

Patient Name : Mrs. RAJESHWARI G BHUYAR

Age/Gender : 50 Y/F

UHID/MR No. : CMYS.0000058796

OP Visit No : CMYSOPV120144

Sample Collected on :

Reported on : 09-12-2023 16:21

LRN# : RAD2172996

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 267420375593

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

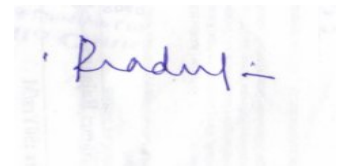
RIGHT BREAST: It is normal in echopattern. No e/o focal nodular or mass lesions seen. No e/o calcifications. The skin over the breast is normal. Nipple and areola are normal. The subcutaneous, mammary and retro mammary zones are normal.

LEFT BREAST: It is normal in echopattern. No e/o focal nodular or mass lesions seen. No e/o calcifications. The skin over the breast is normal. Nipple and areola are normal. The subcutaneous, mammary and retro mammary zones are normal.

No e/o axillary lymphadenopathy.

IMPRESSION: NORMAL STUDY.

Dr. Pradeep Kumar C N, DNB.
Consultant Radiologist.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Patient Name : Mrs. RAJESHWARI G BHUYAR

Age/Gender : 50 Y/F

UHID/MR No. : CMYS.0000058796

OP Visit No : CMYSOPV120144

Sample Collected on :

Reported on : 09-12-2023 15:54

LRN# : RAD2172996

Specimen :

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Emp/Auth/TPA ID : 267420375593

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

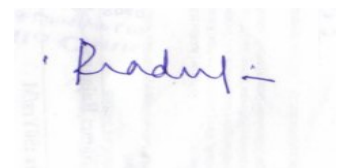
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

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UHID/MR No.	: CMYS.0000058796	OP Visit No	: CMYSOPV120144
Sample Collected on	:	Reported on	: 09-12-2023 16:22
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DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 87x46 mm with parenchymal thickness of 10 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 102x53 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 77x53x61 mm with ET= 8mm. It is normal in size, outline and echotexture.. Hypoechoic lesion measuring 25x28 mm seen in posterior wall.

Rt. OVARY: It measures 21x20 mm. It is normal. No mass lesion seen.

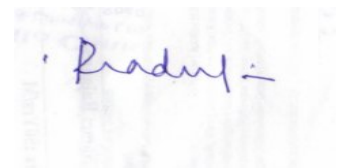
Lt. OVARY: It measures 23x25 mm. It is normal. No mass lesion seen.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: POSTERIOR WALL FIBROID.

Pradeep Kumar C N, DNB
Consultant Radiologist.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology



Patient Name : Mrs. RAJESHWARI G BHUYAR

Age/Gender : 50 Y/F

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 08:23AM
Age/Gender : 50 Y 10 M 19 D/F	Received : 09/Dec/2023 11:22AM
UHID/MR No : CMYS.0000058796	Reported : 09/Dec/2023 01:16PM
Visit ID : CMYSOPV120144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 267420375593	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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SIN No:BED230303505

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.51	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62.4	%	40-80	Electrical Impedence
LYMPHOCYTES	29.1	%	20-40	Electrical Impedence
EOSINOPHILS	3.5	%	1-6	Electrical Impedence
MONOCYTES	4.7	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3931.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1833.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	220.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	296.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.9	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	310000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs : Majority are normocytic normochromic.
WBCs : are normal in number with normal morphology and distribution.
Platelets : are adequate and seen in clumps and singles.
Hemoparasites : Not seen.

IMPRESSION : NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230303505

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 08:23AM
Age/Gender : 50 Y 10 M 19 D/F	Received : 09/Dec/2023 11:05AM
UHID/MR No : CMYS.0000058796	Reported : 09/Dec/2023 11:34AM
Visit ID : CMYSOPV120144	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dl	74-106	GOD, POD
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > 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.



SIN No:PLF02067828

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Age/Gender : 50 Y 10 M 19 D/F	Received : 09/Dec/2023 01:21PM
UHID/MR No : CMYS.0000058796	Reported : 09/Dec/2023 02:10PM
Visit ID : CMYSOPV120144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 267420375593	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	mg/dL	70-140	GOD - POD
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	100	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.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 A: HbF >25%
 B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:PLP1395022,EDT230111579

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 08:23AM
Age/Gender : 50 Y 10 M 19 D/F	Received : 09/Dec/2023 11:48AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

TOTAL CHOLESTEROL	203	mg/dl	0-200	CHOD
TRIGLYCERIDES	113	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.57	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.36		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04563920

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 08:23AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

BILIRUBIN, TOTAL	0.47	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	53.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	5.70	g/dl	6.4-8.3	Biuret
ALBUMIN	3.97	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	1.73	g/dL	2.0-3.5	Calculated
A/G RATIO	2.29		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 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 COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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APOLLO CLINICS NETWORK

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.80	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	14.54	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	2.5-6.2	Uricase
CALCIUM	9.38	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.17	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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ALKALINE PHOSPHATASE , <i>SERUM</i>	53.00	U/l	42-98	IFCC (AMP buffer)
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	22.00	U/l	0-38	IFCC
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	5.85	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.220	µIU/mL	0.35-4.94	CMIA

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

1. 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.
2. 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.
3. 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.
4. 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



SIN No:SPL23177857

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	19.5	ng/mL		CMIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

VITAMIN B12 , SERUM	131	pg/mL	187 - 883	CMIA
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Result is rechecked. Kindly correlate clinically

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 08:23AM
Age/Gender : 50 Y 10 M 19 D/F	Received : 09/Dec/2023 11:22AM
UHID/MR No : CMYS.0000058796	Reported : 09/Dec/2023 01:16PM
Visit ID : CMYSOPV120144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 267420375593	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



SIN No:SPL23177857

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 08:23AM
Age/Gender : 50 Y 10 M 19 D/F	Received : 09/Dec/2023 11:31AM
UHID/MR No : CMYS.0000058796	Reported : 09/Dec/2023 12:55PM
Visit ID : CMYSOPV120144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 267420375593	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 6	/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



SIN No:UR2237136

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 08:23AM
Age/Gender : 50 Y 10 M 19 D/F	Received : 09/Dec/2023 11:31AM
UHID/MR No : CMYS.0000058796	Reported : 09/Dec/2023 12:55PM
Visit ID : CMYSOPV120144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 267420375593	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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SIN No:UPP015950,UF009947

Patient Name : Mrs.RAJESHWARI G BHUYAR	Collected : 09/Dec/2023 10:32AM
Age/Gender : 50 Y 10 M 19 D/F	Received : 10/Dec/2023 10:41AM
UHID/MR No : CMYS.0000058796	Reported : 11/Dec/2023 05:05PM
Visit ID : CMYSOPV120144	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 267420375593	

DEPARTMENT OF CYTOLOGY

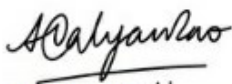
ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	20614/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
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	FUNGAL ORGANISMS MORPHOLOGICALLY CONSISTENT WITH CANDIDA SPP
IV	INTERPRETATION	CANDIDIASIS

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



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

Page 17 of 17



SIN No:CS071096

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

Date : 09-12-2023
MR NO : CMYS.0000058796

Department : GENERAL
Doctor : Dr. Umesh HB

Name : Mrs. RAJESHWARI G BHUYAR

Registration No : 67054

Age/ Gender : 50 Y / Female

Qualification : M.B.S. MD

Consultation Timing: 08:12

Height : 55	Weight : 76.6	BMI :	Waist Circum : 130/80
Temp :	Pulse : 70	Resp : 18/w	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

CVS
RS
PA / NCS

DD Edw
TNT

Adv

Regular Exercise / wt reduction

T. ALT D₃ 60k once a week - 10

T. Bentamine plus - 30
010

Follow up date :

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41


Doctor Signature

Date : 09-12-2023
MR NO : CMYS.0000058796

Department : GENERAL
Doctor :

Name : Mrs. RAJESHWARI G BHUYAR
Age/ Gender : 50 Y / Female

Registration No : *M Praveen Kumar*
Qualification : *MS/011*

Consultation Timing: 08:12

Height: 155	Weight: 76.6	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Came for regular health checkup

EOR - Bicolored TM - @

nose - normal mucosa @

oral cavity & oropharynx @

neck @

HR
- normal

Follow up date :

[Signature]
Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 09-12-2023
MR NO : CMYS.0000058796

Department : GENERAL
Doctor :

Name : Mrs. RAJESHWARI G BHUYAR
Age/ Gender : 50 Y / Female

Registration No :
Qualification :

Consultation Timing: 08:12

Height : 155	Weight : 76.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

PH - NS.
FH - DM +.

ML - menopause 1yr
back.

ML -> 20yrs.

PH - FTD
Subdomid

Mammogram normal study

Adv: GAB. DICALIS

0-1-0.

USH - Post-wall

Fibroid
25x28mm

(30)

x6m

Follow up date :

[Signature]
Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040, 41

Date : 09-12-2023
MR NO : CMYS.0000058796

Department : GENERAL Diabetics
Doctor : Madhura. B.P

Name : Mrs. RAJESHWARI G BHUYAR
Age/ Gender : 50 Y / Female

Registration No :
Qualification : M.Sc Nutrition & Dietetics
PHD*

Consultation Timing: 08:12

IBW - 52kg

Height : 155	Weight : 76.6	BMI : 31.9 kg/m ²	Waist Circum : 130/80
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /
Allergies History

Total cholesterol - 208
Non HDL - 156
LDL - 133.82
Vitamin D - 19.5
Vitamin B₁₂ - 131

Clinical Diagnosis & Management Plan

Δ^{cis} - Posterior wall fibroid.
⇒ Advised low fat diet with fiber rich foods.
⇒ Take small frequent meals. Do not skip meals.
⇒ Include all variety of seasonal fruits, veg-
-etables and green leafy vegetable regularly.
⇒ Include nuts like Almond, walnuts and
dry - fruits like dried dates & raisins daily.
⇒ Include seeds like Flax seeds, Sunflower seeds,
Pumpkin seeds, Sesame seeds & watermelon
seeds - 1 teaspoon, dry roasted.
⇒ Cooking oil - 1/2 liter / person / month. Use combi-
-nation of oils like Rice bran oil, Groundnut
oil, Mustard oil, Gengelly oil, coconut oil.
Follow up date : 6 wks. Do not mix the oils & soil it.

Doctor Signature
B.P
9/12/2023

⇒ Drink 12-14 big glasses of water / day.

Date : 09-12-2023
MR NO : CMYS.0000058796

Department : GENERAL
Doctor :

Name : Mrs. RAJESHWARI G BHUYAR

Registration No :

Age/ Gender : 50 Y / Female

Qualification :

Consultation Timing: 08:12

Height : 155	Weight : 76.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Near
vism.
Corrected with glasses.
Distant vism
vism.
Corrected with glasses
Colour
vism

Rt eye

Lf eye

n/36

n/36.

n/6

n/6.

6/12

6/9.

6/6

6/6.

⊙

⊙

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Patient Name: Mrs . Rajeshwari G Bhuyar	Date : 09.12.2023	Referring Doctor: Dr .Self
Age / Sex: 50 Yrs/Female	UHID NO:58796	Location : OP
ULTRASONOGRAPHY- BREAST		

RIGHT BREAST: It is normal in echopattern. No e/o focal nodular or mass lesions seen. No e/o calcifications. The skin over the breast is normal. Nipple and areola are normal. The subcutaneous, mammary and retro mammary zones are normal.

LEFT BREAST: It is normal in echopattern. No e/o focal nodular or mass lesions seen. No e/o calcifications. The skin over the breast is normal. Nipple and areola are normal. The subcutaneous, mammary and retro mammary zones are normal.

No e/o axillary lymphadenopathy.

IMPRESSION: NORMAL STUDY.

Pradeep

Dr. Pradeep Kumar C N, DNB.
Consultant Radiologist.

Apollo Health and Lifestyle Limited

(CIN: U63110TG2000PLC115819)

Regd. Office: 1-10-60-62, Ashoka Rajgopathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: 041 4904 7777 | Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Marajpur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. RAJESHWARI G BHUYAR
UHID : CMYS.0000058796
Reported on : 09-12-2023 15:54
Adm Consult Doctor :

Age : 50 Y F
OP Visit No : CMYSOPV120144
Printed on : 09-12-2023 15:54
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY.

Pradeep

Printed on:09-12-2023 15:54

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

ICPN: UBS11CTG20X0PLC115819

Regd. Office: 1, 10/6/02, Ashoka Kaghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: 041 4304 7777 Fax No: 4304 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Karnataka: Jayashankar Road, Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Diagnosis Information:

Unconfirmed Report.

APOLLO CLINIC
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



Patient Name: Mrs . Rajeshwari G Bhuyar	Date : 09.12.2023	Referring Doctor: Dr .Self
Age / Sex: 50 Yrs/Female	UHID NO:58796	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 87x46 mm with parenchymal thickness of 10 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 102x53 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 77x53x61 mm with ET= 8mm. It is normal in size, outline and echotexture.. Hypochoic lesion measuring 25x28 mm seen in posterior wall.

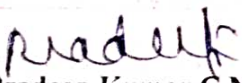
Rt. OVARY: It measures 21x20 mm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 23x25 mm. It is normal. No mass lesion seen.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: POSTERIOR WALL FIBROID.


Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

CIN: U65110TG0000PLC115819

Kings Office 1, 10-60 E2, Avinaka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No: 844 4964 7777 | Fax No: 4964 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

Apollo Clinics Network Karnataka

Bangalore | Sarvanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore | VV Mohalla

Online appointments: www.apolloclinics.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. Rajeshwari G Bhuyar Age & sex : 50Yrs /Female
Date : 09.12.2023 UHID No 58796

Measurements

AO : 2.21 cm
LA : 3.21 cm

RV : 1.70 cm
LVIDd : 4.60 cm
LVIDs : 3.11 cm
IVSd : 1.02 cm
IVSs : 1.33 cm
PWd : 1.02 cm
PWs : 1.31 cm
EF : 60.0 %
FS : 32.0 %

Doppler

MV	TV	AV	PV
E: 1.02 m/s	E: 0.64 m/s	V max 1.46 m/s	V max 0.85 m/s
A: 0.81 m/s	A: 0.41 m/s		
MR Nil	TR Nil	AR Nil	PR Nil

Dr. C.B. KESHAVAMURTHY MD, DM, DNB
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

CIN: U60201KA2015PTC0115819

Apollo Clinic, 1st Floor, 82, Anand Nagar, 5th Cross, 5th Stage, Bengaluru, Karnataka, India 560 016

Ph: No. 080 4004 1117 Fax: No. 4004 7144 Email: apollo@apolloclinic.com | www.apolloclinic.com

APOLLO CLINICS NETWORK ARENARIAS

Bangalore: Suraskar Road | Bengaluru: Hecotonda City (1st Stage) Hosur | HSR Layout | Hebbal | Hebbal | JP Nagar | Kalyan Nagar

Kalyan Nagar | Kalyan Nagar | Mysore: PE Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788