

Greetings from Apollo!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **10-08-2024** at your Pulse Radwave Diagnostics Private Limited Center.

**Points to note:-**

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MER as per package details & that company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adhutam portal as per specifications given earlier.

Corporate/TPA	Agreement Name	Package name	Package Inclusions	Customer Name
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	Glycosylated Hemoglobin (HbA1C) - Whole Blood, ECG, Package Gynaecological Consultation, HEMOGRAM (CBC+ESR), X-Ray Chest PA, Ophthal by General Physician, BMI, URINE GLUCOSE (POST PRANDIAL), Consultation - Dental, Package Consultation - ENT, Fitness by General Physician, 2 D ECHO, Lipid Profile (all Parameters), Renal Function Test, Ultrasound - Whole Abdomen, URINE GLUCOSE (FASTING), Dietician consultation, GLUCOSE - SERUM / PLASMA (FASTING AND POST PRANDIAL, Blood Grouping And Typing (AbO And Rh), THYROID PROFILE - (T3, T4 AND TSH), LIVER FUNCTION TEST (PACKAGE), Urine Routine (CUE), GGTP, Gamma Glutamyl Transaminase - Serum, LBC PAP SMEAR, Doctor, GAMMA GLUTAMYL TRANSFERASE (GGT), GLUCOSE, FASTING GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT), LIPID PROFILE, PERIPHERAL SMEAR, BLOOD GROUP ABO AND RH FACTOR, DIET CONSULTATION, BODY MASS INDEX (BMI), LBC PAP TEST - PAPSURE, HEMOGRAM + PERIPHERAL SMEAR, HbA1c, GLYCATED HEMOGLOBIN, THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), LIVER FUNCTION TEST (LFT), COMPLETE URINE EXAMINATION	MRS. SRIVASTAVA SHIPR

**DR. TILAK DEDHIA**  
M.B.B.S.  
REG. No. 2011/07/2287



बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम  
Name: शिप्रा श्रीवास्तव  
Shipra Srivastava

कॉन्टैक्ट नंबर  
Contact No: 128357

संस्थापक अधिकारी  
Instituting Authority

हस्ताक्षर  
Signature of Holder

*Shipra*

DR. TILAK DEDHIA  
M.B.B.S.  
REG. NO. 2011/07/2287



भारत सरकार  
Government of India



शिप्रा श्रीवास्तव  
Shipra Srivastava  
जन्म तिथि/DOB: 04/05/1989  
♀ FEMALE



4453 1299 0900

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*Tilak*

DR. TILAK DEDHIA  
M.B.B.S.  
REG. No. 2011/07/2287

Dr. Tilak Dediha  
M.B.B.S.  
REG. No. 2011/07/2287

Address: Block 1, Road 1, B+K  
M.B.B.S. (M.B.B.S.) Identification Mark: Male on left hand

*Tilak*

*Tilak*  
**DR. TILAK DEDIHA**  
M.B.B.S.  
REG. No. 2011/07/2287



Unique Identification Authority of India

<b>Address:</b> WO Kundan Kumar, Flat No-255 135 Max Storahe, B Block, Tulsiwara Main Road, Anjanapura J P Nagar 9th Phase, Anjanapura, Bengaluru, Karnataka - 560062	<b>Dr. Tilak Dediha</b> M.B.B.S. REG. No. 2011/07/2287 Bengaluru - 560062
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4453 1299 0900

DR. TILAK DEDIHA  
M.B.B.S.  
REG. No. 2011/07/2287



बैंक ऑफ़ बड़ोदा Bank of Baroda



प्रति,

समन्वयक,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MRS. SRIVASTAVA SHIPRA
क.कू.संख्या	128357
पदनाम	SUPPLY CHAIN FINANCE
कार्य का स्थान	MUMBAI,BKC, BARODA SUN TOWER
जन्म की तारीख	04-05-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	10-08-2024
बुकिंग संदर्भ सं.	24S128357100110260E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 07-08-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

हस्ता/-

DR. TILAK DEDHIA  
REG. NO. 2011/07/2287

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, उच्चतम तल, "बड़ोदा भवन", अल्हापुरी, बड़ोदा-390007(भारत)  
Human Resources Management Department, Head Office, 6<sup>th</sup> Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)

DR. TILAK DEDHIA

M.B.B.S.

REG. No. 2011/07/2287

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/8/2024	
NAME	Mrs. Shipra, Sivastava	
AGE	35	Gender female
HEIGHT(cm)	173cm	WEIGHT (kg) 86.0
B.P.	110/70 mm/hg	
ECCG	WNL	
X Ray	Normal	
Vision Checkup	Ⓟ 6/6 Ⓛ 6/6 Normal Colour Vision	
Present Ailments	NO	
Details of Past ailments (If Any)	NO	
Comments / Advice : She / He is Physically Fit	She is physically fit	

*Tilak*  
**DR. TILAK DEDHIA**  
 M.B.B.S.  
 REG. No. 2011/07/2287

Signature with Stamp of Medical Examiner



Mrs Shipra Sivasvara

9/8/24

35 years (MS 12 years) P/L2 (2 FT L/Ss)

do oedema feet especially at night

left breast tenderness on & off

No do nipple discharge, fever, Lump in the breast

No other major medical / surgical illness

Patient is on OC pills (Contraceptives) ∴ past 5 months.

OPHtho 2 1/2 years back.

ENT 25 days back MC regular

de affair  
 Afibnile

P 70/min

BP 110/70 mmHg

P/A soft No CRT

P/S  $\frac{CO}{VA}$  (H)

Bre Breast:

- Right Breast NAD

- Left breast - dense in consistency  
 tenderness on deep palpation

Ad

- Lap Sterilization

- USG B/L Breast

- T. Eryoflam 1-0/1 x 5 da

flyp sor.

Dr. Delina Mathias  
 200911/3653



**Patient : MRS SHIPRA SRIVASTAVA**

**F/35 Y**

**10-Aug-24**

**Ref By : Dr ARCOFEMI HEALTHCARE LT**

**No : 11**

**COMPLETE BLOOD COUNT WITH ESR**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
HAEMOGLOBIN	10.8	11.5 - 14.5	gms/dl
R.B.C. COUNT	4.18	3.50 - 5.50	millions/cumm
PCV	34.8	37.0 - 47.0	%
MCV	83.3	76.0 - 96.0	u3
MCH	25.8	25.0 - 32.0	pg
MCHC	31.0	30.0 - 35.0	%
RDW	15.9	11.5 - 14.5	%
W.B.C. COUNT	8,280	4,000-11,000	cells/cmm
<b><u>Differential Count :</u></b>			
Neutrophils	75	45 - 70	%
Lymphocytes	21	20 - 45	%
Eosinophils	00	1 - 6	%
Monocytes	04	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	209,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Hypochromasia (+), Microcytosis (+)		
W.B.C. MORPHOLOGY	Neutrophilia		
E.S.R (Westergren)	84	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.

*Bansikar*

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MRS SHIPRA SRIVASTAVA      F/35 Y      10-Aug-24  
Ref By : Dr ARCOFEMI HEALTHCARE LT      No : 11

BLOOD SUGAR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	90	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	152	70-140	mg/dl
Urine Sugar (2 hrs)	Absent		
Urine Ketones (2 Hrs)	Absent		

METHOD : Glucose Oxidase Peroxidase ( GOD/POD )

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

**FASTING GLUCOSE LEVEL**

Normal glucose tolerance : < 100 mg %  
Impaired Fasting Glucose : 100 - 125 mg %  
Provisional diagnosis for:  $\geq 126$  mg % (on two different occasions)  
diabetes mellitus

**POST LUNCH GLUCOSE LEVEL**

Normal glucose tolerance : <140 mg %  
Impaired Glucose Tolerance : 140 - 199 mg %  
Provisional diagnosis for:  $\geq 200$  mg % (on two different occasions)  
diabetes mellitus

**URINE SUGAR INTERPRETATION : (Approx.)**

Trace : 0.1 g/dl  
+ : 0.25 g/dl  
++ : 0.5 g/dl  
+++ : 1.0 g/dl  
++++ :  $\geq 2.0$  g/dl

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology





Registration No : 100924100

**Patient Name** : MRS. SHIPRA SRIVASTAVA  
**Age/Gender** : 35 Years / Female  
**Referral** :  
**Source** :  
**Center Name** : Radwave Diagnostics LLP

**Registered On** : 10-Aug-2024 02:29 PM  
**Sample Collected On** : 10-Aug-2024 02:37 PM  
**Sample Reported On** : 10-Aug-2024 06:29 PM  
**Sample ID**



**Glycosylated Hemoglobin - GHb**

Parameter	Value(s)	Unit	Ref Range
<b>HbA1c</b>			
HbA1c- Glycated Haemoglobin	4.9	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistent glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG)	93.93	mg/dL	
Method	HPLC		

**Limitations**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% to 5.7%. Patients with HbA1c value between 5.7% to 6.5% are considered Pre-diabetic.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  - To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state detected is corrected for HbS and HbC trait.
- Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.



Dr. Ashish Bhosle  
M.D. Pathologist



Patient : MRS SHIPRA SRIVASTAVA

F/35 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 11

**LIPID PROFILE**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	135	130-200	mg/dl
Triglycerides	122	25-150	mg/dl
HDL Cholesterol	73	35-80	mg/dl
VLDL Cholesterol	24	5-30	mg/dl
LDL Cholesterol	<b>38</b>	80-100	mg/dl
TC/HDL Ratio	1.9	0.0-4.5	
LDL/HDL Ratio	0.5	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP ( National Cholesterol Education Programme ) May-2001.

**CHOLESTEROL:**

Desirable < 200 mg/dl  
Borderline High 200-239 mg/dl  
High  $\geq$  240 mg/dl

**TRIGLYCERIDES:**

Desirable < 150 mg/dl  
Borderline High 150-199 mg/dl  
High 200-499 mg/dl

**HDL CHOLESTEROL:**

Desirable >40 mg/dl  
Low(High risk) <40 mg/dl

**LDL CHOLESTEROL:**

Optimal < 100 mg/dl  
Near Optimal 100-129 mg/dl  
Borderline High 130-159 mg/dl  
High 160-189 mg/dl  
Very High > 189 mg/dl

Dr Ashwini Sangvikar,

M.D. Pathology



Patient : MRS SHIPRA SRIVASTAVA

F/35 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 11

**RENAL FUNCTION TEST**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	11.4	5.0-23.0	mg/dl
Urea	24.5	13.0-43.0	mg/dl
Creatinine	0.6	0.5-1.3	mg/dl
Total Proteins	6.9	6.0-8.5	gm/dl
Albumin	4.4	3.2-5.3	gm/dl
Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.8	1.0-2.0	
Calcium	9.2	8.0-11.0	mg/dl
Phosphorus	4.9	2.5-4.5	mg/dl
Uric Acid	4.5	2.5-6.0	mg/dl
Sodium	140.1	133.0-148.0	mEq/L
Potassium	4.3	3.5-5.3	mEq/L
Chloride	103.1	96.0-107.0	mEq/L

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MRS SHIPRA SRIVASTAVA

F/35 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 11

**LIVER FUNCTION TEST**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	47.0	0.0-40.0	IU/L
S.G.P.T	59.5	0.0-40.0	IU/L
Bilirubin (Total)	0.73	0.0-1.20	mg/dl
Bilirubin (Direct)	0.15	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.6	0.1-1.0	mg/dl
Total Proteins	6.9	6.0-8.5	gm/dl
Albumin	4.4	3.2-5.3	gm/dl
Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.8	1.0-2.0	
Alkaline Phosphatase	242	50-306	U/L
GAMMA GT	43	5-55	U/L

*Ashwini Sangvikar*

Dr. Ashwini Sangvikar

M.D. Pathology



**PULSE RADWAVE**  
**DIAGNOSTIC**  
UNIT OF RADWAVE DIAGNOSTIC LLP

- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography
- ▶ Color Doppler ▶ ECG ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV
- ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ MSK Procedures ▶ X-Ray Special investigations ▶ Holter Monitor
- ▶ Sleep Study & Others.      LLP Identification Number : ACE - 2173

Patient : MRS SHIPRA SRIVASTAVA

F/35 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 11

BLOOD GROUP

Test

Value

BLOOD GROUP

"B" Positive.


Method: Slide & Tube Agglutination



*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology

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Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar,  
LIC Colony, Next to Hotel Majestic NX, Borivali (W), Mumbai - 400 103. Maharashtra.

Registration No : 100024120

Patient Name : MRS. SHIPRA SRIVASTAVA

Age/Gender : 35 Years / Female

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:29 PM

Sample Collected On : 10-Aug-2024 02:37 PM

Sample Reported On : 10-Aug-2024 09:18 PM

Sample ID



**Thyroid Function Test - TFT**

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	162.50	ng/dl	80-190
Thyroxine (T4)	<b>19.01</b>	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	3.38	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

**Interpretation :**

TSH results between 5 to 15 uIU/mL show considerable physiologic & seasonal variation. For differential diagnosis of primary, secondary, and tertiary hypothyroidism. Also useful in screening for hyperthyroidism. This assay allows adjustment of exogenous thyroxine dosage in hypothyroid patients and in patients on suppressive thyroxine therapy for thyroid neoplasia.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6 - 10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free, T4 / Free, T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.
4. Values <0.05 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

END OF REPORT

This sample is processed at THE LAB PLUS , Diagnostics & Health Care, NABL Accredited



Page 2 of 2

Dr. Ashish Bhosle  
M.D. Pathologist

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Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar, LIC Colony, Next to Hotel Majestic NX, Borivali (W), Mumbai - 400 103. Maharashtra.



Patient : MRS SHIPRA SRIVASTAVA

F/35 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 11

Urine Routine

Test

Value

Physical Examination:

Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(5.0)
Specific Gravity	1.005

Chemical Examination:

Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal

Microscopic Examination:

Pus Cells	1 - 2 / hpf
Red Blood Cells	Absent
Epithelial Cells	2 - 3 / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----

*Bangikar*

Dr Ashwini Sangvikar

M.D. Pathology



PATIENT NAME : MRS SHIPRA SRIVASTAVA  
AGE/ SEX : 35 YRS / FEMALE  
REF. CLINICIAN : APOLLO-ARCOFEMI HEALTHCARE LTD  
DATE : 10/08/2024

**X-RAY CHEST (P A VIEW)**

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

**CONCLUSION:** X-Ray findings show...

- No significant abnormality of note.

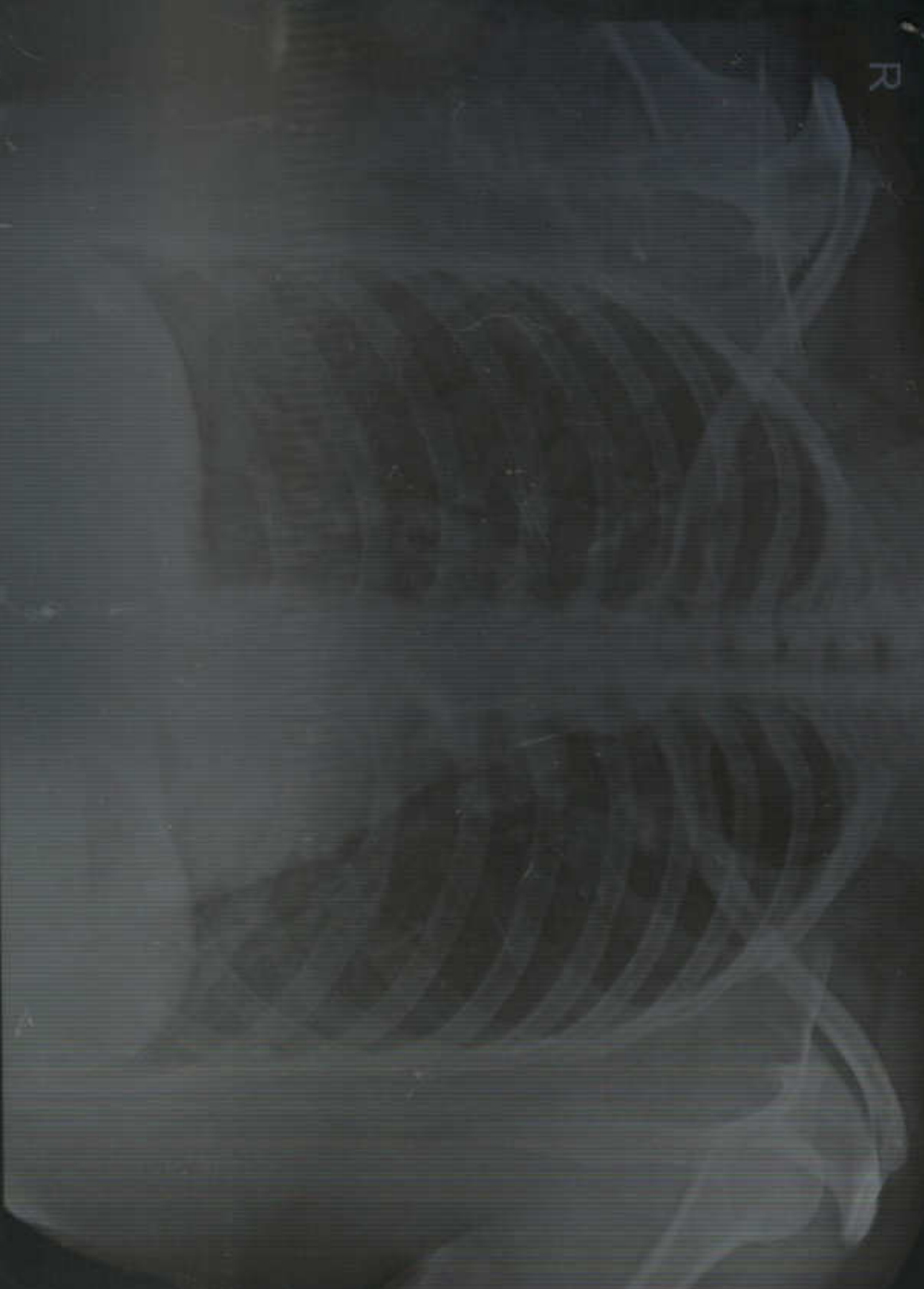
Please correlate clinically.  
Thanks for the referral,

Dr. Tilak Manilal Dedhia  
M.B.B.S., M.D., D.N.B. (Radio-diagnosis)  
Consultant Radiologist.





R



10/09/2024 5053 MRS SHIPRA SRIVASTAVA 35 Y F APOLLO-ARCOFEMI HEALTHCARE LTD CHEST PA  
Pulse Diagnostic Centre (Radwave Diagnostic Pvt. Ltd), Borivali

X



NAME:	MRS. SHIPRA SRIVASTAVA	DATE:	10/08/2024
R-NO:	E - 01	AGE:	35 YRS
REF.BY DR:	APOLLO - ARCOFEMI HALTHCARE LTD	SEX :	FEMALE

### 2D-ECHOCARDIOGRAPHY REPORT

- No diastolic dysfunction by PWD at present.
- No concentric left ventricular hypertrophy seen.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No regional wall motion abnormality seen at rest at present.
- All cardiac chambers are normal in size.
- IAS/IVS : No defect visualized.
- Visual LVEF = 65 perCent.
- No e/o thrombus/ pericardial effusion.
- Mild TR jet. PASP by TR jet measured to 20 mm Hg.



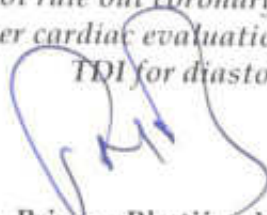
MRS. SHIPRA SRIVASTAVA

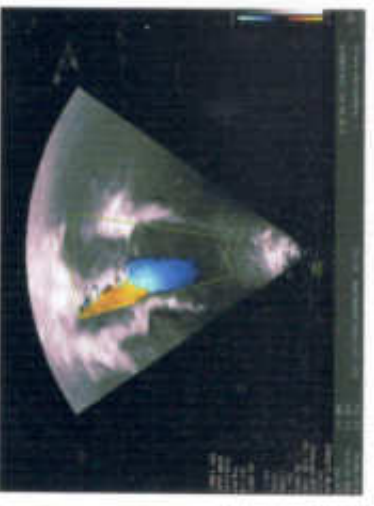
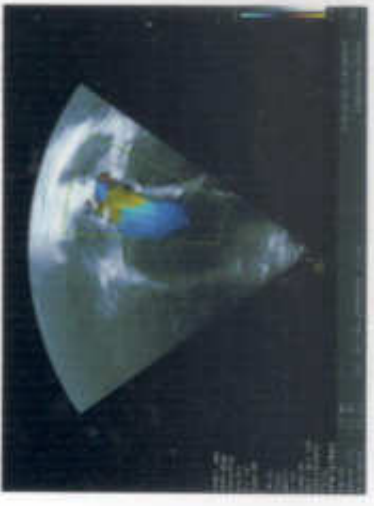
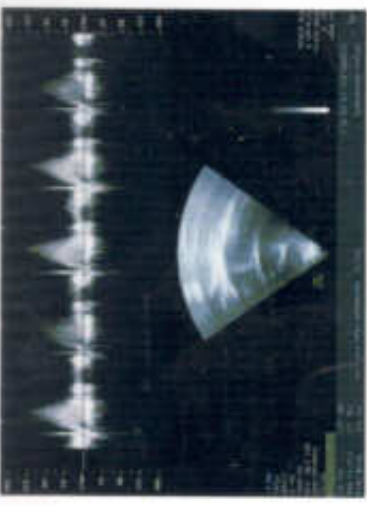
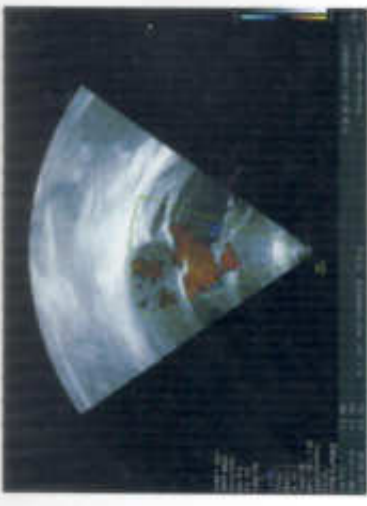
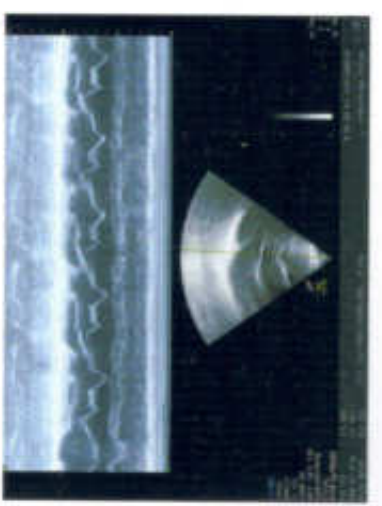
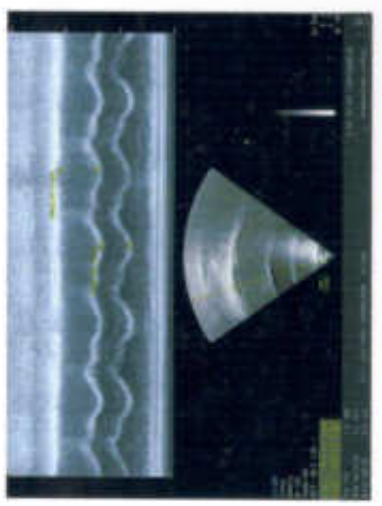
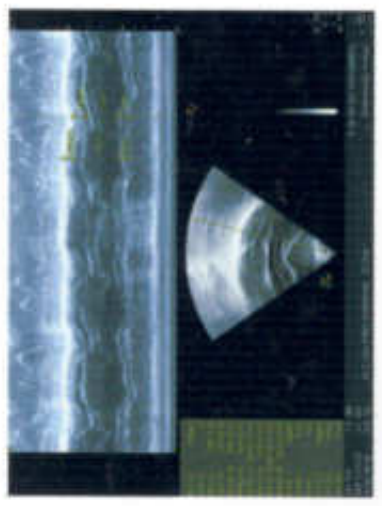
<u>M-MODE STUDY</u>	Value	Unit	<u>COLOUR DOPPLER STUDY</u>	Value	Unit
IVSd	06	mm	Mitral Valve E velocity	0.9	m/s
IVSs	11	mm	Mitral Valve A velocity	0.6	m/s
LVIDd	43	mm	E/A Ratio		
LVIDs	28	mm	Mitral Regurgitation	Absent	
LVPWd	07	mm			
LVPWs	11	mm			
<u>2D STUDY</u>					
		mm	<u>AORTIC VALVE</u>		
Ao	26	mm	AVmax	1.46	m/s
		mm	Aortic Regurgitation	absent	
LA	33	mm			
RV		mm			
RA		mm	<u>PULMONARY VALVE</u>		
FS	33	%	PVmax	1.20	m/s
EF	65	%	Regurgitation	Absent	
Mitral annulus	normal	mm			
			TR jet ve		m/s
			PASP	20	

*Note: 2 D Echo has a poor sensitivity in cases of angina pectoris. Negative echo findings does not rule out coronary artery disease*

*Adv: Please correlate clinically, CAG/Further cardiac evaluation as indicated.*

*TDI for diastolic dysfunction*

  
Dr. Priyam Bhatjwale  
M.D. Cert. in 2 D Echo &  
Doppler Studies





Patient Name: Mrs. Shipra Srivastava

F / 35yrs

Ref. by: Apollo-Arcofemi Healthcare Ltd

DATE: 10/08/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is enlarged in size (19.9 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 9.2 mm in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 9.0 cm and is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
10.3 x 4.3 cm	9.7 x 5.0 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.



**Patient Name:** Mrs. Shipra Srivastava

F / 35yrs

**Ref. by:** Apollo-Arcofemi Healthcare Ltd

**DATE:** 10/08/2024

**PELVIS:** The uterus is anteverted. It measures 7.3 x 4.5 x 2.3 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 6.3 mm.

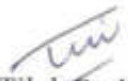
Bilateral ovaries are normal in size and echo pattern.  
No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

**IMPRESSION:**

- Mild hepatomegaly with grade I fatty liver.
- No other significant abnormality is seen.

Thanks for the reference.  
With regards,

  
Dr. Tilak Dedhia  
Consultant Radiologist



# 12 LEAD ECG REPORT



**PULSE RADWAVE**  
**DIAGNOSTIC**  
UNIT OF RADWAVE DIAGNOSTIC LLP



10/08/24

Name: Ms. Shipra Srivastava 35/F Apollo - Arcofemi Healthcare

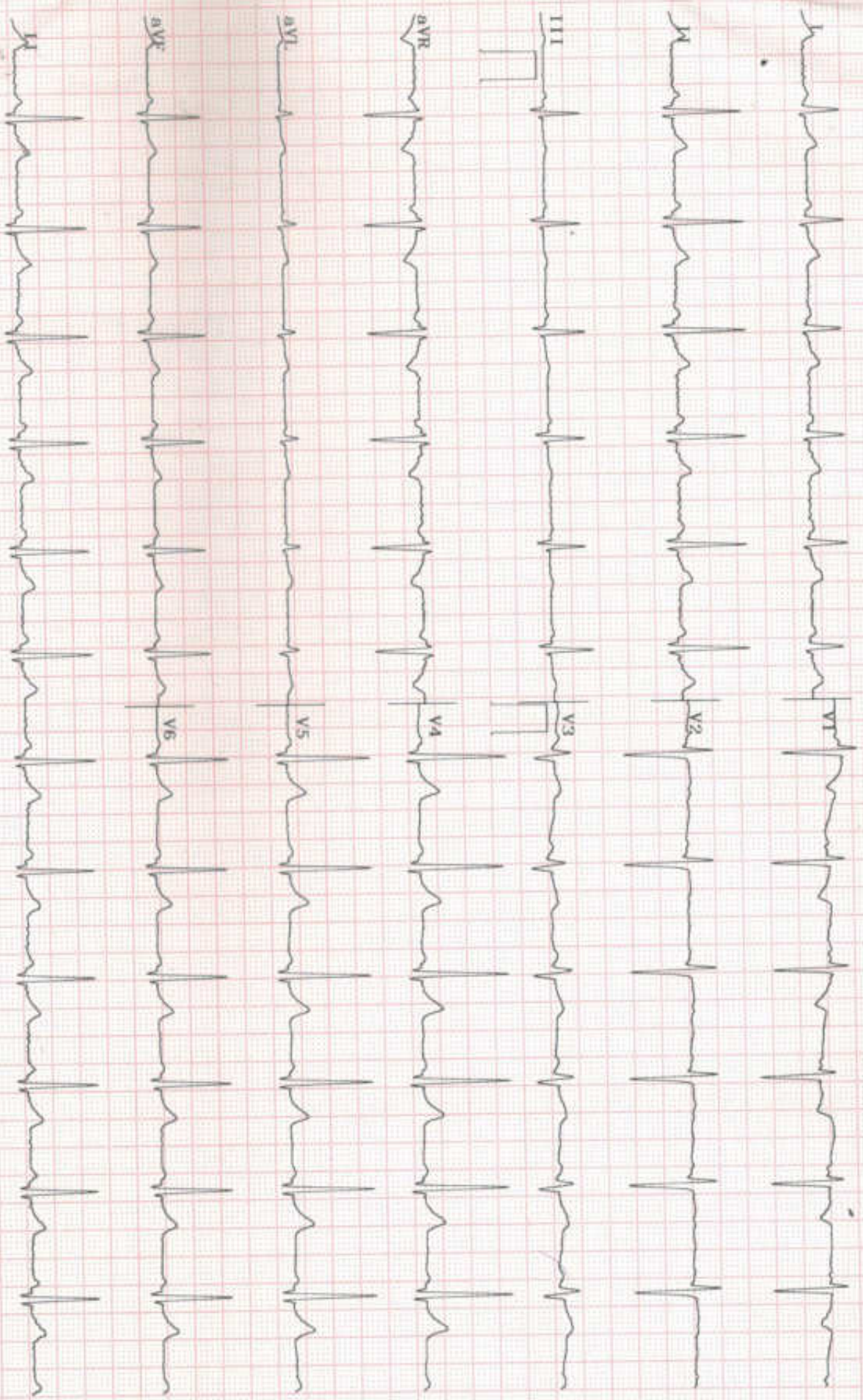
- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.



ID :  
Name: SHIPRA  
Age : 35 years  
Sex : Female  
H : 0 cm / W : 0 kg

PR/RR Int.: 120/779 ms  
QRS Dur: 106 ms  
QT/QTc: 386/436 ms  
P-R-T axes: 51 58 41  
SV1/RV5/R+S: 1.05/1.50/2.55mV

ANALYSIS RESULT  
Normal Sinus Rhythm  
Normal Axis  
Normal ECG I



Base: 0.1Hz LPF: 40Hz AC: 50Hz EMG: On

10.0mm/mV 25.0mm/sec

EKG2000 6.00/3.24 Biomet Co., Ltd.

# ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name:

Mrs. Shipra Srivastava

Date: 10/8/24

Time: \_\_\_\_\_

Age / Sex: 35/F

Heart Rate:

Rhythm:

Axis:

Voltage:

P Wave:

PR Interval:

Qrs Interval & Complex:

ST Segment:

T Wave:

QT Interval:

QTC:

Impression:

Signature of Physician \_\_\_\_\_

ECG

PRP

JR PRIYAM BHATJIVALE, M.D.  
REG. NO. 68857