUPURA SUNDARI M	Collected : 28/Oct/2023 08:20AM
Age/Gender : 59 Y 3 M 9 D/F	Received : 28/Oct/2023 12:25PM
UHID/MR No : CANN.0000124242	Reported : 28/Oct/2023 01:51PM
Visit ID : CANNOPV376402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49086	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.42	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.93	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.498	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



Patient Name : Mrs. THIRUPURA SUNDARI M	Collected : 28/Oct/2023 08:20AM
Age/Gender : 59 Y 3 M 9 D/F	Received : 28/Oct/2023 01:01PM
UHID/MR No : CANN.0000124242	Reported : 28/Oct/2023 02:26PM
Visit ID : CANNOPV376402	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49086	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No: UR2209053
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044-26224504 / 05

 **1860 500 7788**
www.apolloclinic.com

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.THIRUPURA SUNDARI M	Collected : 28/Oct/2023 08:20AM
Age/Gender : 59 Y 3 M 9 D/F	Received : 28/Oct/2023 01:02PM
UHID/MR No : CANN.0000124242	Reported : 28/Oct/2023 02:27PM
Visit ID : CANNOPV376402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49086	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Patient Name : Mrs.THIRUPURA SUNDARI M	Collected : 28/Oct/2023 08:20AM
Age/Gender : 59 Y 3 M 9 D/F	Received : 29/Oct/2023 11:38AM
UHID/MR No : CANN.0000124242	Reported : 30/Oct/2023 06:35PM
Visit ID : CANNOPV376402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS49086	

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	18247/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Parabasal and basal cells with reactive nuclear changes. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	ATROPHY WITH NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



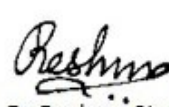
Dr. MARQUESS RAJ
M.D, DipRCPath, D.N.B(PATH)
Consultant Pathologist



DR. R. SRIVATSAN
M.D.(Biochemistry)



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



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist



Patient Name	: Mrs. THIRUPURA SUNDARI M	Age	: 59 Y/F
UHID	: CANN.0000124242	OP Visit No	: CANNOPV376402
Reported By:	: Dr. ANUSHA ARUMUGAM	Conducted Date	: 28-10-2023 15:16
Referred By	: SELF		

ECG REPORT

Observation :-

1. Heart rate is 70 beats per minutes.

Impression:

T WAVE INVERSION IN V3 - V5 ,

LOW QRS COMPLEXES .

----- END OF THE REPORT -----

Dr. ANUSHA ARUMUGAM

Patient Name	: Mrs. THIRUPURA SUNDARI M	Age/Gender	: 59 Y/F
UHID/MR No.	: CANN.0000124242	OP Visit No	: CANNOPV376402
Sample Collected on	:	Reported on	: 28-10-2023 20:04
LRN#	: RAD2135506	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS49086		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

CH : No complaints.Routine check up
F/H/O Breast cancer : Mother
Previous mammogram / USG : No
H/o Breast surgery : No

Report

Tissue composition of both breasts

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.

No evidence of duct dilatation / architectural distortion.

The subareolar tissues are normal.

No evidence of retromammary pathology is seen.

The axillary tails are normal.

No axillary lymphadenopathy.

IMPRESSION:

* NO SIGNIFICANT ABNORMALITY DETECTED.

- USG BIRADS - I

- (Suggested Mammogram in view of age)

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs. THIRUPURA SUNDARI M	Age/Gender	: 59 Y/F
UHID/MR No.	: CANN.0000124242	OP Visit No	: CANNOPV376402
Sample Collected on	:	Reported on	: 28-10-2023 17:29
LRN#	: RAD2135506	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS49086		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas and spleen appear normal.
Spleen measures 9.0 cms.

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.4 x 3.7 cms.
Left kidney measures 10.1 x 3.9 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus not visualized (H/o surgery)
Both ovaries not visualized.
No mass lesion seen in the pelvis.

Patient Name : Mrs. THIRUPURA SUNDARI M

Age/Gender : 59 Y/F

Bladder is normal in contour.

IMPRESSION:

* POST HYSTERECTOMY STATUS.

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs. THIRUPURA SUNDARI M	Age/Gender	: 59 Y/F
UHID/MR No.	: CANN.0000124242	OP Visit No	: CANNOPV376402
Sample Collected on	:	Reported on	: 28-10-2023 13:14
LRN#	: RAD2135506	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS49086		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Name: Mrs. THIRUPURA SUNDARI M
Age/Gender: 59 Y/F
Address: 109/G1 1ST CROSS STREET ST.ANTHONY NAGAR ANNANUR
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUMA RAGHURAM

MR No: CANN.0000124242
Visit ID: CANNOPV376402
Visit Date: 28-10-2023 08:14
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: Nil ,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: Yes,

Since :- 3 months,

BREATHING DIFFICULTY : Yes,

Palpitation..: (+) - 3 months,

GastroIntestinal System

Peptic ulcers: Acidity,

GenitoUrinary System

Frequency: UTI,

Central Nervous System

SLEEP- : Disturbed,

Eye

Glasses : Yes,

Musculoskeletal System

SPINE AND JOINS: Multiple Joint Pain / Back Pain,

****Weight**

--->: **Stable,**

HT-HISTORY

Past Medical History

Cancer: **No ,

Past surgical history

Surgical: **1. Tubal Pregnancy**

2. Hysterectomy

3. Umbilical Hernia

,

Personal History

Marital Status	Married,
-->	
No. of Children	1,
-->	
Diet	Non-Vegetarian,
-->	
Physical Activity	Mild,

Family History

Diabetes	mother ,
-->	
cancer-	father ,
-->	
Type	STOMACH,
-->	
Heart	Mother (IHD),

PHYSICAL EXAMINATION

General Examination

Height (in cms): **154,**

Weight (in Kgs): **70.2,**

Waist: **99,**

Hip: **108,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate (Per Minute) : **72,**

Systolic: **120,**

Diastolic: **60,**

Heart Sounds : **S1S2 ,**

Gynaecology and Obstetrics:

Gynec Findings: **Gynec Checkup Done By : Dr. INDRA V,**

Breasts: **Normal** ,

Vagina: **Normal**,

Pap Smear: **Taken**,

Vault---: **healthy**,

IMPRESSION

Apollo Health check

Findings: **1. MCH Level**
2. Minimal Elevated ESR
3. HbA1c - 6.1 Level
4. Elevated Cholesterol Level
5. USG BIRADS - I
6. TSH - Normal,

RECOMMENDATION

Advice on Diet

Dietician diet advice: **Dietary changes for sugar and Cholesterol,**

Review/Follow Up

Refer to specialty : **To see Cardiologist and TMT if advised ,**

Other Recommendations

Test/Investigation: **1. To do HbA1c after 3 months with Review**
2. To do VitD3 / Dexa/ VitB12,

General advice: **ON MEDICATION**

1. TAB. ROSUVAS 10MG (0-0-1) AFTER FOOD
2. IRON SUPPLEMENT 2 WEEKS

,

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 10/26/2023 3:19 PM

To:customercare@mediwheel.in <customercare@mediwheel.in>

Cc:Annanagar Apolloclinic <annanagar@apolloclinic.com>;Haranath S <haranath.s@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear Sundari ...

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **ANNA NAGAR clinic** on **2023-10-28** at **09:10-09:15**.

Payment Mode	Credit
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"As stated in the agreement terms, kindly carry all relevant documents such as HR Authorization Letter, Appointment Confirmation Mail, valid government ID proof, company ID card etc. along with you."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.

5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

For further assistance please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO MEDICAL CENTRE,NO-30,F- BLOCK,2ND AVENUE, ANNANAGAR EAST,CHENNAI - 600102.

Contact No: 7358392880/7305702537.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Team

CANN- 124242
OCR- 96672

 
Government of India


மா திரிபுரசுந்தரி
M Thirupurasundari
பிறந்த நாள்/DOB: 19/07/1964
பெண்/ FEMALE

9138 7902 4098
VID : 9198 5282 1144 7282

எனது ஆதார. எனது அடையாளம்

M. Thirupura Sundari
9941167683

Mrs. Thirupura Sundari. M. 59/F 28/10/23

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

General Examination / Allergies History

Rx.

Patient advised complete deep scaling & restorations



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**

ENT check up

Thiripurasundari

59/F

28/10/23

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

General Examination / Allergies
History

90 tinnitus

o/e - ENT (N)

Adv : Audiometry



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Thirupava Sundaram
 Occupation:
 Age: 59y Sex: Male Female
 Address:
 Ph:

Date: 28/10/23 Reg. No.: 124242
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Existing glass user past 25 years

Present Complaint: Comfortable with present glasses
with glass BE 6/6 NB

ON EXAMINATION:

	RE	LE
Ocular Movements :		
Anterior Segment :	<u>Eu</u>	<u>Eu</u>
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	<u>N</u>	<u>N</u>
With Glass :		<u>6/12</u>
N.V. :	<u>6/12</u>	
Visual Fields :		
Fundus :		<u>N/D</u>
Impression :	<u>N/D</u>	
Advice :		
Colour Vision :	<u>N</u>	<u>N</u>

59 Years

Female

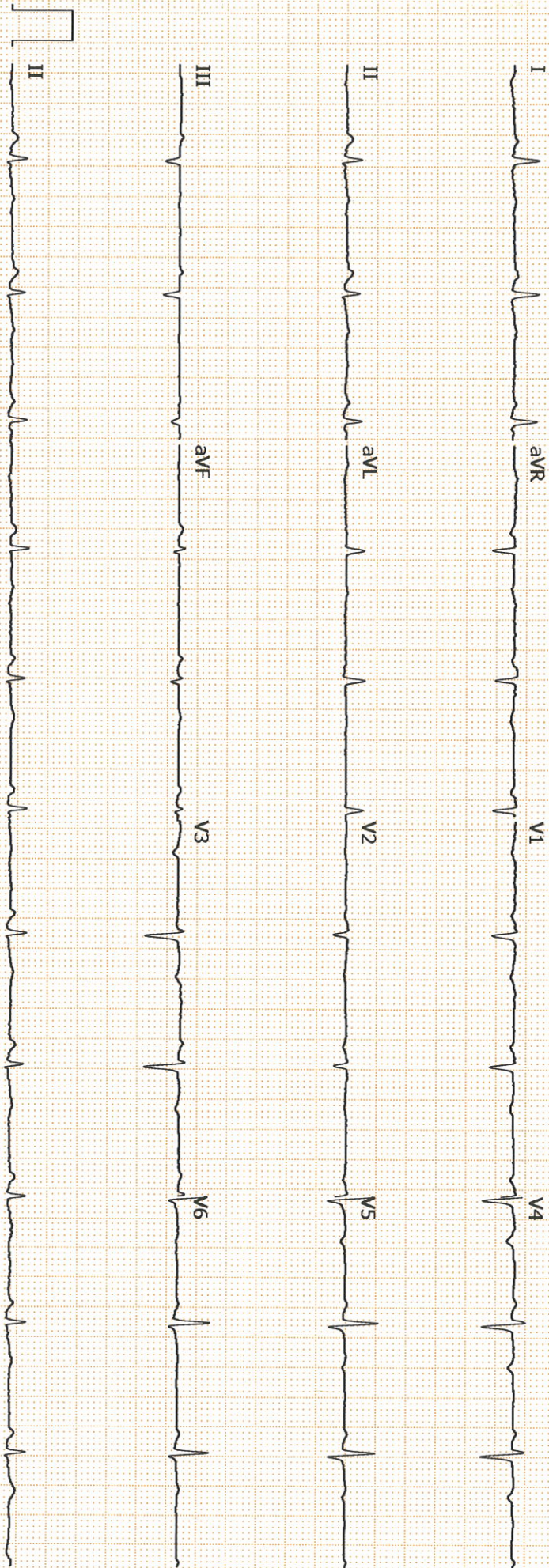
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 392 / 423 ms
PR : 132 ms
P : 94 ms
RR / PP : 860 / 857 ms
P / QRS / T : 51 / 8 / 28 degrees

PR 132/141/15
T 1m 0.25
non def



M. Thirupura Sundari

CE MAC2000 1.1 125L™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Unconfirmed

4x2.5x3 25 RL L/1

Patient Name	: Mrs. THIRUPURA SUNDARI M	Age	: 59 Y/F
UHID	: CANN.0000124242	OP Visit No	: CANNOPV376402
Reported By:	: Dr. ANUSHA ARUMUGAM	Conducted Date	: 28-10-2023 15:16
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70beats per minutes.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. VIGNESH

Patient Name : Mrs. THIRUPURA SUNDARI M Age : 59 Y/F
UHID : CANN.0000124242 OP Visit No : CANNOPV376402
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 28-10-2023 15:56
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.0CM
LVID (ed)	4.5CM
LVID (es)	3.6CM
IVS (Ed)	1.0CM
LVPW (Ed)	1.1CM
EF	60.00%
%FD	30.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	SCLEROSED
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL

Patient Name : Mrs. THIRUPURA SUNDARI M
UHID : CANN.0000124242
Conducted By: : Dr. RAKESH P GOPAL
Referred By : SELF

Age : 59 Y/F
OP Visit No : CANNOPV376402
Conducted Date : 28-10-2023 15:56

INTER ATRIAL SEPTUM NORMAL

**INTER VENTRICULAR
SEPTUM INTACT**

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION

COLOUR AND DOPPLER STUDIES

E/A-E: 0.7m/sec A: 0.6m/sec

VELOCITY ACROSS THE PULMONIC VALVE 0.8m/sec

VELOCITY ACROSS THE AV 1.2m/sec

IMPRESSION

NO RWMA

NORMAL LV FUNCTION (EF-60%)

Patient Name : Mrs. THIRUPURA SUNDARI M
UHID : CANN.0000124242
Conducted By: : Dr. RAKESH P GOPAL
Referred By : SELF

Age : 59 Y/F
OP Visit No : CANNOPV376402
Conducted Date : 28-10-2023 15:56

NORMAL CHAMBER DIMENSION
SCLEROSED AORTIC VALVE
TRIVIAL TRICUSPID REGURGITATION WITH NO PAH
NO CLOT.
NO PERICARDIAL EFFUSION.

Rakesh Gopal

Dr.
RAKESH P
GOPAL