

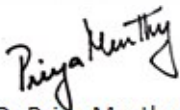
Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 09:54AM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 12:29PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 02:33PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	36.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.15	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	75.1	%	40-80	Electrical Impedance
LYMPHOCYTES	14.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5091.78	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	989.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	162.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	494.94	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.68	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	5.14		0.78- 3.53	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:BED240079798

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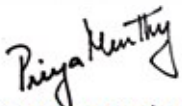
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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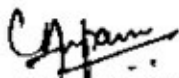
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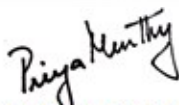
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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SIN No:BED240079798

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Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 09:54AM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 12:38PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 03:00PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	92	mg/dL	70-140	HEXOKINASE

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC

Page 4 of 15


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SIN No:EDT240036619

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

ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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Comment:

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

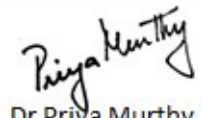
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	142	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	74.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.96		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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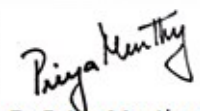
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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.

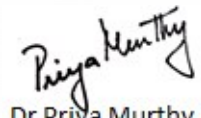
2. Cholestatic Pattern:

- 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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SIN No:SE04672922

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 09:54AM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 06:11PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 09:10PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.51-0.95	Jaffe's, Method
UREA	25.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.69	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.42	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated


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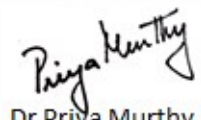
Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 09:54AM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 06:11PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 09:02PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	<38	IFCC


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Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 09:54AM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 05:04PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 05:50PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.15	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.05	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.412	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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SIN No: SPL24053540

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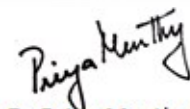

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Patient Name	: Mrs.SUMITA KARMAKAR	Collected	: 23/Mar/2024 09:54AM
Age/Gender	: 40 Y 8 M 24 D/F	Received	: 23/Mar/2024 05:04PM
UHID/MR No	: CJPN.0000093088	Reported	: 23/Mar/2024 05:50PM
Visit ID	: CJPNOPV191670	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE12740		

DEPARTMENT OF IMMUNOLOGY

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


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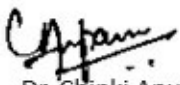
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Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 09:54AM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 01:29PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 04:15PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

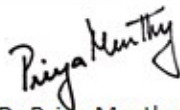
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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



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SIN No:UR2314148

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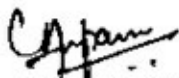
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Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 12:43PM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 07:56PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 09:51PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

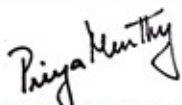
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



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SIN No:UPP017289

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Patient Name : Mrs.SUMITA KARMAKAR	Collected : 23/Mar/2024 09:54AM
Age/Gender : 40 Y 8 M 24 D/F	Received : 23/Mar/2024 01:29PM
UHID/MR No : CJPN.0000093088	Reported : 23/Mar/2024 03:43PM
Visit ID : CJPNOPV191670	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE12740	

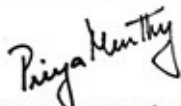
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UF011348

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com



Corporate Health
Checks

0/0

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

31-03-2024



Patient Details

Patient First Name

MS.

Patient Last Name

KARMAKAR SUMITA

Patient Mobile Number

9733091695

Patient E-mail ID

sumita.karmakar@bankofbaroda.co.in

Date of Birth

03-03-1980

Gender

female

Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL FEMALE AHC

DRIVING LICENCE

Licence No. WB-7120160930561

Date of Issue
12.09.2016



Valid Up to
28.06.2033



Name : SUMITA KARMAKAR

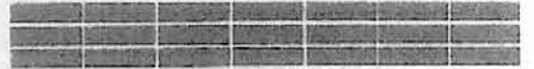
S/D/W/ot: S. Nath Karmakar

Address : 245, Panda Para Deshbandhu Nagar Lane No-10

P.O.- Jaipauri

Dist.- Jaipauri

Date of Birth: 29/06/1983 Blood Group: B-ve



Licensing Authority
Jaipauri

(Handwritten signature)

Name : Mrs. Sumita Karmakar

Age: 40 Y

UHID:CJPN.000093088

Sex: F



Address : blr

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CJPNOPV191670

Bill No :CJPN-OCR-70194

Date : 23.03.2024 09:26

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO <i>08 Tmje</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION <i>R-11</i>	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) <i>12-30 PM</i>	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE <i>R-11 Skp.</i>	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION <i>R-22</i>	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>12.30 PM.</i>	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING ✓	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA <i>R-18</i>	
20	ENT CONSULTATION <i>R-4</i>	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN <i>Free 1-</i>	
26	ULTRASOUND - WHOLE ABDOMEN ✓	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio-04

*Audio-21. *N*

080 912895 21

630 99 37 245

wt - 57.2 kg

HP - 153 Cms.

BP - 95/64 mm/Hg

waist - 74 Cm

HP - 91 Cm

PR - 68/min

PATIENT CASE SHEET



Name: Sumita Karmakar Age: 40 Gender: F

Address: _____

UHID / Emp Id: CSPN-0000093088

Ref. by Doctor

CHC

Treating Doctor

Dr. Sijo

Past Dental History: _____

Past Medical History: _____

Chief Complaint(s): Regular dental check up

Investigation:

RVG

OPG

CBCT

Name - Sumita Kambhakar
Age - 40 y/f

Date - 23/03/24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CI - Routine
Eye checkup

UVA } 6/9 NC
 6/6P NC

H/O PVD - NO

C glen su } 6/6 NC
 6/6 NC

H/O eye sx - NO

colour vision is normal

BE

~~AB~~ Rx

RE = -0.25 x 90°

LE = -0.25 x 90°

Follow up date:

After 6 months

Doctor Signature

Sumitra Kanabhai

40/F.

23/3/24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No ENT complaints

9/8

DNS to (L)

Th/Ears: NAD

Review ses

Follow up date:



Doctor Signature
Dr Swathi

Ms. Sumita 40 yrs

MS - 15 yrs. P.H.

23/3/20

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Comp: 29/2/20
 Milk: 3 days → regular
 28 days → mod pos
 (comp ⊕)

OH: P.H.
 Gyn, USG

Gen Health check

P.H: Meds MS
 Sx → MS

P.H: Momen - DM + Hyp on govt
 P.H: B.P.

OLD

GC: Fair

Aphth

P(A): Soft
 Ac ⊕

Adhica

Pop Anemia
 - 3 years

P.H E report

Follow up date:

Dr. B. Kolappa
 MD, MS (OGY) DNB
 Fellowship in Gynecological Endoscopy (ICOG)
 Consultant Obstetrician & Gynecologist
 Apollo Hospitals
 Doctor Signature
 Ring: 404075 Mobile: 935512351

APOLLO CLINIC
J P NAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MRS SUMITA K,
Patient ID: CJPN 93088
Height: 153 cm
Weight: 57 kg

DOB: 29.06.1983
Age: 40 yrs
Gender: Female
Race: Asian

Study Date: 23.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:48	0.00	0.00	67	100/70	
EXERCISE	STAGE 1	03:00	2.70	10.00	104	120/70	
	STAGE 2	03:00	4.00	12.00	127	130/70	
	STAGE 3	03:00	5.40	14.00	116		
	STAGE 4	00:01	6.70	14.80	120		
RECOVERY		01:53	0.00	0.00	102	100/70	

The patient exercised according to the BRUCE for 9:01 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 69 bpm rose to a maximal heart rate of 173 bpm. This value represents 96 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/70 mmHg, rose to a maximum blood pressure of 140/70 mmHg. The exercise test was stopped due to --.

Interpretation

--

Conclusions

GOOD EFFORT AND TOLERANCE
NORMAL BP/HR RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN

*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician Ce S R Technician Lojester

Exercise Test / 12-Lead Report

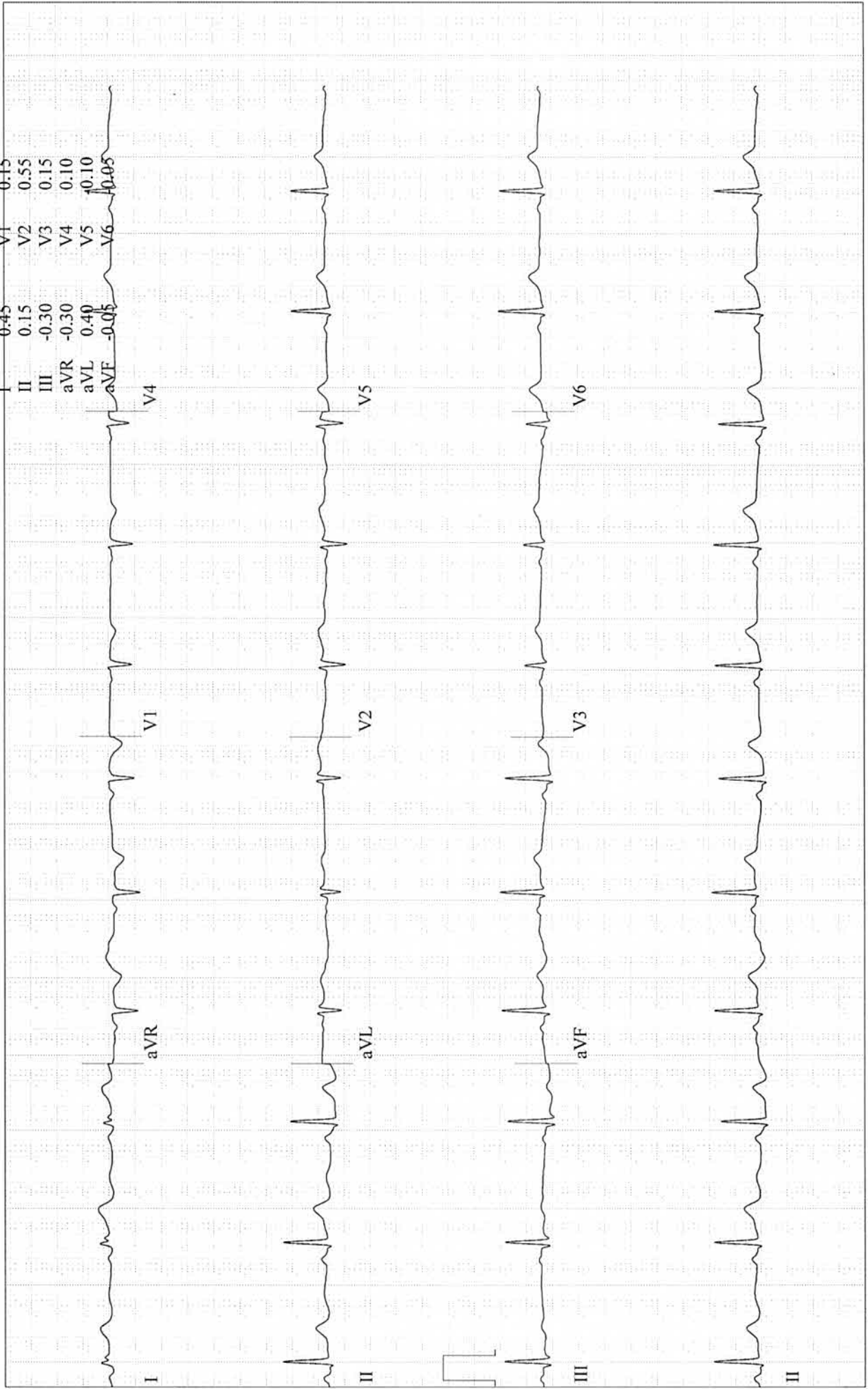
MRS SUMITA K,
Patient ID: CJPN 93088
23.03.2024 Female 153 cm 57 kg
2:13:35pm 40 yrs Asian

66 bpm

(2)

Measured at 60 ms Post J (10mm/mV)

Auto Points	Lead	ST(mm)	Lead	ST(mm)
I	I	0.45	V1	0.15
II	II	0.15	V2	0.55
III	III	-0.30	V3	0.15
aVR	aVR	-0.30	V4	0.10
aVL	aVL	0.40	V5	0.10
aVF	aVF	-0.05	V6	0.05



Exercise Test / 12-Lead Report

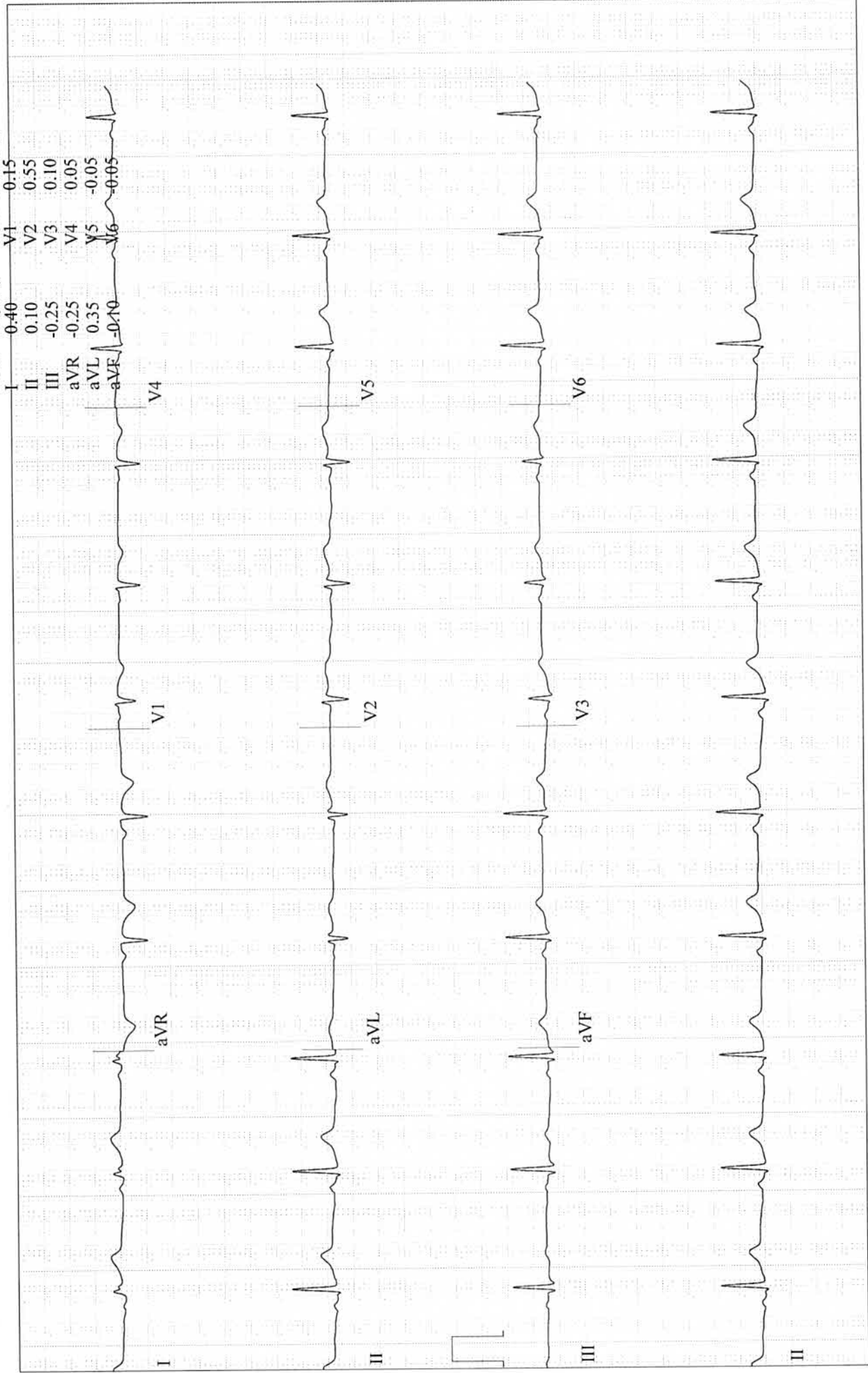
MRS SUMITA K,
Patient ID: CJPN 93088
23.03.2024 Female 153 cm 57 kg
2:14:21pm 40 yrs Asian

69 bpm
100/70 mmHg

PRETEST
SUPINE
00:23

BRUCE
0.0 km/h
0.0 %
Measured at 60 ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.40	V1	0.15
II	0.10	V2	0.55
III	-0.25	V3	0.10
aVR	-0.25	V4	0.05
aVL	0.35	V5	-0.05
aVF	-0.10	V6	-0.05



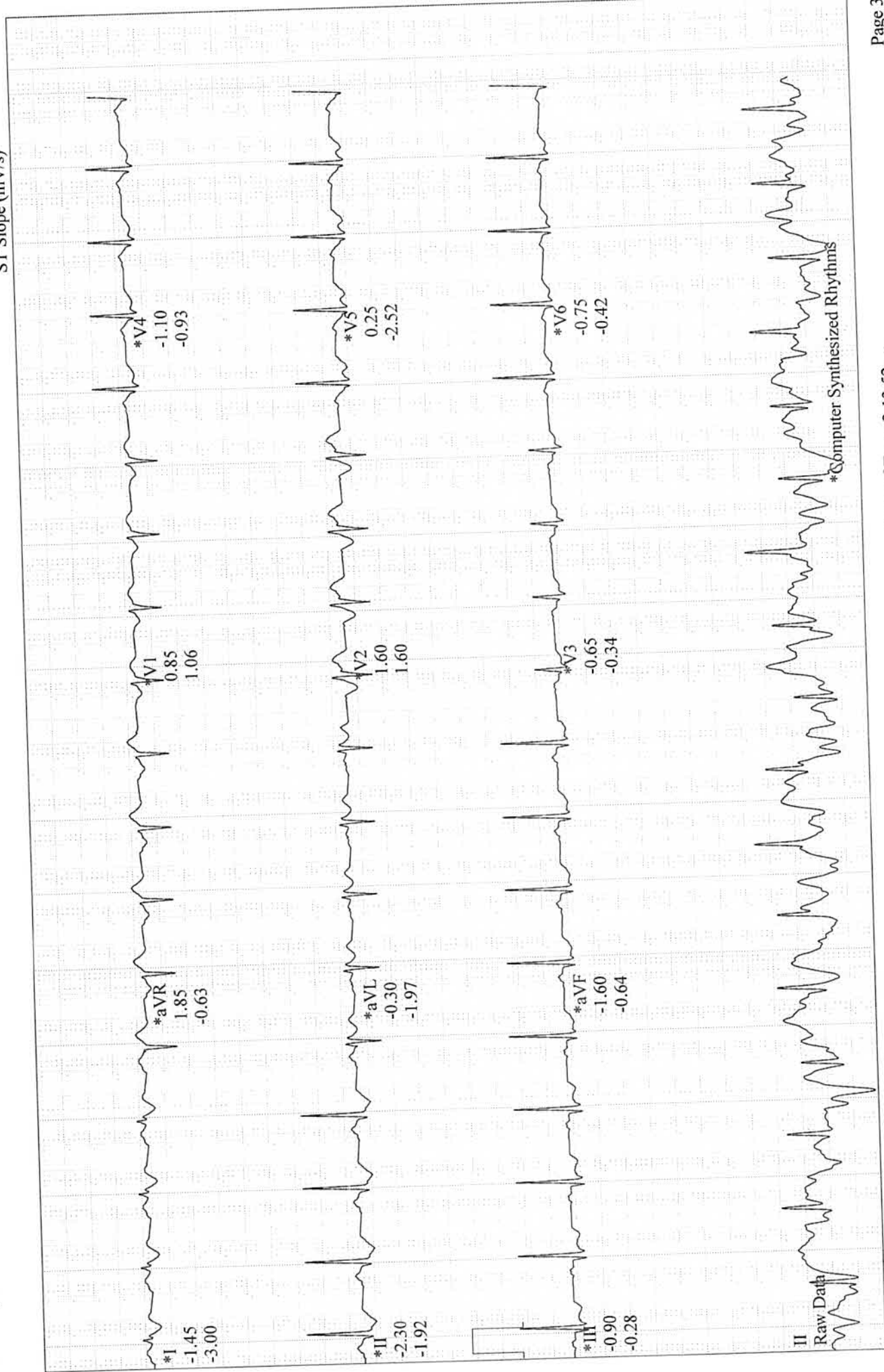
MRS SUMITA K,
Patient ID: CJPN 93088
23.03.2024 Female 153 cm 57 kg
2:17:30pm 40 yrs Asian

BRUCE
2.7 km/h
10.0 %

105 bpm
120/70 mmHg

EXERCISE
STAGE 1
02:50

Lead
ST Level (mm)
ST Slope (mV/s)



Exercise Test / Linked Medians

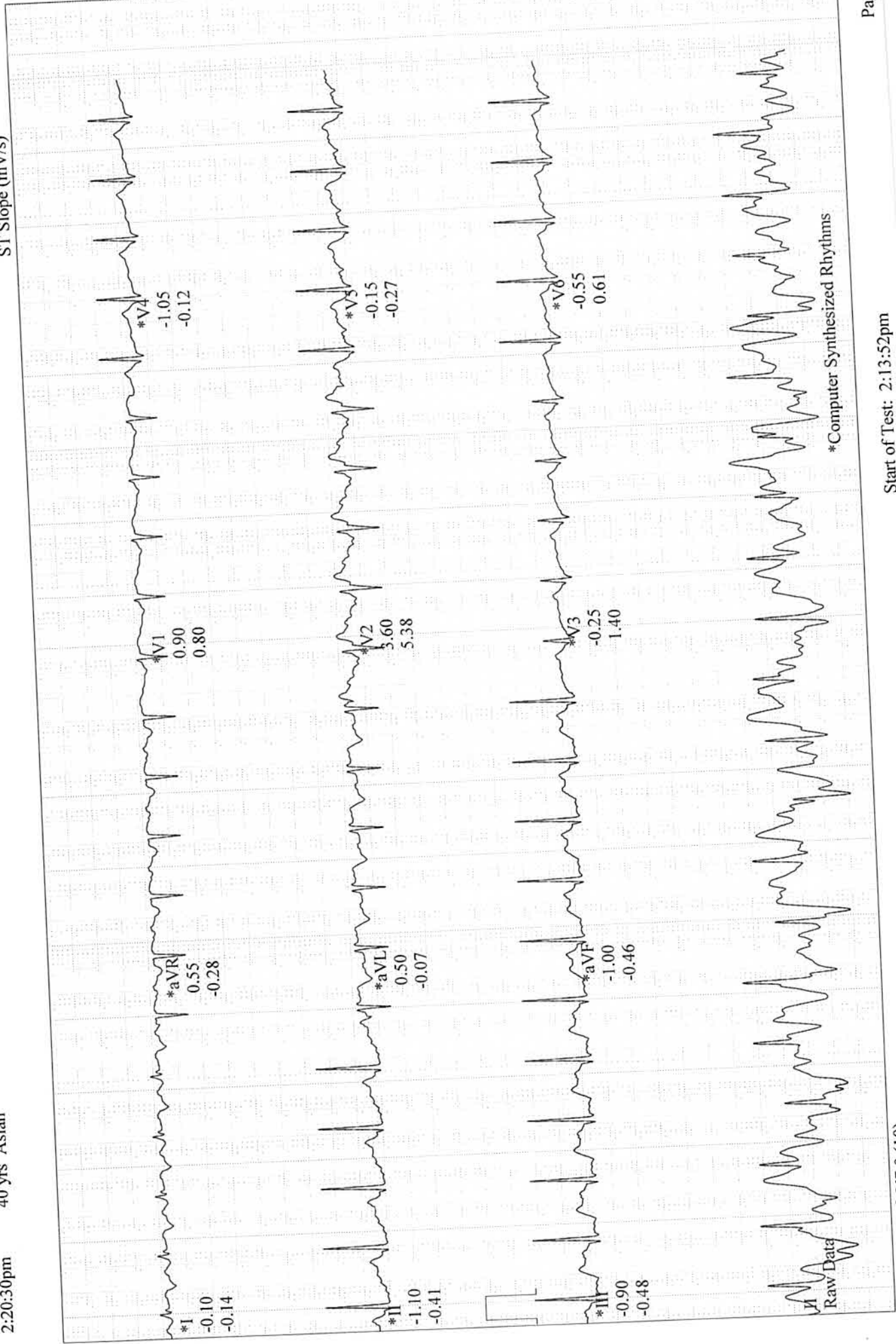
BRUCE
4.0 km/h
12.0 %

126 bpm
130/70 mmHg

EXERCISE
STAGE 2
05:50

MRS SUMITA K,
Patient ID: CJPN 93088
23-03-2024 Female 153 cm 57 kg
2:20:30pm 40 yrs Asian

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Exercise Test / Linked Medians

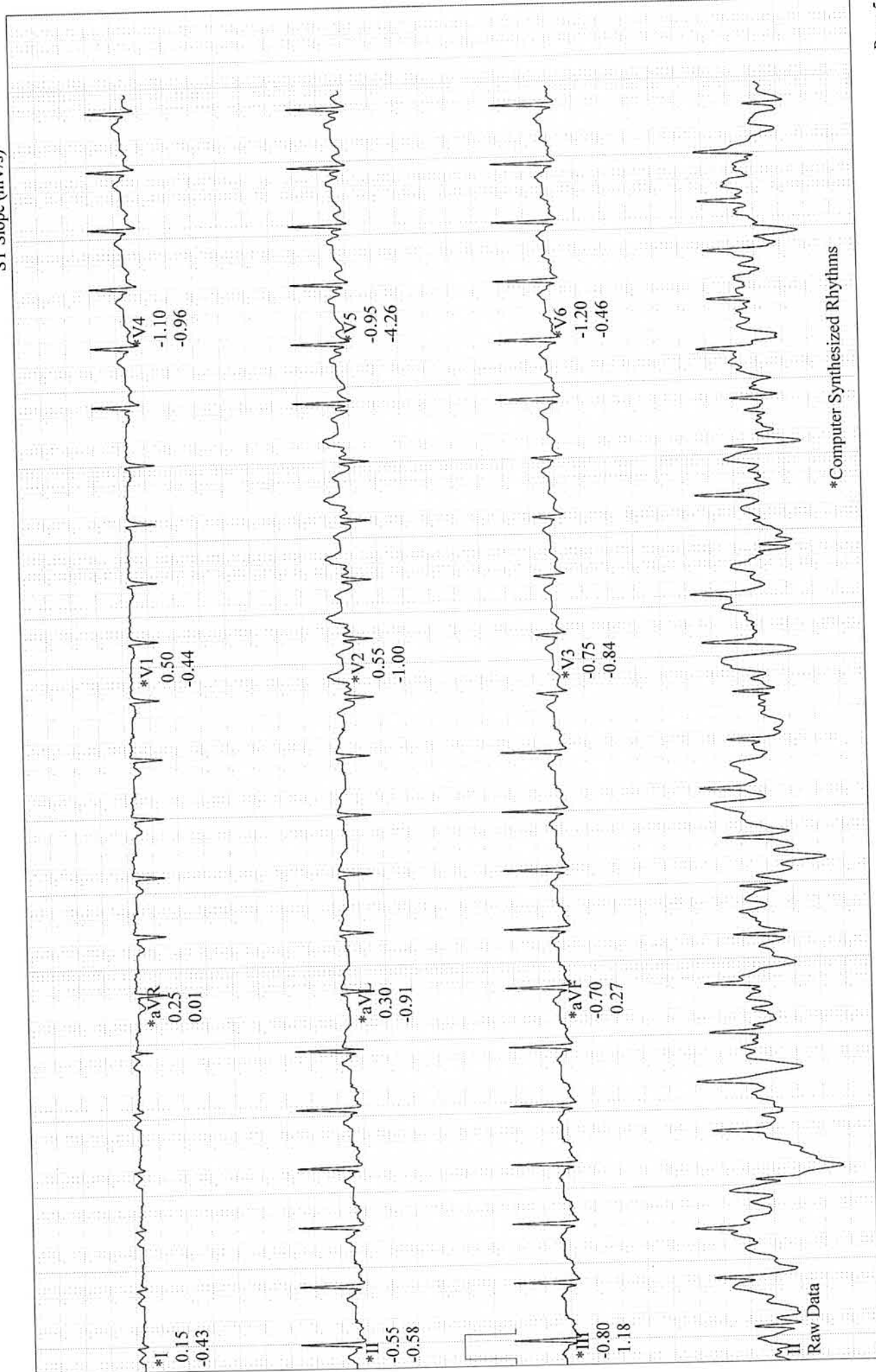
BRUCE
5.4 km/h
14.0 %

EXERCISE
STAGE 3
08:50

127 bpm
140/70 mmHg

MRS SUMITA K,
Patient ID: CJPN 93088
23.03.2024 Female 153 cm 57 kg
2:23:30pm 40 yrs Asian

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

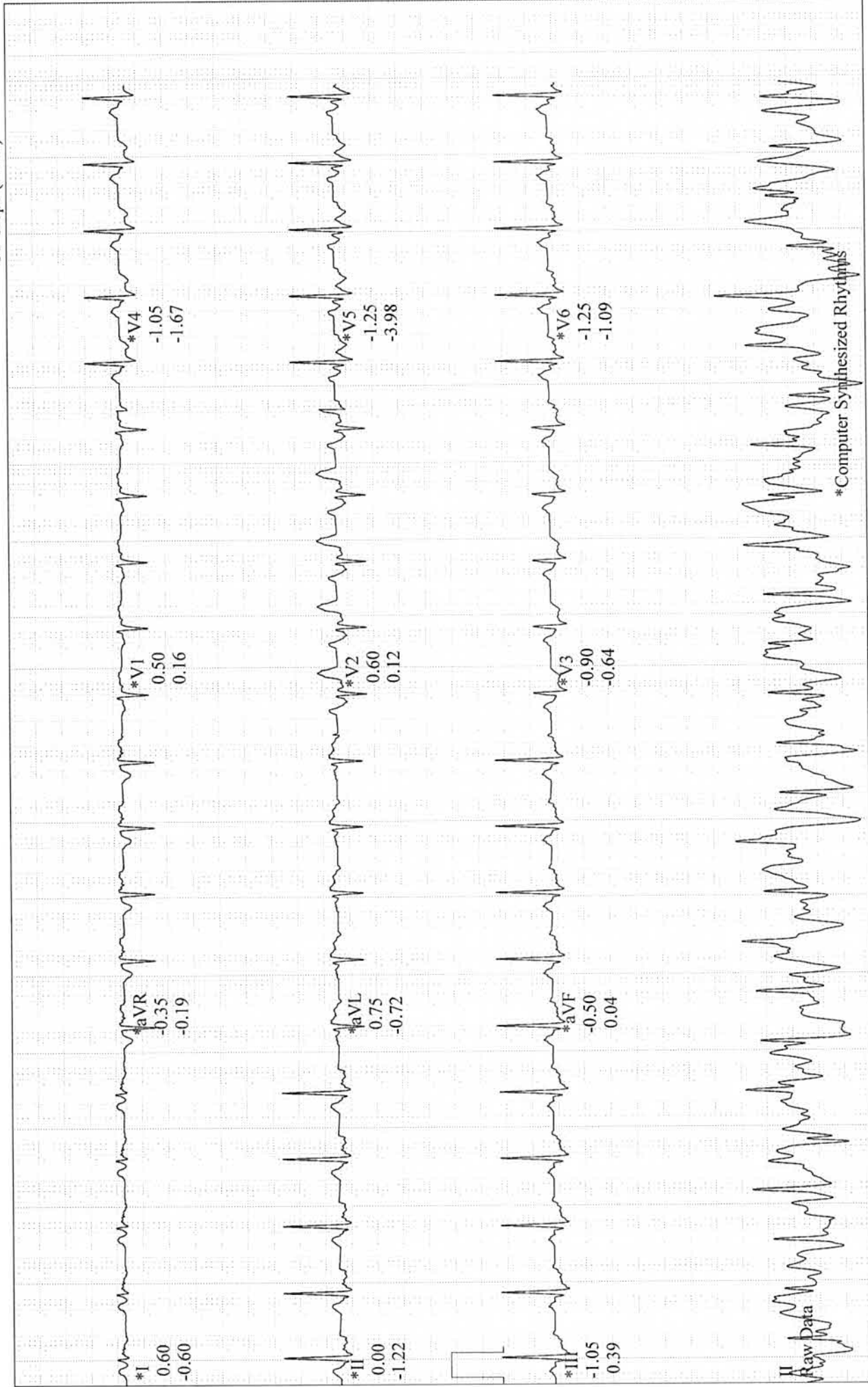
*Computer Synthesized Rhythms

Exercise Test / Linked Medians (PEAK EXERCISE)

MRS SUMITA K,
Patient ID: CJPN 93088
23.03.2024 Female 153 cm 57 kg
2:23:41pm 40 yrs Asian

BRUCE
6.7 km/h
14.8 %
EXERCISE
STAGE 4
09:01
120 bpm
140/70 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)

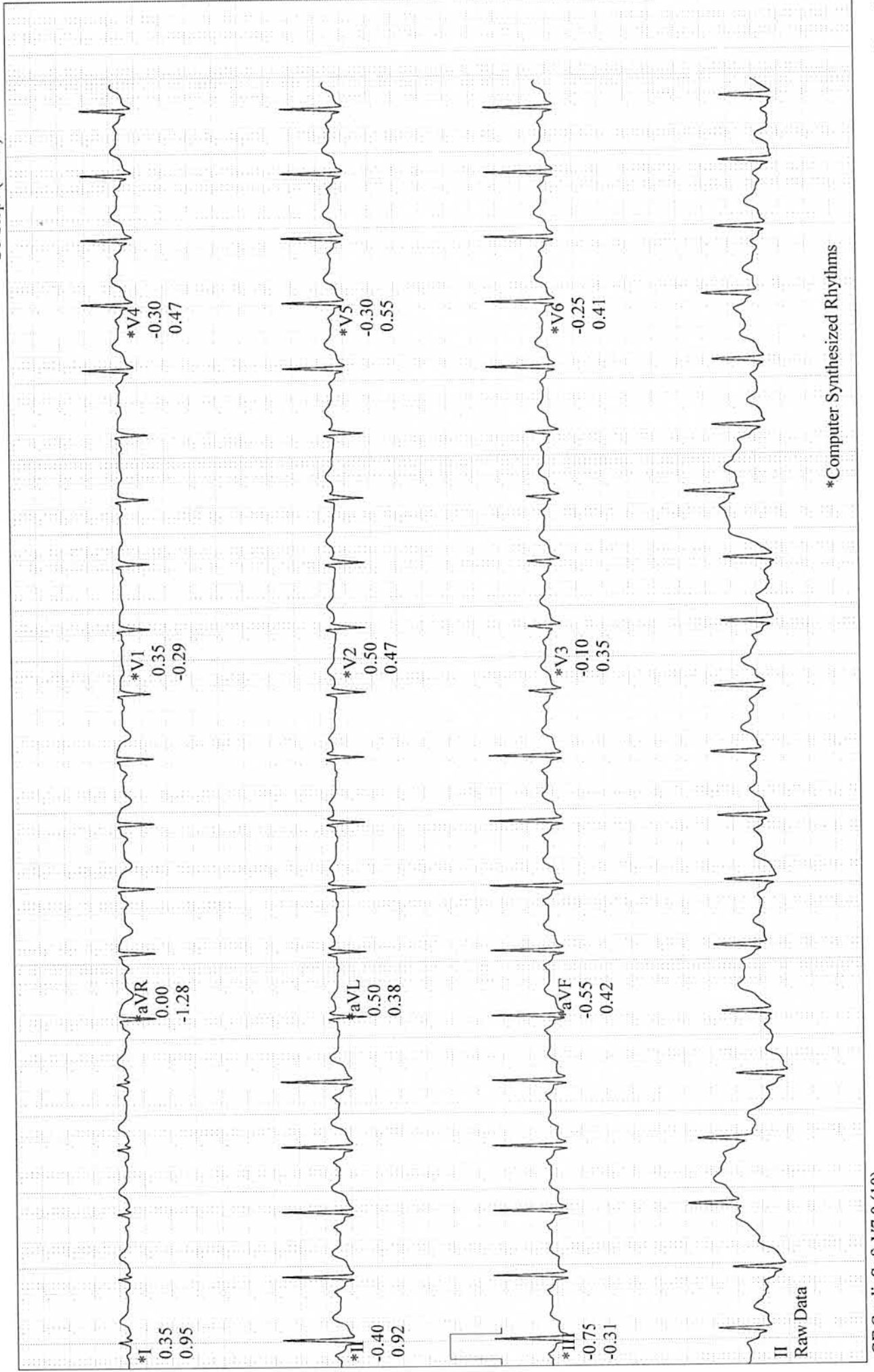


BRUCE
0.0 km/h
0.0 %

MRS SUMITA K,
Patient ID: CJP 93088
23.03.2024 Female 153 cm 57 kg
2:24:41 pm 40 yrs Asian

118 bpm
130/70 mmHg
RECOVERY
#1
01:00

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

II
Raw Data

MRS SUMITA K,
 Patient ID: CJPN 93088
 Female 153 cm 57 kg
 40 yrs Asian
 Meds:

BRUCE: Exercise Time 09:01
 Max HR: 173 bpm 96 % of max predicted 180 bpm HR at rest: 69
 Max BP: 140/70 mmHg BP at rest: 100/70 Max RPP: 22490 mmHg*bpm
 Maximum Workload: 10.00 METS
 Max. ST: -2.45 mm, -1.90 mV/s in II; EXERCISE STAGE I 2:50
 Arrhythmia: A:163, VBIG:6, PVC:84, PSVC:9, RUN:4, CPLT:2, ESC:11
 ST/HR index: 1.13 μ V/bpm
 ST/HR slope: 1.98 μ V/bpm (V4)
 HR reserve used: 93 %
 HR recovery: 57 bpm
 VE recovery: 1 VE/min

Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:01 67 bpm 100/70 mmHg	2:50 105 bpm 120/70 mmHg	9:01 120 bpm 140/70 mmHg	1:50 103 bpm 120/70 mmHg	0:01 67 bpm 100/70 mmHg	2:50 105 bpm 120/70 mmHg	9:01 120 bpm 140/70 mmHg	1:50 103 bpm 120/70 mmHg
I 0.30 mm -0.14 mV/s	I -1.45 -3.08	I 0.60 -0.60	I 0.20 0.68	V1 0.25 -0.15	V1 1.00 0.99	V1 0.50 0.16	V1 0.20 -0.25
II -0.05 0.35	II -2.45 -1.90	II 0.00 -1.22	II -0.10 0.17	V2 0.65 -0.41	V2 1.75 1.60	V2 0.60 0.12	V2 0.25 0.21
III -0.30 -0.28	III -1.10 -0.19	III -1.05 0.39	III -0.20 -0.48	V3 0.00 0.11	V3 -0.50 -0.41	V3 -0.90 -0.64	V3 0.00 -0.02
aVR -0.15 -0.52	aVR 1.90 -0.52	aVR -0.35 -0.19	aVR -0.15 -0.67	V4 -0.05 0.17	V4 -1.05 -1.22	V4 -1.05 -1.67	V4 -0.05 0.20
aVL 0.30 -0.44	aVL -0.20 -2.19	aVL 0.75 -0.72	aVL 0.20 0.40	V5 0.00 0.10	V5 0.25 -2.75	V5 -1.25 -3.98	V5 -0.15 0.20
aVF -0.20 0.04	aVF -1.80 -0.57	aVF -0.50 0.04	aVF -0.10 -0.11	V6 -0.10 0.20	V6 -0.60 -0.44	V6 -1.25 -1.09	V6 -0.30 0.01

MRS SUMITA K,
Patient ID: CJPN 93088
23.03.2024
2:13:52pm

Female 153 cm 57 kg
40 yrs Asian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

Exercise Test / Selected Medians Report

APOLLO CLINIC

BRUCE: Exercise Time 09:01
Max HR: 173 bpm 96 % of max predicted 180 bpm HR at rest: 69
Max BP: 140/70 mmHg BP at rest: 100/70 Max RPP: 22490 mmHg*bpm
Maximum Workload: 10.00 METS
Max. ST: -2.45 mm, -1.90 mV/s in II; EXERCISE STAGE 1 2:50
Arrhythmia: A:163, VBIG:6, PVC:84, PSVC:9, RUN:4, CPLT:2, ESC:11
ST/HR index: 1.13 μ V/bpm
ST/HR slope: 1.98 μ V/bpm (V4)
HR reserve used: 93 %
HR recovery: 57 bpm
VE recovery: 1 VE/min
ST/HR hysteresis: 0.361 mV (V2)
QRS duration: BASELINE: 74 ms, PEAK EX: 72 ms, REC: 90 ms
Conclusion: GOOD EFFORT AND TOLERANCE
NORMAL BP/HR RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN
*
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA
Room:
Location: * 0 *

Patient Name : Mrs. Sumita Karmakar

Age/Gender : 40 Y/F

UHID/MR No. : CJPN.0000093088

OP Visit No : CJPNOPV191670

Sample Collected on :

Reported on : 23-03-2024 15:38

LRN# : RAD2278604

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE12740

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchymal echotexture appear normal.

No ductal dilatation was noted.

No focal lesion seen in both breast.

Nipples and subaerolar region appear normal.

Skin and subcutaneous tissue is normal.

No axillary lymphadenopathy was appreciated.

IMPRESSION: NORMAL STUDY.

BI-RADS CLASSIFICATIONS: Category I:Negative.

Bi-rads classifications:

Category 0 :Need additional imaging evaluation.

Category I : Negative.

Category II : Benign finding.

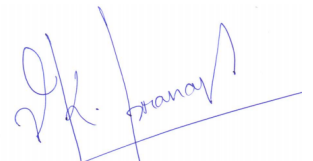
Category III : probably benign finding-short interval follow up is suggested.

Category IV : Suspicious abnormality-biopsy should be considered.

Category V : Highly suggestive of malignancy.

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. V K PRNAV VENKATESH



Patient Name : Mrs. Sumita Karmakar

Age/Gender : 40 Y/F

MBBS,MD
Radiology

Patient Name : Mrs. Sumita Karmakar

Age/Gender : 40 Y/F

UHID/MR No. : CJPN.0000093088

OP Visit No : CJPNOPV191670

Sample Collected on :

Reported on : 23-03-2024 15:37

LRN# : RAD2278604

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE12740

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size (13.8 cm)and echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Appeared normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures:8.5 x 1.2 cm.

Left kidney measures : 9.9 x 1.5 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures : 8.4 x 4.2 x 5.0 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-8 mm.

Small focal seedling posterior wall intramural fibroid measuring~1.6 x 1.2cm.

OVARIES : Both ovaries are normal in size.

Right ovary measures :3.5 x 2.1 cm.

Left ovary measures :3.0 x 1.8 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

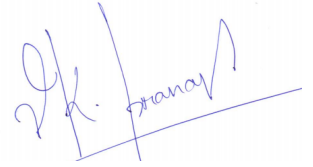
Patient Name : Mrs. Sumita Karmakar

Age/Gender : 40 Y/F

IMPRESSION :SEEDLING FIBROID IN UTERUS.

Please Note :No preparation done before scanning.

(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. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. Sumita Karmakar

Age/Gender : 40 Y/F

UHID/MR No. : CJPN.0000093088

OP Visit No : CJPNOPV191670

Sample Collected on :

Reported on : 23-03-2024 14:59

LRN# : RAD2278604

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE12740

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.

CONCLUSION :

No obvious abnormality seen



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology