

Patient Name	: Mrs.NEHA KUMARI	Collected	: 23/Mar/2024 10:22AM
Age/Gender	: 25 Y 3 M 19 D/F	Received	: 23/Mar/2024 10:43AM
UHID/MR No	: SCHI.0000019249	Reported	: 23/Mar/2024 03:16PM
Visit ID	: SCHIOPV28005	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: GDFGDD		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080081

Patient Name	: Mrs.NEHA KUMARI	Collected	: 23/Mar/2024 10:22AM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.7	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>39.40</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.04	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	97.4	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,640	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5071.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2738.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	224.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	552.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	207000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
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SIN No:BED240080081



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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA  
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**DEPARTMENT OF HAEMATOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
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SIN No:BED240080081



Patient Name : Mrs.NEHA KUMARI	Collected : 23/Mar/2024 03:18PM
Age/Gender : 25 Y 3 M 19 D/F	Received : 23/Mar/2024 03:48PM
UHID/MR No : SCHI.0000019249	Reported : 23/Mar/2024 08:59PM
Visit ID : SCHIOPV28005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GDFGDD	

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	96	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)	120	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  
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SIN No:PLP1436740



Patient Name : Mrs.NEHA KUMARI	Collected : 23/Mar/2024 10:22AM
Age/Gender : 25 Y 3 M 19 D/F	Received : 23/Mar/2024 12:34PM
UHID/MR No : SCHI.0000019249	Reported : 23/Mar/2024 02:36PM
Visit ID : SCHIOPV28005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GDFGDD	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	85	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

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

SIN No: EDT240036782





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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	165	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	135	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	95	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.84		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.14</b>		<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  
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Consultant Pathology  
SIN No:SE04673213



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>52</b>	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>41.0</b>	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	103.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.40</b>	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	<b>12.70</b>	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	<b>5.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.5-6.2	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>146</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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Visit ID : SCHIOPV28005	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	23.00	U/L	12-43	Glycylglycine Nitoranalide



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Visit ID : SCHIOPV28005	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.41	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.400	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

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

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



Dr. SHWETA GUPTA  
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SIN No:SPL24053779



Patient Name : Mrs.NEHA KUMARI	Collected : 23/Mar/2024 10:22AM
Age/Gender : 25 Y 3 M 19 D/F	Received : 23/Mar/2024 04:31PM
UHID/MR No : SCHI.0000019249	Reported : 23/Mar/2024 06:14PM
Visit ID : SCHIOPV28005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-2	/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  
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Consultant Pathology  
SIN No:UR2314419



Patient Name : Mrs.NEHA KUMARI	Collected : 23/Mar/2024 10:22AM
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UHID/MR No : SCHI.0000019249	Reported : 23/Mar/2024 06:13PM
Visit ID : SCHIOPV28005	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

**\*\*\* End Of Report \*\*\***

Result/s to Follow:  
LBC PAP TEST (PAPSURE)



Dr. SHWETA GUPTA  
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SIN No:UF011370





Name : Mrs. NEHA KUMARI

Age: 25 Y

UHID: SCHI.0000019249

Sex: F



OP Number: SCHIOPV28005

Address : MUNIRKA

Bill No : SCHI-OCR-10060

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Date : 23.03.2024 10:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	D ECHO ✓	
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	SONO MAMOGRAPHY - SCREENING ✓	
18	HbA1c, GLYCATED HEMOGLOBIN ✓	
19	X-RAY CHEST PA ✓	
20	ENT CONSULTATION DR. SANDHYA GUDWANE	
21	FITNESS BY GENERAL PHYSICIAN ✓	
22	BLOOD GROUP ABO AND RH FACTOR ✓	
23	LIPID PROFILE ✓	
24	BODY MASS INDEX (BMI) ✓	
25	OPHTHAL BY GENERAL PHYSICIAN ✓	
26	ULTRASOUND - WHOLE ABDOMEN ✓	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

X-Ray  
USG.

Height: 165 cm  
Weight: 85.2 kg  
B.P.: 140/90 mmHg  
Pulse: 80/min  
SP02: 99%

## CERTIFICATE OF MEDICAL FITNESS

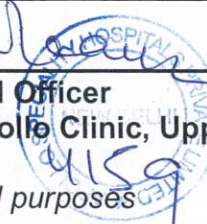
This is to certify that I have conducted the clinical examination

of Neelke kumari on 23/3

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</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"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. Neelke  
 Medical Officer  
 The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes*



**PREVENTIVE HEALTH CARE SUMMARY**

NAME :-	Nehe Kumari	UHID No :	19245
AGE / GENDER :-	27y/f	RECEIPT No :-	
PANEL :	Arcofeny	EXAMINED ON :-	23/3

**Chief Complaints:**

R/c

Weakness  
Body Pain

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

**Personal History:**

Alcohol	:	<del>Nil</del>	Activity	:	<del>Active</del>
Smoking	:	<del>Nil</del>	Allergies	:	<del>Nil</del>

**Family History:** DM / HT

**General Physical Examination:**

Height	165	:	cms	Pulse	80/min	bpm
Weight	85.2	:	Kgs	BP	140/90	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 :-	<i>Neel</i>	UHID No :	
AGE :-		SEX :	
PANEL :		RECEIPT No :-	
		EXAMINED ON :-	


### Investigations:


- *All the reports of tests and investigations are attached herewith*

*W M*

### Recommendation:

*Cap Absolute women 107  
My Vibe D<sub>3</sub> 60 4/2 mal  
be on u used  
2 mal*

  
Dr. Navneet Kaur  
Consultant Physician





**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** 20 March 2024 17:57  
**To:** phc.klc@apollospectra.com  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Confirmed Request(bobS16713),Package Code-  
PKG10000377, Beneficiary Code-295713



011-41195959

Hi **Apollo Spectra - Nehru Enclave,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Health Annual Plus Check

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Hospital Address** : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019

**Contact Details** : 7033289165

**Appointment Date** : 23-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
Neha Kumari	25 year	Female

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App





भारत सरकार  
GOVERNMENT OF INDIA



नेहा कुमारी  
Neha Kumari  
जन्म तिथि/DOB: 04/12/1998  
महिला/ FEMALE



4090 7348 6768

मेरा आधार, मेरी पहचान



23/3/24

Neha Komari  
25F

by p @ 6-2  
G @ 6-2

Yash Kumar

(Unread)

NCI 10  
10 mh

4/10 20

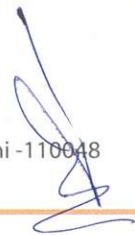
col houn @ 150 200

Ref p 100 200  
# 200 200

Yash Kumar @ 150

Adv. Osmolite - Hy Eye Drop

000  
@ 150



**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

23/03/2024

Mrs. Neha Kumari

25Y / Female

C/C :- Regular Dentures check up

M/H :- N.R

PDH :- Extraction, 8-10 years back

o/e :- Calculus +, stain +, sut +  
Carious vet  $\frac{6}{6} \mid \frac{7}{7}$

R.S vet  $\frac{\quad}{6} \mid \frac{\quad}{\quad}$

Missing vet  $\frac{\quad}{\quad} \mid \frac{\quad}{6?}$

Advised :- X-Ray vet  $\frac{6}{6} \mid \frac{7}{7}$

Extraction  $\frac{\quad}{6} \mid \frac{\quad}{\quad}$

PS

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LPD-16.3.24,

(2) yds .

dysmenstrhea

P/L, - Uter

LCB - 4ym

Neha Kumari

254/F

23.3.24

Adw .

breast

P/A

P/S

P/V

(N)

- T. Myofascial pain SOS ,

done .

**Dr. Sanjay Kumar Gudwani**

MBBS (MAMC), MS(ENT) (Safdarjang Hospital)  
Director - ENT

For Appointment : +91 11 40465555  
Mob.: +91 9910995018



Specialists in Surgery

MRS. ~~H~~ NEHA KUMAR

25 Yrs / R

NO ENT complaint -

O/E Stable, afebrile

E: NASE  
THROAT / - Normal  
EAR

SOLISWAY Ear drops

4 drops (B)

DR. SANJAY

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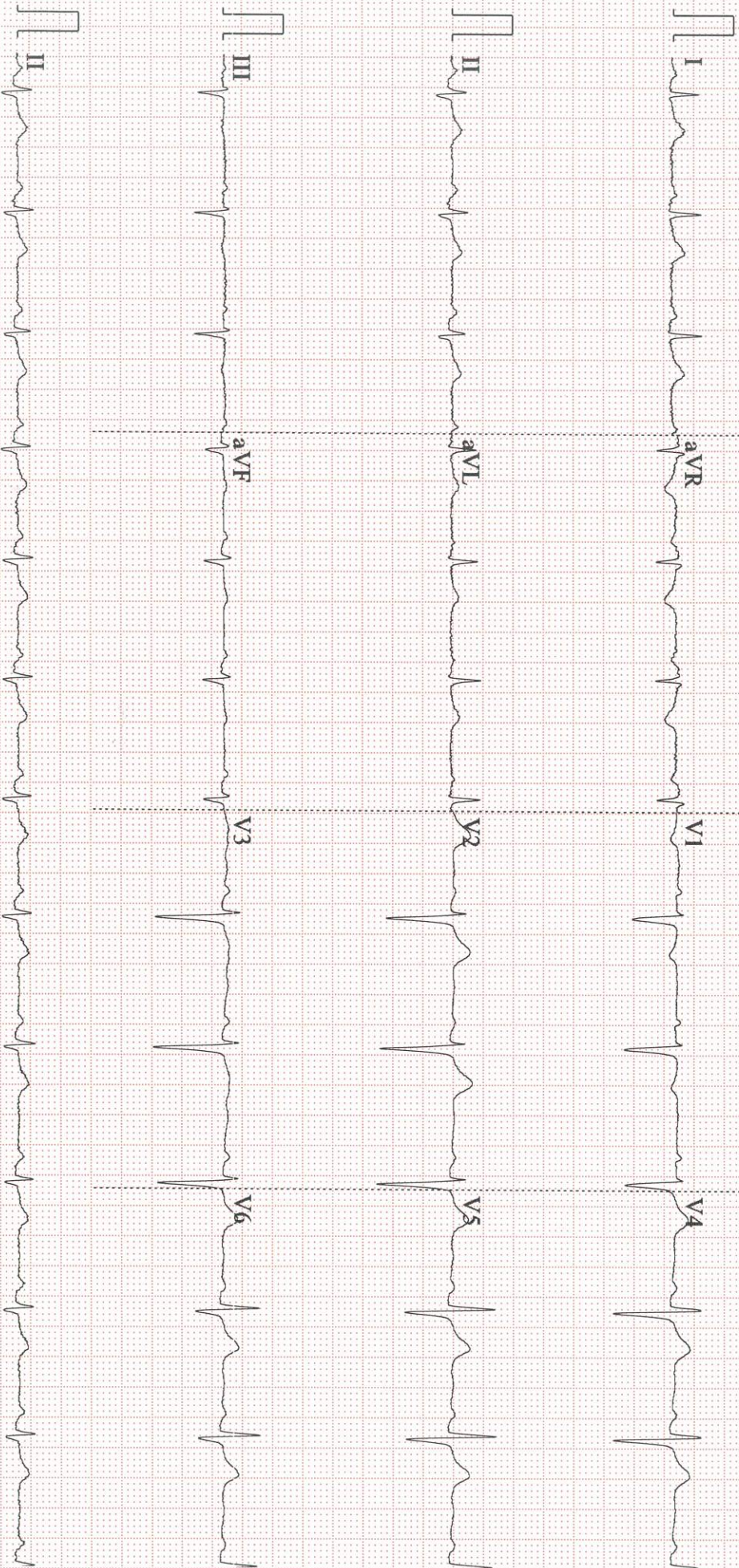


ID: 19249  
Neha kumari  
Female 25Years  
Req. No. :

23-03-2024 10:53:04  
HR : 74 bpm  
P : 97 ms  
PR : 162 ms  
QRS : 87 ms  
QT/QTcBz : 389/434 ms  
P/QRS/T : 49/-13/23 °  
RV5/SV1 : 0.757/0.816 mV

Diagnosis Information:  
Sinus Arrhythmia

Report Confirmed by:





Patient Name : Mrs. NEHA KUMARI Age : 25 Y/F  
 UHID : SCHI.0000019249 OP Visit No : SCHIOPV28005  
 Conducted By: Dr. MUKESH K GUPTA Conducted Date : 23-03-2024 18:25  
 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 \_\_\_\_\_cm<sup>2</sup>  
 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	2.6 (2.0 – 3.7cm)	LA es	2.8 (1.9 – 4.0cm)
LV es	2.7 (2.2 – 4.0cm)	LV ed	4.4 (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)		LVVd (ml)	
EF	62% (54%-76%)	IVS motion	<b>Normal</b> /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=62%
- v Grade I LVDD
- 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 K Gupta*  
*M.B.B.S, MD,FIACM*  
*Senior Consultant Cardiologist*

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<b>Name :</b>	<b>NEHA KUMARI</b>	<b>Age/Sex:</b>	<b>25</b>	<b>Yrs./F</b>
<b>UHID :</b>	<b>19249</b>			
<b>Ref By :</b>	<b>APOLLO SPECTRA</b>	<b>Date:-</b>	<b>23.03.2024</b>	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**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 9.5X3.8 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 5.5mm

Both ovaries are normal in size ,shape and echotexture.

**Right ovary:** 2.6X1.7 cm

**Left ovary:** 2.7X1.8 cm

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

**IMPRESSION: FATTY CHANGES IN LIVER GRADE 1**

**Please correlate clinically and with lab. Investigations.**

**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

Name :	NEHA KUMARI	Age/Sex	25	Yrs. /F
UHID :	19249			
Ref By :	APOLLO SPECTRA	Date:-	29.03.2024	

### **USG BOTH BREAST**

Both breast shows normal parenchymal pattern.

No obvious architectural distortion seen.

No abnormal ductal dilatation seen.

Skin and subcutaneous tissues are normal.

No evidence of intramammary / axillary lymphadenopathy seen on both sides.

No abnormal vascularity seen on both sides.

Bilateral subareolar regions are unremarkable.

#### **IMPRESSION: USG breast reveals:**

**No significant abnormality**

**Advise:** Clinical Correlation.

  
**DR. MONICA CHHABRA**  
CONSULTANT RADIOLOGIST

## DIGITAL X-RAY REPORT

NAME: NEHA	DATE: 23.03.2024
UHID NO : 19249	AGE: 25YRS/ 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

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