

Patient Name : Mrs.TRUPTIMAYEE KUNTA	Collected : 14/Apr/2023 10:24AM
Age/Gender : 30 Y 10 M 20 D/F	Received : 14/Apr/2023 01:06PM
UHID/MR No : CINR.0000150902	Reported : 14/Apr/2023 03:34PM
Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

**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
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**HEMOGRAM , WHOLE BLOOD-EDTA**

<b>HAEMOGLOBIN</b>	12.2	g/dL	12-15	Spectrophotometer
PCV	36.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.26	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.8	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.2</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,590	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	59.3	%	40-80	Electrical Impedence
LYMPHOCYTES	31.6	%	20-40	Electrical Impedence
EOSINOPHILS	1.1	%	1-6	Electrical Impedence
MONOCYTES	7.9	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3314.87	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1766.44	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	61.49	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	441.61	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	5.59	Cells/cu.mm	0-100	Electrical Impedence

**PLATELET COUNT**

PLATELET COUNT	314000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>27</b>	mm at the end of 1 hour	0-20	Modified Westergren
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**PERIPHERAL SMEAR**

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

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Emp/Auth/TPA ID : 8618156870	

**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



SIN No:BED230093148

Patient Name : Mrs.TRUPTIMAYEE KUNTA	Collected : 14/Apr/2023 10:24AM
Age/Gender : 30 Y 10 M 20 D/F	Received : 14/Apr/2023 01:06PM
UHID/MR No : CINR.0000150902	Reported : 14/Apr/2023 05:55PM
Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

**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
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.TRUPTIMAYEE KUNTA	Collected : 14/Apr/2023 10:24AM
Age/Gender : 30 Y 10 M 20 D/F	Received : 14/Apr/2023 01:23PM
UHID/MR No : CINR.0000150902	Reported : 14/Apr/2023 06:44PM
Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

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	83	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	79	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.

Ref: Marks medical biochemistry and clinical approach

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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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control





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Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	141	mg/dL	<200	CHO-POD
TRIGLYCERIDES	45	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	101	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.53		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 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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Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

**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
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.38	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	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	6.96	g/dL	6.6-8.3	Biuret
ALBUMIN	3.88	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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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
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	<b>0.44</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>13.30</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)





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Emp/Auth/TPA ID : 8618156870	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	12.00	U/L	<38	IFCC



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Age/Gender : 30 Y 10 M 20 D/F	Received : 14/Apr/2023 01:17PM
UHID/MR No : CINR.0000150902	Reported : 14/Apr/2023 02:35PM
Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

**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
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**THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	<b>0.68</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.55	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	4.344	µIU/mL	0.34-5.60	CLIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mrs.TRUPTIMAYEE KUNTA	Collected : 14/Apr/2023 10:23AM
Age/Gender : 30 Y 10 M 20 D/F	Received : 14/Apr/2023 04:17PM
UHID/MR No : CINR.0000150902	Reported : 14/Apr/2023 05:31PM
Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

**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
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**COMPLETE URINE EXAMINATION , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		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	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-15	/hpf	<10	MICROSCOPY
RBC	8-10	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2097652

Patient Name : Mrs.TRUPTIMAYEE KUNTA	Collected : 14/Apr/2023 10:23AM
Age/Gender : 30 Y 10 M 20 D/F	Received : 14/Apr/2023 02:07PM
UHID/MR No : CINR.0000150902	Reported : 14/Apr/2023 03:43PM
Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8618156870	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Patient Name : Mrs.TRUPTIMAYEE KUNTA	Collected : 14/Apr/2023 02:55PM
Age/Gender : 30 Y 10 M 20 D/F	Received : 15/Apr/2023 03:55PM
UHID/MR No : CINR.0000150902	Reported : 17/Apr/2023 04:42PM
Visit ID : CINROPV191997	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST- PAPSURE , LBC FLUID


	CYTOLOGY NO.	7062/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*

Result/s to Follow:


PERIPHERAL SMEAR, URINE GLUCOSE(POST PRANDIAL)



DR. K. RAMA KRISHNA REDDY  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



DR. PRASHANTH. R  
M.B.B.S, MD  
Consultant Pathologist



Dr. Anita Shobha Flynn  
M.B.B.S, MD(Pathology)  
Consultant Pathologist

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SIN No:CS062565

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad



Name : Mrs. Truptimayee Kunta

Age: 30 Y

Sex: F

Address : Bangalore

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

UHID: CINR.0000150902



OP Number: CINROPV191997

Bill No : CINR-OCR-84142

Date : 14.04.2023 10:07

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO - 2	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - 10	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION ✓	
10	FITNESS BY GENERAL PHYSICIAN ✓	
11	GYNABCOLOGY CONSULTATION ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE (POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG - 6	
17	BLOOD GROUP ABO AND RH FACTOR ✓	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST - PAPSURE ✓	
21	OPHTHAL BY GENERAL PHYSICIAN - Infinite	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN - 9	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 1	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	



Date: 14-04-2023

MR NO: CINR.0000150902

Name: Mrs. Truptimayee Kunta

Age/Gender: 30 Y / Female

Consultation Timing: 10:06

Department: GENERAL

Doctor:

Registration No:

Qualification:

Height: 156 cm	Weight: 68.4 kg	BMI:	Waist Circum:
Temp:	Pulse: 87 bpm	Resp: 20	B.P: 106/69 mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

EAR R L  
 EAC N N  
 IM N N

TFT - WNL

Neck }  
Throat } - NAD

Nil ENT

Doctor Signature

Follow up date:



Date : 14-04-2023

Department : GENERAL

MR NO : CINR.0000150902

Doctor :

Name : Mrs. Truptimayee Kunta

Registration No :

Age/ Gender : 30 Y / Female

Qualification :

Consultation Timing: 10:06

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

General Examination / Allergies  
History

*April  
14/04/2023*

Clinical Diagnosis & Management Plan

*3 crepus R2 C2 R/lycter lung - small 17*

*Adv long general*

*Pap smear ✓*

*P/E*

*HA 200*

*and*

*P/S - CX ✓*

*Sri*

Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME: Tryptimayee Kunta.

DATE: 14/10/23

UHID NO: 156902

AGE: 30y

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: F

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	<u>PLANO</u>	<u>---</u>	<u>---</u>	<u>6/6</u>	<u>PLANO</u>	<u>---</u>	<u>---</u>	<u>6/6</u>
Add	<u>---</u>	<u>---</u>	<u>---</u>	<u>NC</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>NC</u>

PD - RE: 31.0 LE: 30.5

Colour Vision:

Remarks:

Apollo clinic Indiranagar

## Philips Healthcare

**Name:** MRS TRUPTIMAYEE KUNTA,  
**MRN:** 150902  
**DOB:**  
**Age:** 307  
**Gender:** Female

**Study Date:** 14/04/2023 01:05 PM  
**Performed By:** DR ANUPAMA KAKADE  
**Referring Physician:** HEALTH CHECK

**Cardiac**

**Height:**  
**Weight:**  
**HR:**  
**Previous Surgery:**  
**Indication:** Cardiac evaluation

**BSA:**  
**BP:**

Interpretation SummaryInterpretation Comments

NORMAL VALVES AND CHAMBERS  
 NO REGIONAL WALL MOTION ABNORMALITY  
 GOOD BIVENTRICULAR FUNCTION  
 NORMLA DIASTOLIC FUNCTION

Left Ventricle

The left ventricle is normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left ventricular systolic function is normal. No regional wall motion abnormalities noted.

MMode/2D Measurements & Calculations

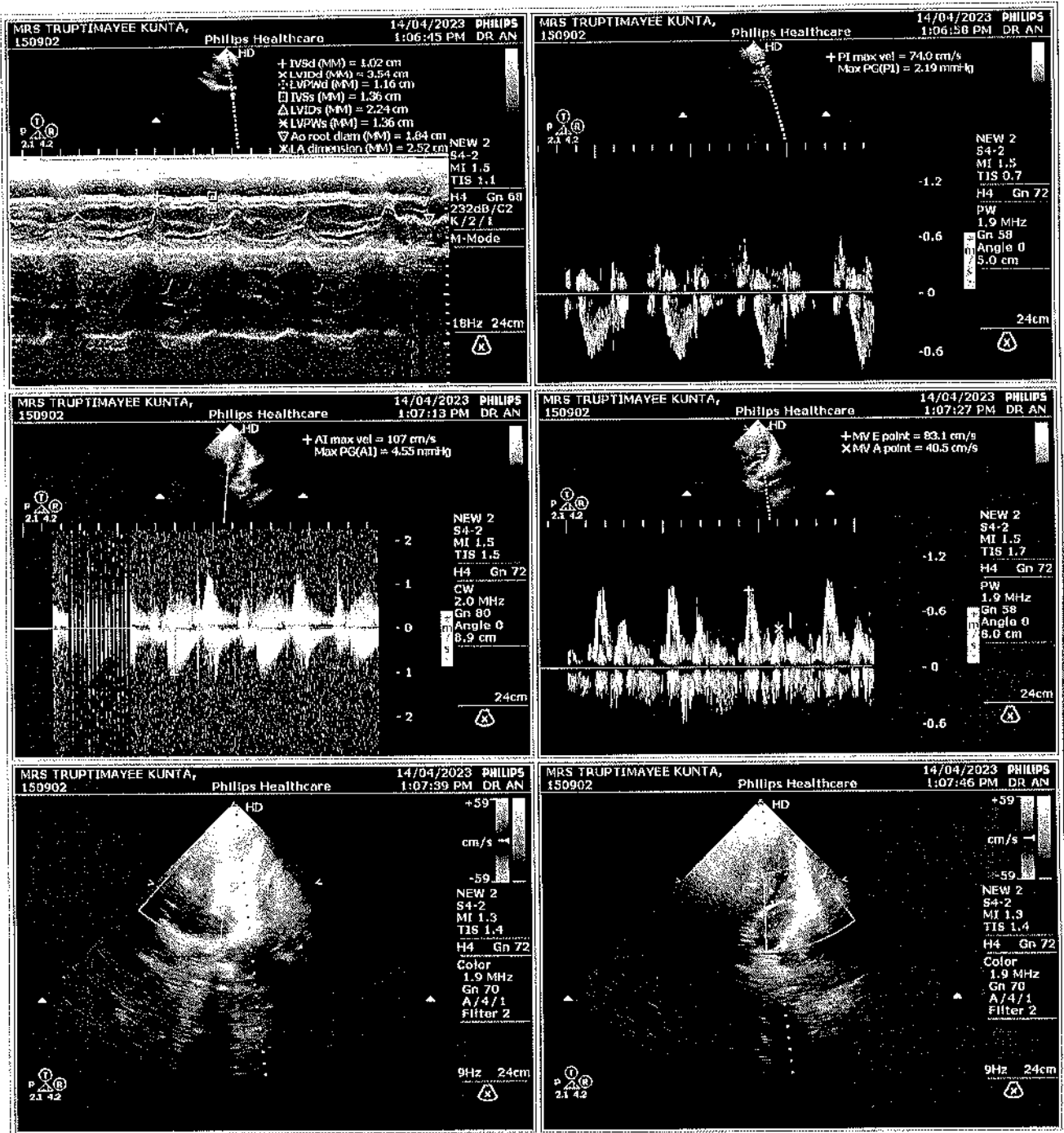
<b>IVSd (MM):</b> 1.02 cm	<b>LVIDd (MM):</b> 3.54 cm	<b>FS (MM):</b> 36.5 %
<b>IVSs (MM):</b> 1.36 cm	<b>LVIDs (MM):</b> 2.24 cm	<b>EF(Teich) (MM):</b> 0.673
	<b>LVPWd (MM):</b> 1.16 cm	
	<b>LVPWs (MM):</b> 1.36 cm	

<b>SV(Teich) (MM):</b> 35.1 ml	<b>Ao root diam (MM):</b> 1.84 cm	<b>LA/AO (MM):</b> 1.37
	<b>LA dimension (MM):</b> 2.52 cm	

Doppler Measurements & Calculations

<b>MV E point:</b> 83.1 cm/s	<b>Ai max vel:</b> 107 cm/s	<b>PI max vel:</b> 74.0 cm/s
<b>MV A point:</b> 40.5 cm/s	<b>Max PG(AI):</b> 4.55 mmHg	<b>Max PG(PI):</b> 2.19 mmHg
<b>MV E/A:</b> 2.05		





Reading Physician: \_\_\_\_\_

*[Handwritten Signature]*

**From:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

**Sent:** 12 April 2023 10:58

**To:** Corporate Apollo Clinic <corporate@apolloclinic.com>

**Cc:** deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>

**Subject:** Booking Appointment no. of 10

Dear Team

Please note the following booking and confirm the same.

Arcofemi/Mediwheel/MALE/FEM ALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobE37880	MS. KUNDA T
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Thanks & Regards

Lav Gupta

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

TRUPTIMAYEE KUNDA  
HADIBANDHU KUNDA

25/05/1992  
Permanent Account Number

DDJPK5764E

Truptimayee  
Kunda  
Signature



**Patient Name** : Mrs. Truptimayee Kunta

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CINR.0000150902

**OP Visit No** : CINROPV191997

**Sample Collected on** :

**Reported on** : 14-04-2023 17:30

**LRN#** : RAD1976591

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8618156870

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**DEPARTMENT OF RADIOLOGY**

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**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

**Dr.RAMESH**  
**Consultant Radiologist**

**Patient Name** : Mrs. Truptimayee Kunta

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CINR.0000150902

**OP Visit No** : CINROPV191997

**Sample Collected on** :

**Reported on** : 14-04-2023 12:59

**LRN#** : RAD1976591

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8618156870

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Post cholecystectomy status.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

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

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8 mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

No free fluid is seen.

### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology