

Patient Name	: Mrs.SHALINI	Collected	: 28/Mar/2024 09:21AM
Age/Gender	: 44 Y 11 M 23 D/F	Received	: 28/Mar/2024 09:33AM
UHID/MR No	: SCHI.0000019355	Reported	: 28/Mar/2024 12:01PM
Visit ID	: SCHIOPV28179	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: dhgdfxgjx		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240085540



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	36.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.8	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	16.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.6	%	40-80	Electrical Impedance
LYMPHOCYTES	27.8	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3856.16	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1740.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	187.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	431.94	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.22		0.78- 3.53	Calculated
PLATELET COUNT	186000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA
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Patient Name : Mrs.SHALINI	Collected : 28/Mar/2024 12:14PM
Age/Gender : 44 Y 11 M 23 D/F	Received : 28/Mar/2024 12:41PM
UHID/MR No : SCHI.0000019355	Reported : 28/Mar/2024 03:20PM
Visit ID : SCHIOPV28179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dhgdfxgjx	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	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:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	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.



Dr. SHWETA GUPTA
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SIN No:PLP1439106



Patient Name : Mrs.SHALINI	Collected : 28/Mar/2024 09:21AM
Age/Gender : 44 Y 11 M 23 D/F	Received : 28/Mar/2024 02:46PM
UHID/MR No : SCHI.0000019355	Reported : 28/Mar/2024 03:38PM
Visit ID : SCHIOPV28179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dhgdfxgix	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

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Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: EDT240039495



Patient Name : Mrs.SHALINI	Collected : 28/Mar/2024 09:21AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	158	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.77		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.25		<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.

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Dr. SHWETA GUPTA
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SIN No:SE04678874



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	70.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.50	mg/dL	2.5-6.2	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		0.9-2.0	Calculated



Dr. SHWETA GUPTA
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	12-43	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.83	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.820	µIU/mL	0.25-5.0	ELFA

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



Dr. SHWETA GUPTA
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SIN No:SPL24057776



Patient Name : Mrs.SHALINI	Collected : 28/Mar/2024 09:21AM
Age/Gender : 44 Y 11 M 23 D/F	Received : 28/Mar/2024 05:51PM
UHID/MR No : SCHI.0000019355	Reported : 28/Mar/2024 06:33PM
Visit ID : SCHIOPV28179	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dhgdfxgjx	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA
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SIN No:UR2318658



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

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

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


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

Page 14 of 14



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011477



<p>Name : Mrs. Shalini</p> <p>Address : madangiri</p> <p>Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</p>	<p>Age: 44 Y</p> <p>Sex: F</p>	<p>UHID:SCHL.0000019355</p>  <p>* SCHI . 0 0 0 0 0 1 9 3 5 5 *</p> <p>OP Number:SCHIOPV28179</p> <p>Bill No :SCHI-OCR-10107</p> <p>Date : 28.03.2024 09:20</p>
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM + PERIPHERAL SMEAR ✓	
5	GYNAECOLOGY CONSULTATION ✓	
6	DIET CONSULTATION After report ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE(POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	LBC PAP TEST- PAPSURE ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
13	DENTAL CONSULTATION ✓	
14	GLUCOSE. POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 11.45am ✓	
15	URINE GLUCOSE(FASTING) ✓	
16	SONO MAMOGRAPHY - SCREENING ✓	
17	HbA1c, GLYCATED HEMOGLOBIN ✓	
18	X-RAY CHEST PA ✓	
19	ENT CONSULTATION ✓	
20	CARDIAC STRESS TEST(TMT) ✓	
21	FITNESS BY GENERAL PHYSICIAN ✓	
22	BLOOD GROUP ABO AND RH FACTOR ✓	
23	LIPID PROFILE ✓	
24	BODY MASS INDEX (BMI) ✓	
25	OPHTHAL BY GENERAL PHYSICIAN ✓	
26	ULTRASOUND - WHOLE ABDOMEN ✓	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

514/1979

Height:	1.63
Weight:	87
B.P.:	110/80
Pulse:	75
SP02:	98

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shalini on 28/3

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 	✓
<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. Megha
 Medical Officer
 The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Shalini</i>	UHID No : <i>19355</i>
AGE / GENDER :- <i>44 yf</i>	RECEIPT No :-
PANEL : <i>Arcofem</i>	EXAMINED ON :- <i>28/3</i>

R/c

Chief Complaints:

Past History:

DM : ~~Nil~~
 Hypertension : ~~Nil~~
 CAD : ~~Nil~~

CVA : ~~Nil~~
 Cancer : ~~Nil~~
 Other : ~~Nil~~

Personal History:

Alcohol : ~~Nil~~
 Smoking : ~~Nil~~

Activity : ~~Active~~
 Allergies : ~~Nil~~

Family History: *N.S*

General Physical Examination:

Height *163* : cms
 Weight *87* : Kgs

Pulse *75/m* bpm
 BP *110/80* mmHg

Rest of examination was within normal limits.

Systemic Examination:

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

PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Shalini	UHID No :	
AGE :-		SEX :	
PANEL :		RECEIPT No :-	
		EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

mm

Recommendation:

- Cap Bezulife 102 x 1-2 months
Cap Qualtop 102 x 1-month
My vite D₃ 60 konce a week
2 months

Dr. Navneet Kaur
Consultant Physician



NAME :	SHALINI	AGE/SEX	44	YRS. /F
UHID :	19355			
REF BY :	APOLLO SPECTRA	DATE:-	28.03.2024	

USG BOTH BREAST

Both breast shows normal parenchymal pattern.

No obvious architectural distortion seen.

No abnormal ductal dilatation seen.

Skin and subcutaneous tissues are normal.

No abnormal vascularity seen on both sides.

Bilateral subareolar regions are unremarkable.

No evidence of significantly enlarged intramammary / axillary lymphadenopathy seen on both sides.

IMPRESSION: USG breast reveals:

No significant abnormality

Advise: Clinical Correlation.


DR. MONICA CHHABRA
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Patient Name : Mrs. Shalini Age : 44 Y/F
UHID : SCHI.0000019355 OP Visit No : SCHIOPV28179
Conducted By : Dr. MUKESH K GUPTA Conducted Date : 28-03-2024 16:10
Referred By : SELF

Protocol : Bruce Protocol
Medication :
Target Heart Rate : 176 BPM
Heart Rate Achieved : 153 BPM
Percentage of THIR Achieved : 86%
Maximum Blood Pressure : 130/90 mmHg
Total Exercise Duration : 07:15 Min.
Maximum Worked Attained : 10.10 Mets
Reason for termination : Max HR attained.

Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically
Not valid for medico legal purpose.



Dr. M K Gupta
M.B.B.S, MD, FIACM
Senior Consultant Cardiologist

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APOLLO SPECTRA
NEHRU ENCLAVE
NEW DELHI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: , SHALINI
Patient ID: 19355
Height: 163 cm
Weight: 87 kg

DOB: 05.04.1979
Age: 44 yrs
Gender: Female
Race: Indian

Study Date: 28.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	05:44	0.00	0.00	87	110/80	
	STANDING	00:35	0.00	0.00	82		
	HYPERV.	00:02	0.00	0.00	82		
	WARM-UP	00:12	0.30	0.00	80		
EXERCISE	STAGE 1	03:00	1.70	10.00	112	110/80	
	STAGE 2	03:00	2.50	12.00	136	130/90	
	STAGE 3	01:16	3.40	14.00	151	130/90	
RECOVERY		04:07	0.00	0.00	85	120/80	

The patient exercised according to the BRUCE for 7:15 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 67 bpm rose to a maximal heart rate of 153 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 130/90 mmHg. The exercise test was stopped due to Max HR attained.

Interpretation

Summary: Chest Pain: none.

Conclusions

--

Physician _____ Technician _____

SHALINI
 Patient ID: 19355
 28.03.2024
 10:31:01am
 Female 163 cm 87 kg
 44 yrs Indian
 Meds:

Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 07:15
 Max HR: 153 bpm 86% of max predicted 176 bpm HR at rest: 67
 Max BP: 130/90 mmHg BP at rest: 110/80 Max RPP: 19890 mmHg*bp
 Maximum Workload: 10.10 METS
 Max. ST: -1.05 mm, 0.33 mV/s in II; EXERCISE STAGE 3 6:29
 Arrhythmia: PS VCG2
 ST/HR index: 0.70 μ V/bpm
 ST/HR slope: 0.87 μ V/bpm (II)
 HR reserve used: 71 %
 HR recovery: 33 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.019 mV (I)
 ORS duration: BASELINE: 84 ms, PEAK EX: 76 ms, REC: 84 ms
Reasons for Termination: Max HR attained
Summary:
 Chest Pain: none.
 Room:
 Location: * 0 *

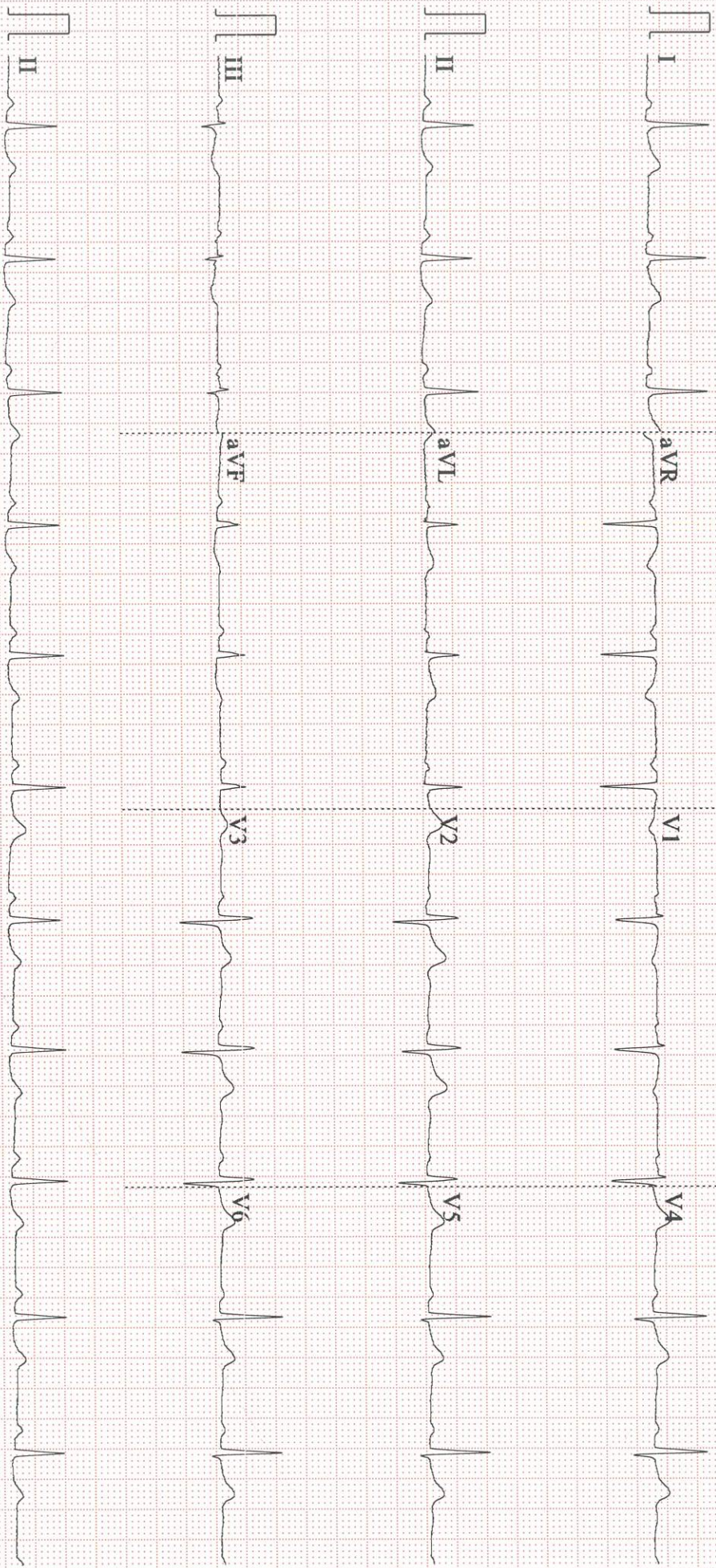
Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	STLevel II [mm]	Comment
PRETEST	SUPINE	05:44	0.00	0.00	1.0	87	110/80	9570	0	-0.30	
	STANDING	00:35	0.00	0.00	1.0	82		9020	0	-0.20	
	HYPERV.	00:02	0.00	0.00	1.0	80		8800	0	-0.15	
	WARM-UP	00:12	0.30	0.00	1.0	80		12320	0	-0.40	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	112	110/80		0	-0.60	
	STAGE 2	03:00	2.50	12.00	7.0	136	130/90	17680	0	-0.75	
	STAGE 3	01:16	3.40	14.00	10.1	151	130/90	19630	0	-0.75	
RECOVERY		04:07	0.00	0.00	1.0	85	120/80	10200	0	-0.45	

ID: 19355
SHALINI
Female 44Years
Req. No. :

28-03-2024 09:51:12
HR : 68 bpm
P : 101 ms
PR : 166 ms
QRS : 82 ms
QT/QTcBz : 385/410 ms
P/QRS/T : 57/27/3 °
RV5/SV1 : 1.069/0.704 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALTY HOSPITALS

MICRO MED CHARTS

NAME :	SHALINI	AGE/SEX	44	YRS. /F
UHID :	19355			
REF BY :	APOLLO SPECTRA	DATE:-	28.03.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and 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 normal in size. It measures 8.9 x 4.8 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 5.7 mm

Both ovaries are normal in size ,shape and echotexture.

Right ovary: 2.9 x 1.7 cm

Left ovary: 3.2 x 1.6 cm

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

IMPRESSION: MILD FATTY CHANGES IN LIVER

Please correlate clinically and with lab. Investigations.



DR. MONICA CHHABRA
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019



भारत सरकार
Government of India



Download Date: 16/01/2021



शालिनी
Shalini
जन्म तिथि/DOB: 05/04/1979
महिला/ FEMALE

Issue Date: 07/01/2021

3791 9427 6366

VID : 9175 5439 8397 8393

मेरा आधार, मेरी पहचान

Client Name

ARCOFEMI HEALTHCARE LIMITED

ARCOFEMI HEALTHCARE LIMITED

Patient Name

SHALINI K

SHALINI K

Mrs. Shalini
Age 44/f

28/3/24

Go Eye checkup

H/o using glasses (~~last change~~ Reading glasses)

NO H/o systemic disease

$V_A \left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ NCT $\left\{ \begin{array}{l} 14 \\ 16 \end{array} \right.$ units

POG $\left\{ \begin{array}{l} +1.00 \text{ DS (OU)} \\ \text{near} \end{array} \right.$

BarA $\left\{ \begin{array}{l} \text{No Acceptance } 6/6 \text{ (OU)} \\ \text{Add } +1.50 \text{ DS } N6 \text{ (OU)} \end{array} \right.$

colour $V_A \left\{ \begin{array}{l} \text{WNL (OU)} \end{array} \right.$

slit lamp examination

cornea $\left\{ \begin{array}{l} \text{clear} \end{array} \right.$
lens

Adv

~~Adv~~ Reading glasses



1111

28/3/2024

Mrs. Shalini 44/F

for LBC

P₂L₂ Both forceps
LD - 19 yrs.

LMP - 11/3/2024

M/H - Regular

P/S Cervix hypertrophied.

LBC taken

Bleeds on touch

Adv.

- Review c̄ report.



Dr. Manish Gupta

MBBS, MS(ENT)
Fellowship Head & Neck Cancer Surgery
Consultant Ear, Nose, Throat & Head, Neck Surgery specialist
Reg. No. DMC 2354



For Appointment: +91 1140465555
Mob.: +91 9910995018

Shalini, 44F

Health Checkup

No presenting symptoms

Clinically	BK Ears		—	Lt. DNS gr 2	Asymptomatic	
	Nose					
	Throat					MAD
	Neck					

Adv

- keep ear dry
- Obviate w/d 2d sos.

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Dr. Prachi Srinani

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



Specialists in Surgery

For Appointment : +91 11 4046 5555
Mob.: +91 9910995018
Email: drusha.maheshwari@apollospectra.com

28 / 03 / 2024

Mrs. Shalini

44 y / Female

C/C :- Regular Dental check up

M/H :- N-R

POH :- N-R

O/E :- Calculus ++

Stains +ve

Crowding +ve

Partially Erupted

8 / 8

Advised :- Scaling & oral prophylaxis

X-Ray with 8 / 8

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DIGITAL X-RAY REPORT

NAME: SHALINI	DATE: 28.03.2024
UHID NO : 19355	AGE: 44YRS/ SEX: F

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019