



Patient Name : MS. VAISHNAVI SATEJ KADAM	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 09/08/2024 16:26:00
Age/Sex : 25 Yrs. / F	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 09/08/2024 16:30:43
LCID No : 10690763	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:36:32
UID No : LCL58186793 090824		DOB : 19/04/1999

Blood Sugar Fasting

Test	Result	Unit	Biological Reference Interval
Blood Sugar Fasting	: 90.00	mg/dl	60-110

By Hexokinase method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

Test done on Fully Automated Siemens Analyser.

----- End Of Report -----



Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895

Report



Patient Name : MS. VAISHNAVI SATEJ KADAM	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 09/08/2024 16:26:00
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UID No : LCL58186793 090824		DOB : 19/04/1999

Bilirubin


Test	Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) <small>By Diazo Method</small>	: 0.73	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) <small>By Diazo Method</small>	: 0.12	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) <small>Calculated</small>	: 0.61	mg/dl	Upto 0.9

Tests done on Fully Automated Siemens Analyser.

BUN/CREATININE RATIO

Test	Result	Unit	Biological Reference Interval
BUN / Creatinine Ratio	: 11.00		10.0 - 20.0

----- End Of Report -----


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M.D. D.P.B
Consultant Pathologist



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Age/Sex : 25 Yrs. / F	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 09/08/2024 16:29:22
LCID No : 10690765	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:21:45
UID No : LCL58186793 090824		DOB : 19/04/1999

Erythrocyte Sedimentation Rate (E.S.R)

Test	Result	Unit	Biological Reference Interval
E.S.R.	: 18	mm	0 - 15

By Whole Blood Modified Westergren Method

Interpretation:

ESR is elevated in infections, anaemia, vasculitis, inflammatory conditions.
ESR is decreased in Polycythemia vera, sickle cell anaemia.

ESR done on fully Automated Easyrate Analyzer.

----- End Of Report -----



Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



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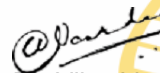
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UID No : LCL58186793 090824		DOB : 19/04/1999

Complete Blood Count

Test	Result	Unit	Biological Reference Interval
<u>HEMATOLOGY</u>			
Haemoglobin (Mod.Cyanmethemoglobin)	: 13.70	gms%	11.5-16.5
R.B.C Count (Impedence)	: 4.26	$\times 10^6/\text{cmm}$	3.8 - 4.8
PCV (Conductivity)	: 41.30	%	36 - 46
MCV (Calculated)	: 96.95	fL	83 - 101
MCH (Calculated)	: 32.16	Pg	27 - 32
MCHC (Calculated)	: 33.17	gms%	31.5 - 34.5
W.B.C. Count (Impedence)	: 8.65	$\times 10^3/\text{cmm}$	4 - 10
RDW (Calculated)	: 16.8	%	11.6 - 14.0
MPV (Calculated)	: 9.8	fL	6 - 11
Platelet Count (Impedence)	: 2.59	$\times 10^5/\text{cmm}$	1.50 - 4.10
<u>DIFFERENTIAL COUNT (Impedence,Light Absorbance)</u>			
Neutrophils	: 68	%	40 - 80
Lymphocytes	: 26	%	20 - 40
Eosinophils	: 01	%	0 - 6
Monocytes	: 05	%	0 - 10
Basophils	: 0	%	0 - 2
RBC Morphology	: Anisocytosis +		
<i>Staining & Microscopy</i>			
WBC Morphology	: Normal		
<i>Staining & Microscopy</i>			
Platelets	: Adequate on smear.		
<i>Staining & Microscopy</i>			

Test done on Fully Automated Horiba Analyser.

----- End Of Report -----


Dr. Vijay Varde
M.D. D.P.B



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Consultant Pathologist



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LCID No : 10690766	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:39:27
UID No : LCL58186793 090824		DOB : 19/04/1999

X-RAY CHEST PA

REPORT:

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Heart and aortic shadow appear normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

IMPRESSION:

No significant abnormality detected.

Correlate clinically.

----- End Of Report -----



Dr. M. Aamir Usmani
MBBS, DMRE
Consultant Radiologist



Report



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Age/Sex : 25 Yrs. / F	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 09/08/2024 16:26:00
LCID No : 10690768	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:36:32
UID No : LCL58186793 090824		DOB : 19/04/1999

Blood sugar Post Prandial

Test	Result	Unit	Biological Reference Interval
Blood sugar Post Prandial	: 97.00	mg/dl	70-140

By Hexokinase Method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

NOTE : Post-Lunch Blood sugar can be lower than Fasting blood sugar due to factors like Medicines, insulin response, Diet etc.

Test done of Fully Automated Siemens Analyser.

----- End Of Report -----



Dr. Vijay Varde
M.D. D.P.B

Consultant Pathologist



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Report



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LCID No : 10690765	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:54:56
UID No : LCL58186793 090824		DOB : 19/04/1999

Blood Group

ABO Group : "A"

Rh Factor (D) : "Positive"

Method : Forward and Reverse Agglutination

----- End Of Report -----



Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



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LCID No : 10690764	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 18:16:02
UID No : LCL58186793 090824		DOB : 19/04/1999

Creatinine

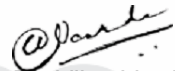
Test	Result	Unit	Biological Reference Interval
S. Creatinine	: 0.89	mg/dl	0.55-1.02

Kinetic Alkaline Picrate (Jaffe Reaction)

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----




Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



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Age/Sex : 25 Yrs. / F	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 09/08/2024 16:30:43
LCID No : 10690764	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 18:16:02
UID No : LCL58186793 090824		DOB : 19/04/1999

S.G.P.T

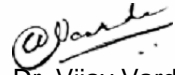
Test	Result	Unit	Biological Reference Interval
S.G.P.T.	: 50.0	U/L	16 - 63

By Enzymatic Method

Tests done on Fully Automated Analyser.

----- End Of Report -----




Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



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Patient Name : MS. VAISHNAVI SATEJ KADAM	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 09/08/2024 16:26:00
Age/Sex : 25 Yrs. / F	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 09/08/2024 16:30:43
LCID No : 10690769	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:21:45
UID No : LCL58186793 090824		DOB : 19/04/1999

Urine Routine Examination

Test	Result	Unit	Reference Range
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Physical Examination

Quantity	: 30ml		
Colour	: Pale yellow		
Appearance	: Hazy		
Specific Gravity	: 1.025		1.000 - 1.035

By Ion Concentration / Color Indicator

Reaction (pH)	: 5.5		5.0 - 8.0
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By Color Indicator

Chemical Examination

Proteins	: Absent		Absent
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By Sulphosalicylic acid ppt Method

Bile salts	: Absent		Absent
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By Diazo/ Fouchet

Bile Pigments	: Absent		Absent
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By Diazo/ Fouchet

Occult Blood	: Absent		Absent
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By Oxidation

Glucose	: Absent		Absent
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By Enzymatic, GOD-POD & Benedicts Test

Ketones	: Absent		Absent
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By Rothera method

Urobilinogen	: Normal		
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By Diazo/p-amino Benzaldehyde

Microscopic Examination (per H.P.F.)

Epithelial Cells	: 0 - 2	/hpf	0 - 10
Leucocytes	: 2 - 3	/hpf	0 - 5
Red Blood Cells	: Absent	/hpf	Absent
Casts	: Absent		Absent
Crystals	: Absent		Absent
Comments	: Amorphous Material present.		



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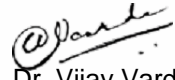


Report



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Age/Sex : 25 Yrs. / F	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 09/08/2024 16:30:43
LCID No : 10690769	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:21:45
UID No : LCL58186793 090824		DOB : 19/04/1999

----- End Of Report -----


Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



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M-121
NK-739

Package to be created

CRM Lifecare Diagnostics <crm.lokhandwala@lifecarediagnostics.com>

Ms. Vaishnavi Salej Kadam



Your Apollo order has been confirmed

25 yrs

8104192125

noreply@apolloclinics.info <noreply@apolloclinics.info>
To: crm.lokhandwala@lifecarediagnostics.com
Cc: rahul.rai@apolloclinic.com, pritam.padyal@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deven.apsara.bagchi@apollohl.com, dilip.b@apolloclinic.com

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 09-08-2024 at your Life care Diagnostic and research centre PVT Ltd-Andheri West Center.

Points to note:-

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MER as per package details & that company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adbhutam portal as per specifications given earlier.

Customer Name	Gender	Referral	DOB	Age	EMR ID	Email ID	Mobile No	Date of Appointment	APN	Remarks
ARCOFEMI HEALTHCARE LIMITED	Female	Self	19-04-1999			N/A network@mediwheel.in	8527862479	2024-08-09	08:30-09:00	AHCN-40408082401
Package Inclusions	Urine Routine (CUE), GLUCOSE - SERUM / PLASMA (FASTING AND POST PRANDIAL), ALT (SGPT) - Serum / Plasma, Bilirubin, Total - Serum, Creatinine - Serum / Plasma, Blood Grouping And Typing (Abo And Rh), ECG, Package Gynaecological Consultation, HEMOGRAM (CBC+ESR), X-Ray Chest PA, Fitness by General Physician, Ophthal by General Physician, BUN/CREATININE RATIO									

Please login to AHCN Portal for more details.

AHCN Login Url : Click on Link

Regards,
Team Clinic Operations
Apollo Health and Lifestyle Ltd.,

ECG Sumita

BSPP 12-35
gyn
const eye

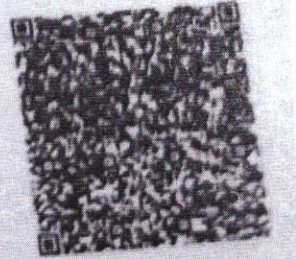
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भारत सरकार
Government of India



वैष्णवी सटेज कदम
Vaishnavi Satej Kadam
जन्म तिथि/DOB: 19/04/1999
महिला/ FEMALE



7197 4245 3035

मेरा आधार, मेरी पहचान

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EQAS
BIORAD

26
Years of Service



Lifecare
diagnostics

MEDICAL EXAMINATION REPORT

Name : Vaishnavi Gudam Date : 9-8-20
 Date of Birth : 19-4-1989 Age : 29 Sex : Female
 Referred by : Dr. A. A. Pathy Proof of Identification : Aditya A. Pathy

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>155</u> cm b. Weight <u>73.0</u> kg. c. Blood Pressure : <u>110/70</u> mm Hg. d. Pulse Rate <u>79</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart [Surgery, Angiography PTCA, other intervention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines? b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/histroy of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Report

01-08-24

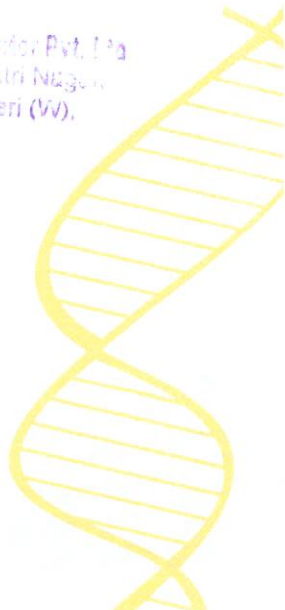
→ Vaishnav Kadam
- Age: 26 28 (F)

⇒ Regular period of 28 days & Bleeds of 4 days
⇒ Menstrual at age of 12 yr
⇒ No history of any gynecological illness

Lifecare
diagnostics

h

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine - Opp. Chashtri Nagar
Lokhandwala Complex, Andheri (W),
Mumbai-400053.



OPHTHALMIC REPORT

NAME: Ms. Vaishnavi Kadam

DATE: 09/08/2024.

AGE: 25yr / Female


Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	6/9	6/9	6/6
With Glasses	—	—	—

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	NG	NG	NG
With Glasses	—	—	—

	Right Eye	Left Eye
Colour Vision	Normal	Normal
Anterio Segment	Normal	Normal
External Eye Exam	Normal	Normal
Intra ocular tension	—	—
Fundus	—	—

Advise:

- Both Eyes fit
- Glasses for Distance.


OPTOMETRIST
Lifecare Diagnostics & Research Center Pvt. Ltd
1st Floor, Sunshine, Opp. Shakti Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai- 400053.





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LCID No : 10690766	Collected At : Sample collected inside the lab	Reported On : 09/08/2024 17:39:27
UID No : LCL58186793 090824		DOB : 19/04/1999

X-RAY CHEST PA

REPORT:

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Heart and aortic shadow appear normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

IMPRESSION:

No significant abnormality detected.

Correlate clinically.

----- End Of Report -----



Dr. M. Aamir Usmani
MBBS, DMRE
Consultant Radiologist



PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
13) OTHERS			15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphilis, gonorrhoea)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?,	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Is there any enlargement of Thyroid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
c. Is there any suspicion of any other Endocrine disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY:		
d. Is hernia present? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Are there any abnormalities in testes? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
14) HABITS & ADDICTIONS					
Does the examinee consume tobacco/alcohol.drugs/narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
=	Mother - Tragedy
=	NO Myocardial Infarction
=	Brown colour (RD) elbows at 200 298 Pm

Remarks on present health status : CANDIDATE IS FIT

Recommendations (if any):

Lifecare Diagnostics & Research Center Pvt. Ltd
1st Floor, Sunshine, Opp. Shastri Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai - 400053.

Name & Signature of Doctor

The above statements and answers made to the medical examiner(s) are complete and true.

Signature of Examinee

Date

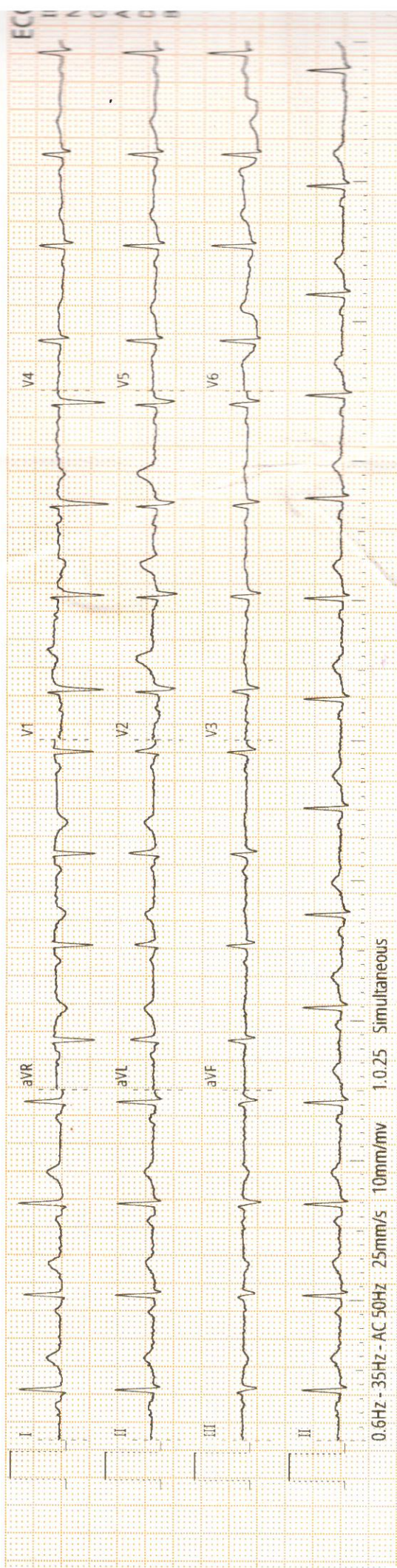
Place

NOTES:



Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32
 Central Laboratory : 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527
 Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210
 Malad Branch : Gala No 2, Vijay Industrial Estate, Chincholi Bunder, Near Evershine Mall, Link Road, Malad West, Mumbai 400064. Tel.: 2871 4701 Tel.: 9167223834
 Worli Branch : Shop No. 2, Ground Floor, Sanghavi Evana, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai - 400013. Tel.: 9167223844
 Mumbai : Versova | Lokhandwala | Goregaon | Malad | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra
 E-mail : adm@lifecareindia.com | feedback@lifecareindia.com | Website : www.lifecarediagnostics.com

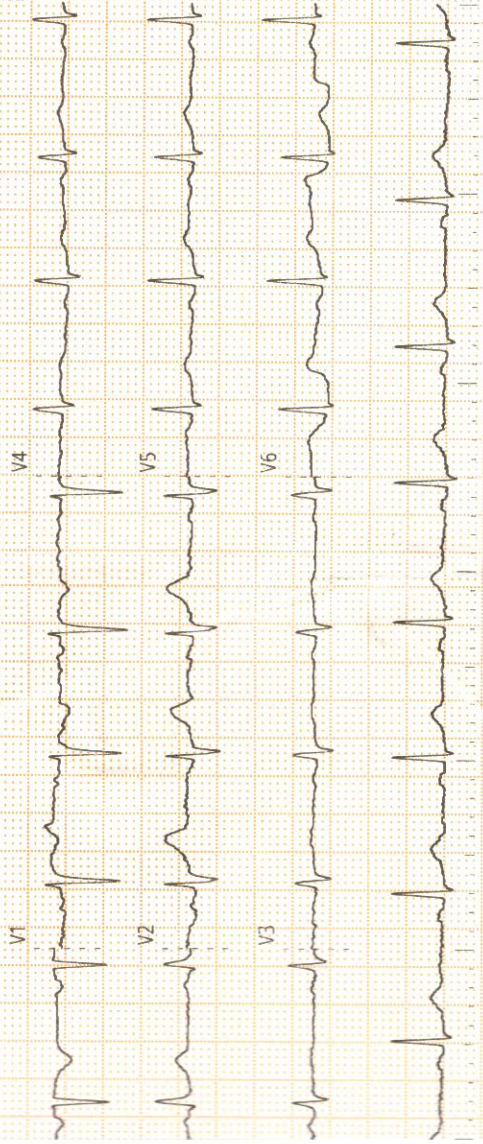
NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.



ECG report

ID : 20240808213346
Name : MS VALSHNAVI KADAM
Gender : F
Age : 25 Years
Dept :
Bed No :

HR : 82 bpm
PR : 122 ms
QRS : 82 ms
QT/QTc : 348/387 ms
p/QRS/T : 13/19/12 °
RV5/SV1 : 0.570/0.814 mv
RV5+SV1 : 1.384 mv



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REPORT

- Sinus Rhythm

- Normal ECG

Central Laboratory
206, Cosmos Plaza,
Opp. Indian Oil Nagar,
J. P. Road, Andheri (W),
Mumbai
Tel.: 26372527

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Near Bus Depot, Yari Road,
Versova, Andheri (W),
Mumbai
Tel.: 26399210

Worli Branch
B-101, Trade World,
Kamala Mills,
Senapati Bapat Marg,
Lower Parel (W),
Mumbai - 400013
Tel.: 9167223844

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine Opp. Shashtri Nagar,
Bhandiwala Complex, Andheri (W),
Mumbai-400053.
M.D.
CARDIOLOGIST

For Home visits call : 9167117755 / 9167223838