Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name : Mrs. ~~Kavisha~~ Kavita Arora
UHID : 12349905 Date : 14/03/23
Age : 38 Gender : F

Nursing Assessment

Profile	
Height (cm) : 168cm	Waist Circumference (cm) : 30 INCH
Weight (Kg.) : 63 Kg	Body Mass Index : 22.3 kg/m2
Occupation : HOUSE WIFE	Marital Status ☐ Single ☑ Married

Vital Signs	
Pulse Rate (/min) : 68/min	Respiratory Rate (/min) : 20/min
Blood Pressure (mmHg) : 90/60 mmHg	Temperature (if febrile) : Afebrile SpO2 = 98%

Past History	
☐ Hypertension :	☑ Diabetes :
☑ Heart disease :	☐ Dyslipidemia :
☐ Asthma :	☐ Tuberculosis :
☑ Allergies :	
☑ Others : Thyroid - 12 years.	

For Women	
LMP: 7th MARCH 2023	Last Pap smear done in
Menopause ☐ Yes ☑ No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
TAB. Thyronorm - 75 mcg = OD.

Signature, Name and Emp. ID of the Nurse : Ankit

Fortis MEDCENTRE
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SCO 11, Sector 11-D, Chandigarh - 160011

Name Mrs Kavita Arora
UHID : 12349405 Date : 14/3/2023
Age : 38/F

14/3/23

Gynecology Consultation

Symptoms: wants check up-

Obstetric History:

OH = 1 FTND - 12y M. /
Not taking OCPS

Menstrual History:

MH = Reg.
LMP = 7/3/23

Past & Family History:

- Not taking any medication for Thyroid.
- No big family history.

Examination Findings:

- Breast:
- P/A: Soft no palpable mass no tenderness
- P/S: CX Vagina (N)
- P/V: CX to ut AVAF N/S F/n to free

Investigations:

Pap's smear sent.

Diagnosis:

Advice / Treatment Plan:

Dr. SANTOSH YADAV
MBBS,MS (Obs. & Gynae)
Empanelled Consultant-Gynaecology
Reg. No.RMC 7446
Mobile:94140 45452
Fortis MEDCENTRE (A unit of Fortis Hospital,Mohali)
S.C.O. 11, Sector 11-D, Chandigarh-160011 (INDIA)
Phone No.0172-5061222,5055441

Signature and stamp of the Consultant : _____

Fortis MEDCENTRE
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(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name: Mrs. Kavita Arora
UHID: 12349905 Date: 14/3/23
Age: 38 Gender: F

Internal Medicine Consultation

Relevant History:
- Hypothyroidism - 12 years.
on Thyroxine 75 mcg/day.

Diagnosis:
- Hypothyroidism
- Anaemia
- Urolithiasis

Adv
- PBF
- serum iron & studies
ferritin
B12
25-OH-D
- Reticulocyte count

Examination Findings:

- WNL

Advice / Treatment Plan:

℞ Plenty of fluids orally.
- Tab. Zenith 1 x 10 mg start (after meal).
- IRONERGY - 1 OD
(empty stomach).

[signature] 14/3/23

ABtve.

Investigations:
TFT - N
Hb - 10.4
FBS - 93 HbA1c - 5.6%
Lipid - ⓟ
RFT
LFT
S.E.
ECG
Urine R/E — N
Urine R — 3-4 Pus cells/hpf
CXR
USG — WNL

- Hb.
- PCV
- Reticulocytes

Signature and stamp of the Consultant:

Dr. MANJEET SINGH TREHAN
MBBS, MD
Additional Director Internal Medicine (FMC)
Fortis Hospital, Mohali (Pb.)
Mobile No.9814104609
Reg. No.PMC 24797

Fortis MEDCENTRE
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Name: Mrs. Kavita Arora
UHID: 12349905 Date: 14/03/23
Age: 38 Gender: F

Ophthalmology Consultation

History: NIL

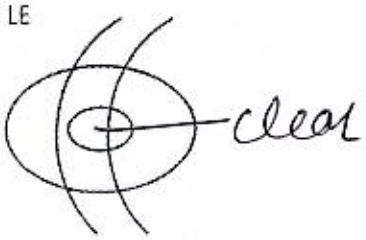
Examination findings:

Visual acuity R / L — Visual acuity with glasses R 6/6, L 6/6 — Colour Vision R WNL, L WNL

Slit Lamp Examination

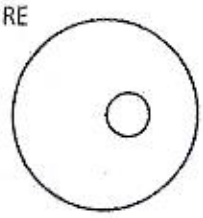
RE

LE

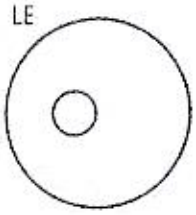


Fundus Examination

RE



LE



Diagnosis: Myopia BE

Treatment"

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	aided			6/6
Near				N 6

Left eye

	SPH	CYL	AXIS	VA
Distance	aided			6/6
Near				N 6

Signature and stamp of the Ophthalmologist: _____

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
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Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

DEPARTMENT OF CARDIOLOGY
ECHOCARDIOGRAPHY LABORATORY
Phone 0172-5061222; Ext. 6422

Dated:14 March 2023

Name:	**MRS KAVITA ARORA**	**Age: 38**	**Sex : FEMALE**
FHL No:	**12349905**	**Lab No:**	
Clinical Diagnosis:	**R/O CAD**		
Ref By:	**FMC**		

MEASUREMENTS

Aortic Root Diameter	:	2.7	cm	Left Atrial dimension		2.7	cm
Aortic Valve Opening	:	----	cm	Right Ventricular dimension		1.2	cm
Left Ventricular ED dimension	:	3.5	cm	Left Ventricular ES dimension		2.2	cm
Interventricular Septal thickness	ED:	0.7	cm		ES:	1.1	cm
Left Ventricular PW thickness	ED:	0.9	cm		ES:	1.5	cm

INDICES OF LEFT VENTRICULAR FUNCTION:

LV Ejection Fraction : 65 %

IMAGING:

M mode examination revealed normal movement of both Mitral leaflets during diastole. No SAM or Mitral valve prolapse is seen. 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 normal sized left ventricle. Movement of anterior wall, septum, apex, inferior wall, posterior and lateral walls is normal. Mitral valve opening is normal. No evidence of Mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Pulmonary valve is normal. Interatrial and interventricular septa are intact. No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

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DOPPLER: PULSE WAVE; CONTINUOUS WAVE & COLOR FLOW MAPPING

Mitral Valve	:	E= 88 A= 71 cm/sec; E > A; No MR
		E wave Deceleration Time = 183 msec
Aortic Valve	:	111 cm/sec No AR
Tricuspid Valve	:	No TR ; RVSP = + RAP mmHg
Pulmonary Valve	:	82 cm/sec

FINAL DIAGNOSIS

- **NO REGIONAL WALL MOTION ABNORMALITY OF LEFT VENTRICLE**
- **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION (LVEF 65%)**

Dr. MUKTI SHARMA
MD, DNB, FIAP, FCSI
Sr. Consultant
Fortis MEDCENTRE

8cm

Fortis MEDCENTRE
CHANDIGARH

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Website : www.fortishealthcare.com

DEPARTMENT OF FMC-RADIOLOGY LAB Date: 14/Mar/2023

Name: Mrs. Kavita Arora
Age | Sex: 38 YEAR(S) | Female
Order Station : FRONTOFFICE-FMC
Bed Name :

UHID | Episode No : 12349905 | 2724/23/10021
Order No | Order Date: 10021/PN/OP/2303/7163 | 14-Mar-2023
Admitted On | Reporting Date : 14-Mar-2023 12:01
Order Doctor Name : Dr.SELF.

CHEST X-RAY (PA VIEW)

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

Both hila and mediastinum are normal.

Bony cage and soft tissues are normal.

IMPRESSION: NORMAL STUDY.

Please correlate clinically and with other relevant investigations.

DR NEHA CHHABRA

CONSULTANT RADIOLOGIST

Fortis MEDCENTRE
CHANDIGARH

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Website : www.fortishealthcare.com

NAME: MRS. KAVITA ARORA
AGE AND SEX: 38Y/F
UHID NO:12349905
DAT: 14/03/2023
ROI: WHOLE ABDOMEN

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases

Spleen is normal in size, outline and echotexture. No focal lesion

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained .No hydronephrosis is seen. Two 3-4 calculi are seen in upper polar calyx.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained .No hydronephrosis is seen. A 3-5mm calculus is seen in interpolar calyx.

Retroperitoneum is normal.

The urinary bladder is fully distended with normal outline and wall thickness . No calculus / SOL seen .

Uterus is normal in size, shape and outline. Endometrium measures 7.6 mm . No SOL seen.

Bilateral ovaries are normal in size , shape and echotexture.

No free fluid is seen in POD.

Opinion: B/L Renal calculi.

Suggested clinical correlation.

Dr. NEHA CHHABRA.

KAVITA 38/F **Study Date: 14/03/2023**

Patient ID: 13271020230314 Accession #: Alt ID:

DOB: Age: Gender: Ht: Wt: BSA:

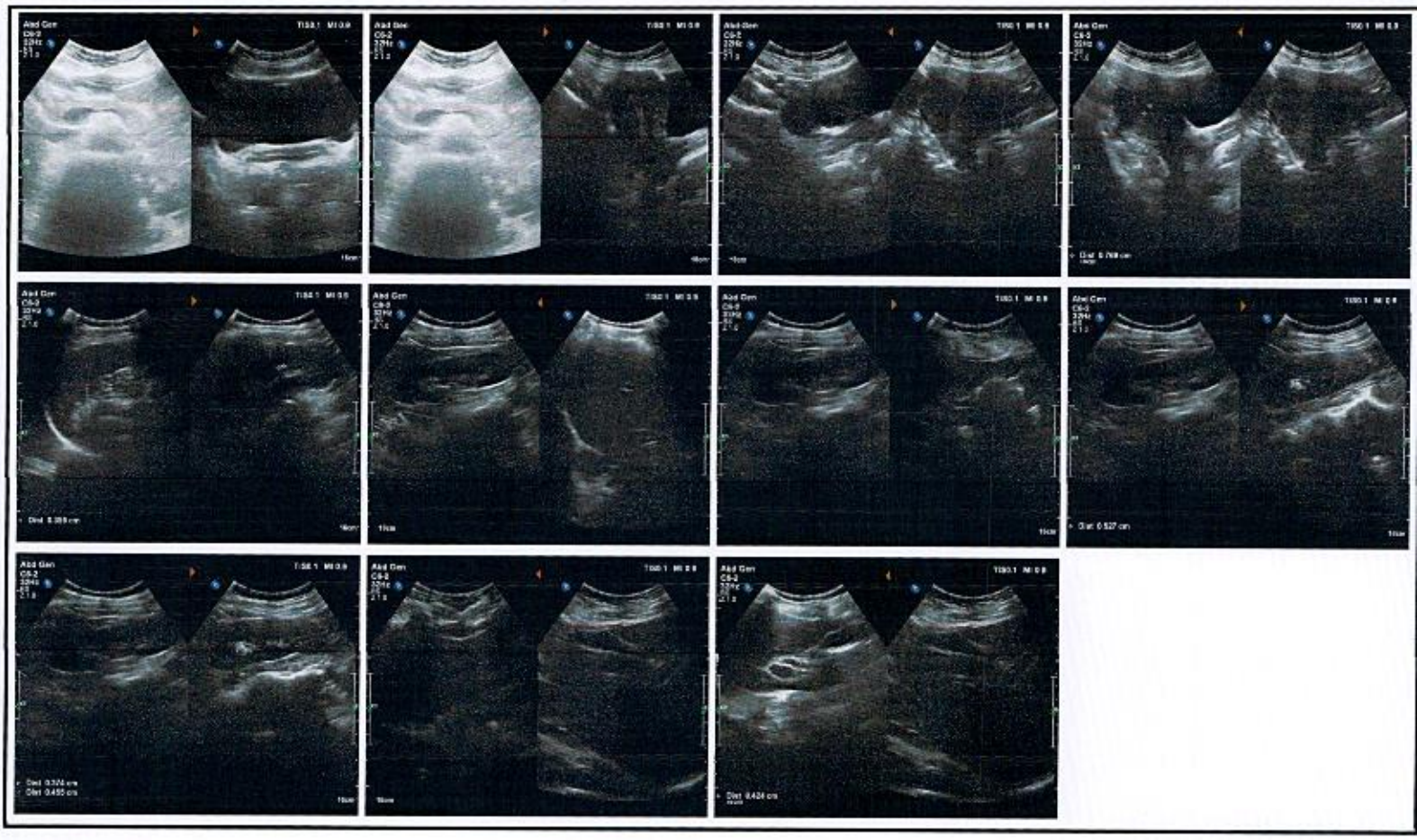
Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record: Performed By:

Comments:

Images



Signature

Signature:

Name(Print): Date:

GE Healthcare REF 1019728LSI CE LOT D750

Kavita arora
ID: 12349995

14.03.2023 10:13:10
Fortis Med Centre
sector 11
Chandgarh

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

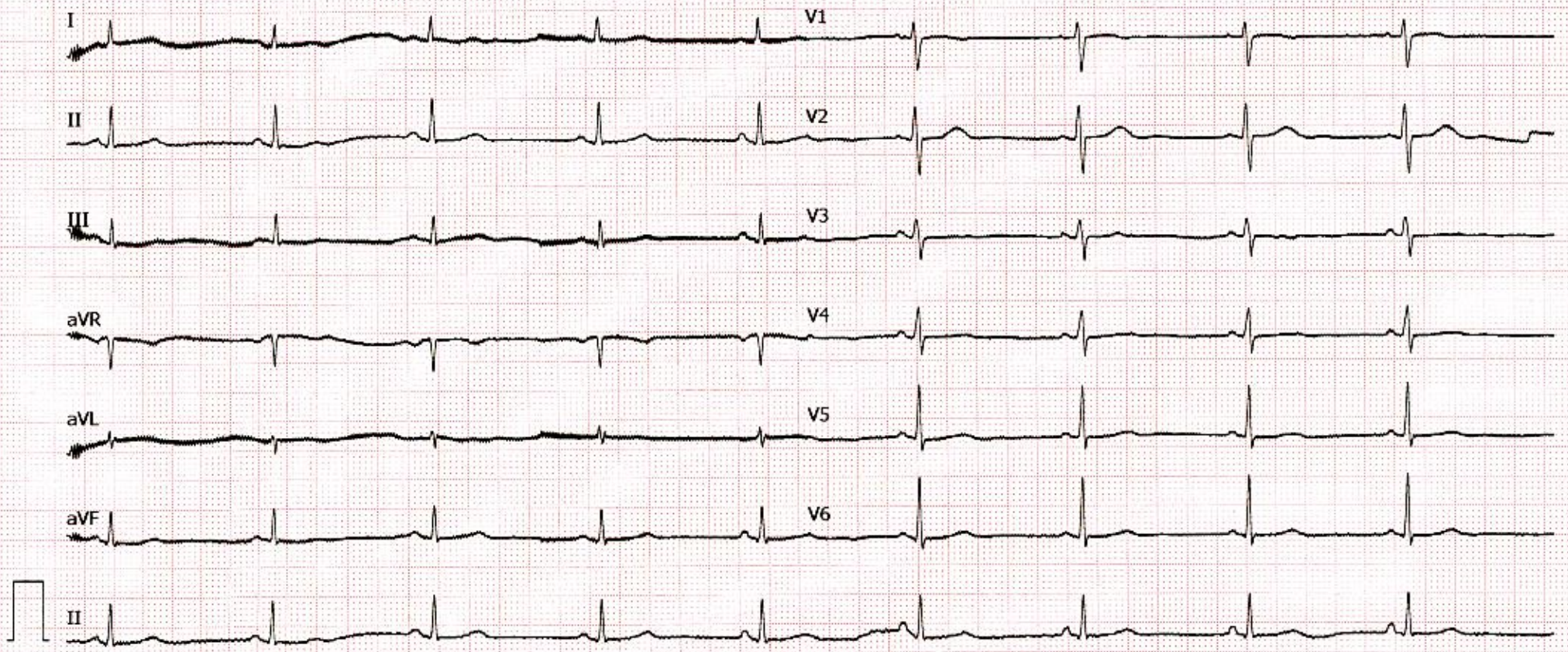
Room:

55 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	72 ms
QT / QTcBaz :	426 / 407 ms
PR :	102 ms
P :	74 ms
RR / PP :	1088 / 1090 ms
P / QRS / T :	82 / 52 / 23 degrees

Sinus bradycardia with short PR
Otherwise normal ECG



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz 2x5x6_25_R1 1/1

DIAGNOSTIC REPORT

MC-2351

SRL Diagnostics

PATIENT NAME : KAVITA ARORA		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0080WC005048** PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

THYROID PANEL, SERUM

T3	109.9	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
METHOD : ECLIA			
T4	8.66	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
METHOD : ECLIA			
TSH (ULTRASENSITIVE)	3.390	Non Pregnant Women 0.27 - 4.20 Pregnant Women 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10 3rd Trimester: 0.21 - 3.15	µIU/mL
METHOD : ECLIA			

Interpretation(s)

PAPANICOLAOU SMEAR RESULT PENDING

Dr.Pranjali Vasisht
LAB HEAD

Chandni Garg
DR.CHANDNI GARG
CONSULTANT PATHOLOGIST

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CIN - U74899PB1995PLC045956

Patient Ref. No. 80000001392107

DIAGNOSTIC REPORT

PATIENT NAME : KAVITA ARORA		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0080WC005048** PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX :38 Years Female DRAWN : RECEIVED :14/03/2023 08:22:24 REPORTED :14/03/2023 14:27:36

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 50 FEMALE	RESULT PENDING		
LETTER	RESULT PENDING		

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Patient Ref. No. 80000001392107

DIAGNOSTIC REPORT

MC-2351

SRL Diagnostics

PATIENT NAME : KAVITA ARORA	**REF. DOCTOR :** SELF	
CODE/NAME & ADDRESS : C000138383 ACROPETAL HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0080WC005048** PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

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HAEMATOLOGY - CBC

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN (HB)	**10.9 Low**	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT	**5.81 High**	3.8 - 4.8	mil/µL
WHITE BLOOD CELL (WBC) COUNT	6.10	4.0 - 10.0	thou/µL
PLATELET COUNT	241	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	**35.8 Low**	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV)	**61.5 Low**	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	**18.8 Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	**30.5 Low**	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	**16.7 High**	11.6 - 14.0	%
MENTZER INDEX	10.6		
MEAN PLATELET VOLUME (MPV)	10.2	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	58	40 - 80	%
LYMPHOCYTES	30	20 - 40	%
MONOCYTES	7	2.0 - 10.0	%
EOSINOPHILS	4	1.0 - 6.0	%
BASOPHILS	1	0 - 1	%
ABSOLUTE NEUTROPHIL COUNT	3.54	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.83	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	0.43	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.24	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0.06	0.02 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.9		

Interpretation(s)
BLOOD COUNTS EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading

Dr.Pranjali Vasant
LAB HEAD

DR.CHANDNI GARG
CONSULTANT PATHOLOGIST

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PUNJAB, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

Patient Ref. No. 80000001392107

MC-2351

PATIENT NAME : KAVITA ARORA **REF. DOCTOR : SELF**

CODE/NAME & ADDRESS : C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0080WC005048 PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status Preliminary	Results	Biological Reference Interval	Units

to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of iron deficiency anaemia(>13) from beta thalassaemia trait
(<13) in patients with normocytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This test/element is a calculated parameter and out of NABL scope.

Dr.Pranjali Vashist
LAB HEAD

DR.CHANDNI GARG
CONSULTANT PATHOLOGIST

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CIN - U74899PB1995PLC045956

Patient Ref. No. 800000001392107

SRL Diagnostics

MC-2351

PATIENT NAME : KAVITA ARORA		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0080WC005045 PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX :38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED :14/03/2023 14:27:36

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

HAEMATOLOGY

MEDIWHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

Test	Results	Biological Reference Interval	Units
E.S.R	17	0 - 20	mm at 1 hr

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION :-**

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increased in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias. Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BSR in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. [illegible] Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the [illegible] range is Practical Haematology by Dacie and Lewis,10th edition.

DR.CHANDNI GARG
CONSULTANT PATHOLOGIST

Dr.Pranjali Vasisht
LAB HEAD

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DIAGNOSTIC REPORT

MC-2331

SRL Diagnostics

PATIENT NAME : KAVITA ARORA		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0080WC005048 PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE AB		
RH TYPE	POSITIVE		

Interpretation(s)
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same.

The test is performed by both forward as well as reverse grouping methods.

Dr.Pranjali Vaishit
LAB HEAD

DR.CHANDNI GARG
CONSULTANT PATHOLOGIST

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PUNJAB, INDIA
Tel : 9111591115
CIN - U74899PB1995PLC045956

Patient Ref. No. 8000000139210Z

DIAGNOSTIC REPORT

MC-2351

PATIENT NAME : KAVITA ARORA		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383 ACROPEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **00SOWC005043** PATIENT ID : KAVIF19018560 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 36 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	93	74 - 106	mg/dL

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.6	Non-diabetic Adult < 5.7 Pre-diabetes 5.7 - 6.4 Diabetes diagnosis: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
ESTIMATED AVERAGE GLUCOSE(EAG)	114.0	< 116.0	mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA RESULT PENDING

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	166	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
TRIGLYCERIDES	110	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
HDL CHOLESTEROL	47	< 40 Low >/=60 High	mg/dL
CHOLESTEROL, LDL	97	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
NON HDL CHOLESTEROL	119	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL

DR.CHANDNI GARG
CONSULTANT PATHOLOGIST

Dr.Pranjali Vasisht
LAB HEAD

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Patient Ref. No. 8000000139210Z

PATIENT NAME : KAVITA ARORA		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000138363 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-705, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 00B0WC005048 PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status Preliminary	Results	Biological Reference Interval	Units
VERY LOW DENSITY LIPOPROTEIN	22.0	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	3.5	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	2.1	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL	0.29	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT	0.10	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT	0.19	0.00 - 0.60	mg/dL
TOTAL PROTEIN	6.9	6.6 - 8.7	g/dL
ALBUMIN	4.0	3.97 - 4.94	g/dL
GLOBULIN	2.9	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.4	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14	0 - 32	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	0 - 31	U/L
ALKALINE PHOSPHATASE	73	35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	30	5 - 36	U/L
LACTATE DEHYDROGENASE	142	135 - 214	U/L
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	9	6 - 20	mg/dL
CREATININE, SERUM			
CREATININE	0.81	0.50 - 0.90	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	11.11	5.00 - 15.00	
URIC ACID, SERUM			
URIC ACID	4.1	2.4 - 5.7	mg/dL

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Patient Ref. No. 800000001392107

DIAGNOSTIC REPORT

MC-2353

PATIENT NAME : KAVITA ARORA		REF. DOCTOR : SELF
CODE/NAME & ADDRESS :C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703 LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 9800465156	ACCESSION NO : 0080WC0050348 PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status Preliminary	Results	Biological Reference Interval	Units
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	6.9	6.6 - 8.7	g/dL
ALBUMIN, SERUM			
ALBUMIN	4.0	3.97 - 4.94	g/dL
GLOBULIN			
GLOBULIN	2.9	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	138	136 - 145	mmol/L
POTASSIUM, SERUM	3.97	3.5 - 5.1	mmol/L
CHLORIDE, SERUM	105	98 - 107	mmol/L

Interpretation(s)
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased In
Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (20%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased In
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach),fasting,severe, infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, salicylates, sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE: Plasma random glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values); there is wide fluctuation within individual days as opposed to glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
GLYCOSYLATED HEMOGLOBIN(HbA1C), EDTA WHOLE BLOOD-**Used For**

1.Evaluating the long term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated Average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates glycemic control over 15 days.
II.Alterations in Hb structure may affect test results,possibly by inhibiting glycation of hemoglobin.
III.Chronic alcoholism is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates acetylated derivatives may interfere with some assay methods,falsely increasing results.
IV.Interference by Hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy, Fructosamine is recommended for testing of HbA1c.

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Patient Ref. No. 8000001392107

DIAGNOSTIC REPORT

MC-2351

PATIENT NAME : KAVITA ARORA		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800[illegible]	ACCESSION NO : 0080WC005045 PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

b Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
CHROMATOGRAPHY: HPLC or alkaline paliform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy.
LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration to tissues (jaundice).Elevated levels result from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstructive and infectious), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis, Drug reactions, Alcoholic liver disease.Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in hypophosphatasia,Malnutrition,Protein deficiency,Wilson's disease.GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,High alcohol consumption and use of enzyme-inducing drugs etc.Serum total protein is a measurement of the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstrom's disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome, protein-losing enteropathy etc.Human serum albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy, burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF, Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower-than-normal level may be due to:
• Myasthenia gravis
• Muscular dystrophy
URIC ACID, SERUM-Causes of Increased level-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome
Causes of decreased levels-Low Zinc Intake,OCP,Multiple Sclerosis
TOTAL PROTEIN, SERUM-Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,protein-losing enteropathy etc.
ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, Increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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Patient Ref. No. 8000000139210Z

DIAGNOSTIC REPORT

MC-2751

SRL Diagnostics

PATIENT NAME : KAVITA ARORA

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138393 ACROFEMI,HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8900665150	ACCESSION NO : 0080WC005048 PATIENT ID : KAVTF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

Test Report Status Preliminary	Results	Biological Reference Interval	Units

CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
CHEMICAL EXAMINATION, URINE			
PH	6.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.010	1.002 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	0-1	0-5	/HPF
EPITHELIAL CELLS	8-10	0-3	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

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DIAGNOSTIC REPORT

MC-2351

SRL Diagnostics

PATIENT NAME : KAVITA ARORA		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000138383 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-702, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 9800465156	ACCESSION NO : 00S0WC065048 PATIENT ID : KAVIF19018580 CLIENT PATIENT ID: ABHA NO :	AGE/SEX :38 Years Female DRAWN : RECEIVED : 14/03/2023 08:22:24 REPORTED : 14/03/2023 14:27:36

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CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION,STOOL

COLOUR	SAMPLE NOT RECEIVED		

End Of Report

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