


Patient Name : Mrs.OJHA MONALI	Collected : 02/Apr/2024 01:31PM
Age/Gender : 37 Y 0 M 30 D/F	Received : 02/Apr/2024 03:34PM
UHID/MR No : CASR.0000187126	Reported : 02/Apr/2024 05:55PM
Visit ID : CASROPV223514	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 465668	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	12.5-15	Spectrophotometer
PCV	40.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,170	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.1	%	40-80	Electrical Impedance
LYMPHOCYTES	33.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3523.07	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2060.78	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	86.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	493.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.17	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	360000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	MODIFIED WESTERGRENS
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR


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

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SIN No:BED240092176

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Consultant Pathologist



SIN No:BED240092176

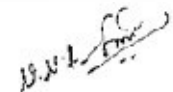
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Visit ID : CASROPV223514	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

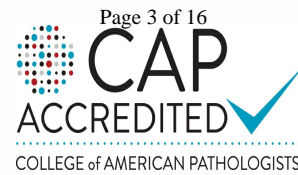
Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



Dr.SRINIVAS N.S.NORI
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CONSULTANT PATHOLOGY

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Patient Name : Mrs.OJHA MONALI	Collected : 02/Apr/2024 01:31PM
Age/Gender : 37 Y 0 M 30 D/F	Received : 02/Apr/2024 03:03PM
UHID/MR No : CASR.0000187126	Reported : 02/Apr/2024 03:25PM
Visit ID : CASROPV223514	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	125	mg/dL	70-100	Hexokinase

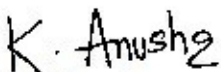
Comment:

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:

- 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.


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SIN No:PLF02140096

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Patient Name : Mrs.OJHA MONALI	Collected : 02/Apr/2024 01:31PM
Age/Gender : 37 Y 0 M 30 D/F	Received : 02/Apr/2024 02:46PM
UHID/MR No : CASR.0000187126	Reported : 02/Apr/2024 03:30PM
Visit ID : CASROPV223514	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 465668	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	134	mg/dL		Calculated

Comment:

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

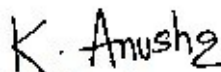
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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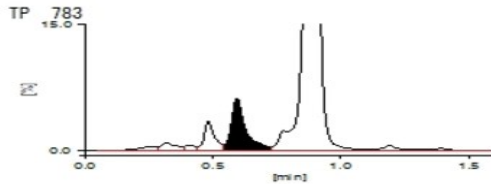
Chromatogram Report

V5.28 1 2024-04-02 14:53:45
 ID EDT240042831
 Sample No. 04020095 SL 0001 - 02
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.25	5.12
A1B	0.8	0.32	8.78
F	0.3	0.41	3.70
LA1C+	2.0	0.48	21.73
SA1C	6.3	0.59	52.89
AO	91.7	0.88	979.03
H-V0			
H-V1			
H-V2			

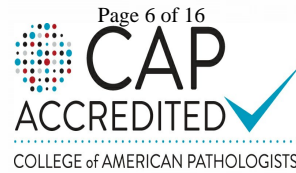
Total Area 1071.25

HbA1c 6.3 % **IFCC 45 mmol/mol**
 HbA1 7.6 % HbF 0.3 %



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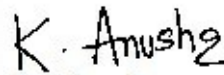


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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	109	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.49		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.

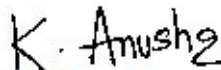
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

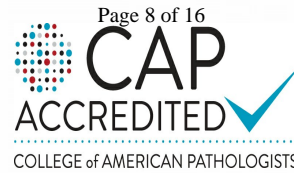
- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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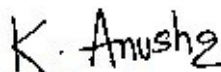
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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.
- 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 HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	109.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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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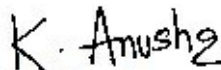
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	11.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.68	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.11	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<38	IFCC

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SIN No:SE04685716

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Emp/Auth/TPA ID : 465668	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.46	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.809	µIU/mL	0.38-5.33	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

K. Anusha
 Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SPL24062645

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name	: Mrs.OJHA MONALI	Collected	: 02/Apr/2024 01:31PM
Age/Gender	: 37 Y 0 M 30 D/F	Received	: 02/Apr/2024 03:03PM
UHID/MR No	: CASR.0000187126	Reported	: 02/Apr/2024 03:51PM
Visit ID	: CASROPV223514	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 465668		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

SIN No:SPL24062645

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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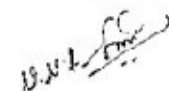


Patient Name : Mrs.OJHA MONALI	Collected : 02/Apr/2024 01:31PM
Age/Gender : 37 Y 0 M 30 D/F	Received : 02/Apr/2024 03:52PM
UHID/MR No : CASR.0000187126	Reported : 02/Apr/2024 06:42PM
Visit ID : CASROPV223514	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 465668	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr. SRINIVAS N.S. NORI
M.B.B.S, M.D (Pathology)
CONSULTANT PATHOLOGY

SIN No:UR2323873

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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Patient Name	: Mrs.OJHA MONALI	Collected	: 02/Apr/2024 06:42PM
Age/Gender	: 37 Y 0 M 30 D/F	Received	: 03/Apr/2024 11:25AM
UHID/MR No	: CASR.0000187126	Reported	: 04/Apr/2024 07:58PM
Visit ID	: CASROPV223514	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 465668		

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	8212/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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 ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.A. Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

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SIN No:CS078674

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name	: Mrs. Ojha Monali	Age	: 37 Y/F
UHID	: CASR.0000187126	OP Visit No	: CASROPV223514
Reported By:	: Dr. MRINAL .	Conducted Date	: 03-04-2024 12:39
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 90 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P, QRS, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL SINUS RHYTHM.

VPC'S NOTED.

TO CORRELATE CLINICALLY.

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



Dr. MRINAL .

Patient Name	: Mrs. Ojha Monali	Age/Gender	: 37 Y/F
UHID/MR No.	: CASR.0000187126	OP Visit No	: CASROPV223514
Sample Collected on	:	Reported on	: 02-04-2024 15:58
LRN#	: RAD2291224	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 465668		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney : 101x42mm

Left kidney : 104x44mm

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Uterus 51x43x38mm Normal in size and shows mild altered myometrial echotexture. Endometrial echo-complex appears normal and measures **7 mm**.

Right ovary : 21x22mm

Left ovary : 24x22mm

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.


IMPRESSION:-Grade 1 Fatty Liver.

Mild Altered Myometrial Echotexture.

Suggested clinical correlation and further evaluation if necessary.

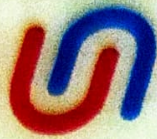
Patient Name : Mrs. Ojha Monali

Age/Gender : 37 Y/F



Dr. PRAVEEN BABU KAJA
Radiology

यूनियन बैंक
ऑफ इंडिया



Union Bank
of India



नाम : मोनाली ओझा

Name : MONALI OJHA

कर्मचारी संख्या / Employee No. : 465668

जन्म दिन / Birth Date : 03-03-1987

ब्लड ग्रुप / Blood Group : 0+

Monali

हस्ताक्षर / Signature

जारी करने का स्थान : NRO, Chennai

Place of Issue :

जारी करने की तारीख : 23.02.2017

Date of Issue :

[Signature]

जारीकर्ता प्राधिकारी

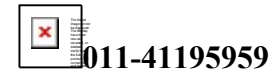
/ Issuing Authority

Asraonagar Apolloclinic

From: Monali Ojha <monaliojha87@gmail.com>
Sent: 02 April 2024 08:56
To: Asraonagar Apolloclinic
Subject: Fwd: Health Check up Booking Confirmed Request(UBOIE4818),Package Code-PKG10000450, Beneficiary Code-312480

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Mon, 1 Apr, 2024, 5:20 pm
Subject: Health Check up Booking Confirmed Request(UBOIE4818),Package Code-PKG10000450, Beneficiary Code-312480
To: <monaliojha87@gmail.com>
Cc: <customercare@mediwheel.in>



Dear **Ojha Monali**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Annual Health Checkup Female Starter

Patient Package Name : MediWheel Full Body Health Checkup Female 35 to 40

Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar

Address of Diagnostic/Hospital- : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

City : Hyderabad

State : Telangana

Pincode : 500062

Appointment Date : 02-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Ojha Monali	37 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.

- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,

Mediwheel Team

Please Download Mediwheel App



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