

| | |
|-------------------------------|--|
| Patient Name : Mrs.ASHA SINGH | Collected : 09/Sep/2024 11:24AM |
| Age/Gender : 60 Y 5 M 4 D/F | Received : 09/Sep/2024 11:41AM |
| UHID/MR No : RIND.0000016915 | Reported : 09/Sep/2024 11:54AM |
| Visit ID : RINDOPV16643 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39S1078 | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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

SIN No:BED240225743

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



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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. Interval | Method |
|---|--------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.6 | g/dL | 12-15 | Spectrophotometer |
| PCV | 34.20 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.06 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 84 | fL | 83-101 | Calculated |
| MCH | 28.5 | pg | 27-32 | Calculated |
| MCHC | 33.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,700 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 59 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 35 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 04 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2773 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1645 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 94 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 188 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.69 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 196000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 45 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

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PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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Consultant Pathologist



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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. Interval | Method |
|---|----------|------|--------------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |




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| Patient Name : Mrs.ASHA SINGH | Collected : 09/Sep/2024 01:39PM |
| Age/Gender : 60 Y 5 M 4 D/F | Received : 09/Sep/2024 01:52PM |
| UHID/MR No : RIND.0000016915 | Reported : 09/Sep/2024 02:32PM |
| Visit ID : RINDOPV16643 | 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. Interval | Method |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 133 | mg/dL | 70-100 | GOD - POD |

Kindly correlate clinically.

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:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 202 | mg/dl | 70-140 | GOD, POD |

Kindly correlate clinically.

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.



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| Visit ID : RINDOPV16643 | Status : Final Report |
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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. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 126 | 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)



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
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SIN No:EDT240090073



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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. Interval | Method |
|------------------------------|--------|-------|--------------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 228 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 213 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 63 | mg/dL | 40-60 | CHOD |
| NON-HDL CHOLESTEROL | 165 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 122.25 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 42.64 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.61 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.17 | | <0.11 | Calculated |

Kindly correlate clinically.

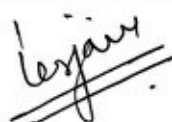
Comment:

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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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|-------|--------------------|----------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 1.08 | mg/dL | 0.20-1.20 | Colorimetric |
| BILIRUBIN CONJUGATED (DIRECT) | 0.28 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.80 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 18.93 | U/L | 9-52 | UV with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | 14-36 | UV with P-5-P |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.2 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 99.13 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 6.46 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.32 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 2.14 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2.02 | | 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. 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.

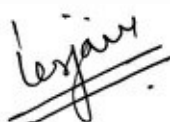
2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

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



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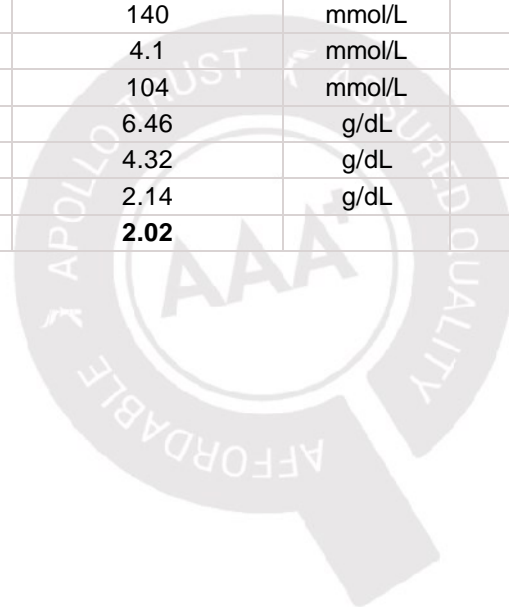


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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|-------------|--------|--------------------|------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.65 | mg/dL | 0.51-1.04 | Enzymatic colorimetric |
| UREA | 16.16 | mg/dL | 15-36 | Urease |
| BLOOD UREA NITROGEN | 7.6 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.44 | mg/dL | 2.6-6 | Uricase |
| CALCIUM | 9.66 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 2.83 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 140 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.1 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 6.46 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.32 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 2.14 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2.02 | | 0.9-2.0 | Calculated |




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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 24.49 | U/L | 12-43 | Glycylglycine Nitoranalide |




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| Visit ID : RINDOPV16643 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.82 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 9.52 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.067 | µIU/mL | 0.38-5.33 | 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 |



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
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SIN No:SPL24138664



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DEPARTMENT OF IMMUNOLOGY

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

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|




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| Patient Name : Mrs.ASHA SINGH | Collected : 09/Sep/2024 02:21PM |
| Age/Gender : 60 Y 5 M 4 D/F | Received : 09/Sep/2024 02:42PM |
| UHID/MR No : RIND.0000016915 | Reported : 09/Sep/2024 03:31PM |
| Visit ID : RINDOPV16643 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39S1078 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|------|--------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical Measurement |
| pH | 6.0 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.020 | | 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 | NEGATIVE | | NORMAL | Modified Ehrlich Reaction |
| 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 | 2-3 | /hpf | <10 | Microscopy |
| RBC | ABSENT | /hpf | 0-2 | Microscopy |
| CASTS | NIL | | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | ABSENT | | ABSENT | Microscopy |

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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

SIN No: UR2411321

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



| | |
|-------------------------------|--|
| Patient Name : Mrs.ASHA SINGH | Collected : 09/Sep/2024 02:21PM |
| Age/Gender : 60 Y 5 M 4 D/F | Received : 09/Sep/2024 02:56PM |
| UHID/MR No : RIND.0000016915 | Reported : 09/Sep/2024 03:31PM |
| Visit ID : RINDOPV16643 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 39S1078 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

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

Result/s to Follow:
LBC PAP SMEAR



Page 14 of 14



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

SIN No: UF012090

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



Patient Name : Mrs.ASHA SINGH
Age/Gender : 60 Y 5 M 4 D/F
UHID/MR No : RIND.0000016915
Visit ID : RINDOPV16643
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 39S1078

Collected : 09/Sep/2024 02:21PM
Received : 09/Sep/2024 02:56PM
Reported : 09/Sep/2024 03:31PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



SIN No:UF012090

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mrs. ASHA SINGH | Age/Gender | : 60 Y/F |
| UHID/MR No. | : RIND.0000016915 | OP Visit No | : RINDOPV16643 |
| Sample Collected on | : | Reported on | : 10-09-2024 11:10 |
| LRN# | : RAD2414299 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 39S1078 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name : Mrs. ASHA SINGH Age : 60 Y/F
UHID : RIND.0000016915 OP Visit No : RINDOPV16643
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 10-09-2024 09:44
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|--------------------------|----------|
| Ao (ed) | 3.13 CM |
| LA (es) | 3.08 CM |
| LVID (ed) | 4.12 CM |
| LVID (es) | 2.54 CM |
| IVS (Ed) | 0.907 CM |
| LVPW (Ed) | 1.18 CM |
| EF | 69.00% |
| %FD | 34.00% |
| MITRAL VALVE : | NORMAL |
| AML | NORMAL |
| PML | NORMAL |
| AORTIC VALVE | NORMAL |
| TRICUSPID VALVE | NORMAL |
| RIGHT VENTRICLE | NORMAL |
| INTER ATRIAL SEPTUM | NORMAL |
| INTER VENTRICULAR SEPTUM | INTACT |
| AORTA | NORMAL |
| RIGHT ATRIUM | NORMAL |
| LEFT ATRIUM | NORMAL |
| Pulmonary Valve | NORMAL |
| PERICARDIUM | NORMAL |

| | | | |
|---------------|--------------------------|----------------|--------------------|
| Patient Name | : Mrs. ASHA SINGH | Age | : 60 Y/F |
| UHID | : RIND.0000016915 | OP Visit No | : RINDOPV16643 |
| Conducted By: | : Dr. SANJIV KUMAR GUPTA | Conducted Date | : 10-09-2024 09:44 |
| Referred By | : SELF | | |

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

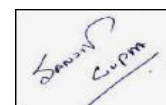
VELOCITY ACROSS THE AV NORMAL

IMPRESSION:

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.



Dr. SANJIV
KUMAR
GUPTA

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mrs. ASHA SINGH | Age/Gender | : 60 Y/F |
| UHID/MR No. | : RIND.0000016915 | OP Visit No | : RINDOPV16643 |
| Sample Collected on | : | Reported on | : 09-09-2024 15:56 |
| LRN# | : RAD2414299 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 39S1078 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Liver is enlarged in size (18.2cm) and the parenchymal echotexture shows grade-1 to 2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

GALL BLADDER : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

PANCREAS : Pancreas is normal in size and echopattern.

SPLEEN : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. **62.3x46.1mm sized simple exophytic cyst seen at upper pole of left kidney.**

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No obvious focal lesion seen.

UTERUS : The uterus is normal in size and echotexture. The myometrial echogenicity appears uniform. Endometrium is central and of normal thickness(5.6mm). **19.5x15.6mm mm sized small intramural fibroid seen at fundus of uterus.**

OVARIES : Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac.

IMPRESSION:

- Hepatomegaly with grade 1 to 2 Fatty infiltration of the liver**
- Simple exophytic cyst at upper pole of left kidney.**
- Small intramural uterine fibroid as described above.**

Patient Name : Mrs. ASHA SINGH

Age/Gender

: 60 Y/F

SUGGEST CLINICAL CORRELATION

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mrs. ASHA SINGH | Age/Gender | : 60 Y/F |
| UHID/MR No. | : RIND.0000016915 | OP Visit No | : RINDOPV16643 |
| Sample Collected on | : | Reported on | : 09-09-2024 15:54 |
| LRN# | : RAD2414299 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 39S1078 | | |

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Real time B–Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.

Consultant Radiologist.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology