

|                                   |  |
|-----------------------------------|--|
| Patient Name : Mrs.PRAMEETHA JOSE | Collected : 23/Mar/2024 09:54AM            |
| Age/Gender : 42 Y 6 M 9 D/F       | Received : 23/Mar/2024 12:28PM             |
| UHID/MR No : CANN.0000234806      | Reported : 23/Mar/2024 02:26PM             |
| Visit ID : CANNOPV397843          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE17160       |  |

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

|                |  |
|----------------|--|
| METHODOLOGY    | : Microscopic.   |
| RBC MORPHOLOGY | : Predominantly normocytic normochromic RBC's noted.                     |
| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS      | : Adequate in number.  |
| PARASITES      | : No haemoparasites seen.  |
| IMPRESSION     | : Normocytic normochromic blood picture.                                 |
| NOTE/ COMMENT  | : Please correlate clinically.   |



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240079794

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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



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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                         |
|---|-----------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |           |                         |                 |                                |
| <b>HAEMOGLOBIN</b>                          | 13.5      | g/dL                    | 12-15           | Spectrophotometer              |
| PCV   | 38.70     | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                   | 4.38      | Million/cu.mm           | 3.8-4.8         | Electrical Impedence           |
| MCV   | 88.4      | fL                      | 83-101          | Calculated                     |
| MCH   | 30.9      | pg                      | 27-32           | Calculated                     |
| MCHC  | <b>35</b> | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                       | 13.7      | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 7,800     | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |           |                         |                 |                                |
| NEUTROPHILS                                 | 51.7      | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                 | 38.1      | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                 | 1.2       | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                   | 8.5       | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                   | 0.5       | %                       | <1-2            | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |           |                         |                 |                                |
| NEUTROPHILS                                 | 4032.6    | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                 | 2971.8    | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                 | 93.6      | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                   | 663       | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                   | 39        | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)           | 1.36      |                         | 0.78- 3.53      | Calculated                     |
| <b>PLATELET COUNT</b>                       | 202000    | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 6         | mm at the end of 1 hour | 0-20            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                     |           |                         |                 |                                |

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 15



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SIN No:BED240079794

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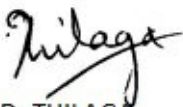


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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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| WBC MORPHOLOGY | : Normal in number, morphology and distribution. No abnormal cells seen. |
| PLATELETS      | : Adequate in number.  |
| PARASITES      | : No haemoparasites seen.  |
| IMPRESSION     | : Normocytic normochromic blood picture.                                 |
| NOTE/ COMMENT  | : Please correlate clinically.   |



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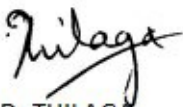


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| UHID/MR No : CANN.0000234806      | Reported : 23/Mar/2024 04:15PM             |
| Visit ID : CANNOPV397843          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE17160       |  |

**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                      |
|---|----------|------|-----------------|-----------------------------|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>                             |          |      |                 |                             |
| BLOOD GROUP TYPE  | O        |      |                 | Microplate Hemagglutination |
| Rh TYPE   | Positive |      |                 | Microplate Hemagglutination |
| PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY |          |      |                 |                             |



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|                                   |  |
|-----------------------------------|--|
| Patient Name : Mrs.PRAMEETHA JOSE | Collected : 23/Mar/2024 01:39PM            |
| Age/Gender : 42 Y 6 M 9 D/F       | Received : 23/Mar/2024 04:56PM             |
| UHID/MR No : CANN.0000234806      | Reported : 23/Mar/2024 06:55PM             |
| Visit ID : CANNOPV397843          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE17160       |  |

**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 | 84     | 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) | 65     | 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.



DR. R. SRIVATSAN  
M.D.(Biochemistry)



SIN No:PLP1436511

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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Unit  | Bio. Ref. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.8    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 120    | mg/dL |                 | Calculated |

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:EDT240036616

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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                    | Result       | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|--------------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |              |       |                 |                            |
| TOTAL CHOLESTEROL            | <b>249</b>   | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 91           | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | <b>86</b>    | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | <b>163</b>   | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | <b>144.8</b> | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 18.2         | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 2.90         |       | 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.
- 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

Page 7 of 15



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M.D.(Biochemistry)



SIN No:SE04672918

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|                 |                      |              |                               |
|-----------------|----------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.PRAMEETHA JOSE | Collected    | : 23/Mar/2024 09:54AM         |
| Age/Gender      | : 42 Y 6 M 9 D/F     | Received     | : 23/Mar/2024 12:52PM         |
| UHID/MR No      | : CANN.0000234806    | Reported     | : 23/Mar/2024 02:42PM         |
| Visit ID        | : CANNOPV397843      | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF            | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : bobE17160          |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

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

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).



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No:SE04672918

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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|                                   |  |
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.63   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.11   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.52   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 21     | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 23.0   | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 45.00  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 7.70   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.60   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 3.10   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.48   |       | 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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M.D.(Biochemistry)



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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Unit   | Bio. Ref. Range | Method                   |
|---|--------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                          |
| CREATININE  | 0.71   | mg/dL  | 0.72 – 1.18     | JAFFE METHOD             |
| UREA  | 17.00  | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 7.9    | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 4.70   | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | 9.80   | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 4.10   | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 135    | mmol/L | 136–146         | ISE (Indirect)           |
| POTASSIUM   | 4.3    | mmol/L | 3.5–5.1         | ISE (Indirect)           |
| CHLORIDE  | 104    | mmol/L | 101–109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 7.70   | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.60   | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 3.10   | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | 1.48   |        | 0.9-2.0         | Calculated               |



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| Visit ID : CANNOPV397843          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name  | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 29.00  | U/L  | <38             | IFCC   |



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|-----------------------------------|--|
| Patient Name : Mrs.PRAMEETHA JOSE | Collected : 23/Mar/2024 09:54AM            |
| Age/Gender : 42 Y 6 M 9 D/F       | Received : 23/Mar/2024 12:47PM             |
| UHID/MR No : CANN.0000234806      | Reported : 23/Mar/2024 04:06PM             |
| Visit ID : CANNOPV397843          | Status : Final Report                      |
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**DEPARTMENT OF IMMUNOLOGY**

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

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 1.15   | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 9.48   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 3.020  | 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  |



**DR. R. SRIVATSAN**  
M.D.(Biochemistry)



SIN No: SPL24053537

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| Age/Gender : 42 Y 6 M 9 D/F       | Received : 23/Mar/2024 02:46PM             |
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**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                     |
|--|------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |            |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |            |      |                  |                            |
| COLOUR   | PALE STRAW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR      |      | CLEAR            | Visual                     |
| pH   | 6.0        |      | 5-7.5            | DOUBLE INDICATOR           |
| SP. GRAVITY  | 1.010      |      | 1.002-1.030      | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |            |      |                  |                            |
| URINE PROTEIN  | NEGATIVE   |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE   |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE   |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE   |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL     |      | NORMAL           | MODIFIED EHRlich REACTION  |
| NITRITE  | NEGATIVE   |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE   |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |            |      |                  |                            |
| PUS CELLS  | 1-2        | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 2-4        | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL        | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | ABSENT     |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT     |      | ABSENT           | MICROSCOPY                 |



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UR2314144

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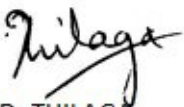
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**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 |

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



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

SIN No:UF011346

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.  
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**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

Address:  
D No.30, F – Block 2nd Avenue, Anna Nagar East, Chennai.600 102,  
Phone - 044-26224504 / 05



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

**APOLLO CLINICS NETWORK**

**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)



|                                   |  |
|-----------------------------------|--|
| Patient Name : Mrs.PRAMEETHA JOSE | Collected : 23/Mar/2024 09:54AM            |
| Age/Gender : 42 Y 6 M 9 D/F       | Received : 24/Mar/2024 05:17PM             |
| UHID/MR No : CANN.0000234806      | Reported : 26/Mar/2024 06:09PM             |
| Visit ID : CANNOPV397843          | Status : Final Report                      |
| Ref Doctor : Dr.SELF              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE17160       |  |

**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

|            |                                  |   |
|------------|----------------------------------|---|
|            | <b>CYTOLOGY NO.</b>              | 7142/24   |
| <b>I</b>   | <b>SPECIMEN</b>                  |   |
| <b>a</b>   | SPECIMEN ADEQUACY                | ADEQUATE  |
| <b>b</b>   | <b>SPECIMEN TYPE</b>             | LIQUID-BASED PREPARATION (LBC)  |
|            | SPECIMEN NATURE/SOURCE           | CERVICAL SMEAR  |
| <b>c</b>   | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT  |
| <b>d</b>   | COMMENTS                         | SATISFACTORY FOR EVALUATION   |
| <b>II</b>  | <b>MICROSCOPY</b>                | Superficial and intermediate squamous epithelial cells with benign morphology.<br><br>Inflammatory cells, predominantly neutrophils.<br><br>Negative for intraepithelial lesion/ malignancy |
| <b>III</b> | <b>RESULT</b>                    |   |
| <b>a</b>   | <b>EPITHEIAL CELL</b>            |   |
|            | SQUAMOUS CELL ABNORMALITIES      | NOT SEEN  |
|            | GLANDULAR CELL ABNORMALITIES     | NOT SEEN  |
| <b>b</b>   | <b>ORGANISM</b>                  | FUNGAL ORGANISMS MORPHOLOGICALLY CONSISTENT WITH CANDIDA SPP  |
| <b>IV</b>  | <b>INTERPRETATION</b>            | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH 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

Page 15 of 15  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS077311

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

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Name: Mrs. PRAMEETHA JOSE  
Age/Gender: 42 Y/F  
Address: 5,GILGAL BHAVAN 6TH STREET DEFENCE ENCLAVE  
MUTHAPUDUPET  
Location: CHENNAI, TAMIL NADU  
Doctor: Dr. ANUSHA ARUMUGAM  
Department: General Practice  
Rate Plan: ANNANAGAR\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANUSHA ARUMUGAM

MR No: CANN.0000234806  
Visit ID: CANNOPV397843  
Visit Date: 23-03-2024 09:40  
Discharge Date:  
Referred By: SELF

## HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

### Chief Complaints

COMPLAINTS::: For Corporate Health Checkup,

### Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

## SYSTEMIC REVIEW

### Cardiovascular System

CHEST PAIN: No,

### GastroIntestinal System

APPETITE.: Good,

BOWEL HABITS : regular,

### GenitoUrinary System

-: Nil,

### Central Nervous System

SLEEP- : Normal,

### Gynaecology and Obstetrics

LAST MENSTRUAL PERIOD: 08-03-2024,

PERIODS: regular,

### \*\*Weight

--->: Stable,

### General Symptoms

General symptoms^^: tiredness,

## HT-HISTORY

### Past Medical History



**\*\*Cancer: No,**

### **Personal History**

|                 |             |
|-----------------|-------------|
| Marital Status  | Married,    |
| -->             |             |
| No. of Children | 2,          |
| -->             |             |
| Diet            | Mixed Diet, |

### **Family History**

|          |          |
|----------|----------|
| Father   | Alive,   |
| -->      |          |
| Mother   | Alive,   |
| -->      |          |
| Diabetes | father , |

### **PHYSICAL EXAMINATION**

#### **General Examination**

Height (in cms): **157,**

Weight (in Kgs): **49,**

Waist: **72,**

Hip: **79,**

### **SYSTEMIC EXAMINATION**

#### **CardioVascularSystem**

Heart Rate(Per Minute):: **62,**

Systolic: **110,**

Diastolic: **70,**

#### **Gynaecology and Obstetrics:**

Gynec Findings: **Done By: Dr. Indra V,**

Breasts: **Normal,**

Cervix: **Healthy ,**

Uterus: **Norma Size and Anteverted ,**

### **IMPRESSION**

#### **Apollo Health check**

Findings: **1. HLD ,**

### **RECOMMENDATION**

#### **Advice on Diet**

Diet instructions : **Low Fat Diet ,**

**Advice on Physical Activity**

Advice on Physical Activity: **Regular Physical Exercise** ,

**DISCLAIMER**

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

**Doctor's Signature**

**Patient Name** : Mrs. PRAMEETHA JOSE

**Age/Gender** : 42 Y/F

**UHID/MR No.** : CANN.0000234806

**OP Visit No** : CANNOPV397843

**Sample Collected on** :

**Reported on** : 25-03-2024 14:31

**LRN#** : RAD2278770

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE17160

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology

|                            |                       |                    |                    |
|----------------------------|-----------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. PRAMEETHA JOSE | <b>Age/Gender</b>  | : 42 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000234806     | <b>OP Visit No</b> | : CANNOPV397843    |
| <b>Sample Collected on</b> | :                     | <b>Reported on</b> | : 24-03-2024 08:29 |
| <b>LRN#</b>                | : RAD2278770          | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobE17160           |                    |                    |

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**CH** : No complaints. Routine check up  
**F/H/O Breast cancer** : No  
**Previous mammogram / USG** : No  
**H/o Breast surgery** : No

**Report**

**Tissue composition of both breasts**

Heterogenous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breasts.

No evidence of duct dilatation / architectural distortion.

The subareolar tissues are normal.

No evidence of retromammary pathology is seen.

The axillary tails are normal.

No axillary lymphadenopathy.

**IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DETECTED

- USG BIRADS - I

- (Suggested mammogram in view of age)

|              |                       |                |                    |
|--------------|-----------------------|----------------|--------------------|
| Patient Name | : Mrs. PRAMEETHA JOSE | Age            | : 42 Y/F           |
| UHID         | : CANN.0000234806     | OP Visit No    | : CANNOPV397843    |
| Reported By: | : DR ARULNIDHI        | Conducted Date | : 24-03-2024 11:33 |
| Referred By  | : SELF                |                |                    |

---

## **ECG REPORT**

### **Observation :-**

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 59 beats per minutes.**

### **Impression:**

**NORMAL RESTING ECG.**

**----- END OF THE REPORT -----**

**DR ARULNIDHI**

|                            |                       |                    |                    |
|----------------------------|-----------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mrs. PRAMEETHA JOSE | <b>Age/Gender</b>  | : 42 Y/F           |
| <b>UHID/MR No.</b>         | : CANN.0000234806     | <b>OP Visit No</b> | : CANNOPV397843    |
| <b>Sample Collected on</b> | :                     | <b>Reported on</b> | : 23-03-2024 16:50 |
| <b>LRN#</b>                | : RAD2278770          | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobE17160           |                    |                    |

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.  
Pancreas and spleen appear normal.

Spleen measures 8.7cms.

Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.6 x 3.4 cms.

Left kidney measures 10.5 x 4.1 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus measures 8.5 x 3.5 x 5.6 cms and shows normal endometrial and myometrial echoes.

The endometrial thickness 8.4mm.

Right ovary measures 2.9 x 2.1cms.

Left ovary measures 3.4 x 2.6cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED**



**Patient Name** : Mrs. PRAMEETHA JOSE

**Age/Gender** : 42 Y/F

---

NOT AN MLC DOCUMENT. MANY INCIDENTAL FINDINGS OF LOW PRIORITY MIGHT NOT BE MENTIONED AS IT IS NOT A FOCUSED STUDY.

**Dr. ASHIQ MOHAMMED JEFFREY**

MD

Radiology

## Apollo Clinic

### CONSENT FORM


Patient Name: ..... Brammeeth ..... Age: ..... 42 / F .....  
UHID Number: ..... 234802 ..... Company Name: ..... Mediwell .....

I Mr/Mrs/Ms ..... Brammeeth ..... Employee of ..... Mediwell .....  
(Company) Want to inform you that I am not interested in getting ..... Dental .....

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: ..... [Signature] ..... Date: ..... 23/3/24 .....

 **Apollo Medical Centre**  
No. 30, F-Block, 2nd Avenue,  
Anna Nagar East, Chennai-600 102  
Tel: 044-26224505, Mobile: 7358392880  
Toll No. 1860 500 7788



CANN-234806  
O.C.R.-101403

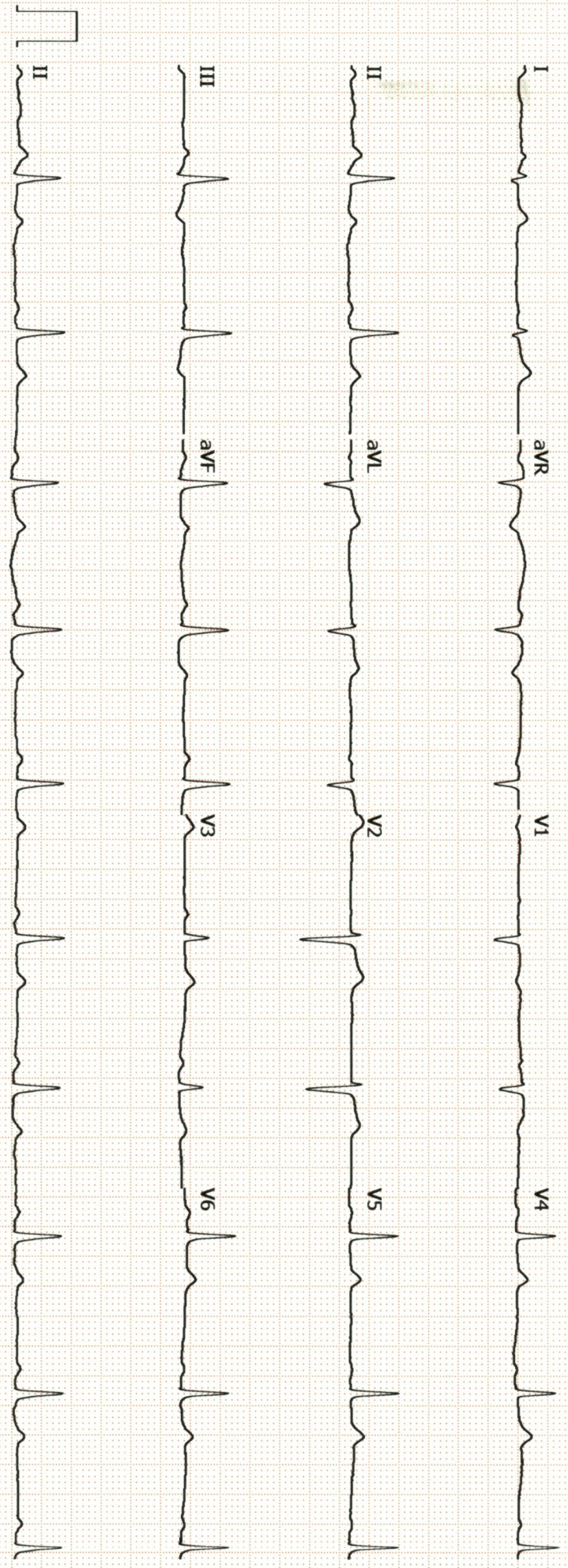


*[Handwritten signature]*

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 400 / 396 ms  
PR : 168 ms  
P : 96 ms  
RR / PP : 1018 / 1016 ms  
P / QRS / T : 63 / 88 / 11 degrees

*Handwritten signature*





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. JOSE PRAMEETHA            |
| EC NO.                          | 162980                        |
| DESIGNATION                     | CREDIT                        |
| PLACE OF WORK                   | CHENNAI, VEL-TECH ENGINEERING |
| BIRTHDATE                       | 14-09-1981                    |
| PROPOSED DATE OF HEALTH CHECKUP | 23-03-2024                    |
| BOOKING REFERENCE NO.           | 23M162980100103220E           |

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 **20-03-2024** 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))

Name: Prametha Jose  
 Occupation: .....  
 Age: 424 Sex: Male  Female   
 Address: .....  
 Ph: .....

Date: 23/3/24 Reg. No: 234806  
 Ref. Physician: .....  
 Copies to: .....

**REPORT ON OPHTHALMIC EXAMINATION**

History:

Nil

Present Complaint:

Reading only +1.00 N6

**ON EXAMINATION:**

Ocular Movements :

Anterior Segment :

Intra-Ocular-Pressure :

Visual Acuity: D.V. :

Without Glass :

With Glass :

N.V. :

Visual Fields :

Fundus :

Impression :

Advice :

Colour Vision :

**RE**

**LE**

Free

Dull

N

N

6/6

6/6

N6

N6

Free

Dull

N

N

Mrs. Prameetha Jose

23/3/20

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

General Examination / Allergies History

→ Came for MHC check up.

Ear :- B/c Im intact.

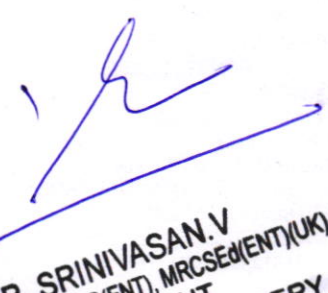
Nose :- Dms to ⊙ espur.

Throat : PPW = clear

Adv : CT-PNS CPlain

otherwise clinically

ENT ⊙

  
DR. SRINIVASAN.V  
MBBS, M.S(ENT), DNB(ENT), MRCSEd(ENT)(UK)  
CONSULTANT  
ENT, HEAD & NECK SURGERY  
REG NO: 121266

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Patient Name : Mrs. PRAMEETHA JOSE Age : 42 Y/F  
UHID : CANN.0000234806 OP Visit No : CANNOPV397843  
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 23-03-2024 13:13  
Referred By : SELF

---

## **2D-ECHO WITH COLOUR DOPPLER**

### Dimensions:

|                          |        |
|--------------------------|--------|
| Ao (ed)                  | 2.5 CM |
| LA (es)                  | 2.9 CM |
| LVID (ed)                | 4.5 CM |
| LVID (es)                | 2.3 CM |
| IVS (Ed)                 | 0.9 CM |
| LVPW (Ed)                | 1.0 CM |
| EF                       | 65 %   |
| %FD                      | 35 %   |
| MITRAL VALVE :           | NORMAL |
| AML                      | NORMAL |
| PML                      | NORMAL |
| AORTIC VALVE             | NORMAL |
| TRICUSPID VALVE          | NORMAL |
| PULMONARY VALVE          | NORMAL |
| RIGHT VENTRICLE          | NORMAL |
| INTER ATRIAL SEPTUM      | INTACT |
| INTER VENTRICULAR SEPTUM | INTACT |
| PULMONARY ARTERY         | NORMAL |
| AORTA                    | NORMAL |
| RIGHT ATRIUM             | NORMAL |
| LEFT ATRIUM              | NORMAL |
| LEFT VENTRICLE           | NORMAL |
| PERICARDIUM              | NORMAL |

|               |                       |                |                    |
|---------------|-----------------------|----------------|--------------------|
| Patient Name  | : Mrs. PRAMEETHA JOSE | Age            | : 42 Y/F           |
| UHID          | : CANN.0000234806     | OP Visit No    | : CANNOPV397843    |
| Conducted By: | : Dr. RAKESH P GOPAL  | Conducted Date | : 23-03-2024 13:13 |
| Referred By   | : SELF                |                |                    |

---

**DOPPLER STUDIES MITRAL INFLOW** : E 0.7 m/sc A 0.5 m/sc

Velocity / Gradient Across Pulmonic Valve :0.9 m/sc

Velocity / Gradient Across Aortic Valve :1.0 m/sc

**IMPRESSION :**

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL SYSTOLIC LEFT VENTRICULAR FUNCTION (EF- 65%)

STRUCTURALLY VALVES ARE NORMAL

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE

*Rakesh Gopal*

Dr.  
RAKESH P  
GOPAL

Patient Name : Mrs. PRAMEETHA JOSE  
UHID : CANN.0000234806  
Conducted By: : Dr. RAKESH P GOPAL  
Referred By : SELF

Age : 42 Y/F  
OP Visit No : CANNOPV397843  
Conducted Date : 23-03-2024 13:13

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