

DATE - 06-04-2024

NAME - Shakti Sharma

PHONE - 8826772200

AGE/GENDER - F/37

ADDRESS - Sector-14 Gurgaon

EMAIL - Shakti06@gmail.com

CORPORATE NAME - Union Bank
of India

1. Past medical history & medications:- Nil

2. Any existing disease:- Nil

3. Current medications :- Yes. for RCT done on 05.04.2024

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 125/77 mm/Hg
- PULSE RATE - 106
- TEMPERATURE - 97.3 F
- SPO2 - 97
- BLOOD SUGAR (RANDOM) -
- HEIGHT - 171 cm
- WEIGHT - 73.5 kg
- BMI - 25.1

VISION - RE - 6/6

LE - 6/6

Colour vision - Normal.

PATIENT NAME	MS SHAKTI SHARMA	REPORT DATE	06/04/2024
REF BY	P.H.M.C	AGE/SEX	37 YRS / F

ULTRASOUND – ABDOMEN & PELVIS

Clinical Profile-HEALTH CHECKUP.

Findings

The liver is normal in size, outline and parenchymal echotexture. No focal lesion is seen. The portal vein is normal in calibre and course.

The gall bladder shows normal contents. The intra hepatic biliary radicals and CBD are normal. The pancreas and spleen are normal.

Both the kidneys are normal in size, outline and parenchymal echopattern. No calculus, hydronephrosis or any other abnormality is seen on either side.

No free fluid is seen in the peritoneal cavity. No lymph node enlargement is seen in the para-aortic region.

The urinary bladder is normal in outline.

The uterus is normal in size with smooth outline. The myometrial echoes are homogenous and the endometrial lining is central, 9.3mm. Both the adnexal regions are clear without any mass or collection.

The Pouch of Douglas does not show any free fluid.

IMPRESSION-

NO OBVIOUS SONOLOGICAL ABNORMALITY IS SEEN IN THIS STUDY.

Clinical correlation is necessary.


DR. RAJNISH JUNEJA,
D.N.B (RADIO – DIAGNOSIS)

Disclaimer

The science of radiology is based upon interpretation of shadows of normal and abnormal tissues and hence does not represent histopathology and ultimate diagnosis. Findings should always be interpreted in to the light of clinico-histo-pathological correlation. Not meant for medico legal purposes.



06:04:2024 08:54:34
Standard 12-Lead

Stakti sharma
Female
Undefined
Unknown

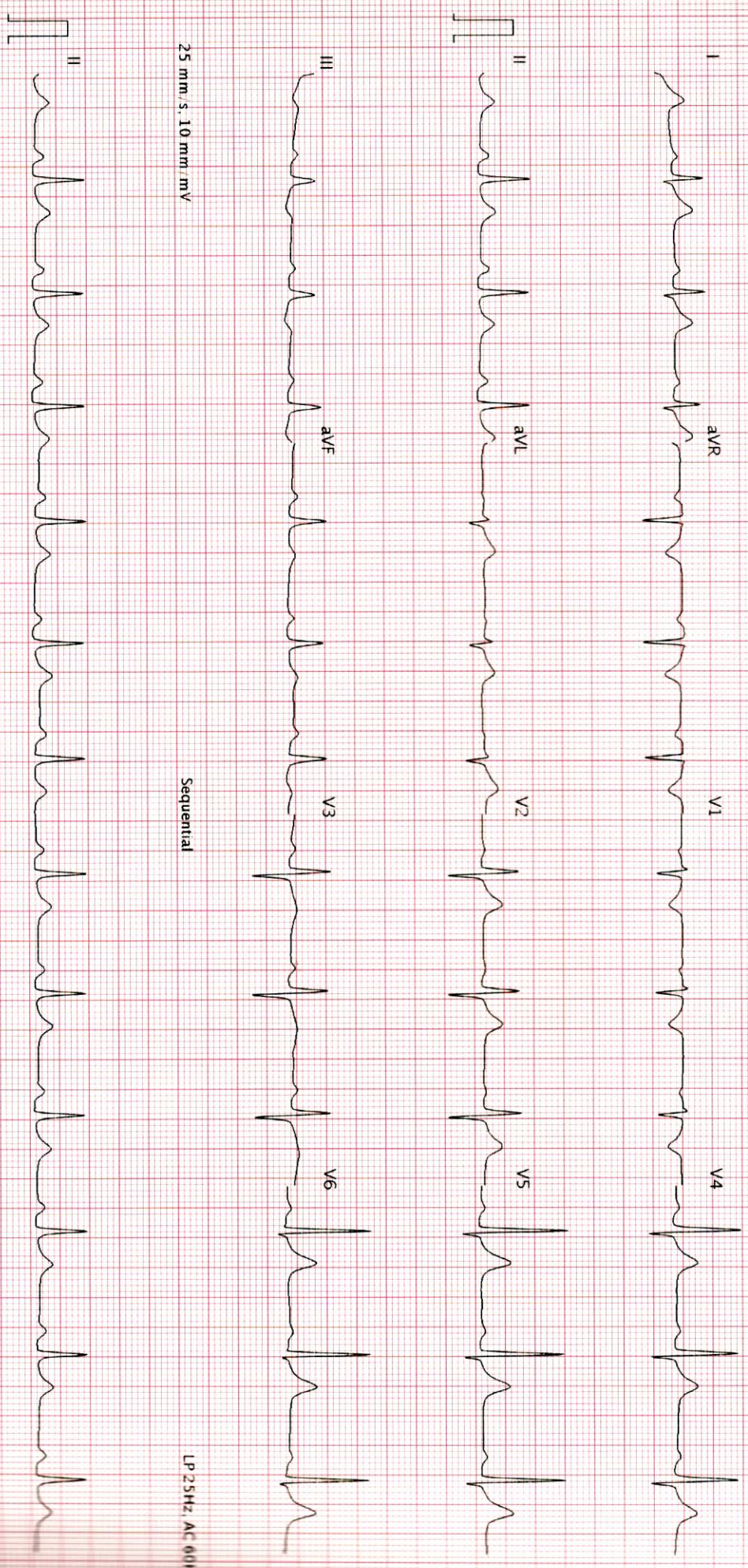
Visit ID
Room
Medication
Order ID
Ord. prov.
Ord. prot.

HR 76 bpm
P axis 52°
QRS axis 63°
T axis 20°

RR 790 ms
P 107 ms
PR 168 ms
QR5 80 ms
QT 349 ms
QTcB 393 ms

Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report

Normal



Sequential

25 mm/s, 10 mm/mV
AT 102 G2 1.2.0 (1080 009830)

Printed on 06.04.2024 08:54:46

DR. BINDU BISHT
B.D.S, MIDA, MISDT
(General Dentist)



NAME:- Shaktisherny AGE/SEX: 37/F DATE: April 6/24.

through health checkup.

- o/e - Multiple dental caries
- Severely decayed 8/8
- Ch. gen. gingivitis
- Security restorations / 1

T/A advice

- > Extⁿ of 8/8
- > Dental filling multiple
- > Scaling & polishing
- > Re restorations / 1

Bindu Bisht

Patient Name : Ms.SHAKTI SHARMA	Barcode NO : 10062121
Age/Gender : 37 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 02:10PM
LabNo : ITS3126	Sample Collected Date : 06/Apr/2024 02:10PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 07:02PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	12.5	gm/dl	12.00-16.00	spectrophotometer
RBC COUNT(RED BLOOD CELL COUNT)	4.4	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	38.8	%	40-50	Electronic Pulse & calculation
MCV	88.2	fL	81 - 101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.2	g/dl	31.5 - 34.5	Calculated
RDW-CV	14.2	%	11.5-14.5	Calculated
RDW-SD	51.7	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,450	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	1.0	lac/mm ³	1.50 - 4.50	Optical Flowcytometry
MPV	12.3	fL	8.60-15.50	Calculated
PCT	0.1	%	0.15-0.62	Calculated
PDW-CV	17.10	%	10.0 - 17.9	Calculated
PDW-SD	22	fL	9.0 - 17.0	Calculated
DLC(by Flow cytometry/ Microscopy)				
NEUTROPHIL	61.3	%	40 - 80	Electrical impedance
LYMPHOCYTE	24.8	%	20 - 40	Electrical impedance
MONOCYTE	5.7	%	2 - 10	Electrical impedance
EOSINOPHIL	7.9	%	01 - 06	Electrical impedance
BASOPHIL	0.3	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	4.6	x10 ³ Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	1.8	x10 ³ Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.4	x10 ³ Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.6	x10 ³ Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0	x10 ³ Cells/uL	0.02-0.2	Electrical impedance



Prasad

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Sr. Consultant(HMC.9669)

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Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.SHAKTI SHARMA	Barcode NO : 10062121
Age/Gender : 37 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 02:10PM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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ERYTHROCYTE SEDIMENTATION RATE

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	26	mm/1st hr	1-12	Westergren
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COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



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LabNo : ITS3126	Sample Collected Date : 06/Apr/2024 02:10PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 04:58PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO & RH

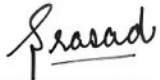
Sample Type : WHOLE BLOOD EDTA

ABO	O			Gel Columns agglutination
Rh Typing	POSITIVE			Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c	5.1	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	99.67	mg/dl		

INCREASED IN

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

DECREASED IN

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



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Age/Gender : 37 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 02:10PM
LabNo : ITS3126	Sample Collected Date : 06/Apr/2024 02:10PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 04:57PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.30	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.10	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.20	mg/dl	0.1-1.0	Calculated
S.G.P.T	18.20	U/L	10.00-35.00	Enzymatic,IFFC
SGOT	16.00	U/L	8.00-35.00	Enzymatic,IFFC
GGT	12.90	U/L	8.00-55.00	Colorimetric Method
ALKALINE PHOSPHATASE	79.00	U/l	30.00-120.00	P-Nitrophenyl phosphate
TOTAL PROTEINS	6.40	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.10	gm/dl	3.50-5.00	BCG
GLOBULIN	2.30	gm/dl	2.00-4.10	Calculated
A/G RATIO	1.78		1.00-2.00	Calculated



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Age/Gender : 37 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 02:10PM
LabNo : ITS3126	Sample Collected Date : 06/Apr/2024 02:10PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 04:58PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	195	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	135.8	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	44.1	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	123.74	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	150.9	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	27.16	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.42			Calculated
LDL / HDL RATIO	2.81			Calculated



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Age/Gender : 37 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 02:10PM
LabNo : ITS3126	Sample Collected Date : 06/Apr/2024 02:10PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 06:55PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	88.9	mg/dl	70 - 100	Glucose Oxidase/Peroxidase



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Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 04:58PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST				
Sample Type : SERUM				
SERUM UREA	24	mg/dL	15-39	Urease GLDH
SERUM URIC ACID	3.5	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	0.70	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	100.08	mL/min/1.73m ²	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	8.2	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	147.5	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.56	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	108.5	mmol/L	98.0-109.0	ISE



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Age/Gender : 37 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 02:10PM
LabNo : ITS3126	Sample Collected Date : 06/Apr/2024 02:10PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 06:55PM

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.59	ng/ml	0.61-1.81	ELISA
T4	8.0	ug/dl	4.80-11.60	ELISA
TSH	1.66	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/ mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***



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TO BOOK AN APPOINTMENT



Patient NAME : Mrs.SHAKHI SHARMA
Age/Gender : 37 Y 0 M 0 D /F
LabNo : DPL26324
Referred BY : SELF
Refer Lab/Hosp : APOLLO CLINIC

Barcode NO : 20013099
Registration Date : 06/Apr/2024 06:30PM
Sample Collected Date : 06/Apr/2024 06:30PM
Report Generated Date : 08/Apr/2024 04:15PM



DEPARTMENT OF CYTOPATHOLOGY

LIQUID BASED CYTOLOGY - PAP SMEAR

CASE NO:	LBC – 115/2024
SPECIMEN:	LBC fluid. Received 10.0 ml of fluid with brush. Single smear prepared from the cyto centrifuged sediment and stained with pap's stain.
MICROSCOPIC EXAMINATION:	<div style="border: 1px solid black; padding: 5px;"><p>Satisfactory for Evaluation Transformation zone: Absent Squamous cellularity: Adequate Inflammatory change: Severe Negative for intraepithelial lesion or malignancy (NILM)</p></div>
DIAGNOSIS:	Negative for intraepithelial lesion or malignancy (NILM)
ADVICE:	Follow up.

The PAP Smear is not a diagnostic procedure and should not be used as the sole means to evaluate cervical cancer. It is a screening procedure to aid in detection of cervical cancer and its precursors.

The foundation of Liquid Based Cytology (LBC) is that it produces uniform, thin layer slides and minimizes obscuring artefacts as, blood and mucus. On balance, LBC provides consistent improvement compared with conventional PAP testing in specimen adequacy and detection of LSIL and HSIL categories.

Cervico - vaginal cytology is screened & reported as per the Bethesda 2014.

References :

1. Johnson J and Patnick J. 2000. Achievable standards, benchmarks for reporting, and criteria for evaluating cervical cytopathology. Revised 2nd Edition. NHSCSP Publications NHS Cancer Screening Programmes.
2. Bankhead C, Austoker J, Davey C. 2003. Cervical Screening Results Explained a guide for primary care. NHS Cancer Screening Programme.
3. Gibb RK, Martens MG. The Impact of Liquid Based Cytology in decreasing the incidence of cervical cancer. Rev Obstet Gynecol 2011; 4(Suppl 1):S2-S11
4. The Bathesda system for reporting cervical cytology, 2014, 3rd Edition.

*** End Of Report ***



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83
84

Authorized Signature :(Pankaj Kushwaha)

Zimbra

sohna.road@apolloclinic.com

Your appointment is confirmed

From : noreply@apolloclinics.info

Fri, Apr 05, 2024 03:03 PM

Subject : Your appointment is confirmed**To :** shakti06@gmail.com**Cc :** sohna road <sohna.road@apolloclinic.com>**Dear SHAKTI SHARMA,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SOHNA ROAD clinic** on **2024-04-06** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: Apollo Clinic, 9A,9B,10A,10B &11, Ground Floor, Vipul Trade Center, Badshahpur Sohna Rd Hwy, Sector 48, Gurugram, Haryana 122048.

Contact No: 080798 38383, 8079848484.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic