Patient Name	: Mrs.SWATI PAL	Collected	: 19/Mar/2024 08:18AM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 19/Mar/2024 01:21PM
UHID/MR No	: CKHA.0000072505	Reported	: 19/Mar/2024 02:18PM
Visit ID	: CKHAOPV111006	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4309		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's Eosinophilia
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia
Advice: Iron studies & Hb Electrophoresis.

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

SIN No:BED240073711

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

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.7**	g/dL	12-15	Spectrophotometer
PCV	**29.30**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.43	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**66.2**	fL	83-101	Calculated
MCH	**22**	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	**17.5**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48.5	%	40-80	Electrical Impedance
LYMPHOCYTES	23.9	%	20-40	Electrical Impedance
EOSINOPHILS	**20.9**	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2735.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1347.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	**1178.76**	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.03		0.78- 3.53	Calculated
PLATELET COUNT	322000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**21**	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's Eosinophilia
Platelets are Adequate
No hemoparasite seen.
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SIN No:BED240073711

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Age/Gender	: 42 Y 6 M 0 D/F	Received	: 19/Mar/2024 01:21PM
UHID/MR No	: CKHA.0000072505	Reported	: 19/Mar/2024 02:30PM
Visit ID	: CKHAOPV111006	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4309		

DEPARTMENT OF HAEMATOLOGY

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

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

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Patient Name	: Mrs.SWATI PAL	Collected	: 19/Mar/2024 08:18AM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 19/Mar/2024 01:10PM
UHID/MR No	: CKHA.0000072505	Reported	: 19/Mar/2024 03:07PM
Visit ID	: CKHAOPV111006	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	89	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:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	83	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
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7

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SIN No:EDT240033000

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

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DEPARTMENT OF BIOCHEMISTRY

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

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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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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SIN No:EDT240033800

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	172	mg/dL	<200	CHO-POD
TRIGLYCERIDES	47	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	**111.44**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.35		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
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.
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.

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SIN No:SE04666799

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DEPARTMENT OF BIOCHEMISTRY

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

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).

DR.Sanjay Ingle
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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.35	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.7	U/L	<35	IFCC
ALKALINE PHOSPHATASE	65.18	U/L	30-120	IFCC
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.48**	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	**12.93**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**6.0**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	**8.77**	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.68	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.76	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.37	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

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Consultant Pathologist

SIN No:SE04666799

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

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Certificate No: MC-5697

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	8.98	U/L	<38	IFCC

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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.903	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

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Sneha Shah
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SIN No:SPL24049513

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Certificate No: MC-5697

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Patient Name	: Mrs.SWATI PAL	Collected	: 19/Mar/2024 08:18AM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 19/Mar/2024 01:16PM
UHID/MR No	: CKHA.0000072505	Reported	: 19/Mar/2024 01:39PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2309184

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

Patient Name	: Mrs.SWATI PAL	Collected	: 19/Mar/2024 08:18AM
Age/Gender	: 42 Y 6 M 0 D/F	Received	: 19/Mar/2024 01:16PM
UHID/MR No	: CKHA.0000072505	Reported	: 19/Mar/2024 01:44PM
Visit ID	: CKHAOPV111006	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4309		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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 *****

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

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Swati Pal on 20/03/24

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. Hb ↓ - IDA 2. HbA1c - 5.8 3. However the employee should follow the advice/medication that has been communicated to him/her. Review after	
• Currently Unfit. Review after recommended	
• Unfit	

Dr. Dr. Zuha Khan
Medical Officer
Apollo Clinic, Kharadi
MBBS General Physician
Reg. No. 2020/03/1804

This certificate is not meant for medico-legal purposes

Apollo HOSPITALS

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Swati Pal

Date : 19-03-2024
MR NO : CKHA.0000072505

Department : GENERAL
Doctor :

Name : Mrs. SWATI PAL

Registration No :
Qualification :

Age/ Gender : 42 Y / Female

Consultation Timing: 08:15

Resp - 92

Height : 161	Weight : 65.2	BMI :	Waist Circum : 83
Temp : 97-5	Pulse : 70	Resp :	B.P : 143/91

General Examination / Allergies History

Clinical Diagnosis & Management Plan

LMP : 13/03/24.
Regular;
25-30 day cycle; 4 day bleeding.

Present complains - Nil complains.

Comorbidity - } NIL
Allergies - }

Surgical H/O - LSCS (2012/2016).

Family H/O - ~~Parents~~ Father. HTN/DM.

Addiction - NO

OE

CVS- } NAD.
CNS- }
P/A- }
Chest- }

H/O covid infection - Jan 2022.

Vaccinated with - 2 vaccines

Follow up date:

Doctor Signature

Apollo Clinic, Kharadi
#102, B Wing, 1st Floor, Kul Scapes, Magarpatta Road, Opp. Reliance Smart, Kharadi, Pune, Pin: 411014 | Phone: (020) 2701 3333/4444
Follow us /ApolloClinicIndia /ApolloClinics

ID: 72505
swati pal
Female 42Years
kg / mmHg
Req. No. :

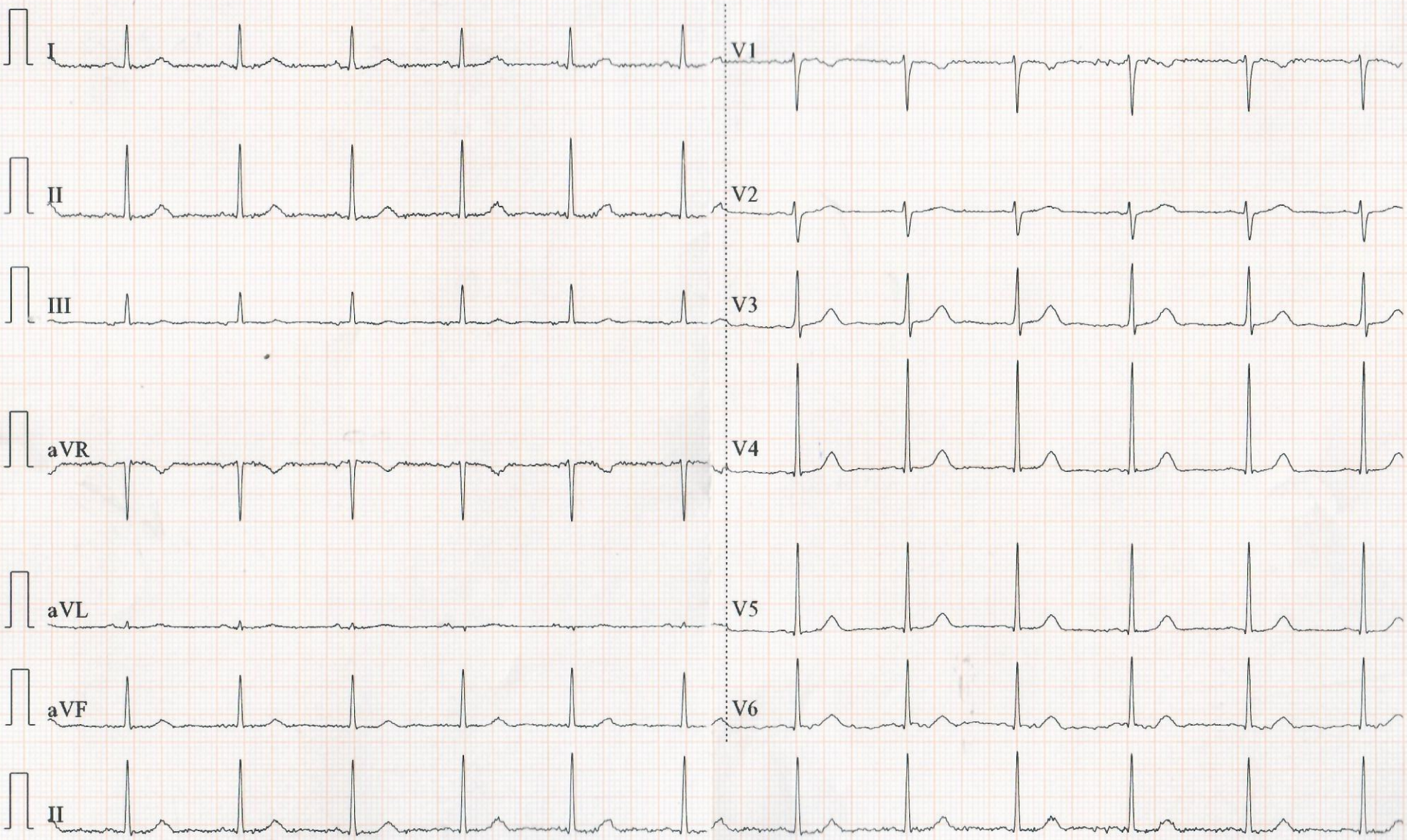
19-03-2024 12:07:17

HR	: 72	bpm
P	: 86	ms
PR	: 124	ms
QRS	: 78	ms
QT/QTcBz	: 390/427	ms
P/QRS/T	: 0/58/41	°
RV5/SV1	: 1.563/0.907	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Swati Pal

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 D V1.47 Glasgow V28.6.7 APOLLO CLINIC KHARADI

ARROW CE ARROW CE

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Patient Name	: Mrs. SWATI PAL	Age	: 42 Y F
UHID	: CKHA.0000072505	OP Visit No	: CKHAOPV111006
Reported on	: 19-03-2024 17:35	Printed on	: 20-03-2024 08:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchyma shows normal echoanatomy.

No solid / cystic lesion noted.

Visualized vessels appears normal.

No obvious lymphadenopathy noted.

IMPRESSION:

NORMAL STUDY.

Clinical correlation suggested

Consultant Radiologist.

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

Printed on:19-03-2024 17:35 ---End of the Report---

Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Clinic
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Patient Name	: Mrs. SWATI PAL	Age	: 42 Y F
UHID	: CKHA.0000072505	OP Visit No	: CKHAOPV111006
Reported on	: 19-03-2024 19:43	Printed on	: 20-03-2024 08:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:19-03-2024 19:43 ---End of the Report---

Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com
APOLLO CLINICS NETWORK MAHARASHTRA
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Apollo Clinic
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Patient Name	: Mrs. SWATI PAL	Age	: 42 Y F
UHID	: CKHA.0000072505	OP Visit No	: CKHAOPV111006
Reported on	: 19-03-2024 17:40	Printed on	: 20-03-2024 08:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is partially distended. No calculus or sludge noted.

Spleen : It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas : It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : Normal in size ms 10.3 x 4.4 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 11.2 x 4.3 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is well distended and appears normal. No echoreflective calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus:is anteverted, and measures 8.8 x 3.5 x 5.5 cms. No focal lesion seen.
Endometrial thickness is 5.8 mm.

Right ovary : measures 2.8 x 2.3 cms.
Left ovary : measures 2.7 x 1.6 cms.
Both ovaries: appears normal in size and echotexture.

Visualised bowel loops appear normal.

IMPRESSION :

- **NO SIGNIFICANT ABNORMALITY.**

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Patient Name	: Mrs. SWATI PAL	Age	: 42 Y F
UHID	: CKHA.0000072505	OP Visit No	: CKHAOPV111006
Reported on	: 19-03-2024 17:40	Printed on	: 20-03-2024 08:36
Adm/Consult Doctor	:	Ref Doctor	: SELF

Clinical correlation suggested.....

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

Printed on:19-03-2024 17:40 ---End of the Report---

Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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TOUCHING LIVES

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CONSENT FORM

Patient Name: Swati Pal Age: 41

UHID Number: ..... Company Name: .....

I Mr./Mrs./Ms .....

Employee of .....

(Company) Want to inform you that I am **not interested** / **Postpone** in getting

1) 2D ECO – Pending

2) LBC PAP Test – Skip

3) Opthal.

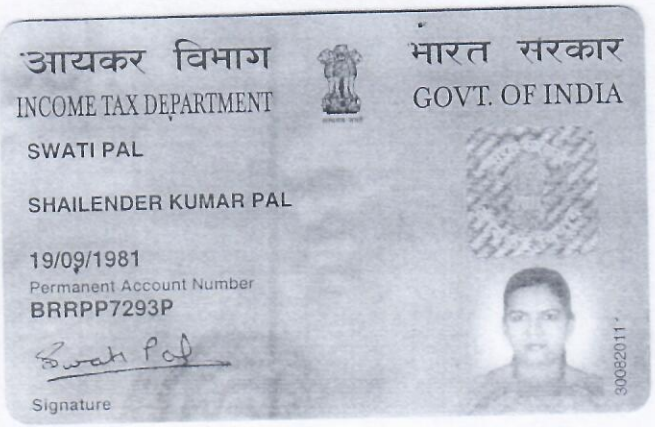
4) .....

5) .....

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: ..... Date: 19-03-2024


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
SWATI PAL
SHAILENDER KUMAR PAL
19/09/1981
Permanent Account Number
BRRPP7293P
Signature

42

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER
28	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	UBOIE4309	SWATI PAL	42	Female