

Patient Name : Mrs.AKSHAYA R L	Collected : 25/Nov/2023 09:05AM
Age/Gender : 28 Y 8 M 19 D/F	Received : 25/Nov/2023 02:19PM
UHID/MR No : CANN.0000229732	Reported : 25/Nov/2023 05:42PM
Visit ID : CANNOPV380083	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS48671	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen.
PLATELETS : Adequate in number
PARASITES : No haemoparasites seen
NOTE/COMMENT : Please correlate clinically.



SIN No: BED230289453

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics 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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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	11.1	g/dL	12-15	Spectrophotometer
PCV	33.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.8	fL	83-101	Calculated
MCH	25.5	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	17.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,200	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	78.0	%	40-80	Electrical Impedance
LYMPHOCYTES	14.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	7956	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1468.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	601.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	61.2	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	205000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

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PARASITES	: No haemoparasites seen			
NOTE/COMMENT	: Please correlate clinically.			



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UHID/MR No : CANN.0000229732	Reported : 25/Nov/2023 07:17PM
Visit ID : CANNOPV380083	Status : Final Report
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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Patient Name : Mrs.AKSHAYA R L	Collected : 25/Nov/2023 12:44PM
Age/Gender : 28 Y 8 M 19 D/F	Received : 25/Nov/2023 04:50PM
UHID/MR No : CANN.0000229732	Reported : 25/Nov/2023 05:24PM
Visit ID : CANNOPV380083	Status : Final Report
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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
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GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE
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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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	mg/dL	70-140	HEXOKINASE
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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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Visit ID : CANNOPV380083	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , <i>WHOLE BLOOD EDTA</i>	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , <i>WHOLE BLOOD EDTA</i>	120	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.

- 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)



SIN No:EDT230106028

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	255	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	59	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	89	mg/dL	<100	Calculated
VLDL CHOLESTEROL	51	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.37		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	122.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.40	g/dL	6.6-8.3	Biuret
ALBUMIN	3.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		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'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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.45	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	9.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)



SIN No:SE04550019

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	8.00	U/L	<38	IFCC



SIN No:SE04550019

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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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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	2.06	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.180	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



Patient Name : Mrs.AKSHAYA R L	Collected : 25/Nov/2023 09:05AM
Age/Gender : 28 Y 8 M 19 D/F	Received : 25/Nov/2023 01:52PM
UHID/MR No : CANN.0000229732	Reported : 25/Nov/2023 02:28PM
Visit ID : CANNOPV380083	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS48671	

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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2226734
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR
This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennai.600 102,
Phone - 044.26224504 / 05

1860 500 7788
www.apolloclinic.com

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Patient Name : Mrs.AKSHAYA R L	Collected : 25/Nov/2023 09:05AM
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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

***** End Of Report *****

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Dr.MARQUESS RAJ
M.D,DipRCPath,D.N.B(PATH)
Consultant Pathologist



DR.R.SRIVATSAN
M.D.(Biochemistry)



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



Patient Name	: Mrs. AKSHAYA R L	Age/Gender	: 28 Y/F
UHID/MR No.	: CANN.0000229732	OP Visit No	: CANNOPV380083
Sample Collected on	:	Reported on	: 27-11-2023 15:49
LRN#	: RAD2159718	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS48671		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas and spleen appear normal.
Spleen measures 11.8cms.

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 11.7 x 5.0cms.
Left kidney measures 11.4 x 6.1cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Gravid uterus with live fetus
Both ovaries not visualised
No mass lesion seen in the pelvis.
Bladder is normal in contour.

IMPRESSION:



Patient Name : Mrs. AKSHAYA R L

Age/Gender : 28 Y/F

*** NO ABNORMALITY DETECTED IN ABDOMINAL ORGANS.
- SUGGESTED USG OBSTETRIC FOR FETAL EVALUATION.**

DISCLAIMER: THIS US SCREENING STUDY IS BASED ON SOUND WAVES AND REFLECTION. NOT A DIRECT VISUALISATION OF ORGANS. BASED ON PATIENT HABITUS, BOWEL GAS OBSCURATION AND OTHER FACTORS, MANY CONDITIONS MAY NOT BE PICKED UP BY US STUDY AND SHOULD BE TREATED WITH CLINICAL CORRELATION. NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name	: Mrs. AKSHAYA R L	Age	: 28 Y/F
UHID	: CANN.0000229732	OP Visit No	: CANNOPV380083
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 26-11-2023 09:48
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 91beats per minutes.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. ARULNITHI AYYANATHAN



Patient Name	: Mrs. AKSHAYA R L	Age/Gender	: 28 Y/F
UHID/MR No.	: CANN.0000229732	OP Visit No	: CANNOPV380083
Sample Collected on	:	Reported on	: 25-11-2023 16:47
LRN#	: RAD2159718	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS48671		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

NOT DONE / SCREENING PENDING

Respected Sir / Madam

Since your investigation (X-RAY) is not yet done,we are unable to complete your report. Kindly complete your studies as early as possible. your reports will follow once you finish your investigation.

RADIOLOGY DEPARTMENT

APOLLO MEDICAL CENTRE ANNA NAGAR

Female

25.11.2023 9:09:47 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

91 bpm
-- / -- mmHg

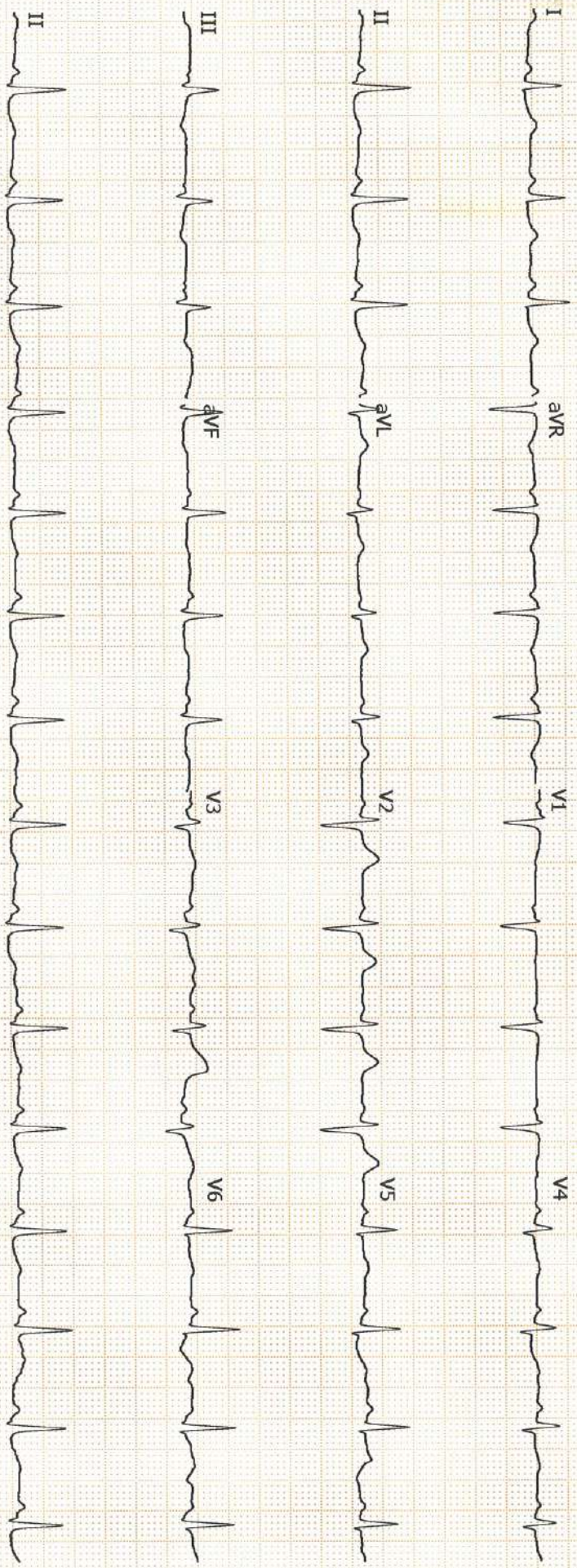
13

28 Years

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcbaz : 374 / 460 ms
PR : 118 ms
P : 98 ms
RR / PP : 660 / 659 ms
P / QRS / T : 31 / 50 / 18 degrees

Handwritten signature



MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed

4x2.5x3_25_R1

1/1

இந்திய அரசாங்கம்
Government of India

அக்ஷயா ராஜன்
Akshaya Rajan
தந்தை : ராஜன்
Father : Rajan
பிறந்தவருடம் / Year of Birth : 1995
பெண்பால் / Female

3624 2717 3279

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

For the purpose
of Health checkup
R. Akshaya

CANR- 229732
OCR- 97302

Mrs. Akshaya. R. L

28/F

28/11/23

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


General Examination / Allergies
History

Rx

Patient advised scaling
& multiple restorations

Follow up date:

Doctor Signature & Stamp



Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Name: Amshaya RL
 Occupation:
 Age: 28y Sex: Male Female
 Address:
 Ph:

Date: 25/11/23 Reg. No: 229782
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Nil

Present Complaint:

Nil

ON EXAMINATION:

RE

LE

Ocular Movements :

Anterior Segment :

Nil

Nil

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

N

N

Without Glass :

With Glass :

6/9^P

6/9^P

N.V. :

Visual Fields :

Fundus :

N6

N6

Impression :

Advice :

Nil
N

Nil
N

Colour Vision :

OPHTHALMOLOGY / OPTOMETRIST

Sanne

Apollo Clinic

CONSENT FORM

Patient Name: Ale Shaya Age: 28/F
 UHID Number: 229732 Company Name: Apollo Clinic

I Mr/Mrs/Ms Ale Shaya Employee of Apollo Clinic
 (Company) Want to inform you that ~~I am not interested in getting~~ X ray / ENT ON
 Tests done which is a part of my routine health check package.
 And I claim the above statement in my full consciousness.
Review
Pap Smear NOT
Taken.

Patient Signature: [Signature] Date: 28/11/23

Apollo Medical Centre
 No. 30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 Tel: 044-26224505, Mobile: 7358392880
 Toll No. 1860 500 7788

Patient Name	: Mrs. AKSHAYA R L	Age	: 28 Y/F
UHID	: CANN.0000229732	OP Visit No	: CANNOPV380083
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 25-11-2023 13:15
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.2CM
LA (es)	3.2CM
LVID (ed)	3.9CM
LVID (es)	3.2CM
IVS (Ed)	0.8CM
LVPW (Ed)	1.0M
EF	65 %
%FD	35 %
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. AKSHAYA R L	Age	: 28 Y/F
UHID	: CANN.0000229732	OP Visit No	: CANNOPV380083
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 25-11-2023 13:15
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.6m/sc A: 0.4m/sc

Velocity / Gradient Across Pulmonic Valve : 0.8m/sc

Velocity / Gradient Across Aortic Valve : 0.7m/sc

IMPRESSION :

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR FUNCTION(EF - 65%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name	: Mrs. AKSHAYA R L	Age	: 28 Y/F
UHID	: CANN.0000229732	OP Visit No	: CANNOPV380083
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 25-11-2023 13:15
Referred By	: SELF		
