

Patient Name : Mrs.SANJU RANI GAGRAI
Age/Gender : 40 Y 8 M 18 D/F
UHID/MR No : SCHI.0000022585
Visit ID : SCHIOPV34020
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : EFGGE

Collected : 27/Jul/2024 09:28AM
Received : 27/Jul/2024 10:28AM
Reported : 27/Jul/2024 04:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240196860



Patient Name : Mrs.SANJU RANI GAGRAI
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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	8.3	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	28.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.37	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	65.4	fL	83-101	Calculated
MCH	18.9	pg	27-32	Calculated
MCHC	28.9	g/dL	31.5-34.5	Calculated
R.D.W	19	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,790	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	74.6	%	40-80	Electrical Impedance
LYMPHOCYTES	17.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4319.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1013.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	81.06	Cells/cu.mm	20-500	Calculated
MONOCYTES	335.82	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.53	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	4.26		0.78- 3.53	Calculated
PLATELET COUNT	120000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC- MICROCYTIC HYPOCHROMIC CELLS. ANISOPOIKILOCYTOSIS SEEN WITH FEW PENCIL CELLS SEEN.

WBC WITHIN NORMAL LIMITS

PLATELETS ARE REDUCED ON SMEAR

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NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.

Result is rechecked. Kindly correlate clinically


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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mrs.SANJU RANI GAGRAI	Collected : 27/Jul/2024 02:00PM
Age/Gender : 40 Y 8 M 18 D/F	Received : 27/Jul/2024 02:09PM
UHID/MR No : SCHI.0000022585	Reported : 27/Jul/2024 04:31PM
Visit ID : SCHIOPV34020	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	147	mg/dL	70-100	GOD - POD

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)	183	mg/dL	70-140	GOD - POD

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.



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Patient Name : Mrs.SANJU RANI GAGRAI	Collected : 27/Jul/2024 09:28AM
Age/Gender : 40 Y 8 M 18 D/F	Received : 27/Jul/2024 01:43PM
UHID/MR No : SCHI.0000022585	Reported : 27/Jul/2024 02:17PM
Visit ID : SCHIOPV34020	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

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.

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: EDT240081282



Patient Name : Mrs.SANJU RANI GAGRAI	Collected : 27/Jul/2024 09:28AM
Age/Gender : 40 Y 8 M 18 D/F	Received : 27/Jul/2024 10:26AM
UHID/MR No : SCHI.0000022585	Reported : 27/Jul/2024 11:54AM
Visit ID : SCHIOPV34020	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	128	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	127	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	78	mg/dL	<130	Calculated
LDL CHOLESTEROL	52.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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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	1.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	4.40	g/dL	2.0-3.5	Calculated
A/G RATIO	0.95		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'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.

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DEPARTMENT OF BIOCHEMISTRY

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	20.10	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	2.5-6.2	Uricase
CALCIUM	10.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	4.40	g/dL	2.0-3.5	Calculated
A/G RATIO	0.95		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	12-43	Glycylglycine Nitoranalide



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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	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	14.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.070	µIU/mL	0.38-5.33	CLIA

Kindly correlate clinically.

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



Dr. Tanish Mandal
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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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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	TURBID		CLEAR	Physical measurement
pH	5.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+)		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	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE (TRACE)		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	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.

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SIN No:UR2394653



Patient Name : Mrs.SANJU RANI GAGRAI	Collected : 27/Jul/2024 02:00PM
Age/Gender : 40 Y 8 M 18 D/F	Received : 27/Jul/2024 06:13PM
UHID/MR No : SCHI.0000022585	Reported : 27/Jul/2024 11:04PM
Visit ID : SCHIOPV34020	Status : Final Report
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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
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+)		NEGATIVE	Dipstick
MANUALLY RECHECKED				



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SIN No: UPP017784



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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
URINE GLUCOSE(FASTING)	POSITIVE (+)		NEGATIVE	Dipstick



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011958



Patient Name : Mrs.SANJU RANI GAGRAI	Collected : 27/Jul/2024 11:26AM
Age/Gender : 40 Y 8 M 18 D/F	Received : 27/Jul/2024 05:20PM
UHID/MR No : SCHI.0000022585	Reported : 28/Jul/2024 04:33PM
Visit ID : SCHIOPV34020	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EFGGE	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	L/1175/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial, intermediate squamous cells, in acute inflammatory background.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
d	OTHERS	REACTIVE CHANGES ASSOCIATED WITH INFLAMMATION
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY
V	RECOMMENDATIONS	CONSIDER CERVICAL CYTOLOGY RE-EVALUATION AFTER TREATMENT OF INFECTION

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

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Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:CS084007



Name : Mrs. SANJU RANI GAGRAI

Age: 40 Y

UHID: SCHI.0000022585

Sex: F



Address : C-240POCKET A INA COLONY

OP Number: SCHIOPV34020

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-11621

Date : 27.07.2024 09:23

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	2D ECHO - Pending ✓	
4	LIVER FUNCTION TEST (LFT) ✓	
5	GLUCOSE, FASTING ✓	
6	HEMOGRAM + PERIPHERAL SMEAR ✓	
7	GYNACOLOGY CONSULTATION ✓	
8	DIET CONSULTATION ✓	
9	COMPLETE URINE EXAMINATION ✓	
10	URINE GLUCOSE (POST PRANDIAL) ✓	
11	PERIPHERAL SMEAR ✓	
12	ECG ✓	
13	LBC PAP TEST- PAPSURE ✓	
14	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
15	DENTAL CONSULTATION ✓	
16	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
17	URINE GLUCOSE (FASTING) ✓	
18	SONO MAMOGRAPHY - SCREENING ✓	
19	HbA1c, GLYCATED HEMOGLOBIN ✓	
20	X-RAY CHEST PA ✓	
21	ENT CONSULTATION ✓	Dr. Swamy
22	FITNESS BY GENERAL PHYSICIAN ✓	
23	BLOOD GROUP ABO AND RH FACTOR ✓	
24	LIPID PROFILE ✓	
25	BODY MASS INDEX (BMI) ✓	
26	OPHTHAL BY GENERAL PHYSICIAN ✓	
27	ULTRASOUND - WHOLE ABDOMEN ✓	
28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height:	154cm
Weight:	64.1
B.P.:	118/60
Pulse:	88/mt

Spo2 - 98%

PHC_Desk

From: noreply@apolloclinics.info
Sent: 26 July 2024 12:12
To: sanju.godra@gmail.com
Cc: phc.klc@apollospectra.com; syamsunder.m@apollohl.com;
cc.klc@apollospectra.com
Subject: Your appointment is confirmed



Dear SANJU RANI GAGRAI,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA NEHRU ENCLAVE** clinic on **2024-07-27** at **09:15-09:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:



भारत सरकार
GOVERNMENT OF INDIA



संजू रानी गग्राई
Sanju Rani Gagrai
जन्म तिथि/DOB: 09/11/1983
महिला/ FEMALE
Mobile No: 8527541026



7644 3954 2714
VID : 9133 9576 4970 0297

मेरा आधार, मेरी पहचान


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sanjiv on 27/7

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<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>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Meagan
 Medical Officer
 The Apollo Clinic, Uppala


This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Lanji 40yrf	UHID No :	22585
AGE / GENDER :-	Asojemi	RECEIPT No :-	
PANEL :		EXAMINED ON :-	27/7

Chief Complaints:

klclo of NIDDM on th
Past H/O of Pul Koch's

Past History:

DM	Yes	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

Family History: DM / HT.

General Physical Examination:

Height	154	:	cms	Pulse	88/m	bpm
Weight	64.5	:	Kgs	BP	118/64	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

Pallo (+)

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Sany</i>	UHID No :
AGE :- <i>183</i>	RECEIPT No :-
PANEL :	EXAMINED ON :-

Investigations:

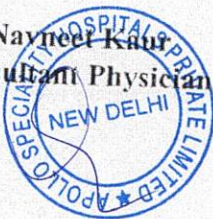
- All the reports of tests and investigations are attached herewith

Hb 8.3 *lelelele* ↓
BS A 147 *HBAIC 6.1* *S-BIL 1.60*
AP 183 *TSM 0.070* *urine PC 10-15*

Recommendation:

- Surgeon opinion
- low fat / sugar feed diet
- urine
- Cep *ursoul* 3004 → 1 month
- Cep *Bezulife* 102 × 3 months
- My vike* D₃ 60 k discs weekly 2 months
- Repeat TSM after 1 month

Dr. Navneet Kaur
 Consultant Physician



Dr. Swaraj Mishra

MS (ENT)
Sr. Consultant
DMC- 62047

Sanju Ran Gopala
40 yrs F
27 / 7 / 24

For Appointment: + 91 11 40465555
Mob.: + 91 9910995018

For ENT

- Had ATT for 24 months
- Developed HL after ASD
- SDA done in 2022

OT:

ENT - ASD clinically

FHP = 600 cm BCS in NA.

R
100

Gabapentin
100 mg BD x 60

Dr. Swaraj Mishra
MS (ENT)
DMC : 62047

LMP - 27/6/24.

P₂L₂ Uter

LCB - 44x1

40 TB.

Sanjay Rani
Guprai

40/F

27/7/24

breast

P/A

P/S

P/V - vaginitis



Adv

- clindamycin
vaginal
penicillin
insert
x 7 days

discuss

- canesten
ointment.

Name :	SANJU RANI GAGRAI	Age/Sex:	40	Yrs./F
UHID :	22585			
Ref By :	APOLLO SPECTRA	Date:-	27.07.2024	

ULTRASOUND WHOLE ABDOMEN

Excessive bowel gases are seen

Liver: Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

Gall Bladder: is well distended and shows multiple intraluminal calculi with posterior acoustic measuring ~ 9-12 mm in size. GB wall thickness is within normal limits. CBD is not dilated.

Pancreas: Appears normal in size and echotexture.

Spleen: appears enlarged and measures 13 cm. It appears normal in echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Uterus is antverted and bulky in size. It measures 9.4 x 3.2 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 5.1 mm

Both ovaries are normal in size ,shape and echotexture.

No obvious adnexal mass is seen. No free fluid seen.

**IMPRESSION: CHOLELITHIASIS
MILD SPLENOMEAGLY**

Please correlate clinically and with lab. Investigations.


DR. DEEPIKA AGARWAL
CONSULTANT RADIOLOGIST

Dr. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 56777

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048
Ph:011-40465555,9910995018 | www.apollospectra.com

Apollo Speciality Hospitals (P) Ltd.
A-2, Chirag Enclave, Greater Kailash-1
New Delhi-110048

Apollo Speciality Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No:040-4904 7777 | www.apollohl.com

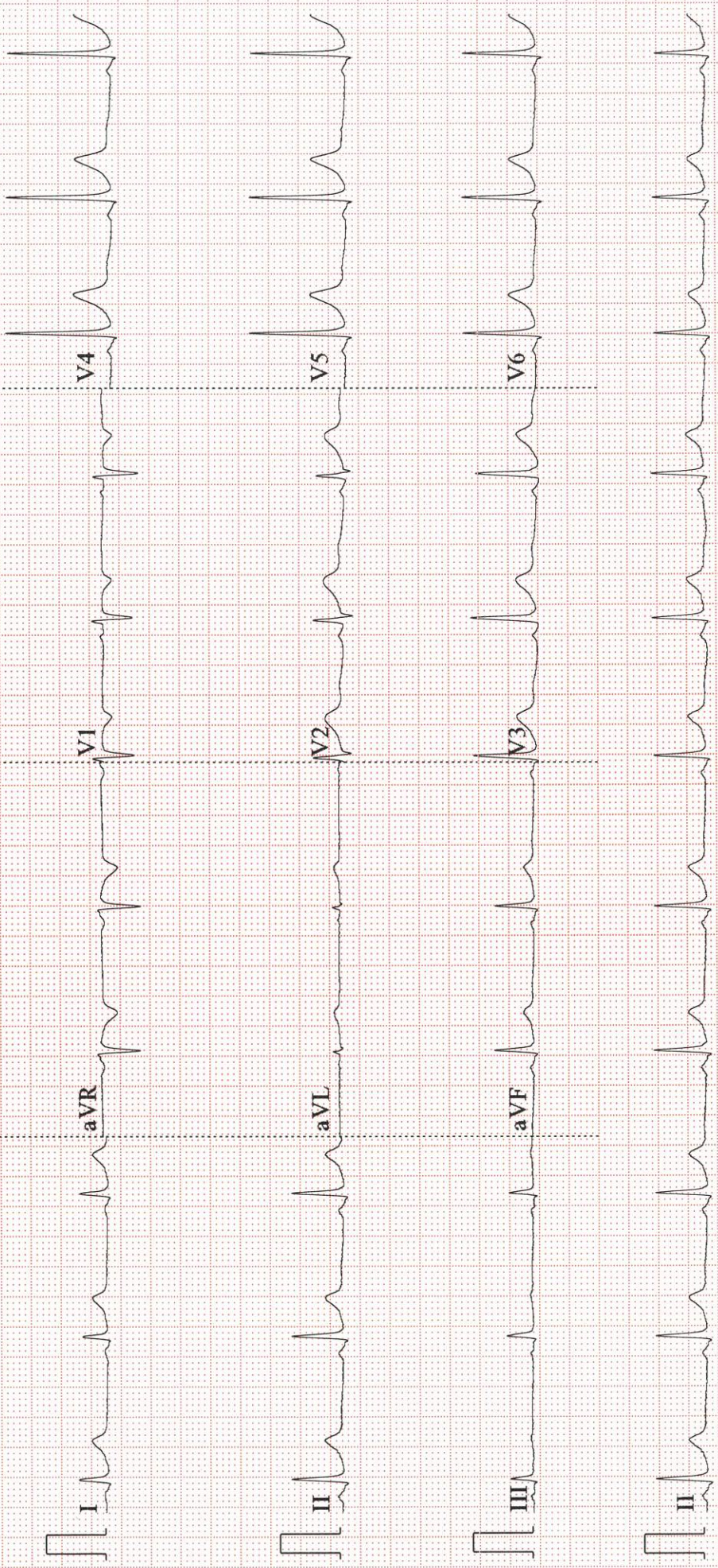
ID: 22585
SANJU RANI GAGRAI
Female 40Years
Req. No. :

27-07-2024 09:46:05
HR : 63 bpm
P : 82 ms
PR : 115 ms
QRS : 86 ms
QT/QTcBz : 386/395 ms
P/QRS/T : 59/58/39 °
RV5/SV1 : 1.617/0.510 mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval

WNL

Report Confirmed by:



Mrs. Sanju Rani Gargai 27/7/24
40/F

Eye checkup

No H/o using glass

No H/o systemic disease

V_A 6/6
A 6/6
MCT 16
16 } unmy color V_A Normal
B/A

B_A No Acceptance 6/6 B/A
Add H. coils No B/A

Slit lamp exam^L

A/S Normal B/A

Pupil reaction Normal B/A

Fundus wnc B/A

Adv

Glasses (near)

- add Refresh Tear TDS B/A x 1 month

Damodhar
27/7/24



Specialists in Surgery

Apollo Specialty Hospitals Pvt. Ltd.
New Delhi: Plot No. A-2, Chirag Enclave,
Greater Kailash -1, New Delhi - 110048

Date

SPECTACLES PRESCRIPTION

Ref. No.

CRN NO:

Consultant Dr.

Name: Surya Ravi Age/Sex: 46/E Date: 27/2/24

Right Eye

SPH	CYL	AXIS	VISION
<u>-</u>	<u>-</u>	<u>-</u>	<u>6/6</u>
ADD	<u>-</u>	<u>-</u>	<u>nc</u>

Left Eye

SPH	CYL	AXIS	VISION
<u>-</u>	<u>-</u>	<u>-</u>	<u>6/6</u>
ADD	<u>-</u>	<u>-</u>	<u>nc</u>

ADVICE

- Glass Polycarbonate CR 39 Bifocal Kryplok
- Progressive Tint Photochromic ARC Polarised

IPD

[Empty box for IPD value]

Optometrist Signature

[Handwritten Signature]

Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151

For Appointment : +91 11 4046 5555
Mob.: +91 9910995018



27/07/2024

Mrs. Sanju Rani

40 Years / Female

C/C:- Regular Dental Check

M/H:- ~~Had~~ Underwent treatment for Tuberculosis (2020)
undergoing Neuro treatment for Epilepsy

PDH:- N.R.H.

Deng allergy :- No known Allergy

O/E:- Calculus ++

Advised :- Scaling

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Apollo Clinic

CONSENT FORM

Patient Name: Sanju Ravi Age: 40/F
UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting also CDV Not Available

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: 29/7/24

DIGITAL X-RAY REPORT

NAME: SANJU RANI	DATE: 27.07.2024
UHID NO : 22585	AGE: 40 YRS/ SEX: F

X-RAY CHEST PA VIEW

Left upper lobe collapse/consolidation is seen with partial volume loss of left lung.

There is tenting of left hemidiaphragm likely due to fibrosis.

Both costophrenic angle are clear.

Bony thorax appears normal.

Please correlate clinically and with lab investigations


DR. DEEPIKA AGARWAL
Consultant Radiologist

Dr. DEEPIKA AGARWAL
Consultant Radiologist
DMC No. 56777
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