

Patient Name	: Mrs.GHUFRANA ANJUM	Collected	: 09/Mar/2024 10:21AM
Age/Gender	: 24 Y 10 M 12 D/F	Received	: 09/Mar/2024 10:57AM
UHID/MR No	: CKON.0000428677	Reported	: 09/Mar/2024 01:05PM
Visit ID	: CKONOPV643632	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 5117		

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	11.4	g/dL	12-15	Spectrophotometer
PCV	35.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	26.3	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3906	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1674	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	124	Cells/cu.mm	20-500	Calculated
MONOCYTES	496	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.33		0.78- 3.53	Calculated
PLATELET COUNT	165000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC :Normocytic Normochromic.

WBC : TLC and DLC Within normal limits.

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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PLATELETS : Adequate on the smear.

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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




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Patient Name : Mrs.GHUFRANA ANJUM	Collected : 09/Mar/2024 01:16PM
Age/Gender : 24 Y 10 M 12 D/F	Received : 09/Mar/2024 06:21PM
UHID/MR No : CKON.0000428677	Reported : 09/Mar/2024 06:30PM
Visit ID : CKONOPV643632	Status : Final Report
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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	91	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)	105	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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

Maruthi...
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist



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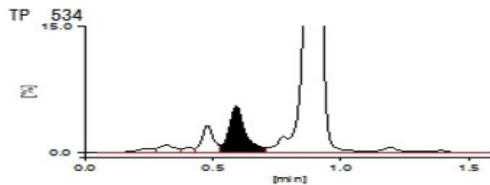
Chromatogram Report

V5.28 1 2024-03-09 17:44:04
 ID EDT240028893
 Sample No. 03090223 SL 0011 - 04
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	8.42
A1B	0.7	0.32	12.40
F	0.3	0.41	6.05
LA1C+	1.8	0.48	33.70
SA1C	5.6	0.59	80.72
A0	92.8	0.89	1751.49
H-V0			
H-V1			
H-V2			

Total Area 1892.78

HbA1c 5.6 % **IFCC 37 mmol/mol**
 HbA1 6.7 % HbF 0.3 %

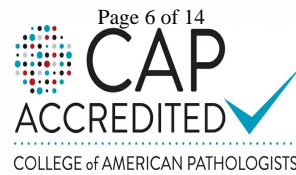


Maruthi...

Dr.E.Maruthi Prasad
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K. Anusha

Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	119	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	77	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	69	mg/dL	<130	Calculated
LDL CHOLESTEROL	53.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.38		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	113.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY 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	0.60	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	2.5-6.2	Uricase
CALCIUM	8.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.5-4.5	PMA Phenol
SODIUM	134	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	12-43	Glycylglycine Nitoranalide



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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)	1.16	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.44	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.201	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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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




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DEPARTMENT OF CYTOLOGY

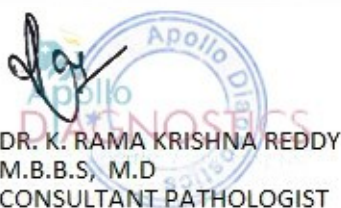
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	5348/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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 ***

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

SIN No:CS076074

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

Page 14 of 14
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION.

APOLLO CLINIC

CONSENT FORM

PATIENT NAME Ruhana Anjum AGE:- 24yrs

UHID NUMBER..... 428677 COMPANY NAME Medihealth

I MR/MRS/MS..... EMPLOYEE OF

COMPANY WANT TO INFORM YOU THAT I AM NOT INTERESTED IN

GETTING..... optical (pt is not done for free che (exp))

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE.....

DATE:-..... 9/3/24

Name: Mrs. GHUFRANA ANJUM
 Age/Gender: 24 Y/F
 Address: HYD
 Location: HYDERABAD, TELANGANA
 Doctor:
 Department: GENERAL
 Rate Plan: KONDAPUR_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CKON.0000428677
 Visit ID: CKONOPV643632
 Visit Date: 09-03-2024 10:09
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 17:47	84 Beats/min	100/60 mmHg	Rate/min	F	157 cms	65.3 Kgs	%	%	Years	26.49	81 cms	98 cms	81 cms		AHLL09485

Patient Name	: Mrs. GHUFRANA ANJUM	Age	: 24 Y/F
UHID	: CKON.0000428677	OP Visit No	: CKONOPV643632
Reported By:	: Dr. VENKATA RAYUDU NEKKANTI	Conducted Date	: 09-03-2024 14:22
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 84 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen

Impression:

NORMAL SINUS RHYTHM
CORRELATE CLINICALLY

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



Dr. VENKATA RAYUDU NEKKANTI



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcbaz : 334 / 394 ms
PR : 120 ms
P : 94 ms
RR / PP : 710 / 714 ms
P / QRS / T : 50 / 53 / -18 degrees

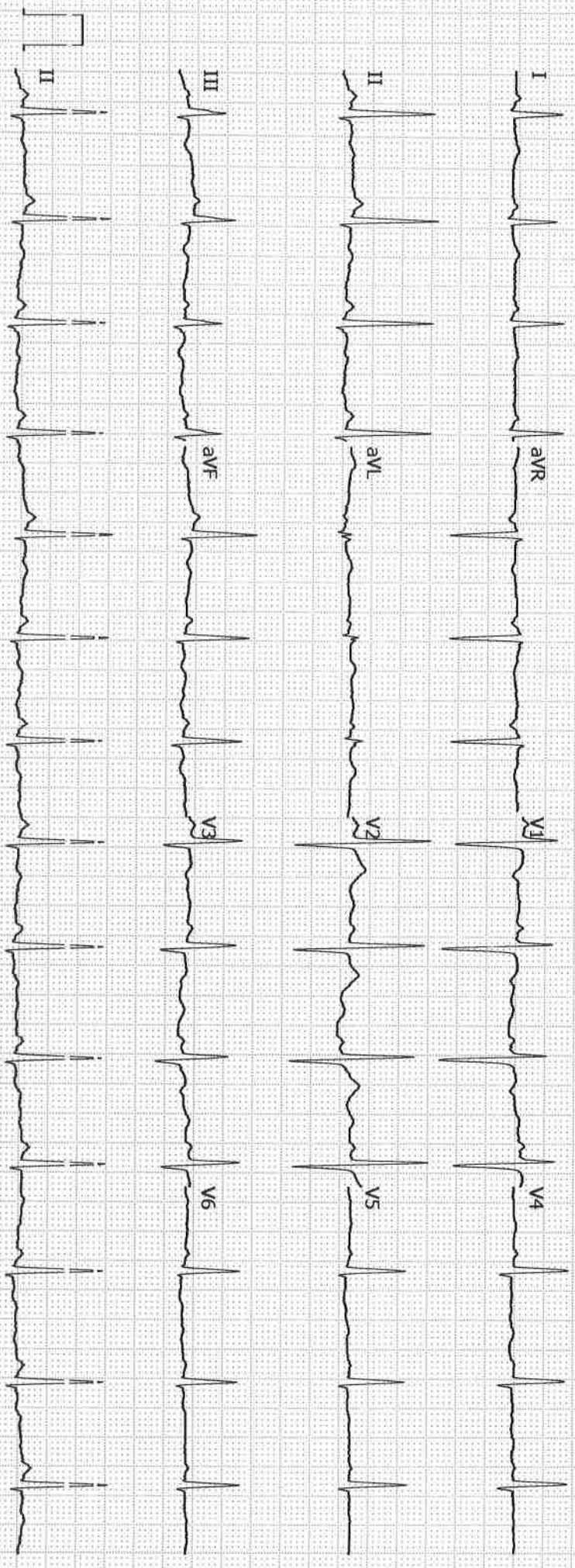
Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

84 bpm
-- / -- mmHg

Handwritten signature



Patient Name : Mrs. GHUFRANA ANJUM Age : 24 Y/F
UHID : CKON.0000428677 OP Visit No : CKONOPV643632
Conducted By: : Dr. VENKATA RAYUDU NEKKANTI Conducted Date : 09-03-2024 16:49
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.70 CM
LA (es)	3.48CM
LVID (ed)	4.33CM
LVID (es)	3.11CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.7 CM
EF	63.00%
%FD	38.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES
NORMAL FLOW

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

TO BOOK AN APPOINTMENT



1860 500 7788

IMPRESSION:-
FALSE TENDON AT LV APEX
OTHERWISE NORMAL STUDY



Dr. VENKATA
RAYUDU
NEKKANTI

Name <u>Mrs. Ghufana Anjum</u>	Date <u>9/3/24</u>
Age <u>24 yrs</u>	UHID No. <u>428677</u>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ref. Physician <u>Arcojeni mediwhee</u>
Ref. Diagnosis	

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.70</u> cm	(1.5cm / m2)	IVS (Ed) <u>0.8</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.48</u> cm	(1.5cm / m2)	LVPW (Ed) <u>0.7</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m2)	EF <u>63%</u>	(0.62 - 0.85)
LVID (ed) <u>4.33</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>38%</u>	(2.8% - 42%)
LVID (es) <u>3.11</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML <u>(N)</u>	Interventricular septum <u>Intact</u>
Aortic Valve _____		Pulmonary artery _____
Tricuspid valve _____		Aorta _____
Pulmonary valve _____	<u>(N)</u>	Right atrium <u>(N)</u>
Right ventricle _____		Left atrium _____

Patient Name : Mrs. GHUFRANA ANJUM

Age/Gender : 24 Y/F

UHID/MR No. : CKON.0000428677

OP Visit No : CKONOPV643632

Sample Collected on :

Reported on : 09-03-2024 20:30

LRN# : RAD2262047

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 5117

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

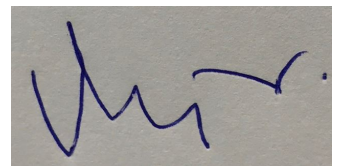
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

Patient Name : Mrs. GHUFRANA ANJUM

Age/Gender : 24 Y/F

UHID/MR No. : CKON.0000428677

OP Visit No : CKONOPV643632

Sample Collected on :

Reported on : 09-03-2024 14:00

LRN# : RAD2262047

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 5117

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and mild increased in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder :- SPC.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney measures 103 x 39 mm.

Left kidney measures 102 x 40 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size measures 71 x 52 x 34mm, It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

Right ovary measures 27 x 16 mm.

Left ovary measures 26 x 14 mm.

IMPRESSION:-

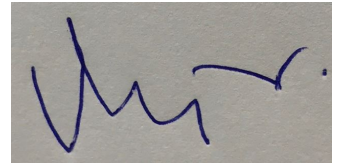
Patient Name : Mrs. GHUFRANA ANJUM

Age/Gender : 24 Y/F

****MILD FATTY CHANGES IN LIVER.**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist



CKON.0000428677

Bill Of Supply

Name : Mrs. GHUFRANA ANJUM
Age/Gender : 24 Y F
Contact No : +917979895784
Address : HYD
UHID : CKON.0000428677
Corporate Name : ARCOFEMI HEALTHCARE LIMITED
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CKON-OCR-122653
Bill/Reg Date : 09.03.2024 10:09
Referred by : SELF
Center : Kondapur
Emp No/Auth Code : 5117

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	999312	1	2,400.00	2,400.00	0.00	0.00	0.00	0.00	0.00	2,400.00

Bill Amount: 2,400.00

You can download your report from "www.apolloclinic.com" Enter user name as CKONOPV643632 and password as 762847

Please log on to AskApollo.com for booking Appointments

Apollo Health and Lifestyle Limited

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 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-49047777, Fax No: 49047744

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GSTIN: 365AADCA0733E1Z8

Address:
 67-1-617A, 615 & 616, Imperial Towers,
 7th Floor, Ameerpet, Hyderabad, Telangana.

1860 500 7788

Fwd: Health Check up Booking Confirmed Request(bobS12185),Package Code-PKG10000377, Beneficiary Code-297132

MD SHADAB RAFI <shadab.bobdelhi@gmail.com>

Sat 3/9/2024 10:11 AM

To:Hitechcity Apolloclinic <hitechcity@apolloclinic.com>

Dear Sir/Madam,

The email is hereby forwarded for health checkup of Mrs. Ghufrana Anjum (my spouse).

Regards

Md Shadab Rafi

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, 5 Mar, 2024, 6:03 pm

Subject: Health Check up Booking Confirmed Request(bobS12185),Package Code-PKG10000377, Beneficiary Code-297132

To: <shadab.bobdelhi@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Md Shadab Rafi**,

We are pleased to confirm your health checkup booking request with the following details.

- Hospital Package Name** : Mediwheel Full Body Health Annual Plus Check
- Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40
- Name of Diagnostic/Hospital** : Apollo Medical Centre - Kondapur
- Address of Diagnostic/Hospital** : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-Royal Restaurants , Kondapur - 500084
- City** : Hyderabad
- State** :
- Pincode** : 500084
- Appointment Date** : 09-03-2024
- Confirmation Status** : Booking Confirmed
- Preferred Time** : 8:00am
- Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Ghufrana Anjum	24 year	Female

भारत सरकार
GOVERNMENT OF INDIA

 गुराना अंजुम
Ghurana Anjum
जन्म तिथि/ DOB: 27/04/1999
लिंग / GENDER: FEMALE



5322 7687 5117

आधार-आम आदमी का अधिकार