

NAME - KAVITA SHARMA

PHONE - 9540274433

AGE/GENDER - 40 - F

ADDRESS - N.P.O - BHONDI - GAN

EMAIL - VSHARMA4433@Gmail.com

CORPORATE NAME - BANC OF BARODA

1. Past medical history & medications:-

N.A

2. Any existing disease:-

N.A

3. Current medications :-

N.A

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 170/100 mmHg
- PULSE RATE - 90/bt
- TEMPERATURE - 97.8F
- SPO2 - 99%
- BLOOD SUGAR (RANDOM) - .....
- HEIGHT - 162 cm
- WEIGHT - 71.1 kg
- BMI - 27.1 kg/m<sup>2</sup>

5. FINDINGS: -

LAB INVESTIGATION: -

Hb : 10.1

T. Cholesterol : 248.1

LDL : 185

Ophthalmology : R -  $\frac{6}{9}$  L -  $\frac{6}{9}$

Colour vision : normal

CARDIOLOGY INVESTIGATIONS: -

ECG : Abnormal

2D ECHO : WNL

RADIOLOGY INVESTIGATIONS: -

Chest X-ray : normal

USG Abdomen : • Bulky uterus with fibroids  
• Polycystic ovaries

6. DOCTOR REMARKS: -

- Anemia
- Dyslipidaemia
- Polycystic Ovaries
- Uterine fibroids.

  
Dr. Sunita


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs Kavita Sharma on 10/12/2023

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 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... <u>Anemia</u> .....</p> <p>2... <u>Dyslipidemia</u> .....</p> <p>3... <u>Uterine fibroids + PCOD</u> .....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Susmitha Vijayan  
Medical Officer  
The Apollo Clinic, (Location) 

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

Patient's name: - MRS. KAVITA SHARMA  
Referred by: - HEALTH CHECK UP

Date: - 09-12-2023  
Age/Sex: - 40Y/F

## ULTRASOUND WHOLE ABDOMEN

**CLINICAL PROFILE;** HEAVY PERIODS.

The liver is normal in size, outline and parenchymal echotexture. No focal lesion is seen. The portal vein is normal in calibre and course.

*The gall bladder is not seen- consistent with previous surgical removal..* The intra hepatic biliary radicals and CBD are normal.  
The pancreas and spleen are normal.

Both the kidneys are normal in size, outline and parenchymal echopattern. No calculus or hydronephrosis is seen on either side.

No lymph node enlargement is seen in the para-aortic region. No free fluid is seen in peritoneal cavity.

**The uterus is bulky and shows lobulated outline. This is due to the presence of a few intramural and subserosal fibroids largest one measuring 39x37mm along the left wall, subserosal in location. The endometrial lining is central 6.6mm.**

*Both ovaries show a few clear cystic areas , largest one being 29mm on left side.*

The urinary bladder is normal in outline.

**IMPRESSION;**  
**BULKY UTERUS WITH FIBROIDS**  
**CLEAR CYST LEFT OVARY**  
CLINICAL /TVS CORRELATION IS NECESSARY.

  
**DR. RAJNISH JUNEJA**  
MBBS, DNB RADIODIAGNOSIS

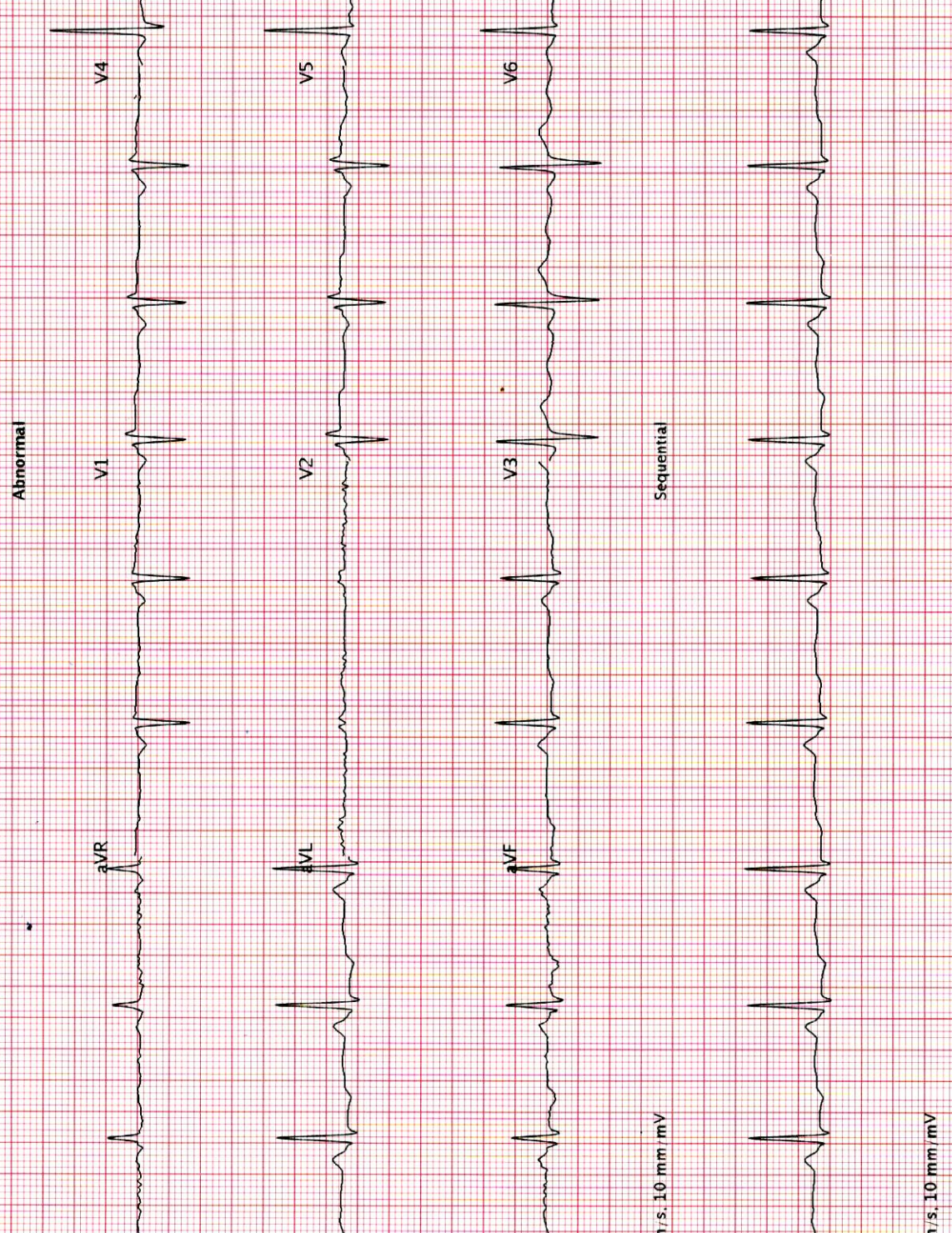
HR: 69 bpm  
 RR: 870 ms  
 P: 120 ms  
 PR: 155 ms  
 QRS: 99 ms  
 QT: 373 ms  
 QTcB: 400 ms

Interpretation too long to fit. please see separate page  
 Unconfirmed report

Visit ID: [blank]  
 Room: [blank]  
 Medication: [blank]  
 Order ID: [blank]  
 Ord. prov.: [blank]  
 Ord. prov.: [blank]

Gender: Female  
 Height: [blank]  
 Weight: [blank]  
 Ethnicity: Undefined  
 Pacemaker: Unknown

Indication: [blank]  
 Remark: [blank]



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 60Hz

25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 60Hz

Patient's Name:- MS. KAVITA  
SHARMA

Date :- 09/12/2023

Referred By :- HEALTH CHECKUP

Age/Sex :- 40Y/F

### Radiograph of Chest (PA View)

Visualized lung fields are clear.  
Both hila appear normal.  
Both CP Angle are clear.  
Domes are normally placed.  
Cardiac shadow appears normal.  
Trachea and mediastinum are normal.  
Thoracic bony cage is normal.  
Note is made of cholecystectomy clips.

Please correlate clinically



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Dr Arushi Gupta  
MBBS, DNB (Radio - Diagnosis)  
Radiologist

## ECHOCARDIOGRAPHY REPORT

Patient's Name	MRS. KAVITA SHARMA	Date	09-12-2023
Referred by	HEALTH CHECK UP	Age & Sex	40Yrs/F

### MITRAL VALVE

Morphology **AML - Normal** / Thickening/Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Doming  
**PML - Normal** / Thickening/ Calcification/ Mild Prolapse/ Paradoxical motion/ fixed.  
 Sub valvular deformity Present/ **Absent** Score: .....

Doppler **Normal**/Abnormal **E>A** A>E  
 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.....  
 EDG.....mmHg MDG.....mmHg  
 Tricuspid Regurgitation: **Absent**/ Trivial/ Mild/ Moderate/ Severe Fragmented signals  
 Velocity.....m/sec

### PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation  
 Doppler **Normal**/ Abnormal  
 Pulmonary Stenosis Present/**Absent** Level Valvular and Sub valvular  
 PV Max = **0.92** m/sec PSG.....mmHg Pulmonary annulus.....mm  
 Pulmonary Regurgitation Present/ **Absent**  
 Early diastolic gradient.....mmHg. End Diastolic Gradient.....mmHg

### AORTIC VALVE

Morphology **Normal**/ Thickening/ Tip Calcification/ Restricted Opening/ Flutter vegetation  
 No. of cusps 1/2/3/4

Doppler **Normal**/ Abnormal  
 Aortic Stenosis: Present/**Absent**  
 AV Max = **1.3** m/sec Aortic Annulus.....mm  
 Aortic Regurgitation **Absent**/ Trivial/ Mild/Moderate/ Severe

**Measurements**

Aorta- 2.3  
LVes- 3.3  
IVSed-0.9  
RV ed  
LVVd (ml)  
EF **55-60 %**

**Normal Values**

(2.0-3.7 cm)  
(2.2-4.0 cm)  
(0.6-1.1 cm)  
(0.7-2.6 cm)  
(54%-76%)

**Measurements**

LAes- 3.0  
LVed- 4.5  
PW (LV)-0.7  
RV anterior wall  
LVVs (ml)  
IVS motion

**Normal Values**

(1.9-4.0 cm)  
(3.7-5.6 cm)  
(0.6-1.1 cm)  
(up to 5 mm)

**Normal/** Flat/ Paradoxical

**CHAMBERS:**

LV	<b><u>Normal</u></b> / Enlarged/ Clear/ Thrombus/hypertrophy Contraction <b><u>Normal</u></b> / Reduced
LA	<b><u>Normal</u></b> / Enlarged/ <b><u>Clear</u></b> / Thrombus
RA	<b><u>Normal</u></b> / Enlarged/ <b><u>Clear</u></b> / Thrombus
RV	<b><u>Normal</u></b> / Enlarged/ <b><u>Clear</u></b> / Thrombus
Pericardium	<b><u>Normal</u></b> / Thickening/ Calcification/ Effusion

**COMMENTS AND SUMMARY**

- ALL FOUR CHAMBERS NORMAL IS SIZE AND SHAPE
- ALL FOUR VALVES NORMAL IN MORPHOLOGY
- NO MR/AR/TR
- NO AORTIC STENOSIS
- NORMAL LV DIASTOLIC FUNCTION
- NO RWMA/CLOT/MASS/PE SEEN
- NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60%

Kindly correlate clinically



**DR. ROHIT GOEL**  
M.D, D.M (Cardiology)



<b>Patient Name</b> : Mr. VIKAS SHARMA	Barcode NO	: 10060856
Age/Gender : 44 Y O M O D /M	Registration Date	: 09/Dec/2023 01:51PM
<b>LabNo</b> : ITS2229	Sample Collected Date	: 09/Dec/2023 01:51PM
Ref Doctor : SELF	Report Generated Date	: 09/Dec/2023 05:50PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE BLOOD COUNT**

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	13.2	gm/dl	13.00-17.00	spectrophotometer
RBC COUNT (RED BLOOD CELL COUNT)	4.7	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	<b>38.7</b>	%	40-50	Electronic Pulse & calculation
MCV	82.1	fL	81 - 101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	34.12	g/dl	31.5 - 34.5	Calculated
RDW-CV	14.2	%	11.5-14.5	Calculated
RDW-SD	<b>47.8</b>	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,400	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	2.00	lac/mm <sup>3</sup>	1.50 - 4.50	Optical Flowcytometry
MPV	10.4	fL	8.60-15.50	Calculated
PCT	0.21	%	0.15-0.62	Calculated
PDW-CV	16.60	%	10.0 - 17.9	Calculated
PDW-SD	16	fL	9.0 - 17.0	Calculated

**DLC (by Flow cytometry/Microscopy)**

NEUTROPHIL	62	%	40 - 80	Electrical impedance
LYMPHOCYTE	29	%	20 - 40	Electrical impedance
MONOCYTE	05	%	2 - 10	Electrical impedance
EOSINOPHIL	03	%	01 - 06	Electrical impedance
BASOPHIL	01	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	2.7	x10 <sup>3</sup> Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	<b>1.1</b>	x10 <sup>3</sup> Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.2	x10 <sup>3</sup> Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.3	x10 <sup>3</sup> Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0.1	x10 <sup>3</sup> Cells/uL	0.02-0.2	Electrical impedance



*Prasad*

Dr Sarita Prasad  
MBBS, DNB Pathology  
Sr. Consultant (HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,  
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



<b>Patient Name</b> : Mr.VIKAS SHARMA	<b>Barcode NO</b> : 10060856
<b>Age/Gender</b> : 44 Y O M O D /M	<b>Registration Date</b> : 09/Dec/2023 01:51PM
<b>LabNo</b> : ITS2229	<b>Sample Collected Date</b> : 09/Dec/2023 01:51PM
<b>Ref Doctor</b> : SELF	<b>Report Generated Date</b> : 09/Dec/2023 05:49PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**ERYTHROCYTE SEDIMENTATION RATE**

**Sample Type : WHOLE BLOOD EDTA**

ERYTHROCYTE SEDIMENTATION RATE	08	mm/1st hr	1-12	Westergren
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**COMMENTS:** ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



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**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO & RH**

Sample Type : WHOLE BLOOD EDTA

ABO	B			Gel Columns agglutination
Rh Typing	Positive			Gel agglutination

**COMMENTS:**

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

**Disclaimer:** There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.




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<b>Ref Doctor</b> : SELF	<b>Report Generated Date</b> : 09/Dec/2023 05:49PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c	5.3	%	Normal Glucose tolerance (non-diabetic): <5.6%-Pre-diabetic: 5.7-6.4%-Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	105.41	mg/dl		

**INCREASED IN**

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

**DECREASED IN**

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



*Prasad*

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE</b>				
<b>Sample Type : SERUM</b>				
TOTAL CHOLESTEROL	<b>257.12</b>	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	139.43	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	50.35	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	<b>178.88</b>	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	<b>206.77</b>	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	27.89	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.11			Calculated
LDL / HDL RATIO	3.55			Calculated



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Age/Gender : 44 Y O M O D /M	Registration Date	: 09/Dec/2023 01:51PM
<b>LabNo</b> : ITS2229	Sample Collected Date	: 09/Dec/2023 01:51PM
Ref Doctor : SELF	Report Generated Date	: 09/Dec/2023 05:54PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST</b>				
<b>Sample Type : SERUM</b>				
SERUM UREA	21.22	mg/dL	15-39	Urease GLDH
Blood Urea Nitrogen (BUN)	9.91	mg/dl	5-25	
SERUM URIC ACID	5.72	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	0.63	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	147.05	mL/min/1.73m <sup>2</sup>	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	9.84	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	137.5	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.14	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	108.6	mmol/L	98.0-109.0	ISE

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



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<b>Patient Name</b> : Ms.KAVITA	<b>Barcode NO</b> : 10060857
<b>Age/Gender</b> : 40 Y O M O D /F	<b>Registration Date</b> : 09/Dec/2023 01:58PM
<b>LabNo</b> : ITS2230	<b>Sample Collected Date</b> : 09/Dec/2023 01:58PM
<b>Ref Doctor</b> : SELF	<b>Report Generated Date</b> : 09/Dec/2023 05:48PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE BLOOD COUNT**

**Sample Type : WHOLE BLOOD EDTA**

HAEMOGLOBIN (HB)	<b>10.12</b>	gm/dl	13.00-17.00	spectrophotometer
RBC COUNT (RED BLOOD CELL COUNT)	<b>3.7</b>	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	<b>30.1</b>	%	40-50	Electronic Pulse & calculation
MCV	82.3	fL	81 - 101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.3	g/dl	31.5 - 34.5	Calculated
RDW-CV	14.5	%	11.5-14.5	Calculated
RDW-SD	<b>49.7</b>	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,410	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	3.93	lac/mm <sup>3</sup>	1.50 - 4.50	Optical Flowcytometry
MPV	<b>8.41</b>	fL	8.60-15.50	Calculated
PCT	0.35	%	0.15-0.62	Calculated
PDW-CV	15.23	%	10.0 - 17.9	Calculated
PDW-SD	11	fL	9.0 - 17.0	Calculated

**DLC (by Flow cytometry/Microscopy)**

NEUTROPHIL	67	%	40 - 80	Electrical impedance
LYMPHOCYTE	26	%	20 - 40	Electrical impedance
MONOCYTE	04	%	2 - 10	Electrical impedance
EOSINOPHIL	02	%	01 - 06	Electrical impedance
BASOPHIL	01	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	4.3	x10 <sup>3</sup> Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	<b>1.7</b>	x10 <sup>3</sup> Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.3	x10 <sup>3</sup> Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.2	x10 <sup>3</sup> Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0.1	x10 <sup>3</sup> Cells/uL	0.02-0.2	Electrical impedance



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<b>Ref Doctor</b> : SELF	<b>Report Generated Date</b> : 09/Dec/2023 05:46PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**ERYTHROCYTE SEDIMENTATION RATE**

**Sample Type : WHOLE BLOOD EDTA**

ERYTHROCYTE SEDIMENTATION RATE	10	mm/1st hr	1-12	Westergren
--------------------------------	----	-----------	------	------------

**COMMENTS:** ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



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TO BOOK AN APPOINTMENT





<b>Patient Name</b> : Ms.KAVITA	<b>Barcode NO</b> : 10060857
<b>Age/Gender</b> : 40 Y O M O D /F	<b>Registration Date</b> : 09/Dec/2023 01:58PM
<b>LabNo</b> : ITS2230	<b>Sample Collected Date</b> : 09/Dec/2023 01:58PM
<b>Ref Doctor</b> : SELF	<b>Report Generated Date</b> : 09/Dec/2023 05:46PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO & RH**

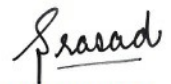
**Sample Type : WHOLE BLOOD EDTA**

ABO	O			Gel Columns agglutination
Rh Typing	Positive			Gel agglutination

**COMMENTS:**

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

**Disclaimer:** There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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MBBS, DNB Pathology  
Sr. Consultant(HMC.9669)

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**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c	6.1	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	128.37	mg/dl		

**INCREASED IN**

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

**DECREASED IN**

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



*Prasad*

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
<b>Sample Type : SERUM</b>				
TOTAL BILIRUBIN	0.41	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED ( D. Bilirubin)	0.22	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED ( I.D. Bilirubin)	0.19	mg/dl	0.1-1.0	Calculated
S.G.P.T	22	U/L	10.0-35.0	Enzymatic,IFFC
SGOT	18	U/L	8.0-35.0	Enzymatic,IFFC
GGT	25	U/L	8.0-55.0	Colorimetric Method
ALKALINE PHOSPHATASE	115	U/l	30-120	P-Nitrophenyl phosphate
TOTAL PROTEINS	6.76	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.34	gm/dl	3.5-5.0	BCG
GLOBULIN	2.42	gm/dl	2.0-4.1	Calculated
A/G RATIO	1.79		1.0-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE</b>				
<b>Sample Type : SERUM</b>				
TOTAL CHOLESTEROL	<b>248.11</b>	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	68.45	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	49.34	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	<b>185.08</b>	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	<b>198.77</b>	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	<b>13.69</b>	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.03			Calculated
LDL / HDL RATIO	3.75			Calculated



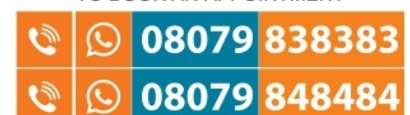
*Prasad*

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PLASMA GLUCOSE - FASTING</b>				
<b>Sample Type : FLOURIDE PLASMA</b>				
Plasma Glucose Fasting	89.12	mg/dl	70 - 100	Glucose Oxidase/Peroxidase

<b>PLASMA GLUCOSE - PP</b>				
<b>Sample Type : FLOURIDE PLASMA (PP)</b>				
Plasma Glucose PP	132.81	mg/dl	80-140	Glucose Oxidase/Peroxidase

**INTERPRETATION:**

**Increased In**

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

**Decreased In**

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST</b>				
<b>Sample Type : SERUM</b>				
SERUM UREA	24.32	mg/dL	15-39	Urease GLDH
Blood Urea Nitrogen (BUN)	11.36	mg/dl	5-25	
SERUM URIC ACID	4.23	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	0.72	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	95.35	mL/min/1.73m <sup>2</sup>	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	9.81	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	139.5	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.09	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	102.8	mmol/L	98.0-109.0	ISE



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<b>Ref Doctor</b> : SELF	<b>Report Generated Date</b> : 09/Dec/2023 06:26PM

**DEPARTMENT OF HORMONE ASSAYS**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

T3	1.14	ng/ml	0.61-1.81	ELISA
T4	7.65	ug/dl	4.80-11.60	ELISA
TSH	1.004	uIU/mL	0.40-4.20	ELISA

**INTERPRETATION:**

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

**9. REFERENCE RANGE :**

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

**Comments:**

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



*Prasad*

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**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE ROUTINE EXAMINATION**

**Sample Type : URINE**

**Complete Urine Analysis (CUE)**

COLOUR	<b>PALE YELLOW</b>		PALE YELLOW	VISUAL
TRANSPARENCY	CLEAR		Clear	VISUAL
Reaction (pH)	6.00		5 - 7.5	Bromothymol Blue
SPECIFIC GRAVITY	1.015		1.002 - 1.030	Dipstick

**Chemical Examination (Automated Dipstick Method) Urine**

Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE
Blood*	Negative		NEGATIVE	Dipstick
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS
Nitrite*	Negative		NEGATIVE	Dipstick
Urobilinogen*	NORMAL		Normal	EHRlich

**Microscopic Examination Urine**

PUS CELLS	3-4	/hpf	0 - 5	Microscopy
Epithelial Cells*	0-1		<10	Microscopy
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy
Cast*	NIL		Absent	Microscopy
Crystals*	NIL		Absent	Microscopy




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Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE FOR SUGAR - FASTING**

**Sample Type : Urine**

Result	Nil		Nil	Benedicts test
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**INTERPRETATION:**

When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.

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




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TO BOOK AN APPOINTMENT



**Final Bill**

Name: Mrs. Kavita Sharma  
Age/Gender: 40 Years / Female  
MR No: FSOH.0000002632  
Department: General  
Address:  
Corporate Name: ARCOFEMI HEALTHCARE LIMITED  
Plan :ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

Bill No: FSOH-OCR-480  
Bill Date: 09-12-2023 18:42  
Visit ID: FSOHOPV3999  
Referred By: SELF  
Doctor Name:

Sno	Date	Charge Head	Description	Rate	Qty	Disc	Amount
1	09-12-2023	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	2,600.00	1.00	0.00	2,600.00
<b>Net Amount:</b>							<b>2,600.00</b>

**Bill Summary**

Total Bill Amount	2,600.00
Less Discount	0.00
<b>Net Amt.</b>	<b>2,600.00</b>
Deductions (Patient Amount)	0.00
Less Patient Payments	0.00
<b>Patient Due</b>	<b>0.00</b>
Pri. Sponsor Amount	2,600.00
Pri. Sponsor Pay	0.00
<b>Pri. Sponsor Due</b>	<b>2,600.00</b>

Signature

-->

(Pankaj Kushwaha)

Dear **Kavita sharma,**

Please find the confirmation for following request.

**Booking Date** : 28-11-2023  
**Package Name** : Arcofemi MediWheel Full Body Annual Plus Check Advanced F  
2D ECHO (Metro)  
**Name of Diagnostic/Hospital** : Apollo Clinic - Sohna Road  
**Address of Diagnostic/Hospital** : Apollo Clinic, 9A,9B,10A,10B &11, Ground Floor, Vipul Trade C  
Badshahpur Sohna Rd Hwy, Sector 48, Gurugram - 122048  
**Contact Details** : 22-49784859 , 022-49784947  
**City** : Gurgaon  
**State** : Haryana  
**Pincode** : 122048  
**Appointment Date** : 09-12-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-9:00am  
**Comment** : CONFIRM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes or cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



कविता शर्मा

Kavita Sharma

जन्म तिथि / DOB: 31/03/1983

महिला / FEMALE



5349 7870 2171

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

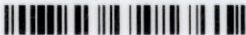
**Address:**

W/O: Vikash, 42, opp maruti  
kunj, hari om kunj, Bhondsi  
(168), Gurgaon, Haryana -  
122102

पता:

W/O: बिकाश, 42, मारुती कुंज के सामने, हरी  
ओम कुंज, भोंडसी १६८, गुडगाँव,  
हरियाणा - 122102

Generation Date: 19/09/2017



1947



help@uidai.gov.in

www

www.uidai.gov.in

P.O. Box No.1947,  
Bengaluru-560 001