

NAME: Rashmi Rani

AGE / SEX: 49 / F

check Advance

PACKAGE NAME: mediwheel Full Body Annual plus

~~above~~ \$50

Female

Sr No	TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
1	FASTING BLOOD	Sakshi
2	POST PRANDIAL BLOOD	Sakshi
3	URINE	Sakshi
4	PAP SMEAR	Agamika
5	CHEST XRAY	Ditesh
6	ECG	Hetal
7	TMT	Hetal
8	ULTRASOUND ABDOMEN	Agamika SD
9	GENERAL CONSULTATION (PHYSICIAN , DENTAL, EYE, ENT)	[Signature]
0	DIETICIAN CONSULTATION ✓	[Signature]
1	POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
2	COMPLIMENTARY BREAKFAST INCLUDED	

MAMMOGRAPHY

SD

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. RANI RASHMI
क.कू.संख्या	65428
पदनाम	JOINT MANAGER
कार्य का स्थान	MUMBAI,ASHOKVAN
जन्म की तारीख	04-08-1974
स्वास्थ्य जांच की प्रस्तावित तारीख	06-11-2023
बुकिंग संदर्भ सं.	23D65428100074390E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 06-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. RANI RASHMI
EC NO.	65428
DESIGNATION	JOINT MANAGER
PLACE OF WORK	MUMBAI,ASHOKVAN
BIRTHDATE	04-08-1974
PROPOSED DATE OF HEALTH CHECKUP	06-11-2023
BOOKING REFERENCE NO.	23D65428100074390E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-11-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
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Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

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(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

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APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022 - 2898 6677 / 46 / 47 / 4
Tele.: 022 - 2898 6677 / 46 / 47 / 4

2913124
wt - 64.1 kg
Height - 147 cm

Mrs - Rashmi Rani
PHYSICIAN CONSULTATION

Age/Sex - 49 yrs / F.

PRESENT COMPLAINT:

Cl - Rt knee joint pain : 3-4 months
- Burning micturation : 2-3 days.

PAST MEDICAL / SURGICAL HISTORY:

- No any medical history
- LSCS status (1999).

GENERAL EXAMINATION:

PULSE - 88 / ~~70~~ min
BP: - 110 / 70 mm Hg
BMI - 29.7 kg/m² (overweight)
APETITE: - Normal
THIRST: - Normal
STOOL: - Normal
URINE: - Burning micturation.
SLEEP: - Normal
SKIN: - Normal
NAILS: - Normal
HABITAT: - NB

SYSTEMIC EXAMINATION: -

RESPIRATORY EXAMINATION: - AEBE clear

CARDIOVASCULAR EXAMINATION: - S1 S2 heard normally
CCNS - Conscious & oriented

ABDOMINAL EXAMINATION: - Soft

GYNACOLOGY / OBST HISTORY (FOR FEMALE): LMP - menopausal status.

Graavidity - G2

para - 1

1 - Live at a birth.

OPHTHAL EXAMINATION:

FAR VISION: - Far vision both eyes normal
NEAR VISION: - Near vision both eyes blurred
COLOUR VISION: - Normal, 2 aspects normal

ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: Normal / no wax both e
NOSE: EXT NOSE/ POST NASAL SPACE: - Normal
THROAT: TOUNGE/ PALATE/ TEETH: - Normal
NECK: NODES/ THYROID/TEETH: - Normal.

DENTAL EXAMINATION:

DECAY/ CRIES IF ANY: - 1 decay / yes
PLAQUE IF ANY: } normal
GUMS: }

Dr. Priyanka

PHYSICIAN NAME

PHYSICIAN SIGNATURE

CAMP



APEX HOSPITALS
Where healing and care comes naturally
An ISO 9001:2008 Certified

Apex Super Speciality Hospitals
Shantigarja Mangesh Chhaty Trust Medical Centre 131/A, I. T. Road,
Beside Punjab & Sind Bank, Rahisar, Borivali (W), Mumbai-400091
Tel : 022-2996677/46-47/48 Web : apexgroupofhospitals.com
Email : medical.admin_ash@apexhospitals.in

Diet Chart

Name :- RASHMI RANI

DIET :- FULL DIET HIGH PROTEIN

Early morning: 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)

Breakfast: 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar
OR 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water

Mid-morning: 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)
Supplement :- Truhanz HP - 1 scoop with 100ml water

Lunch: 1 bowl raw vegetable salad (**Cucumber ,carrot, toniato, beetroot**)
2 medium whole wheat roti/ 1 bowl rice
1 bowl bhaji (**Avoid Potato , Yam, Raw banana, ladyfinger,brinjal**)
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)
1 bowl curd/ 1 glass buttermilk

Evening snack: 1 cup tea/ coffee /Green Tea / Black Coffee / **Truhanz HP - 1 scoop in 100ml water**
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat

Mid-evening: 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder

Dinner: 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/1 bowl rice
1 bowl bhaji
1 bowl dal
OR 1 bowl dal khichadi/ daliya
1 bowl curd/ 1 glass buttermilk

Bedtime :- 1tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

Avoid all spicy, oily and refined flour products. Restrict bakery products.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, ...
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. RASHMI RANI	LabNo	770	
UHID/IP No	140022623 / 340	Sample Date	29/03/2024 9:41AM	
Age/Gender	49 Yrs/Female	Receiving Date	29/03/2024 11:04AM	
Bed No/Ward	OPD	Report Date	29/03/2024 5:07PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	12.7	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.17 L	10 ⁶ /uL	4.20 - 5.40	
PCV (Haematocrit)	36.0	%	36.0 - 46.0	
MCV	86.33	fl	78 - 100	Calculated
MCH	30.46	pg	26 - 34	Calculated
MCHC	35.28	gm/dl	30 - 36	Calculated
RDW	12.8	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6200	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	52	%	40 - 80	
Lymphocyte %	40	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	05	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3224	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2480	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	186	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	310	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	163	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	11.3	fl	7 - 12	

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



Where Healing & Care Comes Naturally

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IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"O" RH Positive			SLIDE METHOD

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



Where Healing & Care Comes Naturally

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	42 H	mm/hr	< 20	Westergren

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	183.4	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	85.07	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	45.38	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	17.01	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	121.01 H	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.04		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.67		2.50 - 3.50	Calculated Value

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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Tele.: 022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. RASHMI RANI	LabNo	770	
UHID/IP No	140022623 / 340	Sample Date	29/03/2024 9:41AM	
Age/Gender	49 Yrs/Female	Receiving Date	29/03/2024 11:03AM	
Bed No/Ward	OPD	Report Date	29/03/2024 5:07PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	76.47	mg/dl	70 - 110	Glucose Oxidase, Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	98.87	mg/dl	70 - 140	Glucose Oxidase, Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

--End Of Report--

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Bed No/Ward	OPD	Report Date	29/03/2024 5:07PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.93	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.38	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.55	mg/dl	1 - 1	
SGPT (ALT)	16.18	U/L	5 - 40	IFCC modified
SGOT (AST)	22.81	U/L	5 - 40	IFCC modified
Protein Total	6.71	gm/dl	6.00 - 8.00	Biuret
Albumin	3.84	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.87	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.34		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	88.94	IU/L	42 - 140	
GGTP (GAMMA GT)	13.04 L	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

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Patient Name	Mrs. RASHMI RANI	LabNo	770	
UHID/IP No	140022623 / 340	Sample Date	29/03/2024 9:41AM	
Age/Gender	49 Yrs/Female	Receiving Date	29/03/2024 11:03AM	
Bed No/Ward	OPD	Report Date	29/03/2024 5:07PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN (BLOOD UREA NITROGEN)				
BUN - Blood Urea Nitrogen (SINGLE)	13.03	mg/dl	7 - 20	
SERUM CREATININE				
Sample: Serum				
Creatinine	0.83	mg/dl	0.50 - 1.20	Jaffes
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	5.81	mm/hr	2.5 - 6.2	URICASE- PEROXIDASE

--End Of Report--

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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. RASHMI RANI	LabNo	770	
UHID/IP No	140022623 / 340	Sample Date	29/03/2024 9:41AM	
Age/Gender	49 Yrs/Female	Receiving Date	29/03/2024 11:04AM	
Bed No/Ward	OPD	Report Date	29/03/2024 5:07PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.020		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	present(+)			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	6-8			
RBCs	12-15			
Epithelial Cells	3-4			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	absent			

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY

Patient Id : **PVD04223-24/75523** Sample ID : 24038003
 Patient : MRS RASHMI RANI Reg. Date : 29/03/2024
 Age/sex : 49 Yrs/ Female Report Date : 29/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.1	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	99.67	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : PVD04223-24/75523 Sample ID : 24038003
 Patient : MRS RASHMI RANI Reg. Date : 29/03/2024
 Age/sex : 49 Yrs/ Female Report Date : 29/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY


Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	127.45	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.26	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	4.16	uIU/ml	0.27 - 4.20
Method : ECLIA			


INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/75523** Sample ID : 24038003
Patient : MRS RASHMI RANI Reg. Date : 29/03/2024
Age/sex : 49 Yrs/ Female Report Date : 01/04/2024
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
Ref. By : Self 



CYTOLOGY REPORT - PAP SMEAR

Specimen PAP Smear
Microscopic Description Smears show superficial and intermediate cells. Background shows neutrophils. No evidence of dyskeratosis or malignancy

Impression

Negative for Intraepithelial lesion or malignancy

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

DR. SANDEEP B. PORWAL
MBBS MD (Path) Mumbai
MMC Reg no 2001031640

UNI-EM

ELECTRONICS COMPLEX

INDORE

TREADMILL TEST REPORT

Rashmi Rani
 ID : 22370
 DATE : 29/03/2024
 AGE/SEX : 49 / F
 HT/WT : 110 / 64
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
							II	V1	V5	
SUPINE				80	110 / 60	88	0.7	0	0.6	
STANDING				81	110 / 60	89	0.8	-0.1	0.6	
HYPERTENT	0:5			79	110 / 60	86	0.8	-0.1	0.7	
VALSALVA				80	110 / 60	88	0.6	-0.1	0.6	
Stage 1	2:55	2.7	10	116	110 / 60	127	0	0	0.1	4.67
Stage 2	5:55	4	12	134	110 / 60	147	2.1	-0.3	2.1	7.04
PK-EXERCISE	6:49	5.4	14	147	110 / 60	161	0.8	-0.4	1.1	7.89

RESULTS

EXERCISE DURATION : 6:49
 MAX HEART RATE : 148 bpm
 MAX BLOOD PRESSURE : 110 / 60 mm Hg
 REASON OF TERMINATION : Admin 7HA
 BP RESPONSE : Normal
 ARRHYTHMIA : None
 H.R. RESPONSE : None
 IMPRESSIONS :

MAX WORK LOAD : 7.89 METS

Rashmi Rani

DDC
DR. CHANDRA SHEKHAR
CONSULTANT
CO. Reg. 330220000046493
11022000000011049

Technician :



UNI-EM

Rashmi Rani
I.D. 22370
Age 49/F
Date 29/03/2024

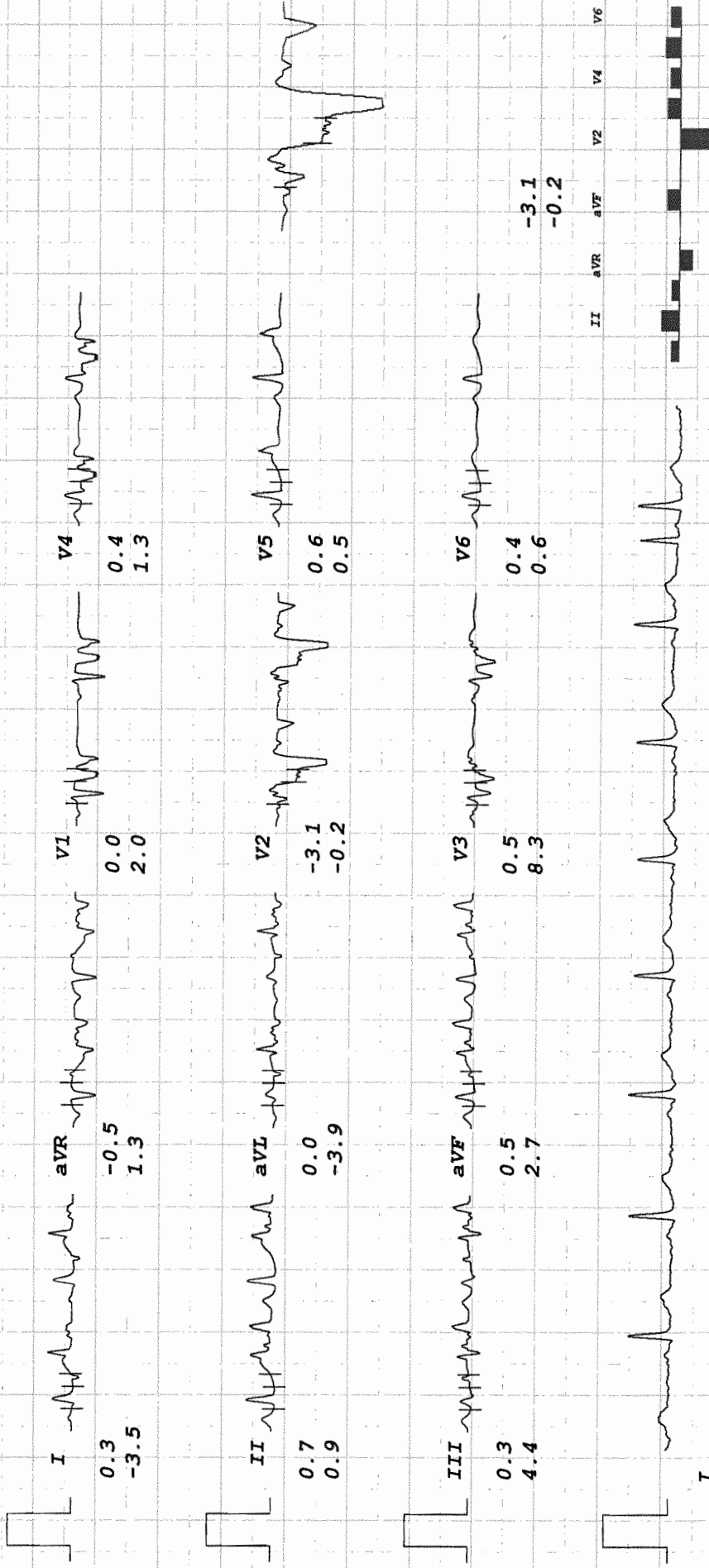
PRETEST
SUPINE
RATE 80bpm
B.P. 110/60

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V2



UNI-EM

Rashmi Rani
I.D. 22370
Age 49/F
Date 29/03/2024

RATE 81bpm
B.P. 110/60

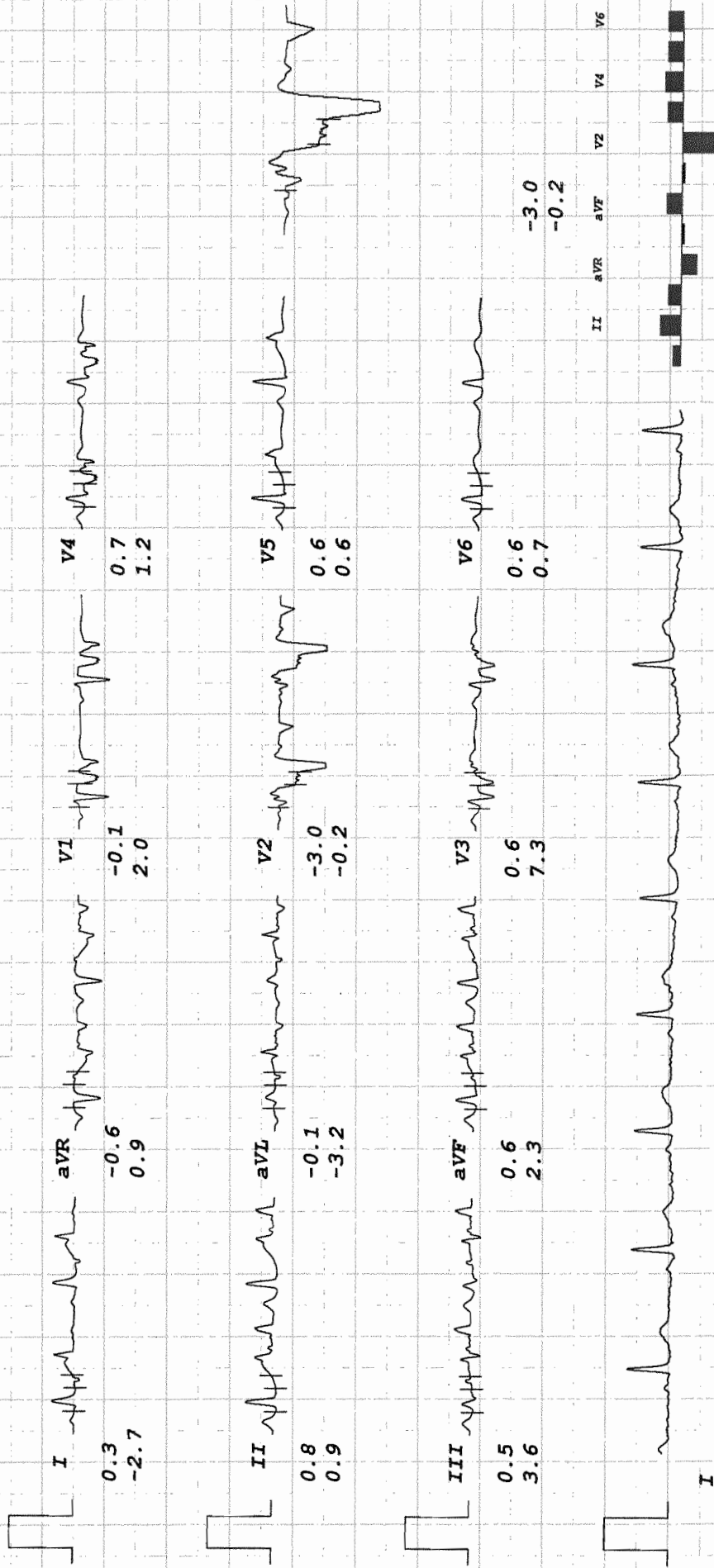
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V2



UNI-EM

LINKED MEDIAN

Rashmi Rani
I.D. 22370
Age 49/F
Date 29/03/2024

RATE 79bpm
B.P. 110/60

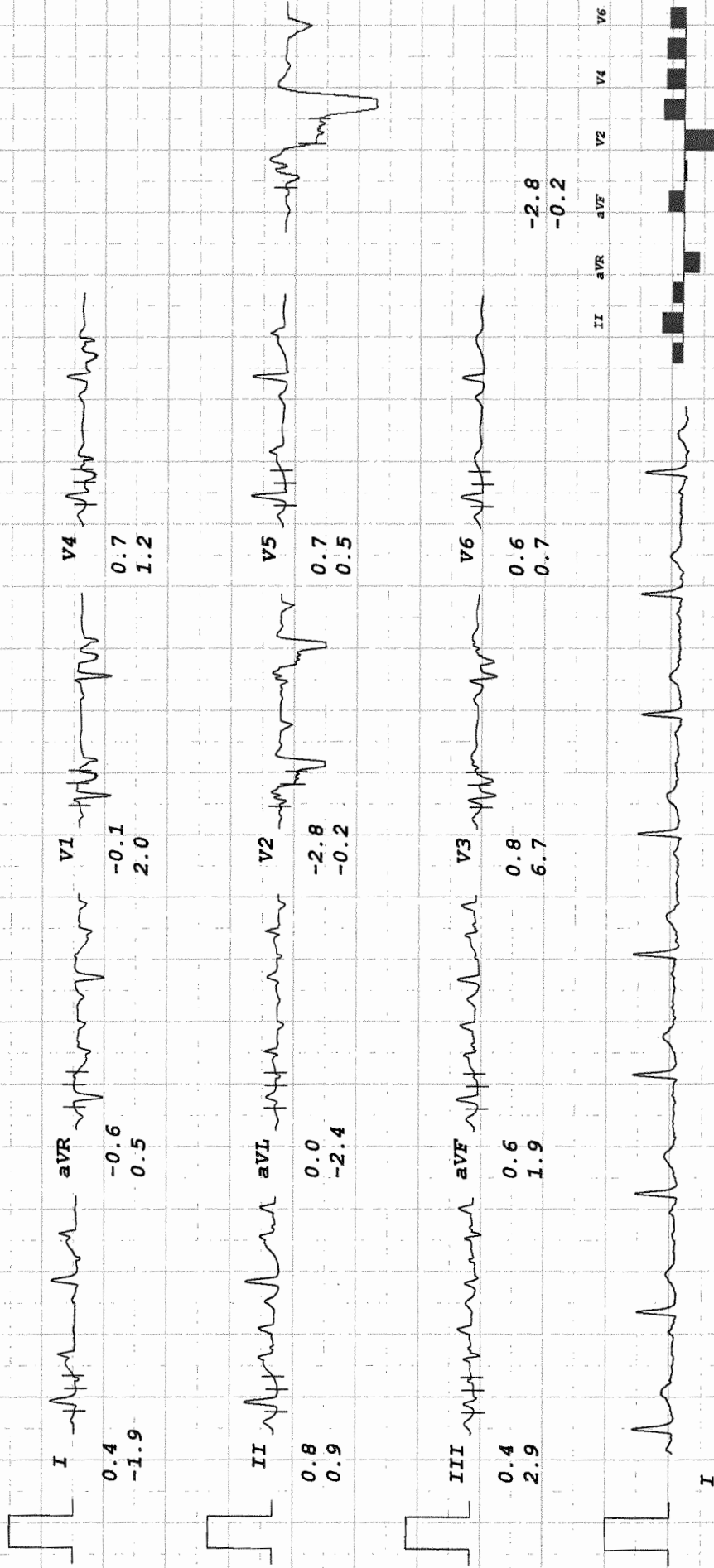
ST @ 10mm/mV
80ms Post-J

PRETEST
HYPERVENT

PHASE TIME 0:05

Mag. X 2

V2



UNI-EM

Rashmi Rani
I.D. 22370
Age 49/F
Date 29/03/2024

PRETEST
VALSALVA

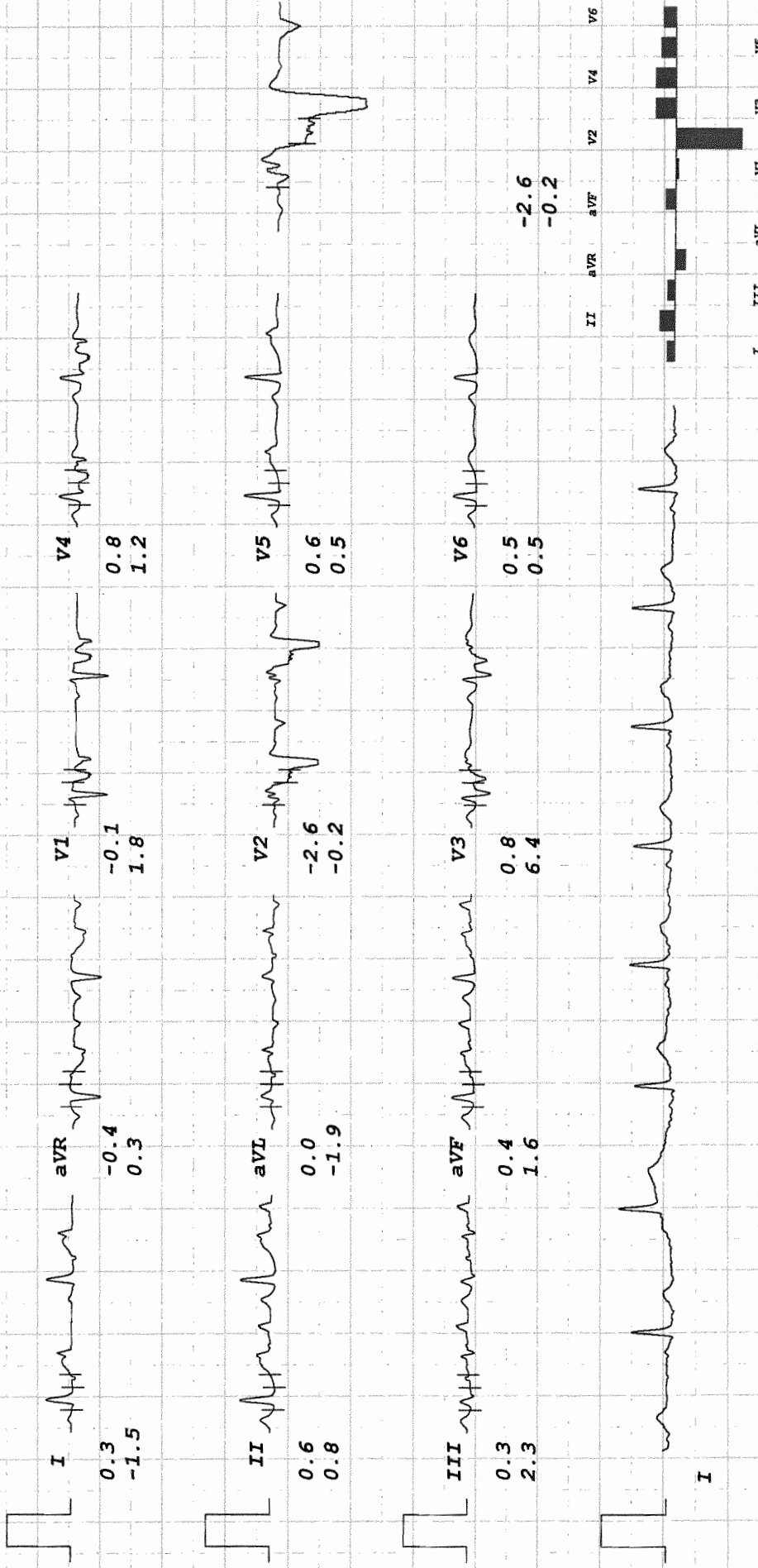
RATE 80bpm
B.P. 110/60

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V2



UNI-EM

Rashmi Rani
 I.D. 22370
 Age 49/F
 Date 29/03/2024

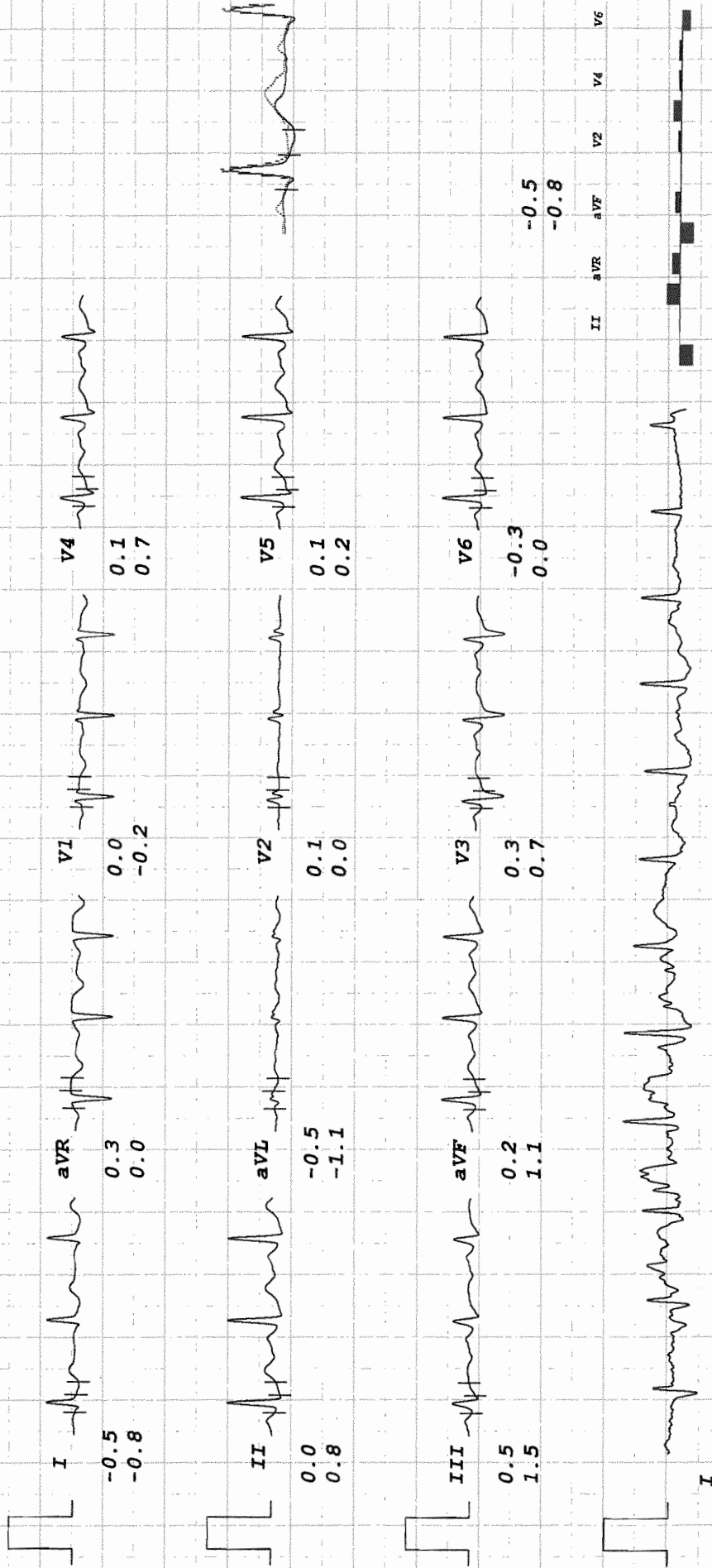
RATE 116bpm
 B.P. 110/60

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

I



UNI-EM

Rashmi Rani
 I.D. 22370
 Age 49/F
 Date 29/03/2024

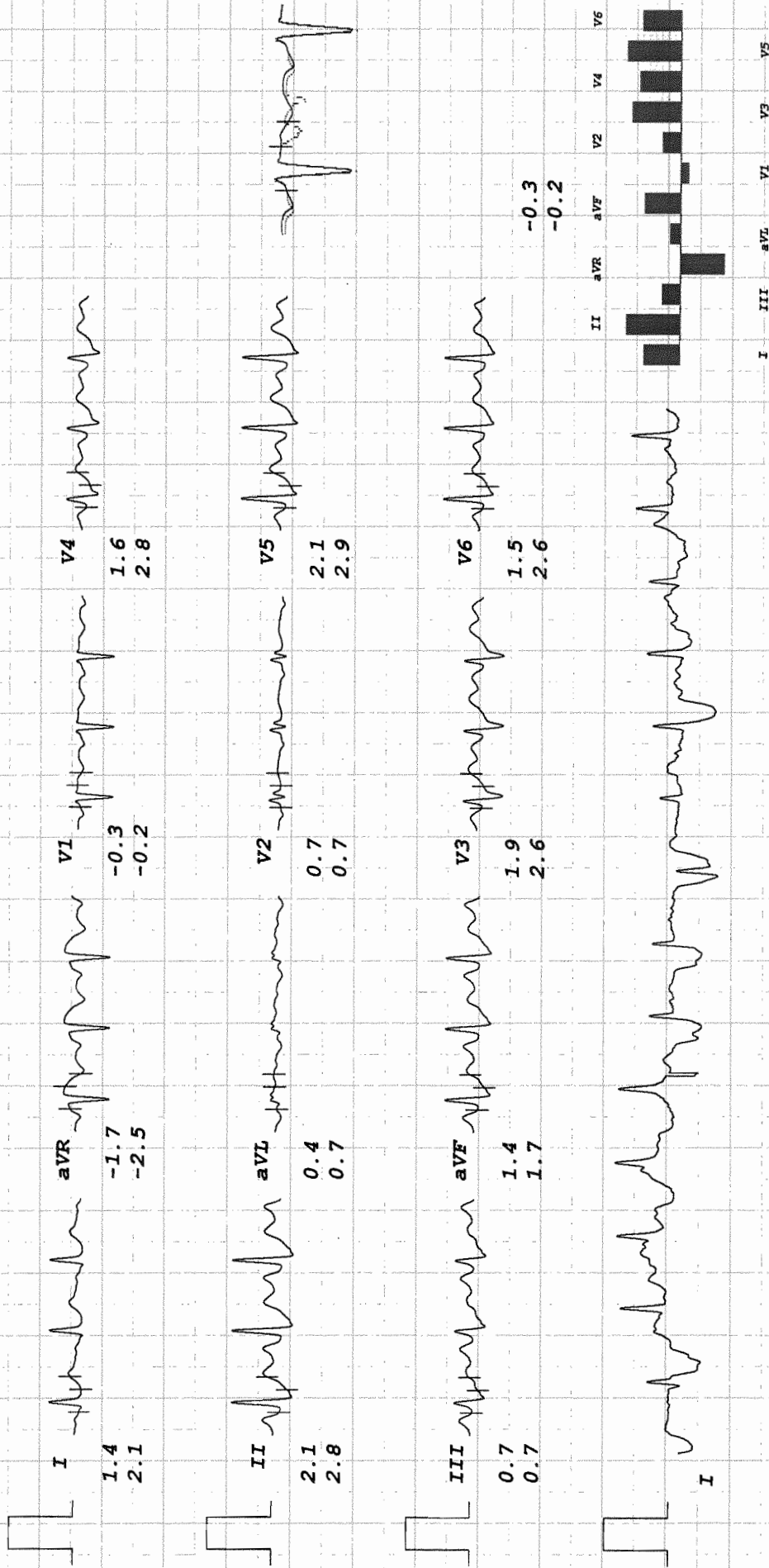
RATE 134bpm
 B.P. 110/60

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

V1



UNI-EM

Rashmi Rani
I.D. 22370
Age 49/F
Date 29/03/2024

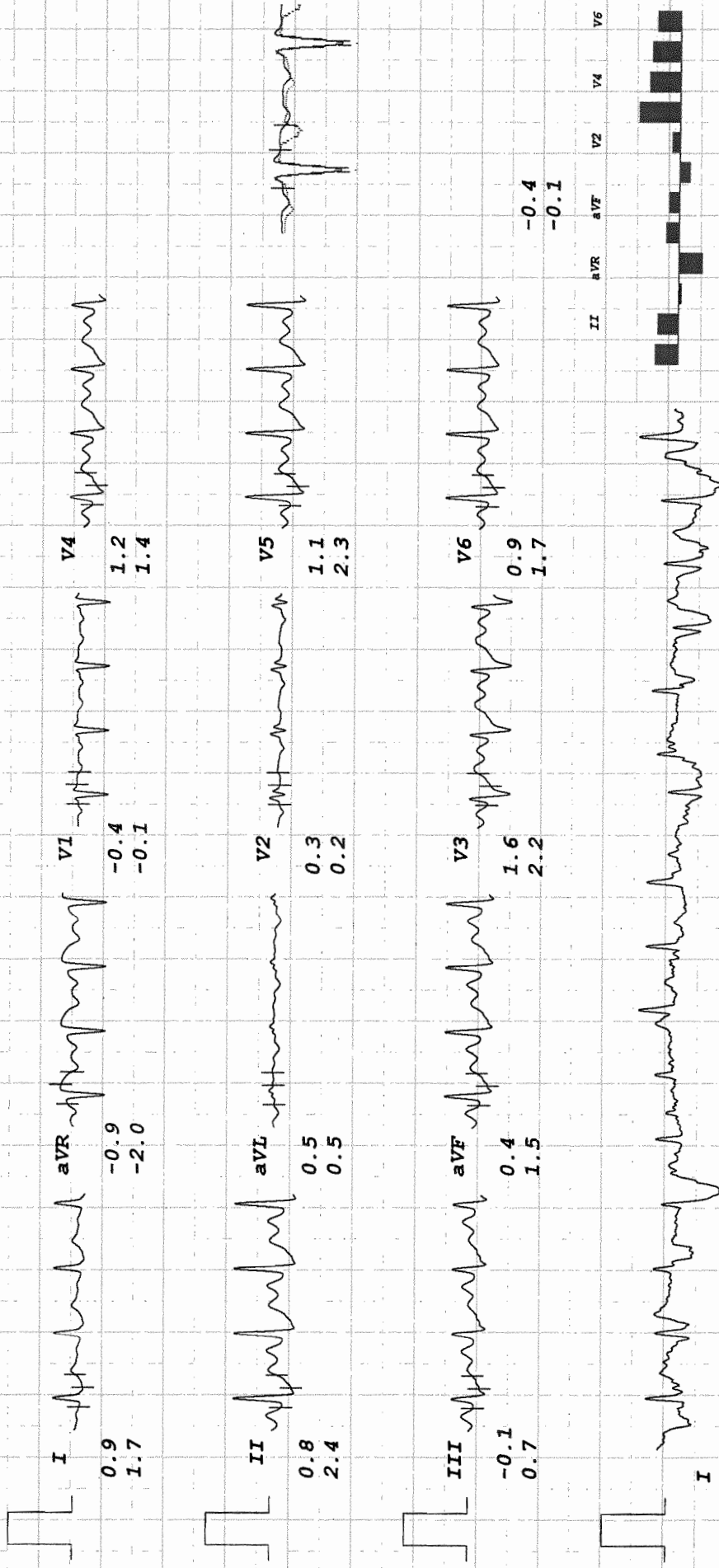
Rate 147bpm
B.P. 110/60

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



V5



UNI-EM

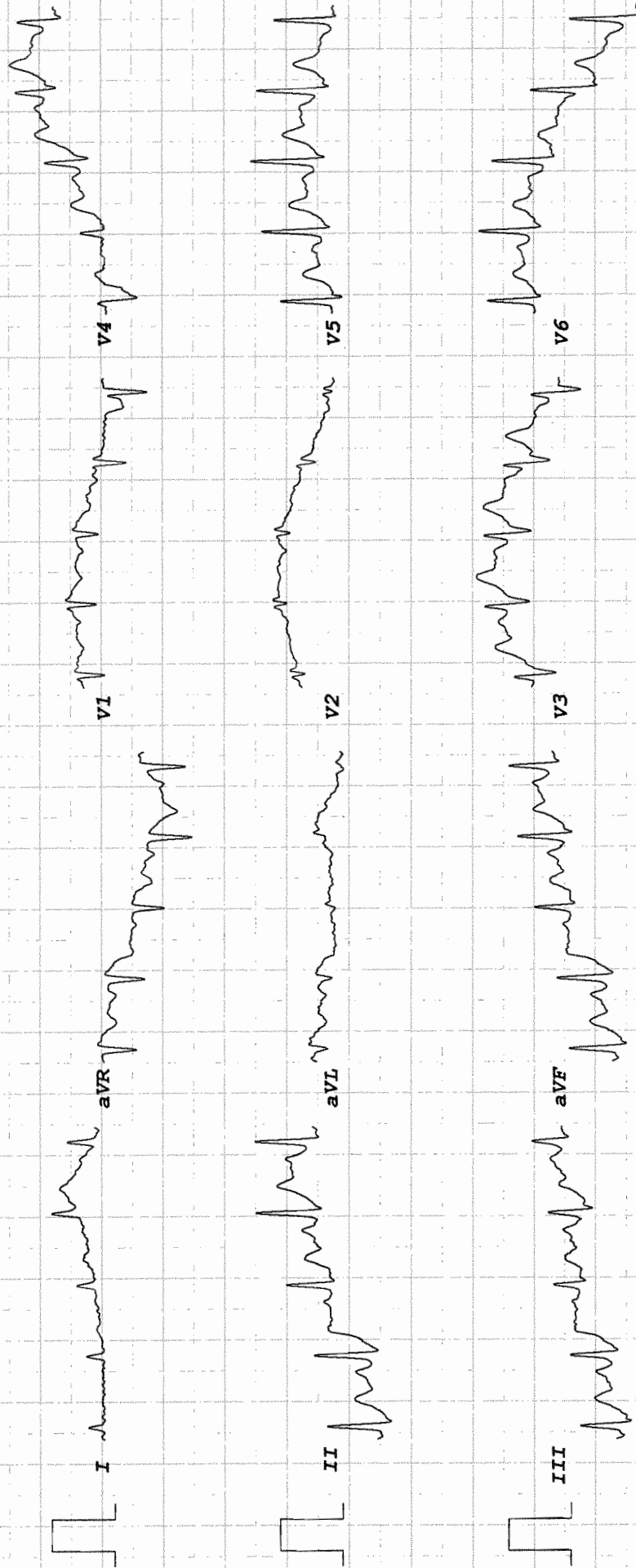
Rashmi Rani
I.D. 22370
Age 49/F
Date 29/03/2024

Rate 109bpm
B.P. 110/60

Bruce
RECOVERY
TOTAL TIME 8:25
PHASE TIME 1:28

ST @ 10mm/mV
80ms PostJ

RAW ECG



UNI-EM

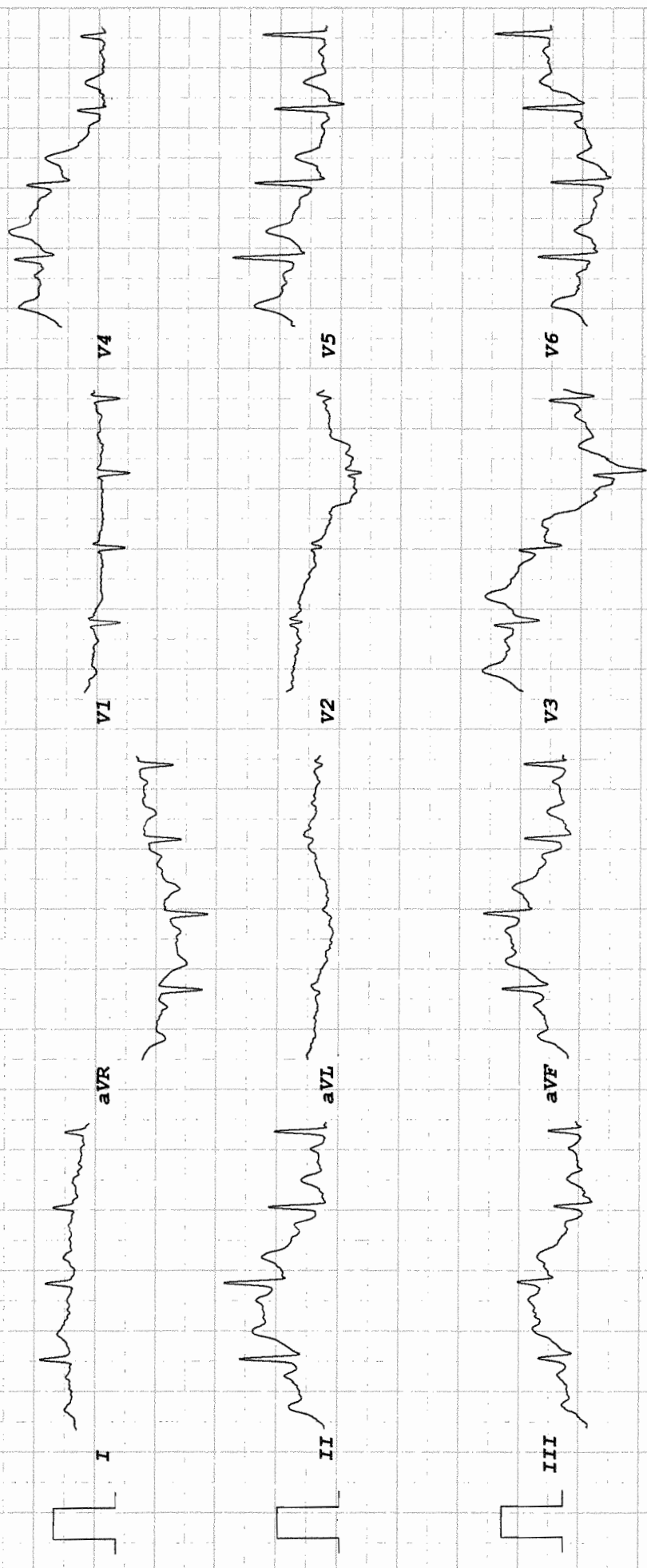
Rashmi Rani
I.D. 22370
Age 49/F
Date 29/03/2024

RATE 102bpm
B.P. 110/60

Bruce
RECOVERY
TOTAL TIME 8:40
PHASE TIME 1:43

ST @ 10mm/mV
80ms PostJ

RAW ECG



ID: 2024032910462003
Name: rashmi, ram
Age: 49 Years
Gender: Female

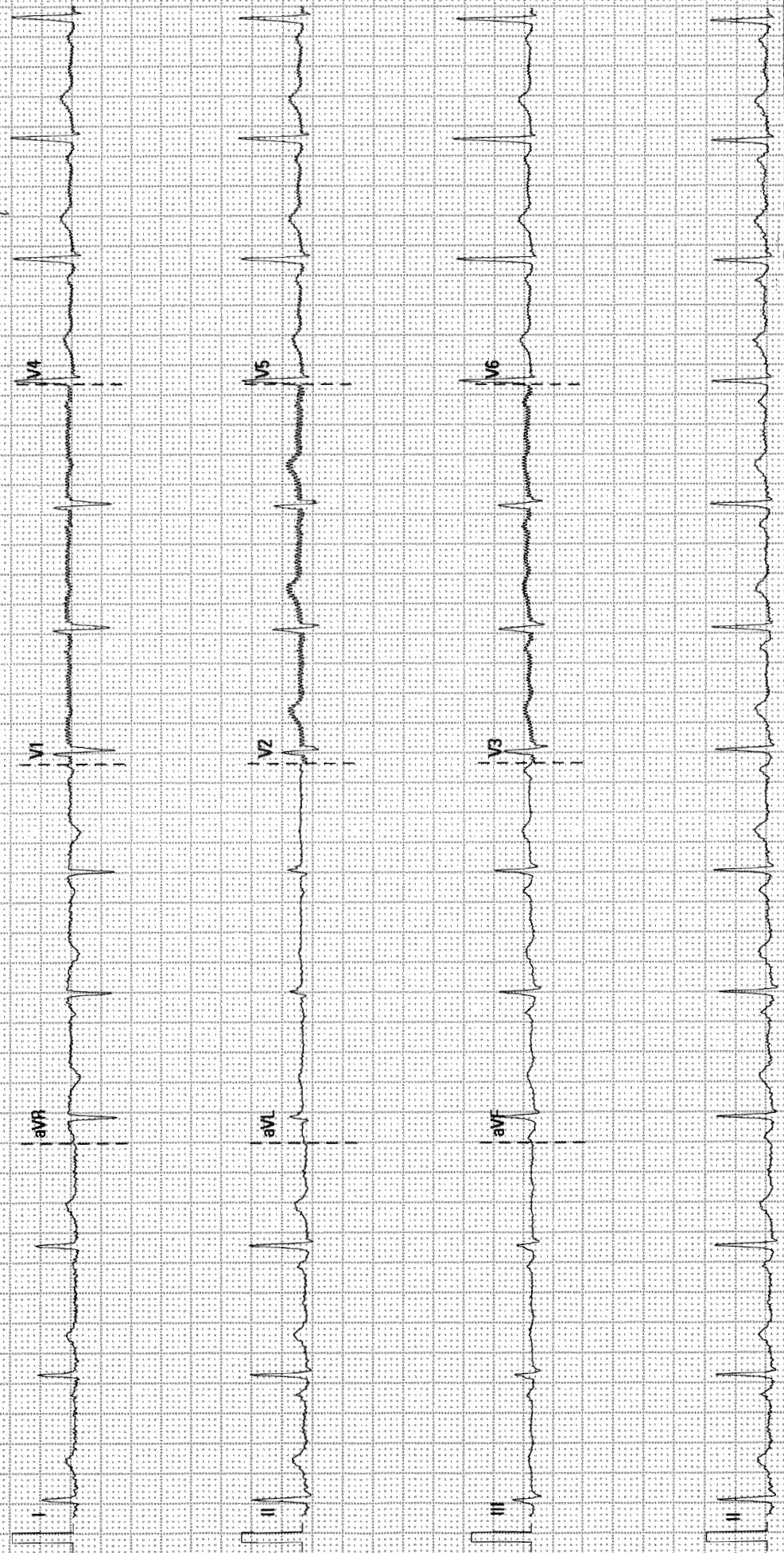
03-29-2024 10:48:05

Vent. Rate: 73 bpm
PR Interval: 152 ms
QRS Duration: 80 ms
QT/QTc Interval: 394/417 ms
P/QRS/T Axes: 70/48/46 deg
QTc: Hodges

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

ambly @ km



Dr. CHIRAG V. SHAH

MBBS (MD)

CONSULTING Physician - CARDIOLOGIST
Reg. No. 2003371089 / 1649

Apex Superspecialty Hospital

5 mm/s

10 mm/mV

50 Hz



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Tele.:
022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. RASHMI RANI	LabNo	770	
UHID/IP No	140022623 / 340	Order Date	29/03/2024 9:41AM	
Age/Gender	49 Yrs/Female	Receiving Date	29/03/2024 12:57PM	
Bed No/Ward	OPD	Report Date	31/03/2024 9:13PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST



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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. RASHMI RANI	LabNo	770	
UHID/IP No	140022623 / 340	Order Date	29/03/2024 9:41AM	
Age/Gender	49 Yrs/Female	Receiving Date	29/03/2024 12:57PM	
Bed No/Ward	OPD	Report Date	31/03/2024 9:07PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 8.6 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney : 8.7 x 3.7 cm

Left kidney : 9.5 x 3.9 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydronephrosis or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Uterus measures 8.3 x 3.3 x 4.4 x cm, anteverted. It shows smooth outline and contour. Endometrial echo is in midline and measures 2.7 mm.

Right Ovary 1.1 x 1.7 cm, Left Ovary 1.0 x 1.3 cm

Bilateral ovaries are normal in size and echopattern.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

Ø No significant abnormality noted.

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST