

Patient Name : Mrs.MOUNIKA Y	Collected : 29/Mar/2024 10:32AM
Age/Gender : 30 Y 9 M 19 D/F	Received : 29/Mar/2024 03:59PM
UHID/MR No : CJPN.0000093323	Reported : 29/Mar/2024 06:27PM
Visit ID : CJPNOPV192256	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9000087501	

DEPARTMENT OF HAEMATOLOGY

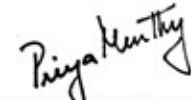
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.1	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	45	%	40-80	Electrical Impedance
LYMPHOCYTES	46.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2826	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2901.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	119.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.97		0.78- 3.53	Calculated
PLATELET COUNT	396000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240087366

This test has been performed at Apollo Health & Lifestyle Laboratory, BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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WBCs: are normal in total number with normal distribution and morphology.

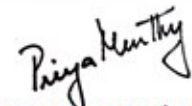
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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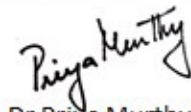
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	95	mg/dL	70-140	HEXOKINASE

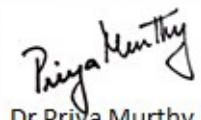
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC


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SIN No:EDT240040548

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ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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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)



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	206	mg/dL	<200	CHO-POD
TRIGLYCERIDES	142	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	170	mg/dL	<130	Calculated
LDL CHOLESTEROL	141.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.24		<0.11	Calculated

Comment:

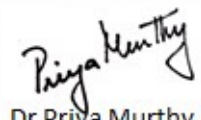
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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SIN No:SE04680772

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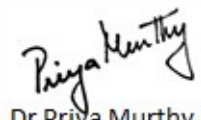
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.71	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.86	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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.
- Bilirubin may be elevated.
- 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.

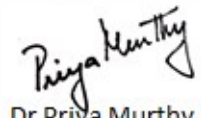
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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


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SIN No:SE04680772

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 Karnataka- 560034



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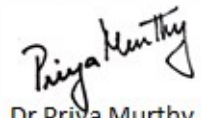
Patient Name : Mrs.MOUNIKA Y	Collected : 29/Mar/2024 10:32AM
Age/Gender : 30 Y 9 M 19 D/F	Received : 29/Mar/2024 04:32PM
UHID/MR No : CJPN.0000093323	Reported : 29/Mar/2024 06:31PM
Visit ID : CJPNOPV192256	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9000087501	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.51-0.95	Jaffe's, Method
UREA	15.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.13	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.86	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated


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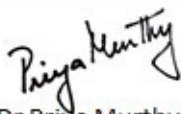
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<38	IFCC



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Patient Name : Mrs.MOUNIKA Y	Collected : 29/Mar/2024 10:32AM
Age/Gender : 30 Y 9 M 19 D/F	Received : 29/Mar/2024 04:50PM
UHID/MR No : CJPN.0000093323	Reported : 29/Mar/2024 06:19PM
Visit ID : CJPNOPV192256	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.641	µIU/mL	0.34-5.60	CLIA

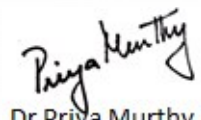
Comment:

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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SIN No: SPL24059203

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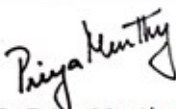

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UHID/MR No : CJPN.0000093323	Reported : 29/Mar/2024 06:19PM
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DEPARTMENT OF IMMUNOLOGY

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


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Patient Name : Mrs.MOUNIKA Y	Collected : 29/Mar/2024 10:32AM
Age/Gender : 30 Y 9 M 19 D/F	Received : 29/Mar/2024 05:17PM
UHID/MR No : CJPN.000093323	Reported : 29/Mar/2024 07:15PM
Visit ID : CJPNOPV192256	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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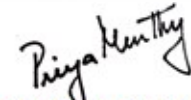
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
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	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2320186

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Patient Name : Mrs.MOUNIKA Y	Collected : 29/Mar/2024 10:32AM
Age/Gender : 30 Y 9 M 19 D/F	Received : 29/Mar/2024 05:17PM
UHID/MR No : CJPN.0000093323	Reported : 29/Mar/2024 06:57PM
Visit ID : CJPNOPV192256	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

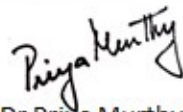
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore
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Consultant Pathologist



Dr Priya Murthy
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SIN No:UF011565

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echo and gynaecology consultation,ent consultation,opthal and ultrasound is pending

Name : Mrs. MOUNIKA Y Address : BLR Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 30 Y Sex : F	UHID :CJPN.0000093323  OP Number :CJPNOPV192256 Bill No :CJPN-OCR-70445 Date : 29.03.2024 09:57
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACEOLOGY CONSULTATION - 11	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE - 11	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION - 22	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION - 05	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN - front -	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Bp - 139/105 mmHg
 Wb - 92 kg
 Hb - 164 cc
 waist - 102 cm
 Hip - 114 cm
 BMI = 96 kg/m²

Place label here

Name: mounika y
 Age: 30
 Sex: F
 UHID: CJPV-0000093323

HEALTH CHECK-CASE SHEET

CHIEF COMPLAINT : Regular dental check up

MEDICAL HISTORY : _____

FINDINGS :

Caries : _____	Drug Allergy : _____																																		
Missing Teeth : _____	Abrasion : _____																																		
Impactions : _____	Calculus : _____																																		
Attrition : _____	Mobility : _____																																		
Root Stumps : _____	Restored Teeth : _____																																		
	Others : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10px;">8</td><td style="width: 10px;">7</td><td style="width: 10px;">6</td><td style="width: 10px;">5</td><td style="width: 10px;">4</td><td style="width: 10px;">3</td><td style="width: 10px;">2</td><td style="width: 10px;">1</td><td style="width: 10px;"> </td><td style="width: 10px;">1</td><td style="width: 10px;">2</td><td style="width: 10px;">3</td><td style="width: 10px;">4</td><td style="width: 10px;">5</td><td style="width: 10px;">6</td><td style="width: 10px;">7</td><td style="width: 10px;">8</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td> </td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8																			
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8																			

DIAGNOSIS :

X-Ray

IOPA :

OPG

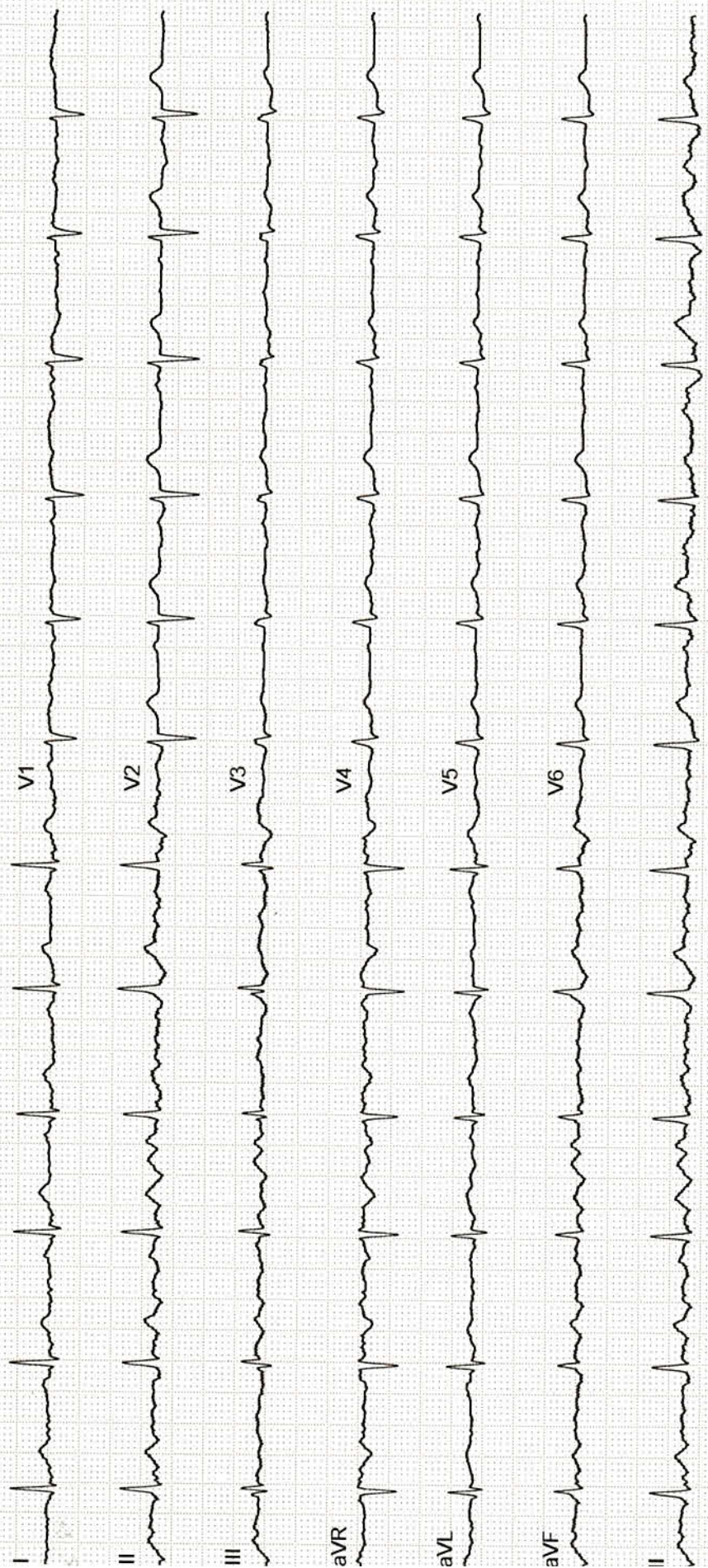
Treatment Plan : Whit for oral prophylaxis

Apollo Clinic
J.P. Nagar
Bangalore

164 cm Female
92.0 kg

Normal sinus rhythm
ST & T wave abnormality, consider inferior ischemia
Abnormal ECG

QRS : 78 ms
QT / QTcBaz : 390 / 435 ms
PR : - ms
P : - ms
RR / PP : 802 / 800 ms
P / QRS / T : - / 44 / 24 degrees





Patient Name : Mrs. MOUNIKA Y

Age/Gender : 30 Y/F

UHID/MR No. : CJPN.0000093323

OP Visit No : CJPNOPV192256

Sample Collected on :

Reported on : 29-03-2024 15:01

LRN# : RAD2286425

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9000087501

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-ray refused.