



Certificate No: MO-5597

Patient Name : Mrs.GEETANALI KHADE	Collected : 08/Mar/2024 09:07AM
Age/Gender : 44 Y 6 M 0 D/F	Received : 08/Mar/2024 03:33PM
UHID/MR No : CKHA.0000072236	Reported : 08/Mar/2024 04:06PM
Visit ID : CKHAOPV110423	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14070	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi
 Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
 Shivajinagar, Shivajinagar, Kharadi, SCAPES, Opp. Reliance Mall,
 Kharadi, Pune-411024





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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.2	g/dL	12-15	Spectrophotometer
PCV	30.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.77	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79.9	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69.8	%	40-80	Electrical Impedance
LYMPHOCYTES	23.4	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5235	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1755	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	75	Cells/cu.mm	20-500	Calculated
MONOCYTES	435	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.98		0.78- 3.53	Calculated
PLATELET COUNT	339000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
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No hemoparasite seen.

Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist





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DEPARTMENT OF HAEMATOLOGY

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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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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MBBS, MD (Pathology)
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UHID/MR No : CKHA.0000072236	Reported : 08/Mar/2024 05:40PM
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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
GLUCOSE, FASTING , NAF PLASMA	112	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)	233	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	171	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7

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Sheha Shah

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

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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	89	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.34	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.49		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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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.37	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	59.73	U/L	30-120	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.16		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'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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.93	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.85	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.41	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.02	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.09	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.45	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.16		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.66	U/L	<38	IFCC

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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.68	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.640	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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Greetanjali Khade on 09/03/2024

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Fatty changes in liver</u></p> <p>2. <u>IDA</u></p> <p>3. <u>BSL ↑ - Dm</u> <u>Glycosuria</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after: _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	


Dr. Zuha Khan
 MBBS General Physician
 Dr. Reg. No.: 2020/03/1804
 Medical Officer
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 08-03-2024
MR NO : CKHA.0000072236

Department : GENERAL
Doctor :

Name : Mrs. Geetanali Khade

Registration No :

Age/ Gender : 44 Y / Female

Qualification :

Consultation Timing: 08:44

114

Height : 152	Weight : 88.6	BMI : 38	Waist Circum : 98
Temp : 97.5° F	Pulse : 72	Resp : 20 b/m	B.P : 128/79

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Present complains - Nil

Comorbidity - Nil

Allergies - Nil

Surgical H/O Yes.

Family H/O Father DM

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

NAD

H/O covid infection -

Vaccinated with - 2 doses.

Follow up date:

Doctor Signature

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

POWER PRESCRIPTION

NAME: Mrs. Heetanal Khade GENDER: M/F ✓ DATE: 8/3/24
 AGE: 44yr UHID: 72236

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-			6/6
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	-			6/6
NEAR				

INSTRUCTIONS: WNL



SIGNATURE

ID: 72236

08-03-2024 13:11:09

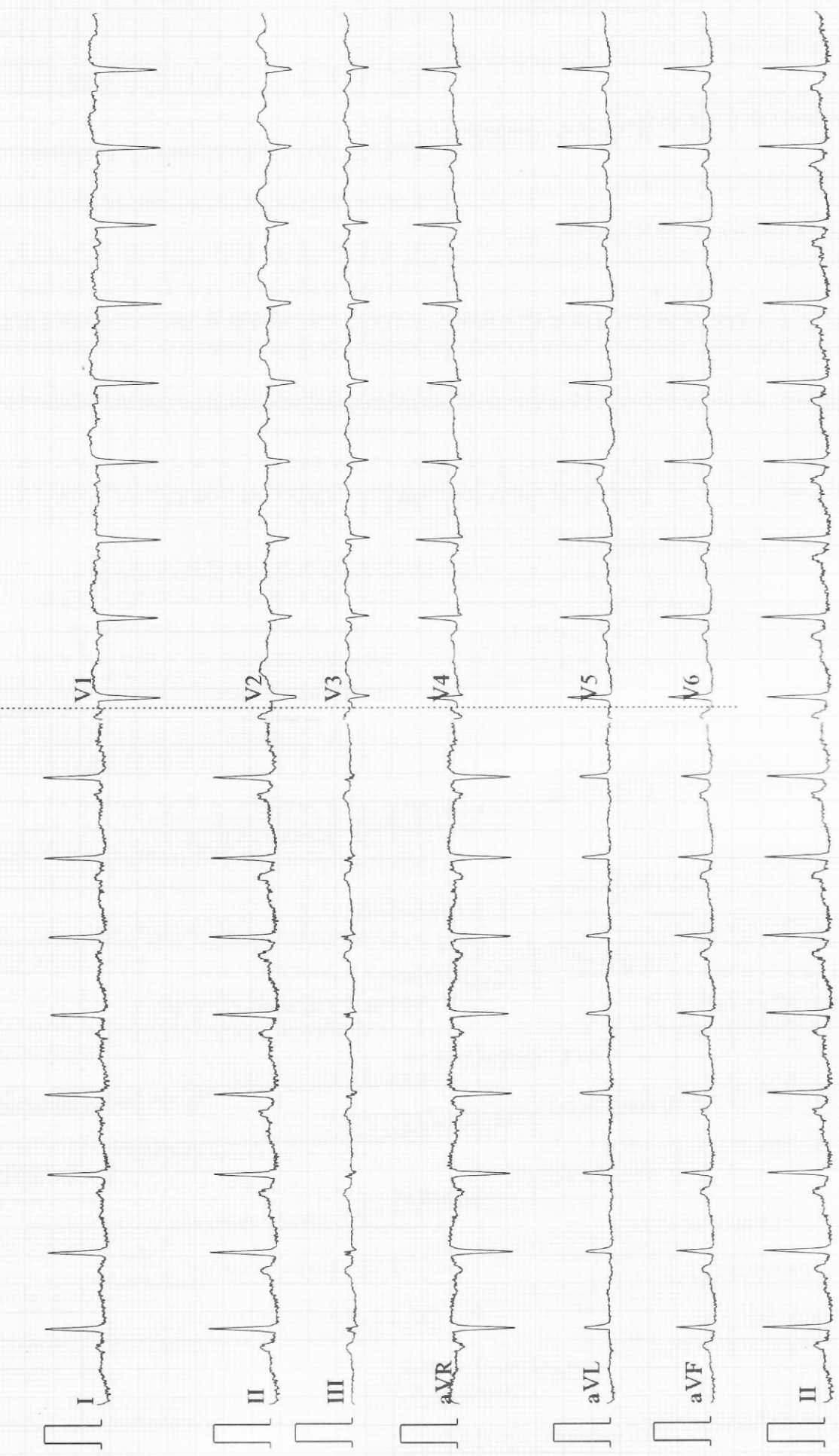
geetanjali khare
Female 44Years
kg / mmHg
Req. No. :

Diagnosis Information:

Sinus tachycardia
Inferior/lateral ST-T abnormality is nonspecific
Borderline ECG

Appendix

Report Confirmed by:



Patient Name : Mrs. Geetanjali Khade Age : 44 Y F
UHID : CKHA.0000072236 OP Visit No : CKHAOPV110423
Reported on : 08-03-2024 18:53 Printed on : 08-03-2024 19:29
Adm/Consult Doctor : Ref Doctor : SELF

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 .

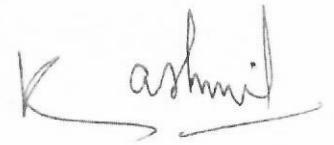
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:08-03-2024 18:53

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mrs. Geetanjali Khade
UHID : CKHA.0000072236
Reported on : 08-03-2024 14:21
Adm/Consult Doctor :
Age : 44 Y F
OP Visit No : CKHAOPV110423
Printed on : 08-03-2024 19:29
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchyma shows normal echoanatomy.

No solid / cystic lesion noted.

Visualized vessels appears normal.

No obvious lymphadenopathy noted.

IMPRESSION:

NORMAL STUDY.

Clinical correlation suggested

Consultant Radiologist.

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

Printed on:08-03-2024 14:21

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK MAHARASHTRA

Pune | Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie |

Online appointments: www.apolloclinic.com

Page 1 of 2
TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. Geetanjali Khade
UHID : CKHA.0000072236
Reported on : 08-03-2024 14:21
Adm/Consult Doctor :

Age : 44 Y F
OP Visit No : CKHAOPV110423
Printed on : 08-03-2024 19:29
Ref Doctor : SELF

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TO BOOK AN APPOINTMENT Page 2 of 2

 **1860 500 7788**

Patient Name : Mrs. Geetanjali Khade Age : 44 Y F
UHID : CKHA.0000072236 OP Visit No : CKHAOPV110423
Reported on : 08-03-2024 14:17 Printed on : 08-03-2024 19:28
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows **minimally raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is well distended. No calculus or sludge noted.

Spleen : It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas : It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : Normal in size ms 9.3 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 10.1 x 4.0 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: post hysterectomy status.

Visualised bowel loops appear normal.

IMPRESSION :

- Early fatty changes in liver.

Clinical correlation suggested.....

(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.

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TO BOOK AN APPOINTMENT Page 1 of 2

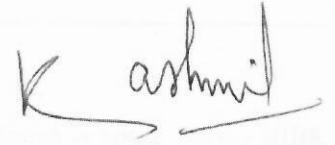
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---End of the Report---



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Page 2 of 2
TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mrs. Geetanjali Khade

Age/ Sex: 44 Yrs / F

Date:08/03/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	20	PULMONARY VE(m/sec)	1.2
LEFT ATRIUM (mm)	30	PG (mmHg)	6
		AORTIC VEL (m/sec)	0.9
IVS – D (mm)	10	PG (mmHg)	3
LVID – D (mm)	38	MITRAL E WAVE(m/sec)	0.8
LVID – S (mm)	28	A WAVE (m/sec)	0.4
LVPW – D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal. No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Tachycardia noted

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.

For Waly

DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

Apollo Clinic

CONSENT FORM

Patient Name: Mrs. Geetanjali Khare Age: 44
 UHID Number: 72236 Company Name:

I Mr./Mrs./Ms

Employee of

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

- 1) LBC pap test (SKIP)
- 2)
- 3)
- 4)
- 5)

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

And I claim the above statement in my full consciousness.

Patient Signature: *Geetanjali Khare*

Date: 8/03/24

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: Thursday, March 7, 2024 04:46 PM
To: bharatkhide2010@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your appointment is confirmed



Dear Mrs. Geetali ,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KHARADI** clinic on **2024-03-08** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:



भारत सरकार

Government of India



गीतांजली भरत खाडे

Geelanjali Bharat Khade

जन्म तारीख / DOB : 20/10/1979

स्त्री / Female



9519 3204 8532

आधार - सामान्य माणसाचा अधिकार

Patient Name : Mrs. Geetanjali Khade

Age/Gender : 44 Y/F

UHID/MR No. : CKHA.0000072236

OP Visit No : CKHAOPV110423

Sample Collected on :

Reported on : 08-03-2024 18:53

LRN# : RAD2259782

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS14070

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

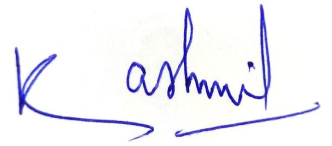
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Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mrs. Geetanjali Khade

Age/Gender : 44 Y/F

UHID/MR No. : CKHA.0000072236

OP Visit No : CKHAOPV110423

Sample Collected on :

Reported on : 08-03-2024 14:22

LRN# : RAD2259782

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS14070

DEPARTMENT OF RADIOLOGY

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Visualized vessels appears normal.

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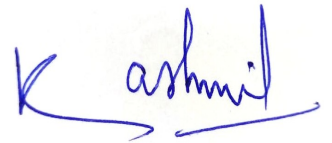
IMPRESSION:

NORMAL STUDY.

Clinical correlation suggested

Consultant Radiologist.

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



Dr. SANKET KASLIWAL
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Radiology

Patient Name : Mrs. Geetanjali Khade

Age/Gender : 44 Y/F

UHID/MR No. : CKHA.0000072236

OP Visit No : CKHAOPV110423

Sample Collected on :

Reported on : 08-03-2024 14:20

LRN# : RAD2259782

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS14070

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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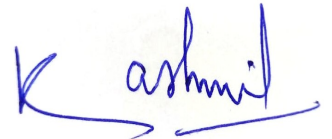
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