

Patient Name : Mrs.RESHMA OMKAR DESHMUKH	Collected : 26/Oct/2024 08:36AM
Age/Gender : 36 Y 1 M 20 D/F	Received : 26/Oct/2024 10:50AM
UHID/MR No : CVIM.0000229090	Reported : 26/Oct/2024 12:04PM
Visit ID : CVIMOPV636812	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34277	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.5	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48.7	%	40-80	Electrical Impedance
LYMPHOCYTES	42.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3058.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2694.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	138.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	370.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.14		0.78- 3.53	Calculated
PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

DR.Sanjay Ingle
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:VIR241003117

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.RESHMA OMKAR DESHMUKH	Collected	: 26/Oct/2024 08:36AM
Age/Gender	: 36 Y 1 M 20 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000229090	Reported	: 26/Oct/2024 12:04PM
Visit ID	: CVIMOPV636812	Status	: Final Report
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Emp/Auth/TPA ID	: 22E34277		

DEPARTMENT OF HAEMATOLOGY

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



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR241003117

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RESHMA OMKAR DESHMUKH	Collected : 26/Oct/2024 11:40AM
Age/Gender : 36 Y 1 M 20 D/F	Received : 26/Oct/2024 03:28PM
UHID/MR No : CVIM.0000229090	Reported : 26/Oct/2024 05:22PM
Visit ID : CVIMOPV636812	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34277	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- 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)	106	mg/dL	70-140	HEXOKINASE

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.

DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: VIR241003294

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RESHMA OMKAR DESHMUKH	Collected : 26/Oct/2024 08:36AM
Age/Gender : 36 Y 1 M 20 D/F	Received : 26/Oct/2024 11:00AM
UHID/MR No : CVIM.0000229090	Reported : 26/Oct/2024 12:07PM
Visit ID : CVIMOPV636812	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34277	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	64	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.75	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.75	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR241003116

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RESHMA OMKAR DESHMUKH	Collected : 26/Oct/2024 08:36AM
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Visit ID : CVIMOPV636812	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34277	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.82	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.34	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	41.37	U/L	30-120	IFCC
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:VIR241003116

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.RESHMA OMKAR DESHMUKH	Collected : 26/Oct/2024 08:36AM
Age/Gender : 36 Y 1 M 20 D/F	Received : 26/Oct/2024 03:31PM
UHID/MR No : CVIM.0000229090	Reported : 26/Oct/2024 03:55PM
Visit ID : CVIMOPV636812	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34277	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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.

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: VIR241003120

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mrs. RESHMA OMKAR DESHMUKH	Age	: 36Yrs 1Mths 21Days
UHID	: CVIM.0000229090	OP Visit No.	: CVIMOPV636812
Printed On	: 26-10-2024 03:34 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E34277		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is retroflexed & normal in size . No focal lesion is seen. The endometrium is central & with empty cavity ET 8-9 mm . Both the ovaries appears normal. No adnexal pathology noted on either side. TVS would be more informative.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted. no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:

No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

---End Of The Report---



Dr.BHUSHANA SURYAWANSHI
MBBS, DMRE
2008 / 04 / 1111
Radiology

Patient Name : Mrs. RESHMA OMKAR DESHMUKH Age : 36Yrs 1Mths 21Days
UHID : CVIM.0000229090 OP Visit No. : CVIMOPV636812
Printed On : 26-10-2024 05:27 AM Advised/Pres Doctor : --
Department : Radiology Qualification : --
Referred By : Self Registration No. : --
Employer Id : 22E34277

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.


Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

T-8.

Name : Mrs. RESHMA OMKAR DESHMUKH

Age : 36Y 1M 20D

UHID : CVIM000229090

Address : Dhanoo Paze Maharashtra INDIA 411015

sex : Female



CVIM-000229090

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

OP No: CVIMDPV636812

Bill No: CVIM-OCR-68277

Date: Oct 26th, 2024, 8:33 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		
1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
2	OPTICAL BY GENERAL PHYSICIAN	Ophthalmology	<input type="checkbox"/>
3	URINE GLUCOSE (POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
4	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
5	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
6	GYNACCOLOGY CONSULTATION	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION <i>After Reports</i>	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
9	EKG	Cardiology	<input type="checkbox"/>
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSID)	Biochemistry	<input type="checkbox"/>
11	2 D ECHO	Cardiology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
14	URINE GLUCOSE (FASTING)	Clinical Pathology	<input type="checkbox"/>
15	LBC PAP TEST- PAPSURE	Histopathology	<input type="checkbox"/>
16	OPINION BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>- 2nd</i>	Biochemistry	<input type="checkbox"/>
18	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
19	ENT CONSULTATION	Consultation	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
22	HEMOGRAM - PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
23	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
24	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
26	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>

Arjun - 099

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Reshma Deshmukh on 26/10/24

After reviewing the medical history and on clinical examination it has been found that he/she is

<ul style="list-style-type: none">• Medically Fit	Tick <input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit.• Review after _____	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>


Dr. Alia MBBS
Registration No. 2211159

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

MRS Reshma Deshpande

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Cl AR me BLL STH

to see
(S)

Follow up date:


Doctor Signature

Date : 10/26/2024 Department : General Practice
 Patient Name : Mrs. RESHMA OMKAR DESIIMUKH Doctor : Dr. ALIA FATHIMA
 UHID : CVIM.0000229090 Registration No. : 9050
 Age / Gender : 36Yrs 1Mths 20Days / Female Qualification : MBBS
 Consultation Timing : 8:33 AM

Height : 156	Weight : 58	BMI : 23	Waist Circum : 86
Temp : 96.9 F	Pulse : 77	Resp : 16	B.P : 100/70

General Examination / Allergies History

O/B: conscious oriented

RS
CVS
P/Lar
CNS (NAD)

Clinical Diagnosis & Management Plan

HC

No C/O at present

Past h/o: nil

Sx h/o: nil

Fam h/o: nil

no addictions

Dust allergy

add - Post

Diet: nonveg
report consultation

- HPV vaccination.

9:30-11:00
Follow up date:

Dr. Alia Fathima

Registration No. 2023/11/9050

Doctor Signature

26/10/24

Reshma Deshmukh

PLC - 11 7/03
36 yr

WSP - 16/10/24

4-5 28-30 Reg

P/S - Cx Wg (H)
pwp fence

R6

→ ALU C Report

EYE EXAMINATION

DATE: 26/10/20

NAME:- Radma ONAMA Deswarwala

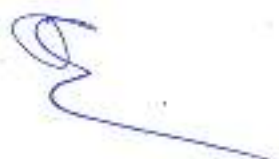
AGE:- 35

CORPORATE:- Dr. J. K. Desai

	Right Eye	Left Eye
Distant vision	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N/6</u>	<u>N/6</u>
Color vision	<u>Normal</u>	<u>Normal</u>
Fundus examination	<u>Normal</u>	<u>Normal</u>
Intraocular pressure	<u>Normal</u>	<u>Normal</u>
Slit lamp exam.	<u>Normal</u>	<u>Normal</u>

N. K. Desai

Impression - Normal Eye Check Up.



(Ophthalmology)

229090
36 years

Reshma Jeshmikh
Female

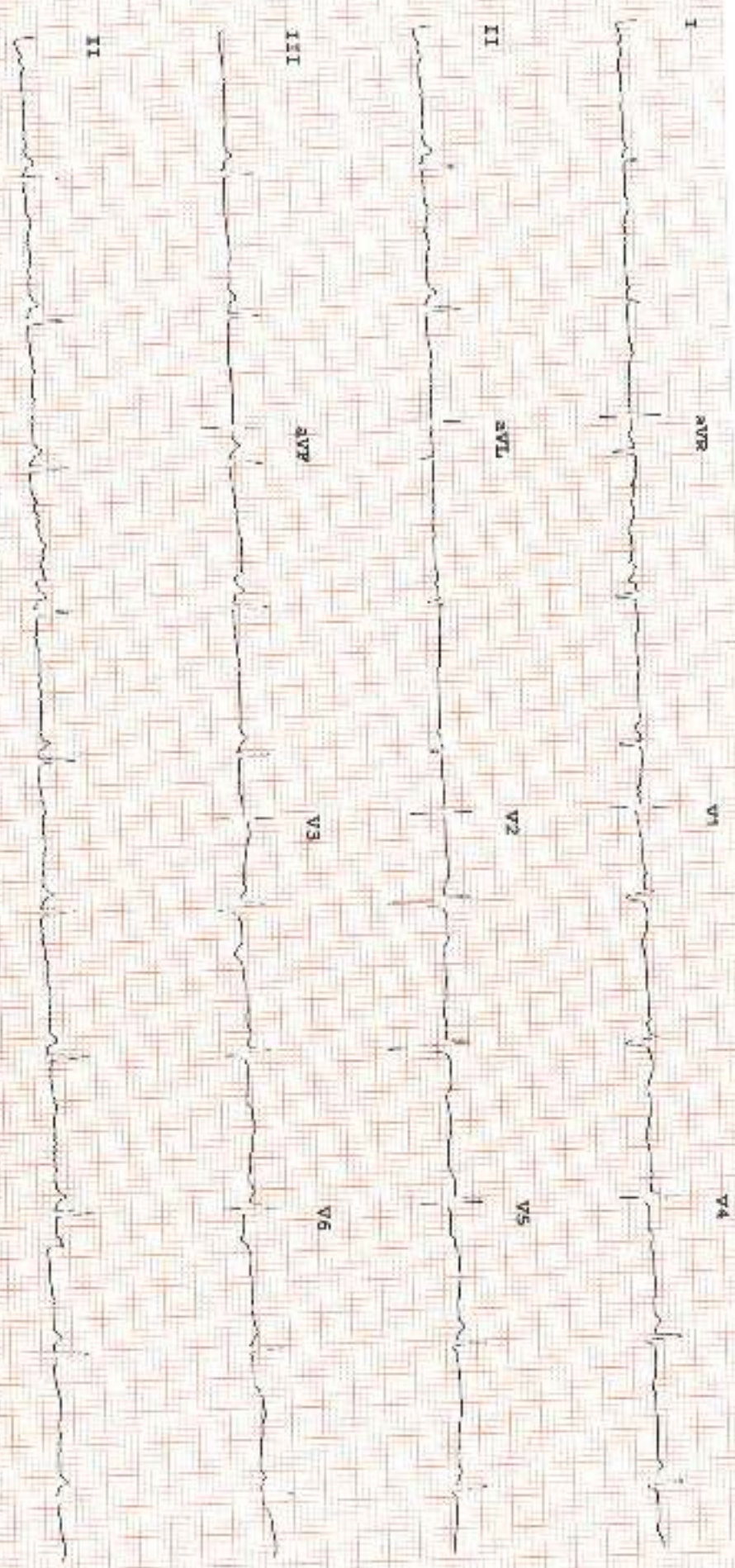
26-Oct-24 9:04:57 AM

Rate	65	Sinus rhythm	Normal P axis	V-rate	50-99
PR	140	Nonspecific T abnormalities, anterior leads	T	<-0.1mV	V2-V4
QRSD	85	Prolonged QT interval	QTc	>510ms	
QT	540	Baseline wander in lead(s) V4, V6			
QTc	562				

--AXIS--
 P 72
 QRS 69
 T 19
 12 Lead, Standard Placement

- ABNORMAL ECG -

Unconfirmed diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

P 50- 0.50- 40 Hz N PR:00B

PHILIPS

HEINHEIDT 40755A



Certificate No: MC 5657

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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
 WBC's are normal in number and morphology
 Platelets are Adequate
 No hemoparasite seen.



DR.Sanjay Ingle
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:VIR241003117

This test has been performed at Apollo Health and Lifestyle Ltd- Sachshiv Park Pune, Diagnostics Lab



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LHID/MR No	: CVIM.0000229090	Reported	: 26/Oct/2024 12:04PM
Visit ID	: CVIMOPV636612	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34277		

DEPARTMENT OF HAEMATOLOGY

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

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MCV	87.5	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
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DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
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LYMPHOCYTES	42.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
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EOSINOPHILS	136.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	370.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.14		0.78- 3.53	Calculated
PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
 WBC's are normal in number and morphology
 Platelets are Adequate
 No hemoparasite seen.

Page 2 of 15



DR. Sanjay Ingle
 M.B.B.S., M.D.(Pathology)
 Consultant Pathologist

SIN No: VIR241003117

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Certificate No: MC-5697

Patient Name	: Mrs.RESHMA OMKAR DESHMUKH	Collected	: 26/Oct/2024 08:36AM
Age/Gender	: 36 Y 1 M 20 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000229090	Reported	: 26/Oct/2024 12:04PM
Visit ID	: CVIMOPV836812	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Walt/TPA ID	: 22E34277		

DEPARTMENT OF HAEMATOLOGY

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

DR. Sanjay Ingle
M.B.B.S., M.D.(Pathology)
Consultant Pathologist

SIN No: VIR241003117

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RESHMA OMKAR DESHMUKH
Age/Gender : 36 Y 1 M 20 D/F
UHID/MR No : CVIM.0000229090
Visit ID : CVIMOPV636812
Ref Doctor : Self
Emp/Auth/TPA ID : 22E34277

Collected : 26/Oct/2024 11:40AM
Received : 26/Oct/2024 03:28PM
Reported : 26/Oct/2024 05:22PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

- Note:**
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
 - 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)	106	mg/dL	70-140	HEXOKINASE

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.



DR. Sanjay Ingle
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: VIR241003294

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.RESHMA OMKAR DESHMUKH
 Age/Gender : 36 Y 1 M 20 D/F
 UHID/MR No : CVIM.D000229080
 Visit ID : CVIMOPV836812
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E34277

Collected : 26/Oct/2024 08:36AM
 Received : 26/Oct/2024 11:00AM
 Reported : 26/Oct/2024 12:07PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Blo. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	64	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic ImmunoInhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.75	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.75	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

DR. Sanjay Ingle
 M.B.B.S, M.D(Pathology)
 Consultant Pathologist

SIN No:VIR341003116

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RESHMA OMKAR DESHMUKH
Age/Gender : 36 Y 1 M 20 D/F
UHIDMR No : CVIM.0000229090
Visit ID : CVIMOPV636812
Ref Doctor : Self
Emp/Auth/TPA ID : 22E34277

Collected : 26/Oct/2024 08:36AM
Received : 26/Oct/2024 11:00AM
Reported : 26/Oct/2024 12:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.82	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.34	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	41.37	U/L	30-120	IFCC
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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:

- 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.
- 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.
- Synthetic function impairment:** *Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- Associated tests for assessment of liver fibrosis -** Fibrosis-4 and APRI Index.



DR. Sanjay Ingle
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: VIR241003116

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.RESHMA OMKAR DESHMUKH
 Age/Gender : 36 Y 1 M 20 D/F
 ITHID/MR No : CVIM.0000229090
 Visit ID : CVIMOPV535812
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E34277

Collected : 26/Oct/2024 06:36AM
 Received : 26/Oct/2024 11:00AM
 Reported : 26/Oct/2024 12:07PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Blo. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.06	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.89	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.35	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.57	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.42	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated



DR. Sanjay Ingle
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: VIR24/003116

This test has been performed at Apollo Health and Lifestyle Ltd- Sarashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.RESHMA OMKAR DESHMUKH
 Age/Gender : 38 Y 1 M 20 D/F
 UHID/IR No : CVIM.0000229090
 Visit ID : CVIMOPV636812
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E34277

Collected : 26/Oct/2024 08:36AM
 Received : 26/Oct/2024 11:01AM
 Reported : 26/Oct/2024 12:08PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.87	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.247	µIU/mL	0.34-5.80	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

1. 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.
2. 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.
3. 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.
4. 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. Sanjay Ingle
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No. VJR241003118

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peeth Pune, Diagnostics Lab

Patient Name : Mrs.RESHMA OMKAR DESHMUKH
 Age/Gender : 36 Y 1 M 20 D/F
 UHID/MR No : CVIM.0000228090
 Visit ID : CVIMOPV636812
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E34277

Collected : 26/Oct/2024 08:36AM
 Received : 26/Oct/2024 04:20PM
 Reported : 26/Oct/2024 05:16PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD
Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Results to Follow:
 LBC PAP SMEAR

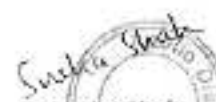


Sheela Shah
 Dr Sheela Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: VIR241003122
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.RESHMA OMKAR DESHMUKH	Collected	: 26/Oct/2024 08:36AM
Age/Gender	: 36 Y 1 M 20 D/F	Received	: 26/Oct/2024 04:20PM
UHID/MR No	: CVIM.0000229090	Reported	: 26/Oct/2024 05:16PM
Visit ID	: CVIMOPV636812	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34277		

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: VIK241003122
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mrs. RESHMA OVKAR DESHMUKH	Age	: 36Yrs 1Mths 21Days
UHID	: CVIM.0000229090	OP Visit No.	: CVIMOPV636812
Printed On	: 26-10-2024 05:27 AM	Advised / Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34277		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---



Dr. PREETIP KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Patient Name	: Mrs. RESHMA GOKAR DESHMUKH	Age	: 35Yrs 1Mths 21Days
UHID	: CVIM0000229090	OP Visit No.	: CVIMOPV636612
Printed On	: 26-10-2024 03:34 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34277		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however. No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is retroflexed & normal in size . No focal lesion is seen. The endometrium is central & with empty cavity ET 8-9 mm . Both the ovaries appears normal. No adnexal pathology noted on either side. TVS would be more informative.

No o/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted. no probe tenderness / inflammatory changes / collection . in RIF at present.

IMPRESSION:

No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

---End Of The Report---



Dr.BHUSHANA SURYAWANSHI

MBBS, DMRE

2008 / 04 / 1111

Radiology

2D ECHO/COLOUR DOPPLER

NAME	Reshma Deshmukh
AGE & SEX	36 /FEMALE
DATE	26/10/2024
REF:	

AO-23mm; LA-27 mm; IVS- 10mm; LVIDd-40 mm; PW-10mm; LVIDS: 24mm; LVEF-60%.

MITRAL VALVE: Normal leaflets.Mild MR

AORTIC VALVE: Normal leaflets.

TRICUSPID VALVE: Normal tricuspid leaflets. Mild tricuspid regurgitation.Rvsp- 25 mm hg

PULMONARY VALVE: Normal leaflets. Normal gradients. No Pulmonary Regurgitation.

LEFT VENTRICLE: ; Normal LV size & normal wall thickness.Uniform contractility.Normal LV Systolic Function,LVEF-60%.

PERICARDIUM: Normal

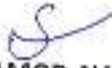
RA & RV: Normal .

IVS & IAS: Intact IAS. No flow seen across it.

IMPRESSION:

NORMAL LV SYSTOLICFUNCTION..LVEF-60%.

NO PAH


DR. PRAMOD NARKHEDE

CONSULTANT INTERVENTIONAL CARDIOLOGIST

MBBS, DNB (MEDICINE). DNB (CARDIOLOGY),F.S.C.A.I, F,I,S,H.

MIMC NO 2004/ 09 / 3195