

Patient Name	: Mrs.AYUSHI MISHRA	Collected	: 10/Aug/2024 10:37AM
Age/Gender	: 35 Y 1 M 28 D/F	Received	: 10/Aug/2024 12:26PM
UHID/MR No	: CMAR.0000358087	Reported	: 10/Aug/2024 02:26PM
Visit ID	: CMAROPV847148	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30174		

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

...

Page 1 of 18



**Dr. Varsha Narayanan**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:BED240208925



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	10.6	g/dL	12.5-15	Spectrophotometer
PCV	32.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.4	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	74.7	fL	83-101	Calculated
MCH	24	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	20.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,160	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.8	%	40-80	Electrical Impedence
LYMPHOCYTES	27.9	%	20-40	Electrical Impedence
EOSINOPHILS	6	%	1-6	Electrical Impedence
MONOCYTES	3.3	%	2-10	Electrical Impedence
BASOPHILS	1	%	0-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4424.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1997.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	429.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	236.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	71.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.22		0.78- 3.53	Calculated
PLATELET COUNT	326000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm/hour	0-20	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

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RBCs: Shows microcytic hypochromic RBCs No nucleated RBCs seen

WBCs: Are normal in total number with normal distribution and morphology.

PLATELETS: Appear adequate in number.

HEMOPARASITES: Negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**

**Note: Kindly evaluate for iron deficiency status.**



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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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**Dr.Nisha**  
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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	88	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:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	75	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.



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

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	134	mg/dL	0-199	CHE/CHO/POD
TRIGLYCERIDES	123	mg/dL	40-140	Glycerol Phosphate Oxidase/peroxidase
HDL CHOLESTEROL	<b>37</b>	mg/dL	42-88	Selective Inhibition
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	72.35	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.67	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.64		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.17</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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
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SIN No:SE04805673





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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.66	mg/dl	0.2-1.2	Diazotized Sulfanilic
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0-0.4	Diazotized Sulfanilic
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8.38	U/L	0-49	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	0-46	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	2.1		<1.15	Calculated
ALKALINE PHOSPHATASE	97.87	U/L	40-129	IFCC (Kinetic)
PROTEIN, TOTAL	7.17	g/dL	5.7-8.0	Biuret
ALBUMIN	4.03	g/dL	3.2-4.6	Bromocresol Green
GLOBULIN	3.14	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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.



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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034



Patient Name : Mrs.AYUSHI MISHRA  
Age/Gender : 35 Y 1 M 28 D/F  
UHID/MR No : CMAR.0000358087  
Visit ID : CMAROPV847148  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E30174

Collected : 10/Aug/2024 10:37AM  
Received : 10/Aug/2024 12:44PM  
Reported : 10/Aug/2024 06:38PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF BIOCHEMISTRY

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

### 3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 10 of 18



Dr. Varsha Narayanan  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No:SE04805673



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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.48</b>	mg/dL	0.5-0.95	
UREA	17.17	mg/dL	10-50	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.57	mg/dL	2.6-6	Uricase
CALCIUM	<b>8.77</b>	mg/dL	8.8-10.2	Arsenazo III
PHOSPHORUS, INORGANIC	3.22	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143.4	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104.1	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.17	g/dL	5.7-8.0	Biuret
ALBUMIN	4.03	g/dL	3.2-4.6	Bromocresol Green
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated



**Dr. Varsha Narayanan**  
**M.B.B.S., M.D (Pathology)**  
**Consultant Pathologist**

SIN No:SE04805673



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	24.54	U/L	5-32	Szasz

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Dr. Varsha Narayanan  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No:SE04805673



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UHID/MR No : CMAR.0000358087	Reported : 10/Aug/2024 03:10PM
Visit ID : CMAROPV847148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30174	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.601	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy



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

SIN No:SPL24130714



Patient Name	: Mrs.AYUSHI MISHRA	Collected	: 10/Aug/2024 10:37AM
Age/Gender	: 35 Y 1 M 28 D/F	Received	: 10/Aug/2024 12:44PM
UHID/MR No	: CMAR.0000358087	Reported	: 10/Aug/2024 03:10PM
Visit ID	: CMAROPV847148	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30174		

**DEPARTMENT OF IMMUNOLOGY**

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

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.Nisha**  
**M.B.B.S,MD(Pathology)**  
**Consultant Pathologist**

SIN No:SPL24130714



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323/100/123, Doddathangur Village, Neeladri Main Road,  
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Karnataka - 560034



Patient Name : Mrs.AYUSHI MISHRA	Collected : 10/Aug/2024 10:36AM
Age/Gender : 35 Y 1 M 28 D/F	Received : 10/Aug/2024 01:01PM
UHID/MR No : CMAR.0000358087	Reported : 10/Aug/2024 01:31PM
Visit ID : CMAROPV847148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30174	

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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

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Dr. Varsha Narayanan  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: UR2402394



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Patient Name	: Mrs.AYUSHI MISHRA	Collected	: 10/Aug/2024 10:36AM
Age/Gender	: 35 Y 1 M 28 D/F	Received	: 10/Aug/2024 01:01PM
UHID/MR No	: CMAR.0000358087	Reported	: 10/Aug/2024 01:31PM
Visit ID	: CMAROPV847148	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30174		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 18



**Dr. Varsha Narayanan**  
**M.B.B.S., M.D (Pathology)**  
**Consultant Pathologist**

SIN No:UR2402394



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Patient Name : Mrs.AYUSHI MISHRA	Collected : 10/Aug/2024 02:10PM
Age/Gender : 35 Y 1 M 28 D/F	Received : 10/Aug/2024 03:17PM
UHID/MR No : CMAR.0000358087	Reported : 10/Aug/2024 04:09PM
Visit ID : CMAROPV847148	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30174	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



**Dr.Nisha**  
**M.B.B.S,MD(Pathology)**  
**Consultant Pathologist**

SIN No:UPP017846



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

Result/s to Follow:  
LBC PAP SMEAR

Page 18 of 18



Dr. Varsha Narayanan  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No:UF012040



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358087



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ayushi Mishra on 10/8/24

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

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>		Tick <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.</li> </ul> <p>Review after _____ recommended</p> <ul style="list-style-type: none"> <li>• Unfit</li> </ul>		

Dr. [Signature]  
Medical Officer

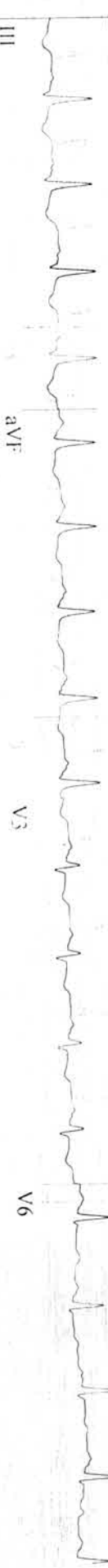
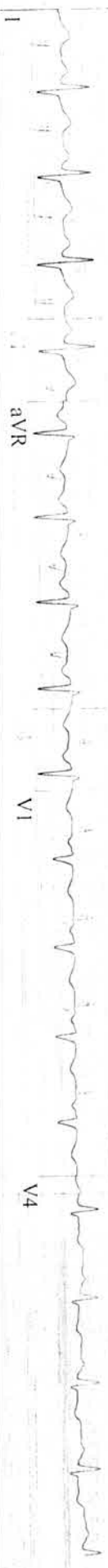
*This certificate is not meant for medico-legal purposes*

Customer Pending Tests  
done tmt instead of echo

Customer Pending Tests  
ophthal

AYUSHI MISHRA,  
Patient ID: 358087  
10.08.2024 Female 154 cm 84 kg  
1:52:23pm 35 yrs Asian

110 bpm  
130/80 mmHg



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05s 20 Hz A+ HR(V2,I)

Exercise Test / Linked Medians

Apollo clinic marathahalli bai

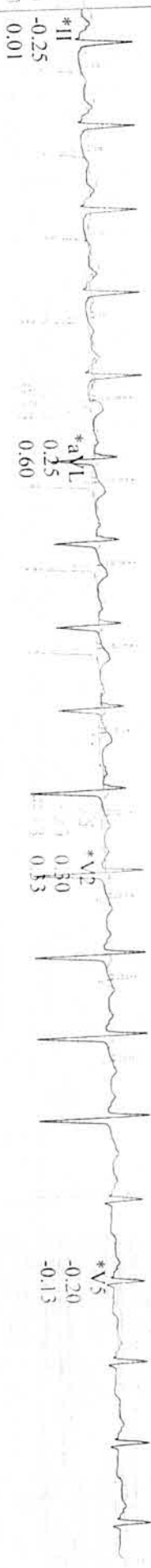
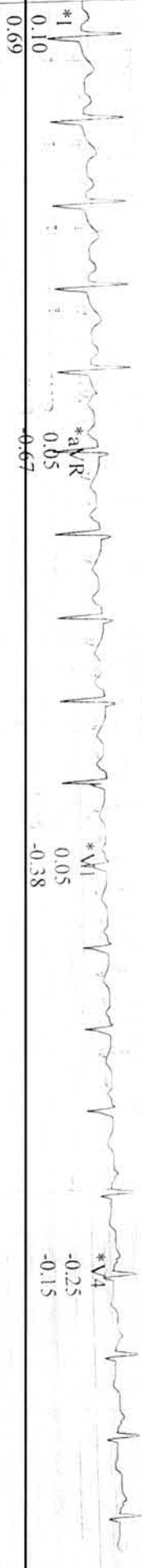
**AYUSHI MISHRA,**  
Patient ID: 358087  
10.08.2024 Female 154 cm 84 kg  
1:53:11pm 35 yrs Asian

113 bpm

PRETEST  
SUPINE  
00:21

BRUCE  
0.0 km/h  
0.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data



\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 2011v A+ HR(V2.I)

Start of Test: 1:52:49pm

AYUSHI MISHRA,

Patient ID: 358087

10.08.2024

1:53:27pm

Female 154 cm 84 kg  
35 yrs Asian

116 bpm  
130/80 mmHg

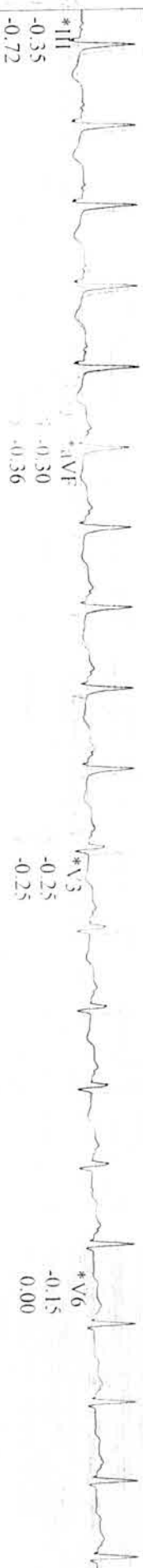
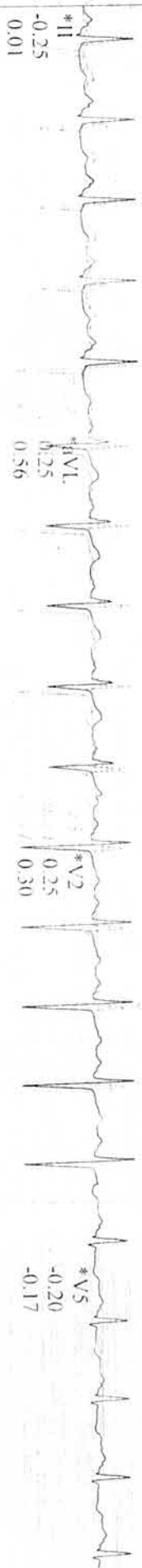
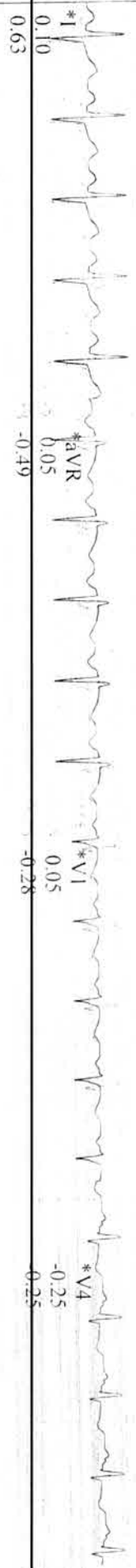
PRETEST  
STANDING  
00:37

BRUCE  
0.0 km/h  
0.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)

Exercise Test / Linked Medians

Apollo Clinic - Apollo Hospitals



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm mV 50 Hz 0.05 - 20 Hz A - HR(V2.I)

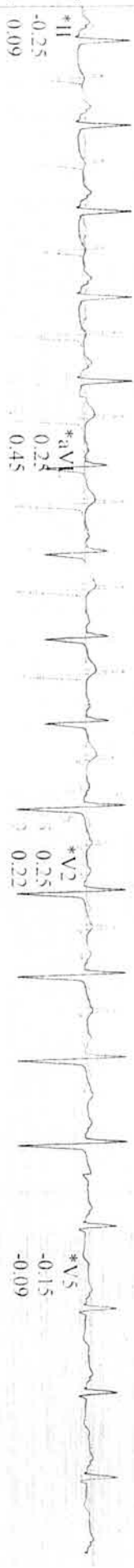
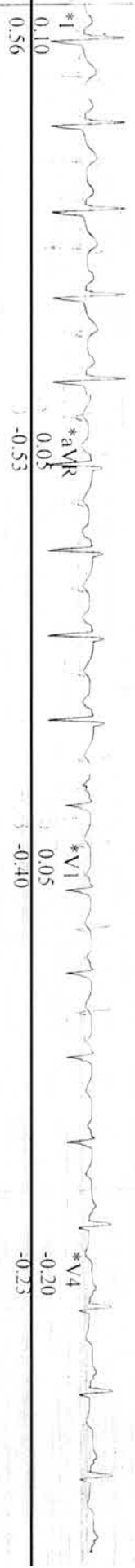
Start of Test: 1:52:49pm



**AYUSHI MISHRA,**  
 Patient ID: 358087  
 10.08.2024  
 Female 154 cm 84 kg  
 1:53:47pm 35 yrs Asian

**Exercise Test Linked Medians**  
 PRETEST  
 110 bpm  
 130/80 mmHg  
 HYPERTV  
 00:57

BRUCE  
 0.0 km/h  
 0.0 %  
 Apollo clinic marathathib



\*Computer Synthesized Rhythms

GE CardSoft V7.0 (10)  
 25 mm s 10 mm mV 50 Hz 0.05-20 Hz A+ HR V2.1

Start of Test: 1:52:49pm

AYUSHI MISHRA,

Patient ID: 358087

10.08.2024

2:00:01pm

Female 154 cm 84 kg

35 yrs Asian

Exercise Test / Linked Medians

EXERCISE

STAGE 2

05:50

BRUCE

4.0 km/h

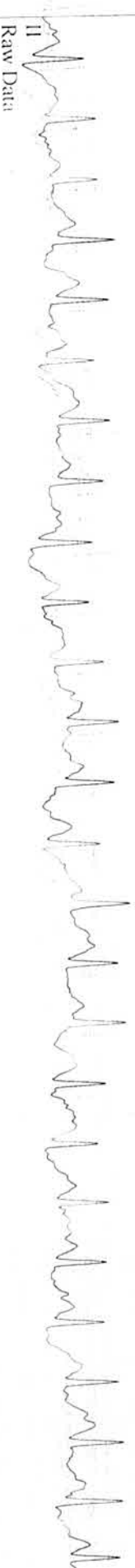
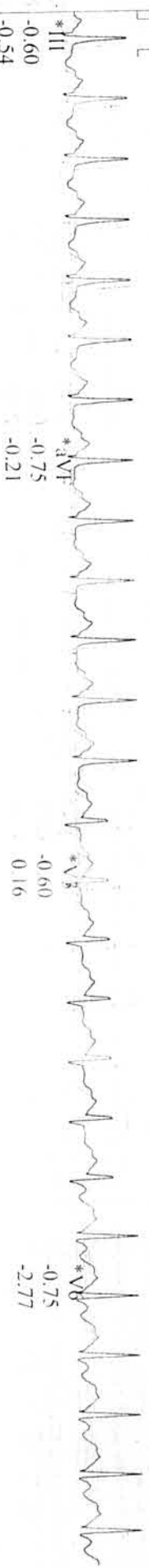
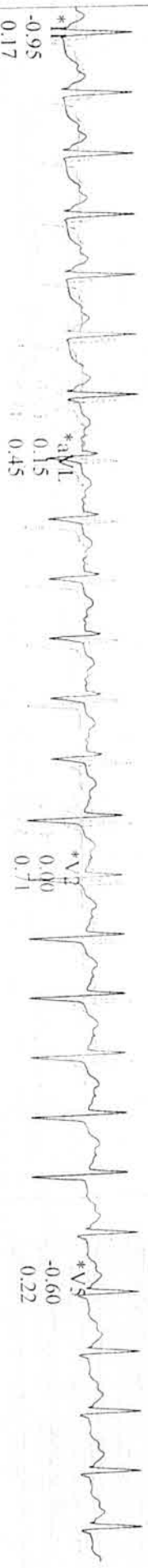
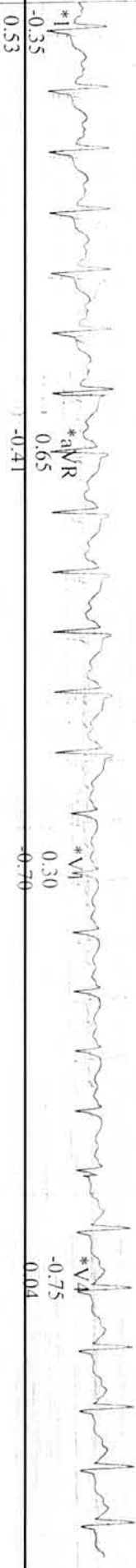
12.0 %

Apollo clinic marathahalli by

Lead

ST Level (mm)

ST Slope (mV/s)

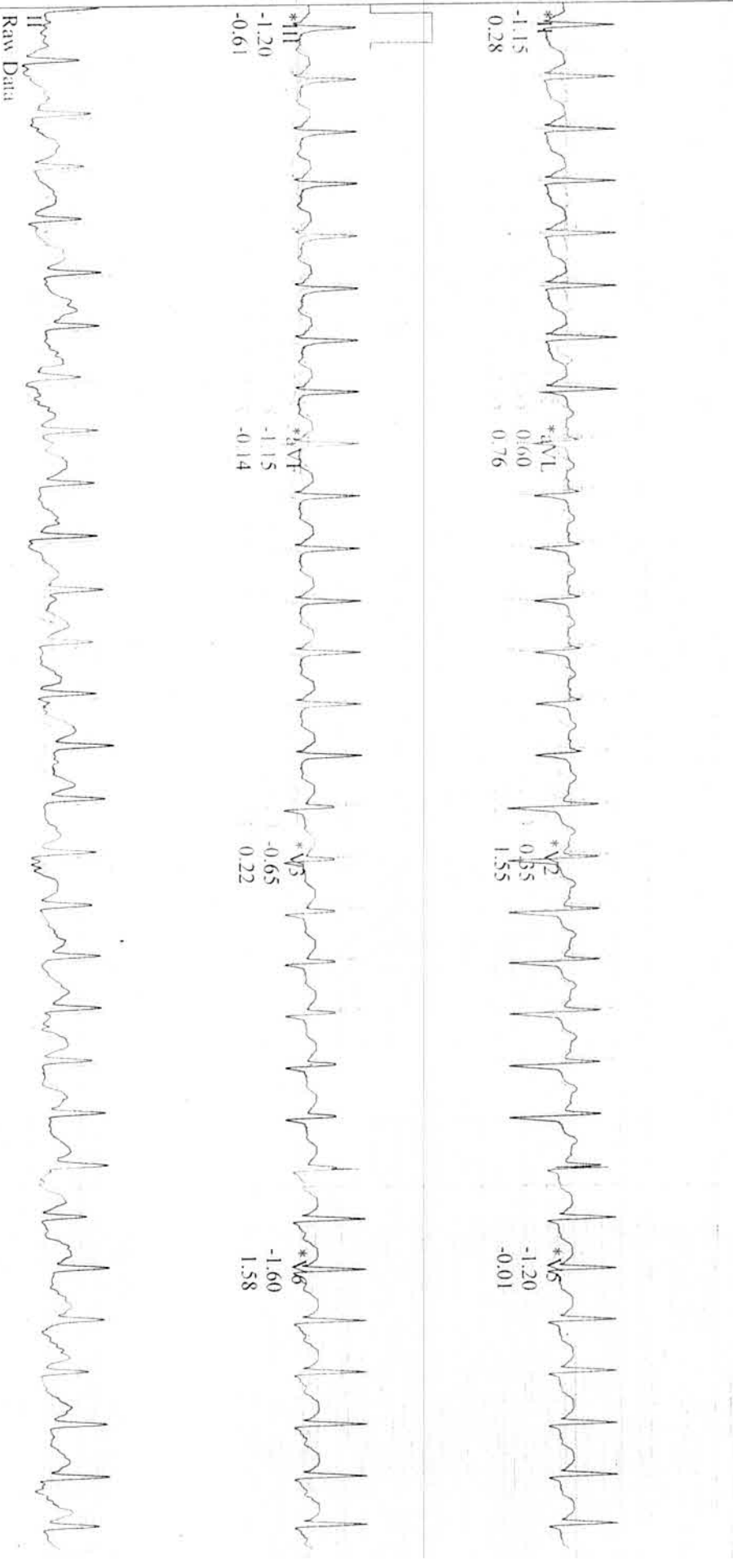
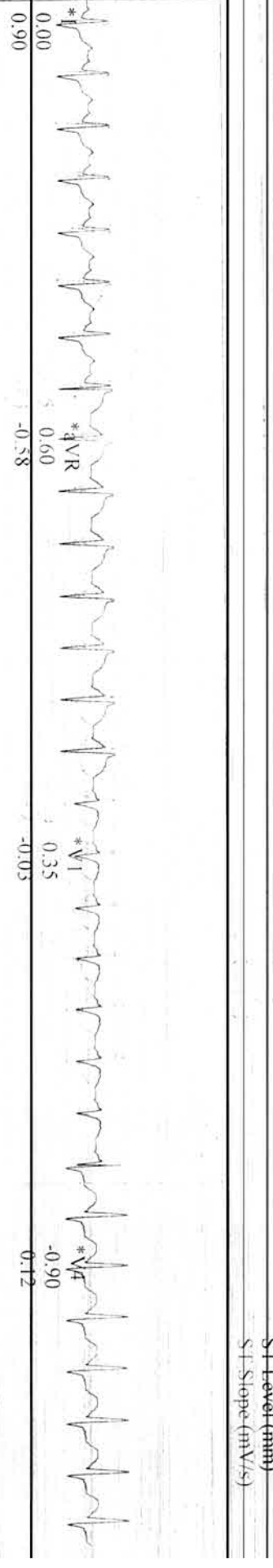


\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm mV 50 Hz 0.05 - 20 Hz A+ HR(V2.1)

Start of Test 1:52:49pm

**AYUSHI MISHRA,**  
 Patient ID: 358087  
 10.08.2024 Female 154 cm 84 kg  
 2:02:17pm 35 yrs Asian  
 179 bpm  
 140/90 mmHg  
 EXERCISE STAGE 3 08:06  
 BRUCE 5.4 km/h  
 14.0%  
 Lead  
 ST Level (mm)  
 ST Slope (mV/s)



Exercise Test/linked Medians

Apollo clinic marathathath to

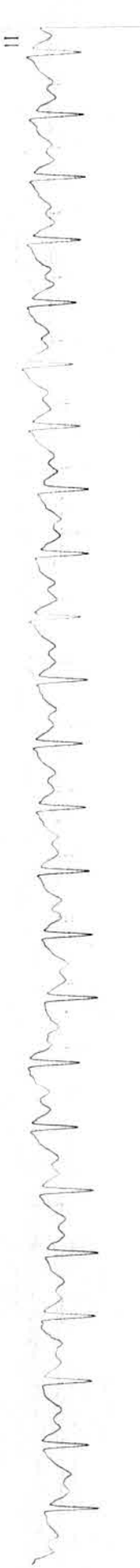
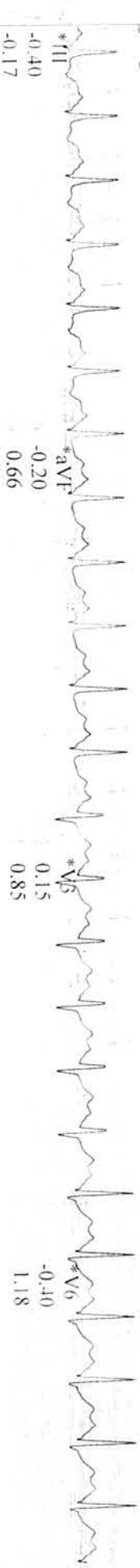
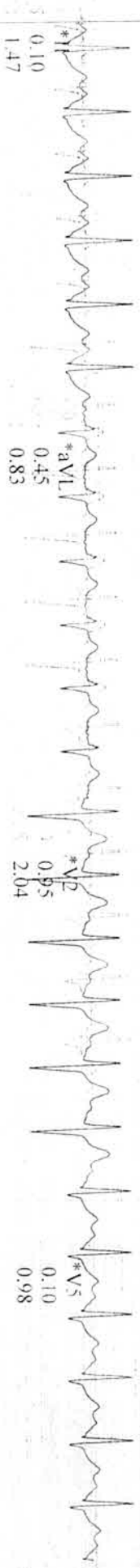
AYUSHI MISHRA,  
Patient ID: 358087  
10.08.2024 Female 154 cm 84 kg  
2:03:16pm 35 yrs Asian

146 bpm  
140/90 mmHg

RECOVERY  
#1  
01:00

BRUCE  
0.0 km/h  
0.0 %

ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 30 Hz A - HR (V2.D)

Start of Test: 1:52:49pm

AYUSHI MISHRA,

Patient ID: 358087

10.08.2024 Female 154 cm 84 kg

2:05:16pm 35 yrs Asian

Exercise Test - Linked Medians

RECOVERY #1

03:00

122 bpm

140/90 mmHg

BRUCE

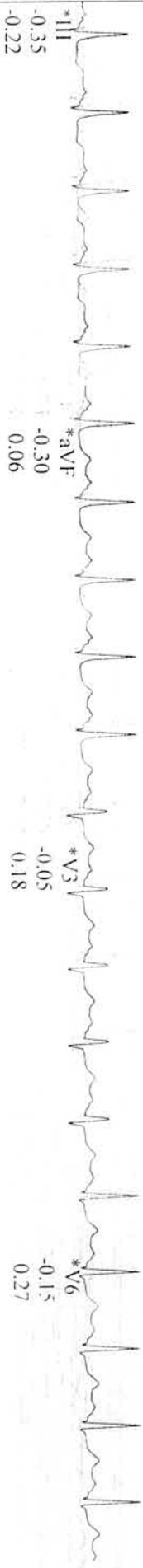
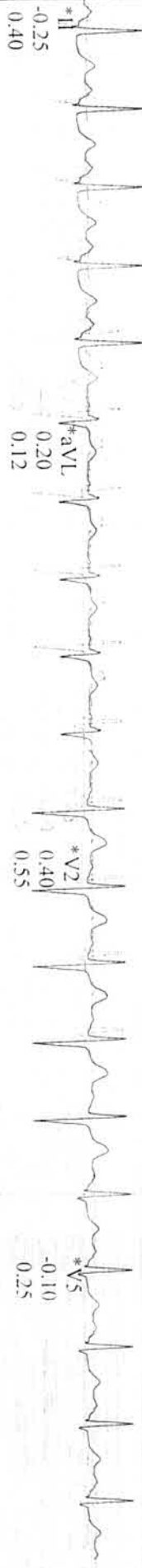
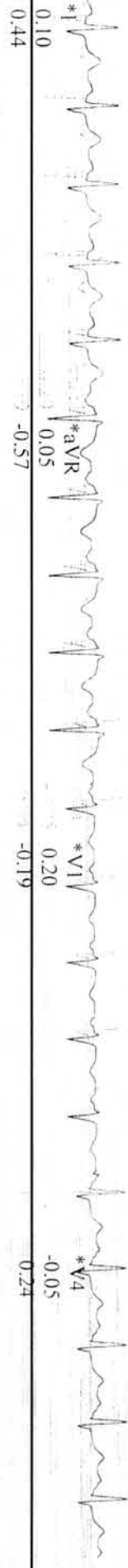
0.0 km/h

0.0 %

Apollo clinic marathathir b

Lead

ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

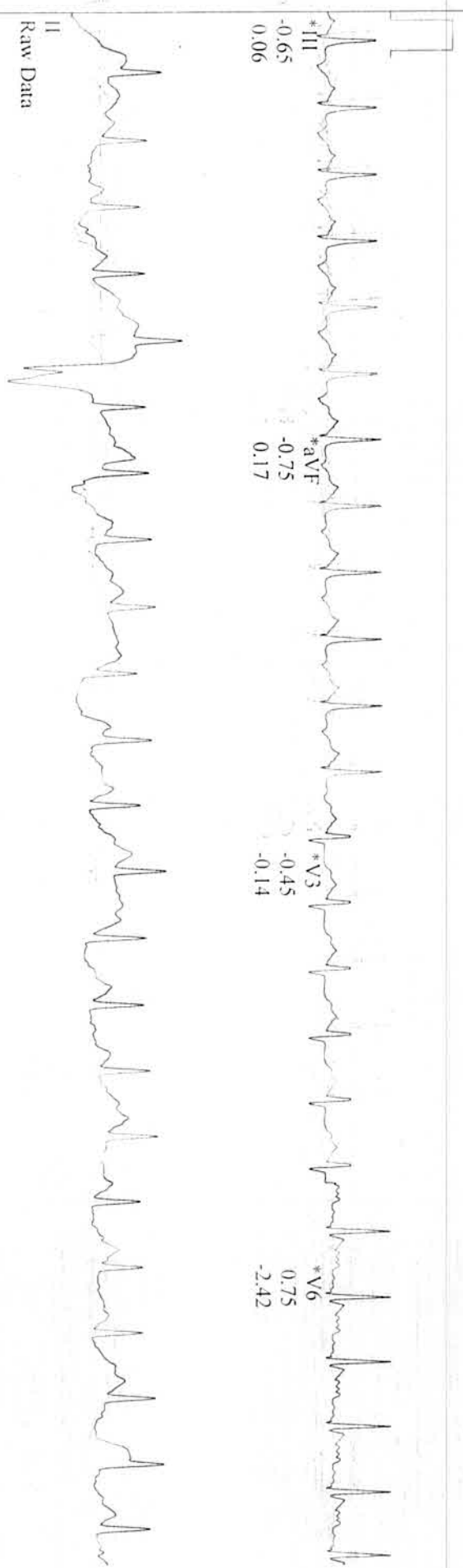
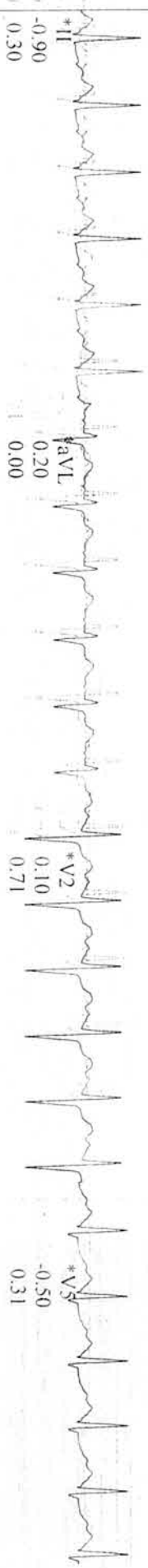
GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz A+ HR(V2.1)

Start of Test: 1:52:49pm

**AYUSHI MISHRA,**  
 Patient ID: 358087  
 10.08.2024 Female 154 cm 84 kg  
 1:57:01pm 35 yrs Asian

Exercise Test / Linked Medians  
 EXERCISE  
 STAGE 1  
 141 bpm  
 130/80 mmHg

Apollo clinic marathahallit  
**BRUCE**  
 2.7 km/h  
 10.0%  
 Lead  
 ST Level (mm)  
 ST Slope (mV/s)



\*Computer Synthesized Rhythms

# EXERCISE STRESS TEST REPORT

DOB: 12.06.1989  
 Age: 35 yrs  
 Gender: Female  
 Race: Asian  
 Referring Physician: --  
 Attending Physician: --  
 Technician: --

Patient Name: AYUSHI MISHRA  
 Patient ID: 358087  
 Height: 154 cm  
 Weight: 84 kg  
 Study Date: 10.08.2024  
 Test Type: --  
 Protocol: BRUCE

Medications: --  
 Medical History: --  
 Reason for Exercise Test: --  
 Exercise Test Summary: --

Phase Name	Stage Name	Time	Speed [ km/h ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	00:56	0.00	0.00	116	130/80	
	STANDING	00:19	0.00	0.00	112	130/80	
	HYPERV	00:28	3.10	0.00	118	130/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	139	130/80	
	STAGE 2	03:00	4.00	12.00	155	140/90	
	STAGE 3	02:06	5.40	14.00	179	140/90	
RECOVERY		03:16	0.00	0.00	118	140/90	

The patient exercised according to the BRUCE for 8:05 mins, achieving a work level of Max. METS: 10.00. The resting heart rate of 113 bpm rose to a maximal heart rate of 179 bpm. This value represents 96% of the maximal age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Fatigue.

**Interpretation**  
 Summary: Resting ECG: normal  
 Functional Capacity: normal  
 HR Response to Exercise: appropriate  
 BP Response to Exercise: normal resting BP - appropriate response.  
 Chest Pain: none  
 Arrhythmias: none  
 ST Changes: none  
 Overall Impression: Normal stress test.

**Conclusions**  
 GOOD EFFORT TOLERANCE  
 NORMAL BP AND HR RESPONSE  
 NO ANGINA / NO ARRHYTHMIAS

Physician

Technician



AYUSHI MISHRA,

Patient ID: 358087

10.08.2024 Female 154 cm 84 kg

1:52:49pm 35 yrs Asian

Medc:

Test Reason:  
Medical History:

Ref MD: Ordering MD:  
Technician: Test Type:  
(Comment:

BRUCE: Exercise Time 08:05  
Max HR: 179 bpm 96 % of max predicted 185 bpm HR at rest: 113  
Max BP: 140/90 mmHg BP at rest: 130/80 Max RPP: 25060 mmHg\*bpm  
Maximum Workload: 1050 METS  
Max ST: -2.60 mm, -1.00 mV/s in V6; EXERCISE STAGE 3 7:00

Arrhythmia: A:5, PVC:1  
ST/HR index: 1.81  $\mu$ V/bpm  
ST/HR slope: 1.65  $\mu$ V/bpm (H)  
HR reserve used: 91 %  
HR recovery: 33 bpm  
VE recovery: 0 VE/min

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:01 120 bpm 130/80 mmHg I 0.05 mm 0.47 mV/s	7:00 173 bpm	8:06 179 bpm 140/90 mmHg	2:55 120 bpm 140/90 mmHg	0:01 120 bpm 130/80 mmHg	7:00 173 bpm	8:06 179 bpm 140/90 mmHg	2:55 120 bpm 140/90 mmHg
I 0.05 mm 0.47 mV/s	I -0.40 0.52	I 0.00 0.73	I 0.10 0.23	V1 0.10 -0.22	V1 0.40 -0.40	V1 0.35 -0.06	V1 0.25 -0.20
II -0.30 -0.03	II -1.25 0.34	II -1.20 0.33	II -0.20 0.36	V2 0.15 0.07	V2 -0.10 0.81	V2 0.30 1.25	V2 0.45 0.69
III -0.30 -0.62	III -0.85 -0.16	III -1.20 -0.48	III -0.35 -0.30	V3 -0.30 -0.29	V3 -0.75 -0.26	V3 -0.75 0.09	V3 0.00 0.24
aVR 0.10 -0.39	aVR 0.80 -0.41	aVR 0.55 -0.56	aVR 0.05 -0.56	V4 -0.20 -0.23	V4 -0.90 -0.25	V4 -0.85 0.04	V4 -0.10 0.30
aVL 0.15 0.41	aVL 0.25 0.31	aVL 0.65 0.62	aVL 0.20 -0.08	V5 -0.50 -0.36	V5 -1.05 0.06	V5 -1.10 -0.13	V5 -0.05 0.20
aVF -0.30 -0.31	aVF -1.05 0.05	aVF -1.25 -0.08	aVF -0.25 0.07	V6 -0.55 0.14	V6 -2.60 -1.00	V6 -1.35 1.90	V6 -0.10 0.34

GE CardioSoft V7.0(10)  
10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1

Unconfirmed

Attending MD:

**AYUSHI MISHRA,**

Patient ID: 358087

Female 154 cm 84 kg

1:52:49pm 35 yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 08:05

Max HR: 179 bpm 96 % of max predicted 185 bpm HR at rest: 113

Max BP: 140/90 mmHg BP at rest: 130/80 Max RPP: 25060 mmHg\* bpm

Maximum Workload: 10:00 METS

Max ST: 2.60mm -100 mV/s in V6 EXERCISE ST: V6 3-7:00

Arrhythmia: A:5, PVC:1

ST/HR index: 1.81  $\mu$ V/bpm

ST/HR slope: 1.65  $\mu$ V/bpm (H)

HR reserve used: 91 %

HR recovery: 33 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.013 mV (V6)

QRS duration: BASELINE: 90 ms, PEAK EX: 84 ms, REC: 90 ms

Reasons for Termination: Fatigue

Summary:

Resting ECG: normal. Functional Capacity: normal. HIR Response to Exercise appropriate. BP Response to Exercise: normal resting BP - appropriate response Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE  
NORMAL BP AND HR RESPONSE  
NO ANGINA / NO ARRHYTHMIAS  
NO SIGNIFICANT ST T CHANGES NOTED DURING THE STUDY  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Prognosis:

Duke Treadmill Score: -11 Risk Category: high

5 Year Survival: 78.5 % Average Annual Mortality: 1.3 %

Room: Location: \* 0 \*

Date : 10-08-2024  
 MR NO : CMAR.0000358087  
 Name : Mrs. Ayushi Mishra  
 Age/ Gender : 35 Y / Female

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 10:28

Height : 154cm	Weight : 84kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80 mmHg

General Examination / Allergies  
 History

Dr. VENICATA RAMYA  
 KRISHNA.M.

Clinical Diagnosis & Management Plan

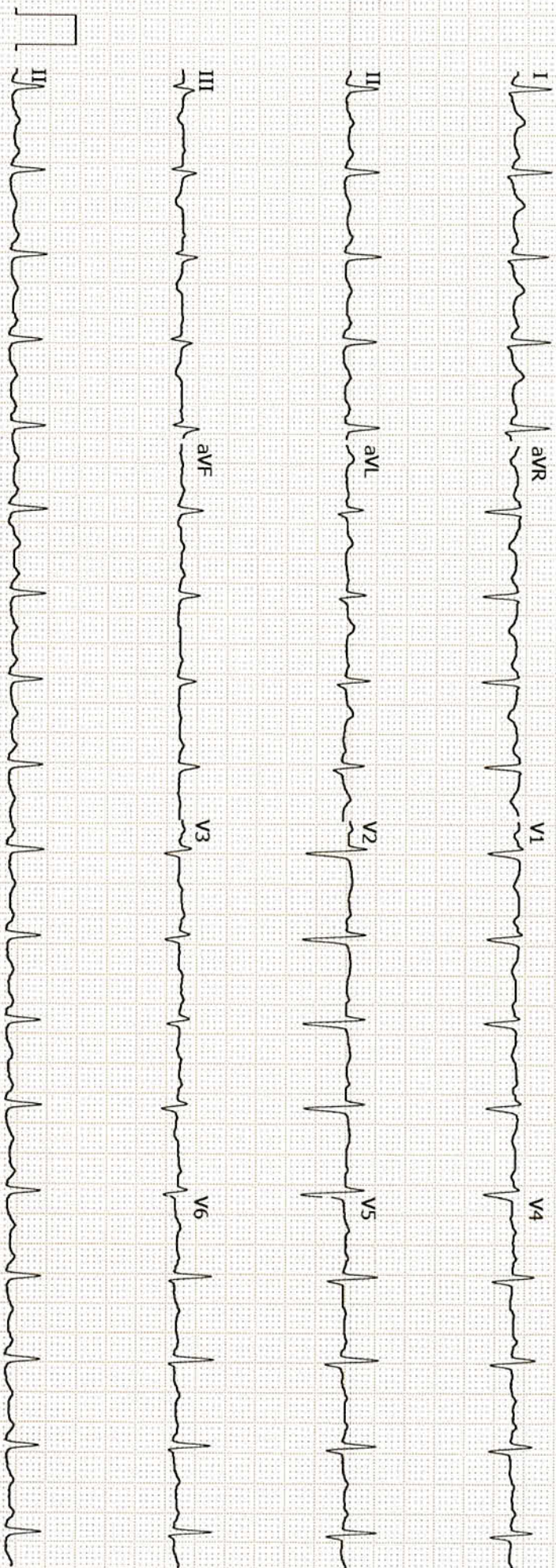
Follow up date:

Doctor Signature

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 348 / 462 ms  
PR : 136 ms  
P : 112 ms  
RR / PP : 566 / 566 ms  
P / QRS / T : 42 / 32 / 7 degrees

Sinus tachycardia  
Otherwise normal ECG



AYUSHI MISHRA,

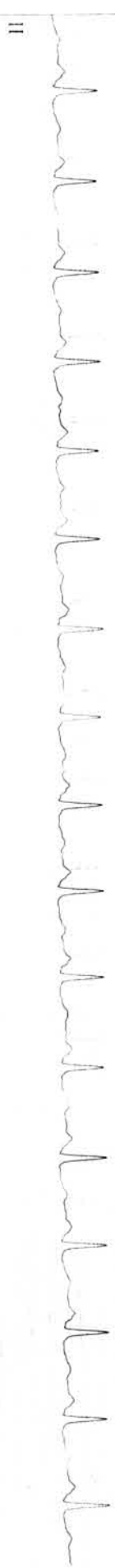
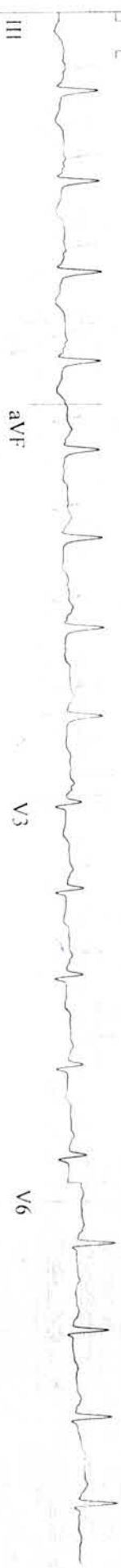
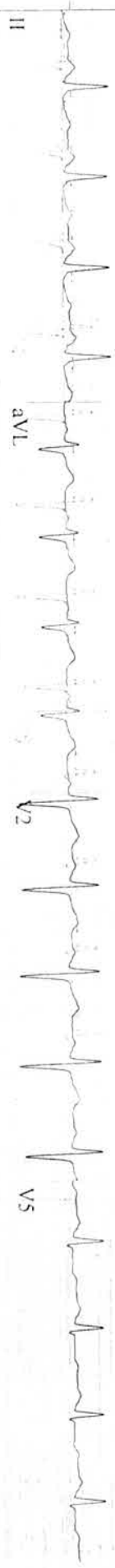
*ECG*

Exercise Test / 12-Lead Report

Apollo clinic marathahalli b

Patient ID: 358087  
10.08.2024 Female 154 cm 84 kg  
1:51:13pm 35 yrs Asian

104 bpm



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm mV 50 Hz 0.05 - 20 Hz A+ HR(V2,II)

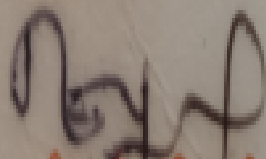


बैंक ऑफ़ बड़ोदा  
Bank of Baroda

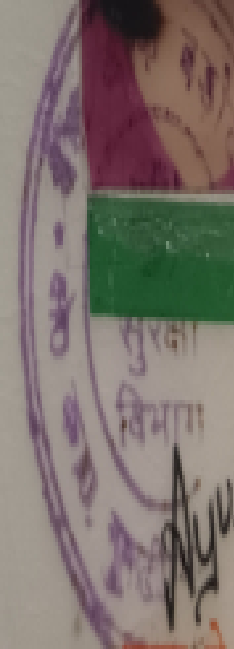


नाम  
Name **AYUSHI MISHRA**

कर्मचारी कूट क्र  
E.C.No. **76787**

  
जारीकर्ता प्राधिकारी

Issuing Authority

  
सुरक्षा  
विभाग  
**Ayushi**  
धारक के हस्ताक्षर

Signature of Holder

date:

**Patient Name** : Mrs. Ayushi Mishra

**Age/Gender** : 35 Y/F

**UHID/MR No.** : CMAR.0000358087

**OP Visit No** : CMAROPV847148

**Sample Collected on** :

**Reported on** : 10-08-2024 17:48

**LRN#** : RAD2400453

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E30174

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

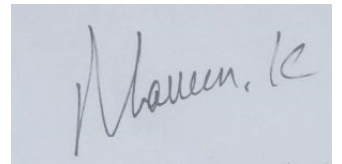
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology

<b>Patient Name</b>	: Mrs. Ayushi Mishra	<b>Age/Gender</b>	: 35 Y/F
<b>UHID/MR No.</b>	: CMAR.0000358087	<b>OP Visit No</b>	: CMAROPV847148
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-08-2024 13:51
<b>LRN#</b>	: RAD2400453	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E30174		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size (15.8 cm), shape and **shows diffuse increase in echopattern.** No focalparenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted.  
Portal vein appears to be of normal size.

**GALLBLADDER:** Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Head and body appears normal. Rest obscured by bowel gas.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.3cm and parenchymal thickness measures 1.5cm.

Left kidney measures 11.0cm and parenchymal thickness measures 1.8cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** Anteverted and appears normal in size, measuring ~ 7.5 x 5.4 x 4.0 cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 4.9 mm.

**OVARIES: Both ovaries appear bulky in size and show tiny peripheral follicles with central echogenic stroma.**

**Right ovary measures 3.7 x 2.8 x 1.9 cm. vol - 10.8cc**

**Left ovary measures 3.7 x 2.9 x 2.2cm. vol - 13.0cc**

No free fluid is seen.

#### IMPRESSION:-

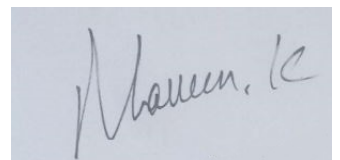
**GRADE I FATTY INFILTRATION OF LIVER.**

**BILATERAL POLYCYSTIC OVARIAN PATTERN.**

Suggested clinical correlation and further evaluation if needed.

#### Report disclaimer :

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3.Printing mistakes should immediately be brought to notice for correction.



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**





**Patient Name** : Mrs. Ayushi Mishra

**Age/Gender** : 35 Y/F

Radiology

# Apollo Clinic

## CONSENT FORM

---

Patient Name: Ajushi Mishra Age: 35  
UHID Number: 358087 Company Name: .....

I Mr/Mrs/Ms ..... Employee of .....

(Company) Want to inform you that I am not interested in getting X Ray, ~~ECG~~, Dental, Ophthal  
ECG,  
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: ..... Date: 10/8/24