

Patient Name	: Mrs.SHAKUNTALA DEVI	Collected	: 10/Aug/2024 10:43AM
Age/Gender	: 50 Y 6 M 30 D/F	Received	: 10/Aug/2024 11:45AM
UHID/MR No	: RIND.0000016443	Reported	: 10/Aug/2024 02:10PM
Visit ID	: RINDOPV15157	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: APT ID 22S30522		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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



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

SIN No:BED240208950



This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	33.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49	%	40-80	Electrical Impedance
LYMPHOCYTES	45	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2499	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2295	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	51	Cells/cu.mm	20-500	Calculated
MONOCYTES	255	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.09		0.78- 3.53	Calculated
PLATELET COUNT	195000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



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



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DEPARTMENT OF HAEMATOLOGY

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

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




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Patient Name : Mrs.SHAKUNTALA DEVI	Collected : 10/Aug/2024 10:43AM
Age/Gender : 50 Y 6 M 30 D/F	Received : 10/Aug/2024 12:06PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD

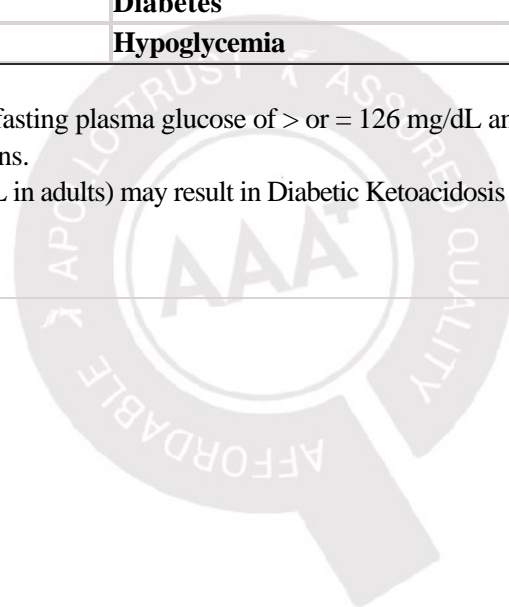
Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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




Dr.Kritika Jain
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UHID/MR No : RIND.0000016443	Reported : 10/Aug/2024 04:13PM
Visit ID : RINDOPV15157	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	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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SIN No:EDT240085541



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	119	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	96	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	50	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	69	mg/dL	<130	Calculated
LDL CHOLESTEROL	49.88	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.28	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

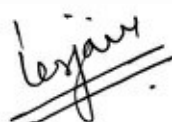
Comment:

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

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.83	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	97.12	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.45	g/dL	6.3-8.2	Biuret
ALBUMIN	4.44	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.01	g/dL	2.0-3.5	Calculated
A/G RATIO	2.21		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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 Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

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



Dr.Kritika Jain
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SIN No:SE04805703

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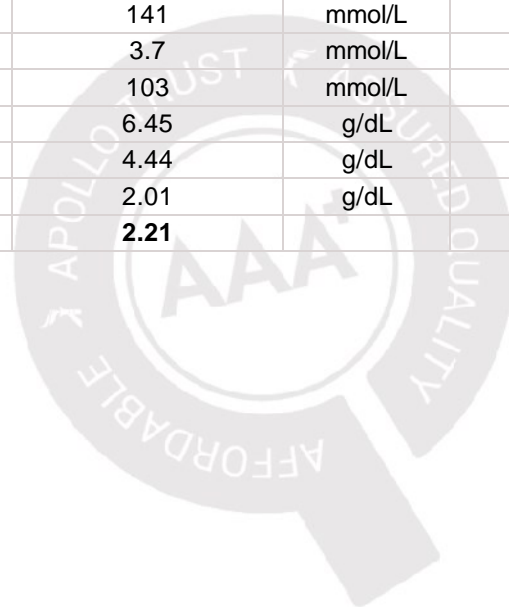
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	20.24	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.13	mg/dL	2.6-6	Uricase
CALCIUM	9.89	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.93	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.45	g/dL	6.3-8.2	Biuret
ALBUMIN	4.44	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.01	g/dL	2.0-3.5	Calculated
A/G RATIO	2.21		0.9-2.0	Calculated




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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.41	U/L	12-43	Glycylglycine Nitoranalide




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Patient Name : Mrs.SHAKUNTALA DEVI	Collected : 10/Aug/2024 10:43AM
Age/Gender : 50 Y 6 M 30 D/F	Received : 10/Aug/2024 03:31PM
UHID/MR No : RIND.0000016443	Reported : 10/Aug/2024 04:57PM
Visit ID : RINDOPV15157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.82	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.17	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.148	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



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

SIN No:SPL24130734




Patient Name	: Mrs.SHAKUNTALA DEVI	Collected	: 10/Aug/2024 10:43AM
Age/Gender	: 50 Y 6 M 30 D/F	Received	: 10/Aug/2024 03:31PM
UHID/MR No	: RIND.0000016443	Reported	: 10/Aug/2024 04:57PM
Visit ID	: RINDOPV15157	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr Nidhi Sachdev
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Consultant Pathologist

SIN No:SPL24130734



Patient Name	: Mrs.SHAKUNTALA DEVI	Collected	: 10/Aug/2024 01:50PM
Age/Gender	: 50 Y 6 M 30 D/F	Received	: 12/Aug/2024 04:40PM
UHID/MR No	: RIND.0000016443	Reported	: 14/Aug/2024 11:12PM
Visit ID	: RINDOPV15157	Status	: Final Report
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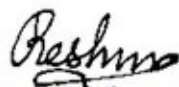
DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	17959/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Parabasal and basal cells with reactive nuclear changes. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	ATROPHY

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 ***



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

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SIN No:CS084623

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

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KINDLY NOTE: GLUCOSE, POST PRANDIAL (PP) , URINE GLUCOSE(POST PRANDIAL), URINE ROUTINE ,DENTAL CONSULTATION ,LBC PAP TEST- PAPSURE, TEST DENIED BY PATIENT

आयकर विभाग
INCOME TAX DEPARTMENT
SHAKUNTALA DEVI
JAGDISH PRASAD
11/01/1974
Permanent Account Number
AUSPD2815L

भारत सरकार
GOVT. OF INDIA






18032010

Signature
Jagdish Prasad

आयकर विभाग
INCOME TAX DEPARTMENT
NAVEEN KUMAR
HARI LAL
06/04/1970
Permanent Account Number
AJPJK0319C

भारत सरकार
GOVT. OF INDIA



06112008

Signature
Hari Lal

FO Cradle

From: noreply@apolloclinics.info
Sent: 07 August 2024 17:25
To: ramadhar96@yahoo.com
Cc: fo.indira@apollocradle.com
Subject: Your appointment is confirmed



Dear Shakuntala Devi,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo Cradle & Children's Hospital Indirapuram clinic** on **2024-08-10** at **08:00-08:30**.

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

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

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

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

CERTIFICATE OF MEDICAL FITNESS


This is to certify that I have conducted the clinical examination

of Mrs. Shakuntala Devi on 13/08/24

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. • Review after _____ • Unfit 	

Dr. SHAILENDRA KUMAR, (Physician)
 M.D. (G) 1982
 Regd. No. DMC-1/1982/1023
 Apollo Cradle and Children's Hospital
 NH-1, Shakti Khand-2, Indirapuram,
 Ghaziabad; Uttar Pradesh-201014

Dr. 
Medical Officer

This certificate is not meant for medico-legal purposes

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh – 201014.
 Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
 Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

Shakuntala Devi
UHID - 16443
Bill no - 1955

50y/F



Apollo
Cradle
& Children's
Hospital

Height: 155cm	Weight 52kg	BMI: 21.6 kg/m ²	Waist Circum:
Temp: 98.6 F	Pulse 78 Bp m	Resp: 18 Bp m	B.P: 142/88 mmHg

General Examination/Allergies
History

Cinical Diagnosis & Management Plan

Non Significant
[Signature]

Follow up date

Doctor Signature

OUR NETWORK: AMRITSAR | BENGALURU | CHENNAI | HYDERABAD | DELHI NCR

Visit us: www.apollocradle.com Write to us: contactus@apollocradle.com

1860 500 4424
www.apollocradle.com

A unit of Apollo Specialty Hospitals Pvt. Ltd.

APOLLO CRADLE- INDRAPURAM

DIET CHART

NAME: *Snakuntala*

DATE: *12/8/24*

AGE:

UHID: *Anoid refined, carbs, maida sugar*

DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 - 4

small sneaks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

FOOD TO BE AVOIDED

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pckees, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.



Apollo Cradle

CONSENT FORM

Patient Name: Shakuntala Devi Age: 50

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting GLUCOSE PP, URINE PP, DENTAL,
 Tests done which is a part of my routine health check package. ENT pending

And I claim the above statement in my full consciousness.

very poor services no sequence of working and proper dealing by staff

Patient Signature: *(Signature)* Date: 10/8/24

OPHTHAL CHECKUP REPORT

Date Of Examine: 10/8/2024

Patient Name: Mrs. Shakuntala Devi Age: 50/F

UHID ID: 16443

Vision without Correction		Vision with Correction	
Distance	Near	Distance	Near
R 6/18	N/24	6/12	N/6
L 6/12	N/24	6/6	N/6
<input checked="" type="checkbox"/> Normal		<input type="checkbox"/> Abnormal	

R - 1.25 X 80'

L - 0.58 X 80'

Add + 2.00 R

Dr. Vinod

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh - 201014.

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Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

ID: 15541

10-08-2024 09:02:24

ECGPRINT

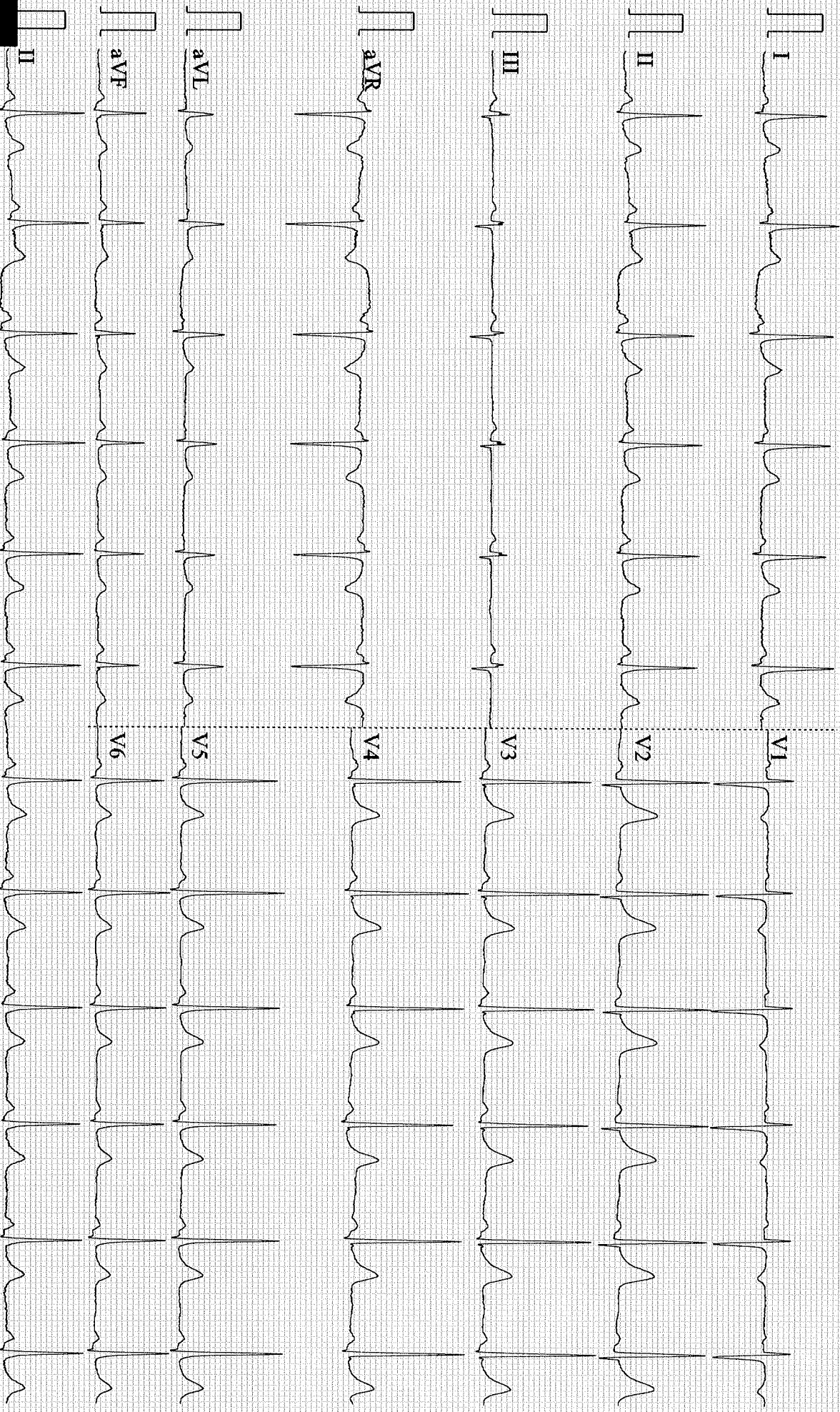
Diagnosis Information:

Male Years
Req. No. :

Mr. Shaktantola Dassi

HR	: 72	bpm
P	: 101	ms
PR	: 134	ms
QRS	: 85	ms
QT/QTcBz	: 372/407	ms
P/QRS/T	: 60/28/35	°
RV5/SV1	: 1.852/0.956	mV

Unconfirmed Report.



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V1.92 APOLLO CRADLE & CHILDREN'S HOSPITAL

Patient Name	: Mrs. Shakuntala Devi	Age/Gender	: 50 Y/F
UHID/MR No.	: RIND.0000016443	OP Visit No	: RINDOPV15157
Sample Collected on	:	Reported on	: 12-08-2024 12:29
LRN#	: RAD2399783	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 22S30522		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Liver is normal in size and the parenchymal echotexture and shows generalized increase in echogenicity (grade-1). There is no focal mass lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

GALL BLADDER : Gall bladder not seen (Past history of operation). The common bile duct is not dilated.

PANCREAS : The pancreas appears normal in size and echogenicity. No focal mass lesion seen. MPD is not dilated.

SPLEEN : Spleen is normal in size, shape, outline and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS : Both the kidneys are normal in size, shape, outline and echotexture. Cortical thickness and echogenicity is preserved. The cortico-medullary differentiation of both kidneys appears maintained. Central sinus echoes are compact. No evidence of any hydronephrosis or nephrolithiasis.

Visualized parts of retroperitoneum do not reveal any lymphadenopathy.
There is no significant free fluid is detected in the peritoneal cavity.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No intraluminal mass or calculus is visualised.

UTERUS : The uterus is normal in size and echotexture. The myometrial echogenicity appears uniform. Endometrium is central and of normal thickness(5mm).

OVARIES : Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac.

IMPRESSION: Grade 1 Fatty infiltration of the liver.

SUGGEST CLINICAL CORRELATION

Patient Name : Mrs. Shakuntala Devi

Age/Gender

: 50 Y/F

Consultant Radiologist

The sonography findings should always be considered in correlation with the clinical and other lab investigation finding where applicable. It is only a professional opinion. Not valid for medico-legal purposes.



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name	: Mrs. Shakuntala Devi	Age/Gender	: 50 Y/F
UHID/MR No.	: RIND.0000016443	OP Visit No	: RINDOPV15157
Sample Collected on	:	Reported on	: 12-08-2024 09:06
LRN#	: RAD2399783	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 22S30522		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Real time B–Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.

Consultant Radiologist.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name	: Mrs. Shakuntala Devi	Age/Gender	: 50 Y/F
UHID/MR No.	: RIND.0000016443	OP Visit No	: RINDOPV15157
Sample Collected on	:	Reported on	: 10-08-2024 16:12
LRN#	: RAD2399783	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 22S30522		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name	: Mrs. Shakuntala Devi	Age	: 50 Y/F
UHID	: RIND.0000016443	OP Visit No	: RINDOPV15157
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 10-08-2024 14:49
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.63 CM
LA (es)	3.35 CM
LVID (ed)	3.67 CM
LVID (es)	2.22 CM
IVS (Ed)	0.907 CM
LVPW (Ed)	0.907 CM
EF	70.00%
%FD	35.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. Shakuntala Devi	Age	: 50 Y/F
UHID	: RIND.0000016443	OP Visit No	: RINDOPV15157
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 10-08-2024 14:49
Referred By	: SELF		

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

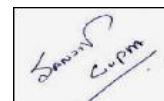
VELOCITY ACROSS THE AV NORMAL

IMPRESSION:

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.



Dr. SANJIV
KUMAR

Patient Name : Mrs. Shakuntala Devi Age : 50 Y/F
UHID : RIND.0000016443 OP Visit No : RINDOPV15157
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 10-08-2024 14:49
Referred By : SELF

GUPTA