

Patient Name	: Mrs.ANJU GUNJAL	Collected	: 28/Mar/2024 10:38AM
Age/Gender	: 31 Y 10 M 21 D/F	Received	: 28/Mar/2024 12:02PM
UHID/MR No	: SCHI.0000019364	Reported	: 28/Mar/2024 07:15PM
Visit ID	: SCHIOPV28193	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DFHGFDCJ		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240085927



Patient Name	: Mrs.ANJU GUNJAL	Collected	: 28/Mar/2024 10:38AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	38.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.07	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	76.2	fL	83-101	Calculated
MCH	23.4	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,840	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	39.8	%	40-80	Electrical Impedance
LYMPHOCYTES	50.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	1.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1926.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2424.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	82.28	Cells/cu.mm	20-500	Calculated
MONOCYTES	338.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.79		0.78- 3.53	Calculated
PLATELET COUNT	169000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH OCCASIONAL MICROCYTIC HYPOCHROMIC CELLS.

TLC WITHIN NORMAL LIMIT. LYMPHOCYTES INCREASED. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240085927



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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240085927



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 01:58PM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 02:38PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 03:23PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 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)	126	mg/dL	70-140	GOD - POD

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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLP1439358



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 02:50PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 06:26PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240039748

Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	230	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	149	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.42		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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 eligibility of drug therapy.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04679266



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DEPARTMENT OF BIOCHEMISTRY

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

- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.40	g/dL	6.3-8.2	Biuret
ALBUMIN	5.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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, Wilsons'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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MBBS,MD (Pathology)
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	21.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.40	g/dL	6.3-8.2	Biuret
ALBUMIN	5.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	12-43	Glycylglycine Nitoranalide



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Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	1.02	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.83	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.020	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SPL24058105



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Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 06:42PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 06:47PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	8.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2319004



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UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 07:07PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011479




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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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SIN No:BED240085927



Patient Name	: Mrs.ANJU GUNJAL	Collected	: 28/Mar/2024 10:38AM
Age/Gender	: 31 Y 10 M 21 D/F	Received	: 28/Mar/2024 12:02PM
UHID/MR No	: SCHI.0000019364	Reported	: 28/Mar/2024 07:15PM
Visit ID	: SCHIOPV28193	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DFHGFDCJ		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	38.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.07	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	76.2	fL	83-101	Calculated
MCH	23.4	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,840	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	39.8	%	40-80	Electrical Impedance
LYMPHOCYTES	50.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	1.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1926.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2424.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	82.28	Cells/cu.mm	20-500	Calculated
MONOCYTES	338.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.79		0.78- 3.53	Calculated
PLATELET COUNT	169000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH OCCASIONAL MICROCYTIC HYPOCHROMIC CELLS.

TLC WITHIN NORMAL LIMIT. LYMPHOCYTES INCREASED. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240085927



Patient Name	: Mrs.ANJU GUNJAL	Collected	: 28/Mar/2024 10:38AM
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240085927



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240085927



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 01:58PM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 02:38PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 03:23PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 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)	126	mg/dL	70-140	GOD - POD

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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:PLP1439358



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 02:50PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 06:26PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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



Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240039748

Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 12:02PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 06:16PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	230	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	149	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.42		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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 eligibility of drug therapy.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04679266



Patient Name	: Mrs.ANJU GUNJAL	Collected	: 28/Mar/2024 10:38AM
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DEPARTMENT OF BIOCHEMISTRY

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

- 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. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
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Patient Name	: Mrs.ANJU GUNJAL	Collected	: 28/Mar/2024 10:38AM
Age/Gender	: 31 Y 10 M 21 D/F	Received	: 28/Mar/2024 12:02PM
UHID/MR No	: SCHI.0000019364	Reported	: 28/Mar/2024 06:49PM
Visit ID	: SCHIOPV28193	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	77.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.40	g/dL	6.3-8.2	Biuret
ALBUMIN	5.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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, Wilsons'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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MBBS,MD (Pathology)
Consultant Pathology

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	21.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.40	g/dL	6.3-8.2	Biuret
ALBUMIN	5.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04679266



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 12:02PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 01:54PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	12-43	Glycylglycine Nitoranalide



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Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 12:02PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 07:46PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	1.02	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.83	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.020	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SPL24058105



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 06:42PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 06:47PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	8.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UR2319004



Patient Name : Mrs.ANJU GUNJAL	Collected : 28/Mar/2024 10:38AM
Age/Gender : 31 Y 10 M 21 D/F	Received : 28/Mar/2024 06:54PM
UHID/MR No : SCHI.0000019364	Reported : 28/Mar/2024 07:07PM
Visit ID : SCHIOPV28193	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : DFHGFDCJ	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011479



Name : Mrs. ANJU GUNJAL Address : NOIDA SEC-27 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 31 Y Sex: F	UHID: SCHI.0000019364  OP Number: SCHIOPV28193 Bill No : SCHI-OCR-10117 Date : 28.03.2024 10:35
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE (FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

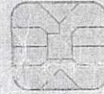
BP - 110/80
 P - 79/min
 SpO2 - 95
 Ht 158
 Wt 60.4kg

Client Name
ARCOFEMI HEALTHCARE LIMITED

Patient Name
MS. GUNJAL AN

UNION OF INDIA Driving Licence (RJ) (NT)

RJ20 20140006840



जारी करने की तिथि
Date of First Issue

20/10/2014

वैधता / Validity

19/10/2034

जन्म तिथि
Date of Birth

07/05/1992

श्रेणी / Group

A+



नाम / Name

ANJU GUNJAL

पिता/पति का नाम / Son/Daughter/Wife of

RAM LAL GUNJAL

NAME :	ANJU GUNJAL	AGE/SEX:	31	YRS./F
UHID :	19364			
REF BY :	APOLLO SPECTRA	DATE:-	28.03.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

Gall Bladder: is not seen – Post operative status.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Uterus: is antverted and normal in size. It measures 6.7 x 3.6 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 5.8 mm

Both ovaries are normal in size ,shape and echotexture.

Right ovary: 2.7 x 1.6 cm

Left ovary: 2.8 x 1.8 cm

No obvious adenexal mass is seen. No free fluid seen.

IMPRESSION: NO SIGNIFICANT ABNORMALITY.

Please correlate clinically and with lab. Investigations.



DR. MONICA CHHABRA
CONSULTANT RADIOLOGIST

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

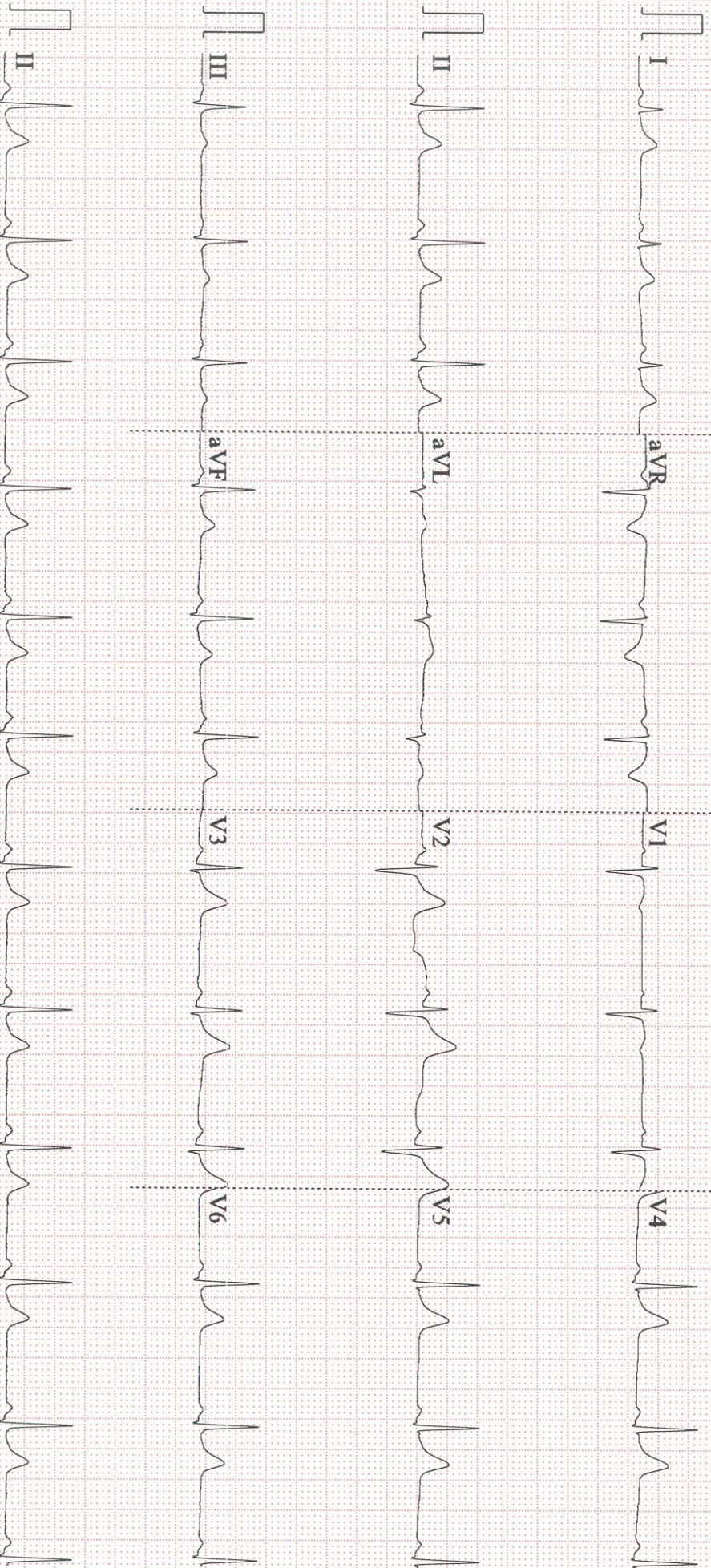
Ph No: 040-4904 7777 | www.apollohl.com

ID: 19364
ANJU GUNJAL
Female 31Years
Req. No. :

28-03-2024 11:28:12
HR : 68 bpm
P : 91 ms
PR : 118 ms
QRS : 74 ms
QT/QTcBz : 358/383 ms
P/QRS/T : 49/69/49 °
RV5/SV1 : 1.053/0.556 mV

Diagnosis Information:
Sinus Arrhythmia
Short PR Interval

Report Confirmed by:



Patient Name : Mrs. ANJU GUNJAL Age : 31 Y/F
 UHID : SCHI.0000019364 OP Visit No : SCHIOPV28193
 Conducted By : Dr. MUKESH K GUPTA Conducted Date : 28-03-2024 17:12
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent** Score : _____
 Doppler Normal/Abnormal E>A **E>A**
 Mitral Stenosis Present/**Absent** RR Interval _____msec
 EDG _____mmHg MDG _____mmHg MVA _____cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____msec.
 EDG _____mmHg MDG _____mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____msec. Pred RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____mmHg Pulmonary annulus _____mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____mmHg. End diastolic gradient _____mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____mmHg Aortic annulus _____mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.5 (2.0 – 3.7cm)	LA es	2.7 (1.9 – 4.0cm)
LV es	2.4 (2.2 – 4.0cm)	LV ed	4.0 (3.7 – 5.6cm)
IVS ed	0.8 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	Normal /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced
 Regional wall motion abnormality **Absent**
 LA **Normal**/Enlarged/**Clear**/Thrombus
 RA **Normal**/Enlarged/**Clear**/Thrombus
 RV **Normal**/Enlarged/**Clear**/Thrombus

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PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



Dr. M R Gupta
M.B.B.S, MD, FIACM
Senior Consultant Cardiologist

Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151



Specialists in Surgery

For Appointment : +91 11 4046 5555
Mob.: +91 9910995018
Email: drusha.maheshwari@apollospectra.com

28/03/2024

Mrs. Anju Gungyal,
31 Y / Female.

C/C :- Regular Dental Check-up

M/H :- Gall Bladder operated in 2014.

PDH :- N-R.

O/E :- Calculus +
Stains +
Crowding +
Lower anterior

Planned :- Scaling & oral prophylaxis (ii)

PS.

Mrs. Anju Gunjat 28/3/24
Age 31/F

40 Eye checkup
#No using glasses

N/A $\left\{ \begin{array}{l} 6/12 \textcircled{P} \\ 6/12 \textcircled{P} \end{array} \right.$ - glasses 6/6
NCT $\left\{ \begin{array}{l} 12 \\ 12 \end{array} \right.$ - muffled

BCVA $\left\{ \begin{array}{l} -1.25 DS \ 6/6 \\ -1.00 MS \ 6/6 \end{array} \right.$ - NG


POG $\left\{ \begin{array}{l} -1.50 DS \\ -1.25 DS \end{array} \right.$

colour V $\left\{ \begin{array}{l} WNL \end{array} \right.$ (cu)

* Slit lamp Examⁿ - cornea - clear
- lens - clear

Fundus WNL

Adv
CSG


28/3/24

Mrs. Anju Gunjal 31/F

28/3/2024.

MF x 2yrs.

LMP - 11/3/2024

MH - Regular.

Adv.

• Rubella IgG, IgM

- HPLC (mal profile)

- Tab fol-123 once a day
(ABF) X 1mth.

- Review & report





Apollo Clinic

CONSENT FORM

Patient Name: ANJU GUNJAL Age: 31

UHID Number: Company Name: BANK OF BARODA

I Mr/Mrs/Ms Anju Gunjal Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting

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: 28/3/24

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Anju Arora on 28/3

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<input checked="" type="radio"/> Medically Fit	<input checked="" type="checkbox"/>
<input type="radio"/> Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1..... 2..... 3..... However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	
<input type="radio"/> Currently Unfit. Review after _____ recommended	
<input type="radio"/> Unfit	

Dr. Alexander
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

PREVENTIVE HEALTH CARE SUMMARY

NAME :- Anju	UHID No : 19364
AGE / GENDER :- 31y	RECEIPT No :-
PANEL : Anju	EXAMINED ON :- 28/3

Chief Complaints:

R/c
lap cholecystomy 2014.

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

Family History: DM

General Physical Examination:

Height	158	:	cms	Pulse	79/m	bpm
Weight	60.4	:	Kgs	BP	110/80	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- Anju	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

Hb - 11.9 T. cholesterol 230

Recommendation:

- Low folic acid
Cap Absolute women 100 x 1-2 months
Mg viba D₃ 60 once a week
2 months

Dr. Navneet Kaur
Consultant Physician



DIGITAL X-RAY REPORT

NAME: ANJU	DATE: 28.03.2024
UHID NO : 19364	AGE: 31 YRS/ SEX: F

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Patient Name : Mrs. ANJU GUNJAL Age : 32 Y/F
 UHID : SCHI.0000019364 OP Visit No : SCHIOPV28193
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 28-03-2024 17:14
 Referred By : SELF

MITRAL VALVE

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Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
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 No. of cusps 1/2/**3**/4
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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.5	(2.0 – 3.7cm)	LA es 2.7	(1.9 – 4.0cm)

Patient Name : Mrs. ANJU GUNJAL Age : 32 Y/F
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RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVd (ml)		
EF	65%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/Paradoxical

CHAMBERS :

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy
 Contraction Normal/Reduced

Regional wall motion abnormality Absent

LA Normal/Enlarged/Clear/Thrombus

RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
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- v No pericardial effusion

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Senior Consultant Cardiologist

Patient Name : Mrs. ANJU GUNJAL

UHID : SCHI.0000019364

Conducted By: :

Referred By : SELF

Patient Name : Mrs. ANJU GUNJAL

UHID : SCHI.0000019364

Conducted By :

Referred By : SELF

Age : 32 Y/F

OP Visit No : SCHIOPV28193

Conducted Date :

Age : 32 Y/F

OP Visit No : SCHIOPV28193

Conducted Date :
