


Patient Name : MRS. ARCHANA SAVE	Reference : SELF	Registered On : Jan 13, 2024, 09:27 a.m.
Age / Sex : 46 years / Female	Organization : Mediwheel	Collected On : Jan 13, 2024, 09:44 a.m.
LCID No : 324010578	Org ID : NA	Reported On : Jan 13, 2024, 02:05 p.m.
UID No : 100465		

Urine Routine LC

Specimen Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

Physical Examination

Quantity	30	ml	-
Colour <i>By Visual Examination</i>	Pale yellow		
Appearance	Slightly Hazy		
Specific Gravity <i>By Ion Concentration / Color Indicator</i>	1.015		1.000 - 1.035
Reaction (pH) <i>By Color Indicator</i>	5.5		5.0 - 8.0

Chemical Examination

Proteins <i>By Turbidometric Method</i>	Absent		Absent
Bile salts	Absent		Absent
Bile Pigments <i>By Diazo / Fouchets</i>	Absent		
Occult Blood <i>By Oxidation / Microscopy</i>	Absent		Absent
Glucose <i>By Enzymatic, GOD, POD & Benedicts Test</i>	Absent		Absent
Ketones	Absent		Absent
Urobilinogen <i>By Diazo/p-amino Benzaldehyde react</i>	Normal		Normal

Microscopic Examination (per H.P.F.)

Epithelial Cells	2 - 3	/hpf	3 - 5
Leucocytes	3 - 4	/hpf	0 - 5
Red Blood Cells	Absent	/hpf	0 - 2
Casts	Absent		
Crystals	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		

CHEMICAL EXAMINATION DONE BY MULTISTIX.SG (SIEMENS)

END OF REPORT

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2895; Validity till 19/10/2025.

Report




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Dr. Vijay Varde
M.D.(Path) D.P.B
Consultant Pathologist

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BLOOD GROUP LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
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SEROLOGY

ABO Group

"AB"

By SLIDE/TUBE Method

Rh (Factor)

Positive

By SLIDE/TUBE Method

Remark


Test done by : Agglutination Forward & Reverse Method (Whole Blood & Serum)

 * : **Rechecked**

END OF REPORT



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Blood sugar post prandial

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood sugar post prandial <i>By Hexokinase method</i>	118	mg/dl	70 - 140
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Remark

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

****END OF REPORT****




Dr. Vijay Varde
 M.D.(Path) D.P.B
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Patient Name : MRS. ARCHANA SAVE
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Fasting urine sugar

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
Fasting urine sugar <i>Urine dipstik method</i>	Absent		Absent

END OF REPORT




Dr. Vijay Varde
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Post Prandial Urine Sugar


Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
Post Prandial Urine Sugar <i>Urine dipstik method</i>	Absent		Absent

****END OF REPORT****



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T3 T4 TSH

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>IMMUNOASSAY</u>			
T3	101.43	ng/dl	60 - 181
T4	9.1	ug/dl	3.2 - 12.6
T.S.H (ULTRA SENSITIVE)	0.75	uIU/ml	0.55 - 4.78
			1 Trimester : 0.10 - 2.50
			2 Trimester : 0.2 - 3.00
			3 Trimester : 0.3 - 3.00

Method : By CLIA

Sample Type: Serum

Remark :

1. Decreased value of T3(T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism
2. Total T3 and T4 value may also be altered in other condition due to change in serum proteins or binding sites pregnancy,Drugs (Androgens,Estrogens,O C pills,■ Phenytoin),Nephrosis etc. In such cases free T3 and free T4 give corrected values.
3. Total T3 may decrease by <25percent in healthy older individual.

Remark:

1. TSH values may be transiently altered because of non thyrodial illness like severe infections,liver disease , renal and heart failure , severe burns , trauma and surgery etc
2. Drugs that decrease TSH values e.g.L-dopa, Glucocorticoids Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron

Test done on ADVIA Centaur XP.

****END OF REPORT****

Report



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COMPLETE BLOOD COUNT (CBC) LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>HEMATOLOGY</u>			
Haemoglobin (Mod.Cyanmethemoglobin)	12.6	gms%	12 - 15
R.B.C Count (Impedence)	4.27	x10 ⁶ /cmm	3.8 - 4.8
PCV (Conductivity)	38.2	%	36 - 46
MCV (Calculated)	89.46	fL	83 - 101
MCH(Calculated)	29.51	Pg	27 - 32
MCHC(Calculated)	32.98	gms%	31.5 - 34.5
W.B.C. Count(Impedence)	6.39	x10 ³ /cmm	4 - 10
RDW(Calculated)	14.2	%	11.6 - 14.0
MPV(Calculated)	8.6	fL	6 - 11
Platelet Count(Impedence)	3.23	x10 ⁵ /cmm	1.50 - 4.10
<u>DIFFERENTIAL COUNT (Impedence,Light Absorbance)</u>			
Neutrophils	57	%	40 - 80
Lymphocytes	32	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	08	%	2 - 10
Basophils	0	%	0 - 2
RBC Morphology <i>Staining & Microscopy</i>	Anisocytosis Mild		
WBC Morphology <i>Staining & Microscopy</i>	Normal		
PLATELETS <i>Staining & Microscopy</i>	Adequate on smear.		
Other	-		

CBC done on fully Automated Yumizen H550

****END OF REPORT****




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ERYTHROCYTE SEDIMENTATION RATE (E.S.R) LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>HEMATOLOGY</u>			
E.S.R.	25	mm	0 - 15

By Whole Blood Modified Westergren Method

ESR done on fully automated Easyrate analyzer.

****END OF REPORT****




Dr. Vijay Varde
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Consultant Pathologist



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Blood sugar fasting LC

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood Sugar Fasting

<u>Glucose value</u>	117	mg/dl	70 - 110
<i>By Hexokinase method</i>			

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

HbA1c \geq 6.5 %

OR

Random Blood Glucose : \geq 200 mg/dl

END OF REPORT



Dr. Vijay Varde
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Patient Name : MRS. ARCHANA SAVE
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Glycosylated HB A1c

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Glycosylated HBA1C	6.3	%	
AVERAGE BLOOD GLUCOSE LEVEL	134.11	mg/dl	

Reference Values : Glyco HB A1c

Non Diabetic : 4.0 - 6.0

Good Diabetic Control : 6.0 - 7.0

Fair Diabetic Control : 7.0 - 8.0

Poor Diabetic Control : > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

Method : Ion Exchange HIGH Pressure Liquid Chromatography (HPLC), on Fully Automated Biorad D10 analyser.

INFORMATION : Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2 - 3 months

serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient-s diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

HbA1c \geq 6.5 %

OR

Random Blood Glucose : \geq 200 mg/dl

****END OF REPORT****



Report



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A handwritten signature in black ink, appearing to read 'Dr. Varde'.

Dr. Vijay Varde
M.D.(Path) D.P.B
Consultant Pathologist



Patient Name : MRS. ARCHANA SAVE
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LIPID PROFILE LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Triglycerides <i>By Enzymatic GPO/PAP Method</i>	56	mg/dl	Less than 150
Total Cholesterol <i>By CHOD-PAP Method</i>	194	mg/dl	UPTO 200
HDL Cholesterol <i>By Enzymatic Method</i>	75	mg/dl	40 - 60
VLDL Cholesterol	11.20	mg/dl	6 - 38
LDL Cholesterol	107.80	mg/dl	Upto 100
Cholesterol : HDL Cholesterol Ratio	2.59		Upto - 5
LDL Cholesterol/HDL Cholesterol Ratio	1.44		Upto 4

Total Cholesterol : <i>Desirable : Less than 200 mg%</i> <i>Borderline High : 200 - 239 mg% High : More than 239 mg%</i>	HDL-Cholesterol: <i>Desirable : More than 40 mg%</i> <i>Low : Less than 40 mg%</i>
LDL-Cholesterol (Non-protective cholesterol) : <i>Optimal : Less than 100 mg% NearOptimal : 100 - 129 mg%</i> <i>Borderline High : 130 - 159 mg%</i> <i>High : 160 - 189 mg%</i> <i>Very High : More than 189 mg%</i>	Triglycerides : <i>Normal : Less than 150 mg%</i> <i>Borderline : 150 - 199 mg%</i> <i>High : 200 - 499 mg%</i> <i>Very High : More than 499 mg%</i>

****END OF REPORT****



Dr. Vijay Varde
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Renal Function Test

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Urea <i>ByUrease Method</i>	10.70	mg/dl	10 - 38.5
BUN <i>BySerum By Urease with GLDH</i>	5.0	mg/dl	5 - 18
Creatinine <i>ByAlkaline Picrate-Kinetic</i>	0.66	mg/dl	0.55 - 1.02
Uric Acid <i>BySerum by Uricase Method</i>	2.7	mg/dl	2.6 - 6.0
Calcium <i>BySerum Cresolphthaleine complexona Method</i>	9.8	mg/dl	8.5 - 10.1
Phosphorus <i>ByPhosphomolybdate - UV Method</i>	3.3	mg/dl	2.5 - 4.9
Sodium <i>BySerum By ISE Method</i>	140	mEq/L	135 - 145
Potassium <i>BySerum by ISE Method</i>	3.9	mEq/l	3.5 - 5.5
Chloride <i>BySerum by ISE Method</i>	98	mEq/L	96 - 109
Proteins <i>ByBiuret Method</i>	7.3	g/dl	6.4 - 8.2
Albumin <i>ByBromocresol purple Method</i>	3.5	g/dl	3.4 - 5
Globulin	3.80	g/dl	1.8 - 3.6
A/G Ratio	0.92		1.5 - 3.5

END OF REPORT




Dr. Vijay Varde
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LIVER FUNCTION TEST (LFT) LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Serum Bilirubin (Total) <i>ByDiazo Method</i>	0.41	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) <i>ByDiazo Method</i>	0.10	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) <i>Calculated</i>	0.31	mg/dl	upto 0.90
S.G.O.T (AST) <i>BySerum By Enzymatic Method IFCC</i>	22	U/L	15 - 37
S.G.P.T <i>BySerum by Enzymatic Method</i>	22	U/L	16 - 63
Serum GGTP <i>ByEnzymatic Method</i>	22	U/L	15 - 85
Alkaline Phosphatase	48	U/L	46-116
Serum Proteins <i>ByBiuret Method</i>	7.3	g/dl	6.4 - 8.2
S. Albumin <i>ByBromocresol purple Method</i>	3.5	g/dl	3.4 - 5.0
Serum Globulin	3.80	gm/dl	1.8 - 3.6
A/G Ratio	0.92		1.5 - 3.5
Remark			

****END OF REPORT****




Dr. Vijay Varde
 M.D.(Path) D.P.B
 Consultant Pathologist



**Fw: Health Check up Booking Confirmed Request(bobE4786),Package Code-
PKG10000376, Beneficiary Code-263490**

Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sat, Jan 13, 2024 at 9:21 AM

To: "crm.lokhandwala@lifecarediagnostics.com" <crm.lokhandwala@lifecarediagnostics.com>

Thanks & Regards:



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

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

Sent: 09 January 2024 15:19

To: centremanager.lokhandwala@lifecarediagnostics.com <centremanager.lokhandwala@lifecarediagnostics.com>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobE4786),Package Code-PKG10000376, Beneficiary Code-263490

**011-41195959**

Hi Life Care Diagnostics,

We have received the confirmation for the following booking. Please provide your confirmation by clicking on the yes and no button.

Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female

Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40

Package Code : PKG10000376

Contact Details : 9821888073

Email : Archana.Save@bankofbaroda.com

Booking Date : 09-01-2024

Appointment Date : 13-01-2024

Confirmation Status : Booking Confirmed



भारतीय विज्ञान संस्थान प्रमाणपत्र

भारत सरकार

Unique Identification Authority of India
Government of India

अर्थसूचक क्रमांक : Enrollment No. 1050/ML/36000436

नाम

अर्चना अशुतोष सेन

Address Addressed Here

W/O Ashutosh Bhattacharya Sen

B-5/2, Juhu Centre Complex D-5

Curambur Cross Road 7

Near Miramar Club Juhu Vileparle Scheme, Andher West

12/08/2011

जन्म

जन्म स्थान

Maharashtra 400048

1982/08/07

Phone No. (91) 022 2600791 / 2600792



11140481709



आपला आधार क्रमांक / Your Aadhaar No. :

3860 2840 2779

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
Unique Identification Authority of India



अर्थसूचक क्रमांक

Aadhaar Addressed Here

जन्म वर्ष / Year of Birth : 1982

लिंग / Gender

Female



3860 2840 2779

Ashu

Utesav E
1st Floor
Lokhandwala Complex, Mumbai (44)
Mumbai-400052



EQAS

26

24.7

Lifecare
diagnostics

MEDICAL EXAMINATION REPORT

Name: Archana Sane Date: 13-1-24
 Date of Birth: 2-7-1977 Age: 46 Sex: Female
 Referred by: Self Proof of Identification: Adhar Card

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE: Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION: a. Height <u>157</u> cm b. Weight <u>44</u> kg. c. Blood Pressure: <u>116/80</u> mm Hg. d. Pulse Rate <u>82</u> /min			b. Are there any abnormalities in the chest wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart (Surgery, Angiography PTCA, other intervention).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT, EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/history of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/history disease of liver, gall bladder pancreas, stomach, intestines? b. Is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE TICK THE RELEVANT BOXES	Yes No	PLEASE TICK THE RELEVANT BOXES	Yes No
13) OTHERS		15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD (eg. syphilis, gonorrhoea)	<input type="checkbox"/> <input checked="" type="checkbox"/>
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?	<input checked="" type="checkbox"/> <input type="checkbox"/>		
b. Is there any enlargement of Thyroid?	<input type="checkbox"/> <input checked="" type="checkbox"/>		
c. Is there any suspicion of any other Endocrine disorder?	<input type="checkbox"/> <input checked="" type="checkbox"/>		
d. Is hernia present? If yes, give details.	<input type="checkbox"/> <input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY:	
e. Are there any abnormalities in testes? If yes, give details.	<input type="checkbox"/> <input checked="" type="checkbox"/>	a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?	<input type="checkbox"/> <input checked="" type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?	<input type="checkbox"/> <input checked="" type="checkbox"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?	<input checked="" type="checkbox"/> <input type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.	<input type="checkbox"/> <input checked="" type="checkbox"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?	<input type="checkbox"/> <input checked="" type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.	<input type="checkbox"/> <input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?	<input type="checkbox"/> <input type="checkbox"/>
14) HABITS & ADDICTIONS			
Does the examinee consume tobacco/alcohol, drugs/narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption.	<input type="checkbox"/> <input checked="" type="checkbox"/>		

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
1	benign histioma 20 Jan 2023 0.2. uterine fibroids.
2	12 Tab. Triglyceride 10 ; 43 gm. Tab. mung eke - 1-0-14
3	32 Tab. Shilpi Sep - 0 - 1 x 14
4	Hypertension - 2 gm
5	Father - DM Mother - DM

Remarks on present health status : Normal

Recommendations (if any):

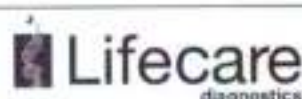
Name & Signature of Doctor
 Dr. Anshu W. Anand
 400053

The above statements and answers made to the medical examiner(s) are complete and true.

Signature of Examinee
 Anshu

Date 13-1-24 Place Mumbai

NOTES: For ENT check pls refer Q. 5



Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel: 2633 2527-32
 Central Laboratory : 205, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel: 26372527
 Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel: 26399210
 Worli Branch : B-101, Trade World, Kamala Mills, Senapati Bapat Marg, Lower Parel West, Lower Parel, Mumbai- 400013. Tel: 9167223844
 Mumbai : Versova | Lokhandwala | Goregaon | Kandivali | Dahisar | Worli | Pune ; Aundh | Chinchwad | Gujrat : Vadodra
 E-mail : admin@lifecarediagnostics.com | feedback@lifecarediagnostics.com | Website : www.lifecarediagnostics.com

NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.

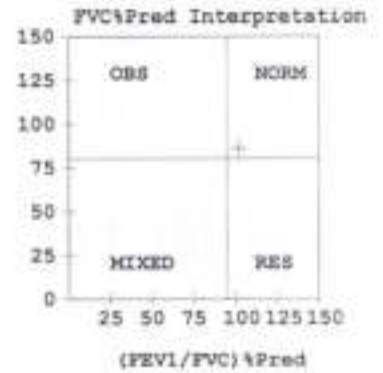
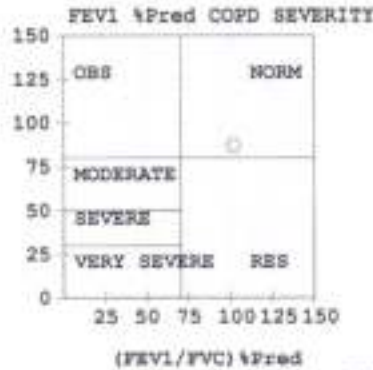
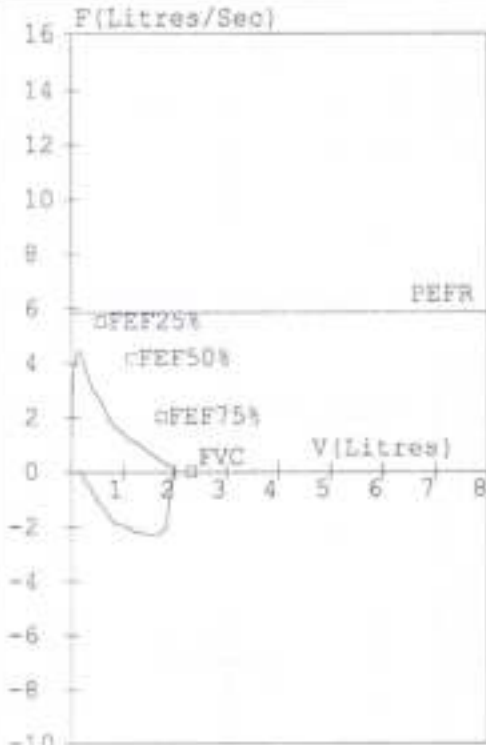
LIFECARE DIAGNOSTIC

ANDHERI WEST

Patient: ARCHANA SAVE
 Refd. By:
 Pred. Eqns: RECORDERS
 Date : 13-Jan-2024 12:32 PM

Age : 46 Yrs
 Height : 157 Cms
 Weight : 49 Kgs
 ID : 100465

Gender : Female
 Smoker : No
 Eth. Corr: 100
 Temp :



FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	02.31	01.98	086	-----	---	---
FEV1 (L)	01.79	01.56	087	-----	---	---
FEV1/FVC (%)	77.49	78.79	102	-----	---	---
FEF25-75 (L/s)	02.35	01.31	056	-----	---	---
PEFR (L/s)	05.86	04.45	076	-----	---	---
FIVC (L)	-----	01.80	---	-----	---	---
FEV.5 (L)	-----	01.12	---	-----	---	---
FEV3 (L)	02.24	01.98	088	-----	---	---
PIFR (L/s)	-----	02.32	---	-----	---	---
FEF75-85 (L/s)	-----	00.53	---	-----	---	---
FEF.2-1.2 (L/s)	04.41	01.87	042	-----	---	---
FEF 25% (L/s)	05.52	02.77	050	-----	---	---
FEF 50% (L/s)	04.17	01.38	033	-----	---	---
FEF 75% (L/s)	02.02	00.73	036	-----	---	---
FEV.5/FVC (%)	-----	56.57	---	-----	---	---
FEV3/FVC (%)	96.97	100.00	103	-----	---	---
FET (Sec)	-----	02.46	---	-----	---	---
ExplTime (Sec)	-----	00.03	---	-----	---	---
Lung Age (Yrs)	046	052	113	-----	---	---
FEV6 (L)	02.31	-----	---	-----	---	---
FIF25% (L/s)	-----	02.21	---	-----	---	---
FIF50% (L/s)	-----	02.19	---	-----	---	---
FIF75% (L/s)	-----	01.83	---	-----	---	---

Pre-Test COPD Severity: Test within normal limits

[Handwritten Signature]
 Dr. [Name] Pvt. Ltd.
 [Address]
 Mumbai - 400002

Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Spirometry within normal limits as (FEV1/FVC) %Pred >95 and FVC %Pred >80

Patient Name : MRS. ARCHANA SAVE
Age / Sex : 46 years / Female
LCID No : 324010578
UID No : 100465

Reference : SELF
Organization : Mediwheel
Org ID : NA

Registered On : Jan 13, 2024, 09:27 a.m.
Collected On : Jan 13, 2024, 09:27 a.m.
Reported On : Jan 13, 2024, 01:56 p.m.



X-RAY CHEST PA

Rotation +

The visualised lung fields appear clear.

Both cardio & costo-phrenic angles appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

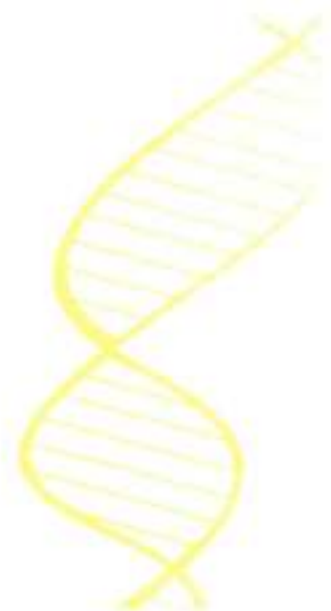
Both domes of diaphragm are normal.

Degenerative changes are noted in dorsal spine. Rest of the visualised bones appear normal.

****END OF REPORT****



Dr Smriti Dudhal
DNB DMRD MRIS
Consultant Radiologist



Patient Name : MRS. ARCHANA SAVE	Reference : SELF	Registered On : Jan 13, 2024, 09:27 a.m.
Age / Sex : 46 years / Female	Organization : Mediswheel	Collected On : Jan 13, 2024, 09:27 a.m.
LCID No : 324010578	Org ID : NA	Reported On : Jan 13, 2024, 12:32 p.m.
UID No : 100465		



WHOLE ABDOMEN

LIVER: Liver appears normal in size (13 cm), shape and echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

COMMON BILE DUCT & PORTAL VEIN: CBD and Portal vein appear normal in caliber. Aorta and IVC are normal.

GALL BLADDER: Gall bladder is partially distended with no evidence of abnormal intra-luminal contents. The wall thickness is normal. No pericholecystic fluid collection is noted.

SPLEEN & PANCREAS: Visualized spleen (6.9 cm) and pancreas appear normal in size, position and echotexture.

KIDNEYS: Right and Left kidneys measure 10.7 x 4.2 cm and 9.3 x 4.6 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No intra-renal calculus or abnormal focal lesion is seen.

URINARY BLADDER: Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal.

UTERUS: Uterus is not visualized - post hysterectomy status.

OVARIES: Left ovary is normal in size & stromal echo pattern. It measures 3.7 x 1.9 cm and shows a dominant follicle measuring 2.2 x 1.6 cm. Right ovary is not visualized. No evidence of any pelvic mass seen.

No evidence of lymphadenopathy or ascites is noted. Visualized bowel loops are normal in caliber and show normal peristalsis. Significant colonic residue is noted.

IMPRESSION :

- Significant colonic residue.
- Post hysterectomy status.

END OF REPORT



Dr. Smita Duttal
DND DMRD MBBS
Consultant Radiologist





NAME: MS ARCHANA SAVE

AGE:46 yrs F

REQUESTING DOCTOR : MEDIWHEEL DATE :13 /01/2024

2D-ECHO & COLOUR DOPPLER STUDIES REPORT

IMPRESSION: Normal LV & RV Systolic Function,
LVEF- 60 %(Modified Simpson)
No LVDD . LV Filling Pressure not raised
No Suggestion of PAH.

2D ECHO & CFL,

LV - Normal Chamber Size, Normal LV systolic function.
No RWMA. Preserved LV thickness
No LVH /BSH.

RV- Normal chamber size, Normal RV systolic function

LA Normal size. And function.

RA Normal size. And function.

Valves, - Mitral Valve - Normal size, thickness, mobility,
Normal MV annulus.

No evidence of calcium Or MAC.

No evidence of Significant MR. No MS

Aortic Valve - Normal structure, mobility, opening Av Tricuspid.

No Evidence of AR/AS

No significant calcium

Tricuspid Valve - Normal size, structure , mobility, thickness. Trivial TR

Pulmonary Valve- Normal size and function

IAS- Intact. No Shunt.

IVS - Intact. No Shunt.

Grate Arteries - Aorta & Pulmonary Arteries Normal.

LA/LAA/LV Valves. -No Clot, Or Vegetation or mass.

IVC-Normal Size 16.4 mm. Collapsing> 50% .

Pericardium - Normal. No Effusion



Report



Lifecare
diagnostics

Name MS ARCHANA SAVE

2D Echo, M Mode & Doppler Measurements

LA	27	mm	MVA	N	Planimetry
AO	29		AVA	N	Sqcm
IVSD	8	mm	RVIDD	22.5	mm
LVIDD	40.6		Mid RV		
LVPWD	8		MID RA		
LVIDS	29				
EPSS		mm	LVEDVol.		ml
LVOT			LVESVol.		ml
TAPSE	23	mm	LAESVol 4CH		ml
MAPSE			LAESVol 2CH		ml
			LA(ESVIndex)(BP)		ml/sq.m
Doppler Studies					
Mitral Valve					
E velocity	1	m/sec	A Velocity		m/sec
DCT	148	ms	MV PG/MG		mmhg
E/A	1.7		MVA(PHT)		sqcm
E' (Medial)	12.3	cm/sec			
E/E'	8.8				
e'	55/60	cm/sec			
E/e'					
Average E/e'					
Aortic Valve					
AV Velocity	1.25	m/sec	AVA(VTI)		sqcm
AV PG/MG	6	m/sec	AIPHT		msec
AV VTI					
LVOT Velocity	1.66	mmhg			
LVOT PG/MG	2	mmhg			
LVOT VTI		sqcm			
Tricuspid Valve					
			Pulmonary		
TR Velocity		m/sec	PV Velocity		m/sec
TRPG	13	mmhg	PV PG	3	mmhg
PASP		mmhg	PV PAT		msec

Kav
DR. KAVERI . V
M.B.B.S, D.N.B Medicine
Consultant Non Invasive Cardiology
IAE Accredited Echocardiographer
Life Member IAE-L 1373
MMC Reg No- 65845



HR 72 bpm

01/13/2024 09:48:58

AT-1 02 (1070 0048513.1.2.1)

I

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

V6

25 mm/s, 10 mm/mV

LP-25 Hz, AC 50 Hz

Sequential - Poor lead quality

SCHILLER Part No.2.157044M C-Gen

SCHILLER Part No.2.157044M C-Gen

SCHILLER Part No.2.157044M C-Gen

SCHILLER Part No.2.157044M C-Gen

01/13/2024 09:48:58



HR 72 /bpm

RR 879 ms
 P 54 ms
 PR 75 ms
 QRS 86 ms
 QT 386 ms
 QTc (Bazett) 424 ms

Sokolow 1.54 mV
 Cornell 0.80 mV
 Lewis -0.14 mV
 Romhill

P axis 0°
 QRS axis 85°
 T axis 48°

01/13/2024 09:48:58

Name *Ms Archana Sore*

Patient ID
 Date of Birth *19/01/1965*
 Gender *F*
 Pacemaker

Height cm

Weight kg

BP / mmHg

Medication

Remark

AT-1 G2 J1070.0068513.1.2.1
 AT-1 G2 J1070.0068513.1.2.1

SCHELLER Part No.2.157044M C Gen
 SCHELLER Part No.2.157044M C Gen

AT-1 G2 J1070.0068513.1.2.1
 SCHELLER Part No.2.157044M C Gen

SCHELLER Part No.2.157044M C Gen
 SCHELLER Part No.2.157044M C Gen

REPORT

- sinus rhythm

- within normal limits

Central Laboratory
206, Cosmos Plaza,
Opp. Indian Oil Nagar,
J. P. Road, Andheri (W),
Mumbai
Tel.: 26372527

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10, 11, First Floor, Silver Streak,
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Versova, Andheri (W),
Mumbai
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Worli Branch
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Kamala Mills,
Senapati Bapat Marg,
Lower Parel (W),
Mumbai - 400013
Tel.: 9167223844



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