

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 20-07-2024 at your Pulse Radwave Diagnostics Private Limited 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 Adhutam portal as per specifications given earlier.

Corporate/TPA	Agreement Name	Package Name	Package Inclusions	Customer Name
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEE NT	ARCOFEMI - MEDIWHEEL - FULL BODY PLATINUM	Alkaline Phosphatase - Serum/Plasma, Vitamin D3, URINE GLUCOSE(POST PRANDIAL), CALCIUM - SERUM, URINE GLUCOSE(FASTING), Urine Routine (CUE), GGTP: Gamma Glutamyl Transpeptidase - Serum, Blood Grouping And Typing (Abo And Rh), Ultrasound - Whole Abdomen, Phosphorus, Inorganic - Serum, C-REACTIVE PROTEIN (CRP), LBC PAP SMEAR, SERUM ELECTROLYTES, ECG, Package - Gynaecological Consultation, Lipid Profile (all Parameters), Renal Function Test, SONO MAMMOGRAPHY FUNCTION TEST, HEMOGRAM (CBC+ESR), X-Ray Chest PA, Package Consultation - ENT, Fitness by General Physician, BMI, 2 D ECHO GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL, THYROID PROFILE - (T3, T4 AND TSH), LIVER FUNCTION TEST (PACKAGE), Dietician consultation, SONO MAMMOGRAPHY - SCREENING, PULMONARY FUNCTION TEST, VITAMIN D - 25 HYDROXY (D2+D3), COMPLETE URINE EXAMINATION, LIVER FUNCTION TEST (LFT), Doctor, BODY MASS INDEX (BMI), LBC PAP TEST - PAPSURE HEMOGRAM + PERIPHERAL SMEAR, C-REACTIVE PROTEIN CRP (QUANTITATIVE), ELECTROLYTES - SERUM, CALCIUM, SERUM, DIET CONSULTATION, VITAMIN B12 BLOOD GROUP ABO AND RH FACTOR, RENAL PROFILE/RENAL FUNCTION TEST (RT/KFT), GLUCOSE, FASTING, LIPID PROFILE, PERIPHERAL SMEAR, THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), GAMMA GLUTAMYL TRANSFERASE (GGT), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Ankita Gokani

Handwritten signature

Handwritten signature

DR. TILAK DED:11A
 M.F.S.S.
 REG. No. 2011/07/2287


भारत सरकार
Government of India


अंकिता रमेश गोकानी
Ankita Ramesh Gokani
जन्म तारीख / DOB : 16/11/1986
लिंग / Female





2653 8472 6511

माझी आधार, माझी ओळख

pmia


Tilak
DR. TILAK DEDHIA
M.B.B.S.
REG. No. 2011/07/2287


JM FINANCIAL



Ankita Gokani

EMP Code : 40017 / Blood Group : A +
Date Of Birth : 16-Nov-86 / Joining Date: 01-Nov-22
Department : Compliance, Legal and Secretarial
Emerg No : 3953 3560 / 9110143467
Designation : Manager
Company : JM Financial & Investment Consultants
7th Floor, Chenergy Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025
Date of issue : 01-08-2023


 Authorized Signatory



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

पता

ए विंग- 001 अक्षर अपार्टमेंट नं.2,
इरानवाडी रोड नं. 3, कान्डीवली वेस्ट,
मुंबई, मुंबई उपनगर, कान्डीवली वेस्ट,
महाराष्ट्र, 400067

Address:

A Wing- 001 Akshar Apartment
No.2, Iranwadi Road No.3,
Kandivli West, Mumbai, Mumbai
Suburban, Kandivli West,
Maharashtra, 400067

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mu

Tilak

DR. TILAK DEDHIA
M.B.B.S.
REG. No. 2011/07/2287

MER- MEDICAL EXAMINATION REPORT

Date of Examination	20/07/2024	
NAME	Ms. Ankita. Gokani	
AGE	38	Gender Female
HEIGHT(cm)	152.5	WEIGHT (kg) 50 kg
B.P.	110/70mm/hg	
ECCG	WNL	
X Ray	Normal	
Vision Checkup	R -2 L -2 Distant vision Corrected w/ glasses	
Present Ailments	NO	
Details of Past ailments (If Any)	NO	
Comments / Advice : She / He is Physically Fit	She is Physically fit	

Tilak
DR. TILAK DEDHIA
 M.B.B.S.
 REG. No. 2011/07/2287

Signature with Stamp of Medical Examiner



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP

- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography
- ▶ Color Doppler ▶ ECG ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV
- ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ MSK Procedures ▶ X-Ray Special investigations ▶ Holter Monitor
- ▶ Sleep Study & Others. LLP Identification Number : ACE - 2173


20/07/2024

to Appdo

I have recd alt for PAPSMEAR
test



Dr. Anurag K. Kulkarni

Email ID : diagnosticradwave@gmail.com •  +91 8097421555

Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar,
LIC Colony, Next to Hotel Majestic NY, Borivali (W), Mumbai - 400 102, Maharashtra



Ms Ankita Gokani

20/7/24

38yrs

elo pain in shoulder. ∴ 3 years.

No major medical / surgical illness

MHMO ME: Regular
 RMP 11/7/24.



DR. DELINA MATHIAS
 M.B.B.S., M.S.(OBST & GYNAECI)
 Reg. No. 2009/11/3655

Adh

- T. Dolowin MR /
 Lerodol' MR
 1 rot x 3 day
 - 5.
- Hot water bag
 compression
- * - T. Bevon / 1-OT
 Neurobione x 2 weeks
 forte.
- * [T. Shelcal D60K once
 a week x 12 weeks

Patient : MS ANKITA GOKANI

F/38 Y

20-Jul-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 11

COMPLETE BLOOD COUNT WITH ESR

Test	Value	Normal Range	Units
HAEMOGLOBIN	13.0	11.5 - 14.5	gms/dl
R.B.C. COUNT	4.93	3.50 - 5.50	millions/cumm
PCV	38.6	37.0 - 47.0	%
MCV	78.3	76.0 - 96.0	u3
MCH	26.4	25.0 - 32.0	pg
MCHC	33.7	30.0 - 35.0	%
RDW	15.0	11.5 - 14.5	%
W.B.C. COUNT	4,650	4,000-11,000	cells/cmm
Differential Count :			
Neutrophils	54	45 - 70	%
Lymphocytes	37	20 - 45	%
Eosinophils	03	1 - 6	%
Monocytes	06	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	237,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	13	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.



Dr Ashwini Sangvikar

M.D. Pathology

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Patient : MS ANKITA GOKANI	F/38 Y	20-Jul-24
Ref By : Dr ARCOFEMI HEALTHCARE LTD		No : 11

BLOOD SUGAR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	84	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	96	70-140	mg/dl
Urine Sugar (2 hrs)	Absent		
Urine Ketones (2 Hrs)	Absent		

METHOD : Glucose Oxidase Peroxidase (GOD/POD)

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

FASTING GLUCOSE LEVEL


Normal glucose tolerance : < 100 mg %
Impaired Fasting Glucose : 100 - 125 mg %
Provisional diagnosis for: ≥ 126 mg % (on two different occasions)
diabetes mellitus

POST LUNCH GLUCOSE LEVEL

Normal glucose tolerance : <140 mg %
Impaired Glucose Tolerance : 140 - 199 mg %
Provisional diagnosis for: ≥ 200 mg % (on two different occasions)
diabetes mellitus

URINE SUGAR INTERPRETATION : (Approx.)

Trace : 0.1 g/dl
+ : 0.25 g/dl
++ : 0.5 g/dl
+++ : 1.0 g/dl
++++ : >2.0 g/dl


Dr Ashwini Sangvikar
 M.D. Pathology

Patient : MS ANKITA GOKANI

F/38 Y

20-Jul-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 11

LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	201	130-200	mg/dl
Triglycerides	37	25-150	mg/dl
HDL Cholesterol	78	35-80	mg/dl
VLDL Cholesterol	07	5-30	mg/dl
LDL Cholesterol	116	80-100	mg/dl
TC/HDL Ratio	2.6	0.0-4.5	
LDL/HDL Ratio	1.5	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP (National Cholesterol Education Programme) May-2001.

CHOLESTEROL:

Desirable < 200 mg/dl
Borderline High 200-239 mg/dl
High \geq 240 mg/dl

TRIGLYCERIDES:

Desirable < 150 mg/dl
Borderline High 150-199 mg/dl
High 200-499 mg/dl

HDL CHOLESTEROL:

Desirable >40 mg/dl
Low(High risk) <40 mg/dl

LDL CHOLESTEROL:

Optimal < 100 mg/dl
Near Optimal 100-129 mg/dl
Borderline High 130-159 mg/dl
High 160-189 mg/dl
Very High > 189 mg/dl



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Patient : MS ANKITA GOKANI

F/38 Y

20-Jul-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 11

LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	15.2	0.0-40.0	IU/L
S.G.P.T	16.9	0.0-40.0	IU/L
Bilirubin (Total)	0.58	0.0-1.20	mg/dl
Bilirubin (Direct)	0.20	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.4	0.1-1.0	mg/dl
Total Proteins	6.4	6.0-8.5	gm/dl
Albumin	3.8	3.2-5.3	gm/dl
Globulin	2.6	2.3-3.5	gm/dl
A/G Ratio	1.5	1.0-2.0	
Alkaline Phosphatase	112	50-306	U/L
GAMMA GT	23	5-55	U/L

Ashwini Sangvikar

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M.D. Pathology

Patient : MS ANKITA GOKANI

F/38 Y

20-Jul-24

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No : 11

RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	15.4	5.0-23.0	mg/dl
Urea	24.7	13.0-43.0	mg/dl
Creatinine	0.6	0.5-1.3	mg/dl
Total Proteins	6.4	6.0-8.5	gm/dl
Albumin	3.8	3.2-5.3	gm/dl
Globulin	2.6	2.3-3.5	gm/dl
A/G Ratio	1.5	1.0-2.0	
Calcium	8.7	8.0-11.0	mg/dl
Phosphorus	4.5	2.5-4.5	mg/dl
Uric Acid	3.1	2.5-6.0	mg/dl
Sodium	139.8	133.0-148.0	mEq/L
Potassium	4.6	3.5-5.3	mEq/L
Chloride	102.0	96.0-107.0	mEq/L

AS

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Patient : MS ANKITA GOKANI

F/38 Y

20-Jul-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 11

C - REACTIVE PROTEIN (CRP)

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
CRP CONCENTRATION	2.1	0.0-6.0	mg/L

Method : Quantitative Turbidimetry.

INTERPRETATION:

Increased CRP levels are found in inflammatory conditions including: bacterial infection, rheumatic fever, active arthritis, myocardial infarction, malignancies and in the post-operative state. This test may not detect the relatively small elevations of CRP that are associated with increased cardiovascular risk.



Dr Ashwini Sangvikar

M.D. Pathology



Patient : MS ANKITA GOKANI

F/38 Y

20-Jul-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 11

BLOOD GROUP

Test

Value

BLOOD GROUP

"A" Positive.

Method: Slide & Tube Agglutination



Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology



Patient Name : MS. ANKITA GOKANI
Age / Gender : 38 Years / Female
Patient ID : 0300013976
Referrer : Radwave Diagnostics LLP



Collection Time : Jul 20, 2024, 01:37 PM.
Receiving Time : Jul 20, 2024, 04:21 PM.
Reporting Time : Jul 20, 2024, 05:13 PM.

Sample ID :



03014331

Vitamin B12

Sample Type : Serum
Method : CMIA

<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REFERENCE RANGES</u>
Vitamin B12	111.00	pg/mL	180 - 914


Interpretation:

Vitamin B12 or Cobalamin is found exclusively in animal products such as meat, seafood, dairy products and eggs. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemia.

Vitamin B12 is usually measured along with folic acid, because a lack of either one or both can lead to megaloblastic anemia. Follow up testing of vitamin B12 tissue deficiency by measuring MMA (Methylmalonic Acid) and/or homocysteine may be indicated if the patient is symptomatic.

For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

**** END OF REPORT ****


DR. YAGYESH R SHAH
M.B.B.S., DNB. (PATH)
Consultant Pathologist

Patient Name : MS. ANKITA GOKANI
Age / Gender : 38 Years / Female
Patient ID : 0300013976
Referrer : Radwave Diagnostics LLP



Collection Time : Jul 20, 2024, 01:37 PM.
Receiving Time : Jul 20, 2024, 04:21 PM.
Reporting Time : Jul 20, 2024, 05:13 PM.

Sample ID :



Vitamin D (25-Hydroxy)

Sample Type : Serum
Method : CMIA

TEST	RESULT	UNITS	REFERENCE RANGES
Vitamin D	21.10	ng/mL	Deficiency : <10 Insufficiency: 10-30 Sufficiency : 30-100 Toxicity : >100

Interpretation:

* Total 25-hydroxyvitamin D (D2 D3) is the correct measure of Vitamin D status.
* In the kidney, 25-hydroxy vitamin D changes into an active form of the vitamin which helps control calcium and phosphate levels in the body.
- Low blood levels of 25-hydroxyvitamin D may mean that you are not getting enough exposure to sunlight or enough dietary vitamin D to meet your body's demand or that there is a problem with its absorption from the intestines. Occasionally, drugs used to treat seizures, particularly phenytoin (Dilantin), can interfere with the production of 25-hydroxyvitamin D in the liver.
* There is increasing evidence that vitamin D deficiency may increase the risk of some cancers, immune diseases, and cardiovascular disease.
High levels of 25-hydroxyvitamin D usually reflect excess supplementation from vitamin pills or other nutritional supplements.

Note:

25-hydroxyvitamin D Method - Our Vitamin D assay is standardized to be in alignment with the ID-LC/MS/MS 25(OH)vitamin D Reference Method Procedure (RMP), the reference procedure for the Vitamin D Standardization Program (VDSP). The VDSP, a collaboration of the National Institutes of Health Office Of Dietary Supplements, National Institute of Technology and Standards, Centers for Disease Control and Ghent University, is an initiative to standardize 25(OH)Vitamin D measurement across methods.

**** END OF REPORT ****

DR. BHUMIKA C. BORANA
M.B.B.S., M.D., DNB. (PATH)
Consultant Pathologist



Patient Name : MS. ANKITA GOKANI
Age / Gender : 38 Years / Female
Patient ID : 0300013976
Referrer : Radwave Diagnostics LLP



Collection Time*: Jul 20, 2024, 01:37 PM.
Receiving Time : Jul 20, 2024, 04:21 PM.
Reporting Time : Jul 20, 2024, 05:13 PM.

Sample ID :



03014331

THYROID PROFILE

Sample Type : Serum

TEST	RESULT	UNITS	REFERENCE RANGES
T3 (TRIIODOTHYRONINE) Method : CMIA	88.95	ng/dL	35 - 193
T4 (THYROXINE) Method : CMIA	6.6	ug/dL	4.87 - 11.72
TSH - (ULTRA SENSITIVE) Method : CMIA	0.61	uIU/mL	0.35 - 4.94

Interpretation:

T3 : Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism. A fall in T3 concentrations of up to 50% is known to occur in a variety of clinical situations, including acute and chronic disease.

T4: Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. Whether high or low, an abnormal TSH indicates an excess or deficiency in the amount of thyroid hormone available to the body, but it does not indicate the reason why. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

**** END OF REPORT ****

Bhumika

DR. BHUMIKA C. BORANA
M.B.B.S., M.D., DNB. (PATH)
Consultant Pathologist



Patient : MS ANKITA GOKANI

F/38 Y

20-Jul-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 11

Urine Routine

Test

Value

Physical Examination:

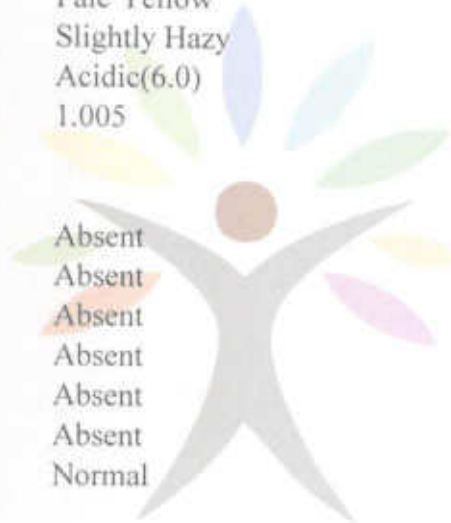
Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(6.0)
Specific Gravity	1.005

Chemical Examination:

Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal

Microscopic Examination:

Pus Cells	2 - 3 / hpf
Red Blood Cells	Absent
Epithelial Cells	2 - 3 / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----



Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

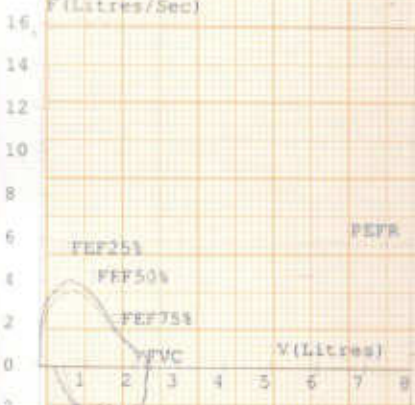
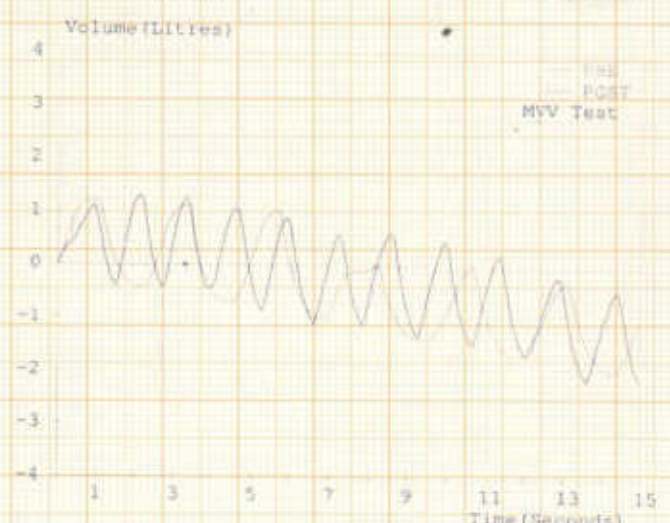
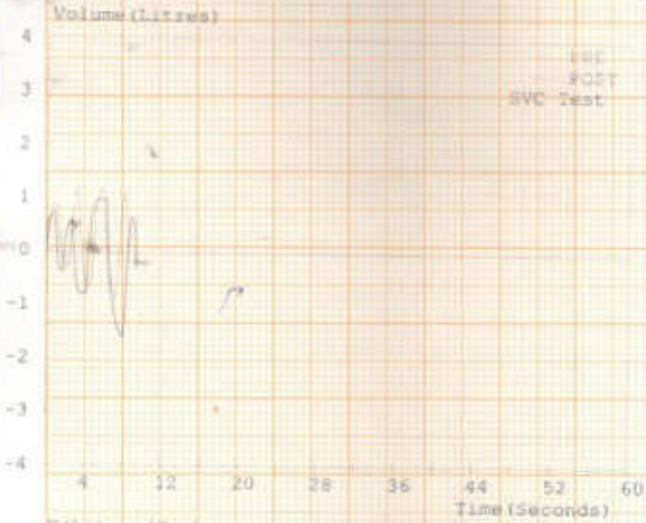
RECORDERS & MEDICARE SYSTEMS

Plot # 196, Industrial Area, Phase-1, Panchkula, Haryana INDIA - 134113

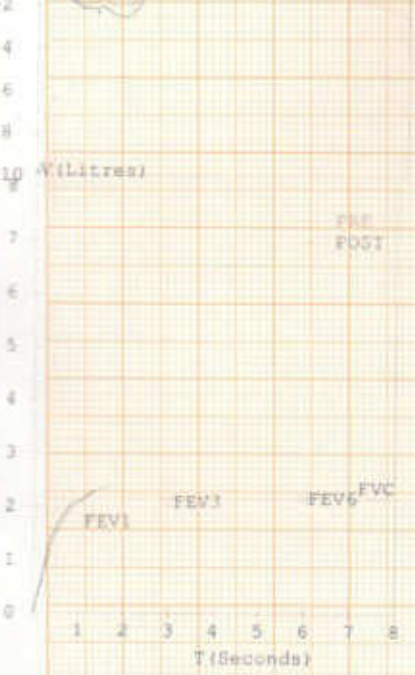
Patient: MISS ANKITA GOKANI
 Ref. By: APOLLO ARCOFEMI HEALTHCARE
 Ed. Eqns: RECORDERS
 Date: 20-Jul-2024 12:50 PM

Age : 38 Yrs
 Height : 152 Cms
 Weight : 50 Kgs
 ID : 189

Gender : Female
 Smoker : No
 Eth. Corr: 100
 Temp :



Parameter		Spirometry Results					
		Pred	M.Pre	%Pred	M.Post	%Pred	Imp
FVC	(L)	02.18	02.4	111	02.32	106	
FEV1	(L)	01.73	02.18	125	02.12	123	
FEV1/FVC	(%)	79.36	88.31	109	91.38	115	
FEF25-75	(L/s)	02.49	02.30	92	02.73	110	
PEFR	(L/s)	05.83	05.60	96	04.02	69	
FIVC	(L)	---	01.28	---	02.02	---	
FEV.5	(L)	---	02.18	---	01.93	---	
FEV3	(L)	02.11	02.4	114	02.32	110	
PIFR	(L/s)	---	02.2	---	02.51	---	
FEF75-85	(L/s)	---	02.2	---	01.17	---	
FEF.2-1.2	(L/s)	04.53	02.18	48	03.01	67	
FEF 25%	(L/s)	05.53	03.4	62	03.97	72	
FEF 50%	(L/s)	04.23	02.18	52	03.24	67	
FEF 75%	(L/s)	02.26	02.30	103	01.46	66	
FEV.5/FVC	(%)	---	62.86	---	70.24	---	
FEV3/FVC	(%)	96.79	100.00	103	100.00	103	
FET	(Sec)	---	01.24	---	01.35	---	
ExpTime	(Sec)	---	02.18	---	00.14	---	
Lung Age	(Yrs)	038	038	100	029	67	
FEV6	(L)	02.18	---	---	---	---	
PIF 25%	(L/s)	---	02.2	---	02.15	---	
PIF 50%	(L/s)	---	01.93	---	02.42	---	
PIF 75%	(L/s)	---	02.2	---	02.08	---	
SVC	(L)	01.08	02.02	186	02.61	242	
ERV	(L)	01.21	---	---	00.61	50	
IRV	(L)	---	00.25	---	00.41	---	
VE	(L/min)	---	16.25	---	14.50	---	
Rf	(L/min)	---	---	---	25.00	---	
Ti	(sec)	---	01.24	---	00.30	---	
Te	(sec)	---	01.24	---	01.50	---	
VT	(L)	---	01.24	---	01.38	---	
VT/Ti		---	01.24	---	01.53	---	
Ti/Ttot		---	00.48	---	00.38	---	
IC	(L)	---	01.4	---	01.19	---	
MVV	(L/min)	097	097	100	074	76	
MPI	(L/min)	---	26.04	---	44.07	---	
MVT	(L)	---	01.24	---	01.80	---	



Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80
 Post Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

DR. JIGNESH PATEL





PATIENT NAME : MS ANKITA GOKANI
AGE/ SEX : 38 YRS / FEMALE
REF. CLINICIAN : APOLLO/ARCOFEMI HEALTHCARE LTD
DATE : 20/07/2024

X-RAY CHEST (P A VIEW)

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

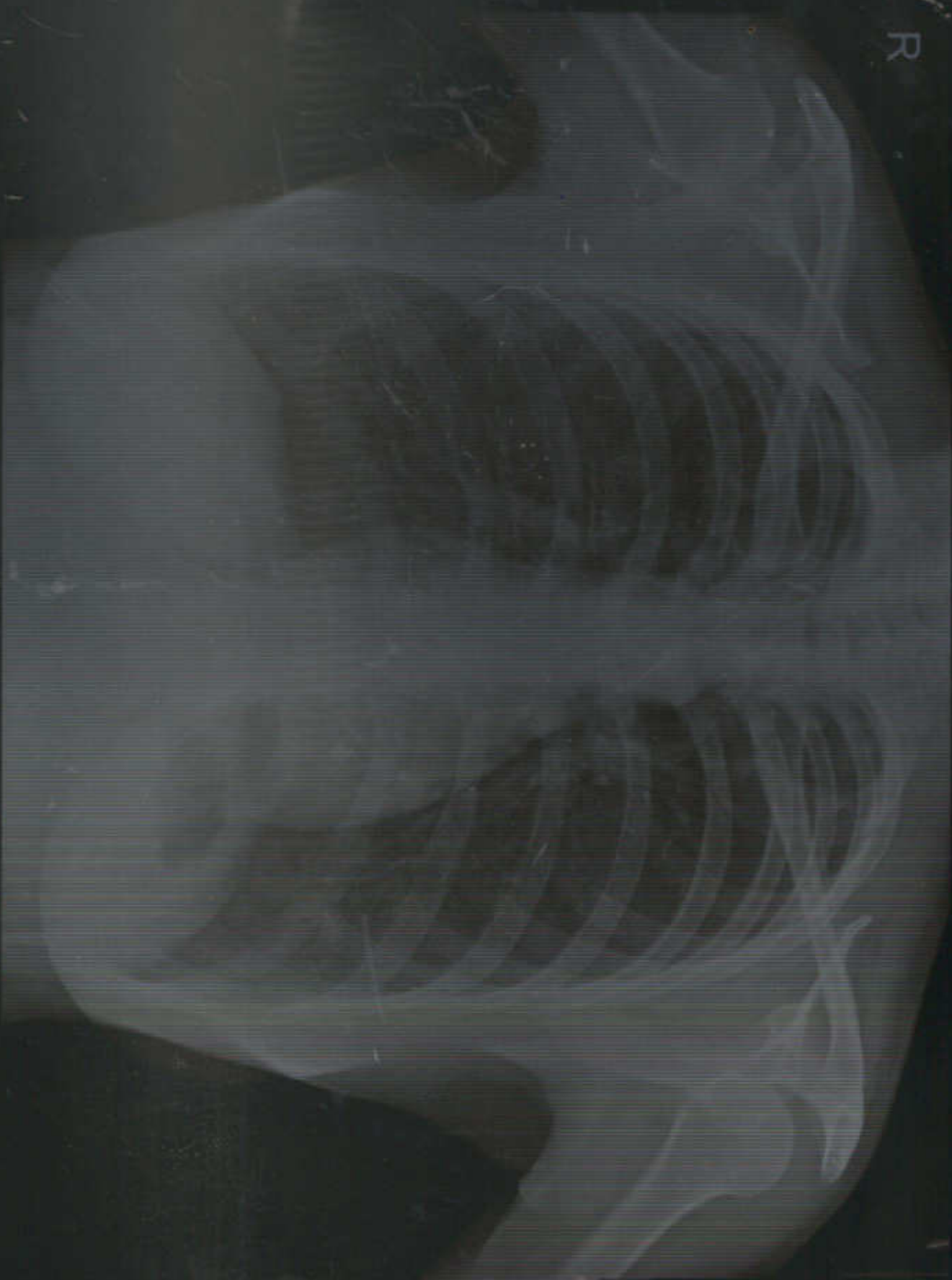
CONCLUSION: X-Ray findings show...

- No significant abnormality of note.

Please correlate clinically.
Thanks for the referral,

Dr. Tilak Manilal Dedhia
M.B.B.S; M.D; D.N.B. (Radio-diagnosis)
Consultant Radiologist.

R



20/07/2024 4949 MISS ANKITA GOKANI 38 Y F APOLLO-ARCOFEMI HEALTH CARE LTD CHEST PA
Pulse Diagnostic Centre (Radwave Diagnostic Pvt. Ltd), Borivli

X

Patient Name: Ms. Ankita Gokani

F / 38yrs

Ref. by: Apollo-Arcofemi Healthcare Ltd

DATE: 20/07/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size (14.0 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 8.8 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 8.0 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.0 x 3.5 cm	9.9 x 4.5 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2

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Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar, LIC Colony, Next to Hotel Majestic NY, Borivali (W), Mumbai - 400 103, Maharashtra



Patient Name: Ms. Ankita Gokani

F / 38yrs

Ref. by: Apollo-Arcofemi Healthcare Ltd

DATE: 20/07/2024

PELVIS: The uterus is anteverted. It measures 8.3 x 4.6 x 3.7 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 8.1 mm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 2.7 x 1.5 cm.

Left ovary measures 2.4 x 1.6 cm.

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

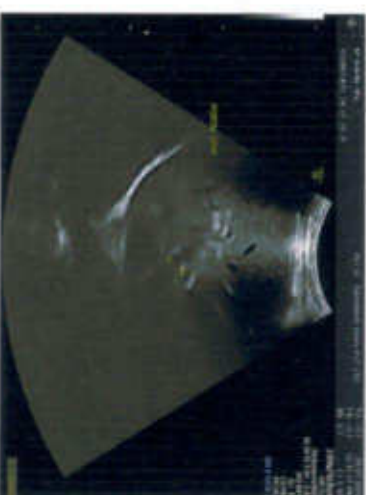
IMPRESSION:

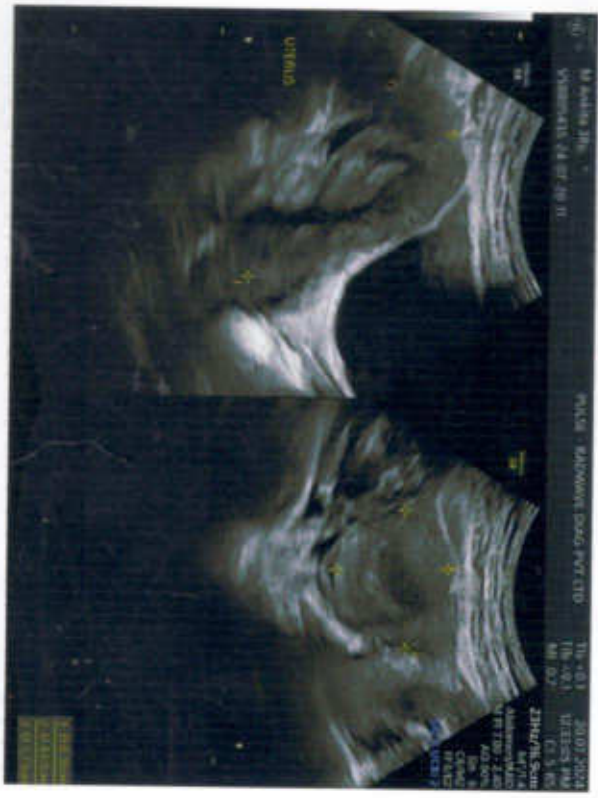
- No significant abnormality is seen.

Thanks for the reference.

With regards,

Dr. Tilak Dedhia
Consultant Radiologist







Patient Name:

Ms. Ankita Gokani

F / 38yrs

Ref. by:

Apollo-Arcofemi Healthcare Ltd

DATE: 20/07/2024

SONOMAMMOGRAPHY OF BOTH BREASTS

TECHNIQUE: Real time, B mode, gray scale sonography of both the breasts was performed with linear transducer.

FINDINGS:

The breast parenchyma shows predominantly fibro glandular component.

Nipple and subareolar regions appear normal.

No obvious focal lesion seen.

Retro mammary region appears normal.


Few lymph nodes with intact fatty hilum are seen in the axillae bilaterally.

IMPRESSION:

- No significant abnormality noted.

Thanks for the reference.

With regards,


Dr Tilak Dedhia
Consultant Radiologist



12 LEAD ECG REPORT



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP



20/07/24

Name: MS. Ankita Chokavi 38/ Female Apollo - Arcofemi Healthcare

Htl

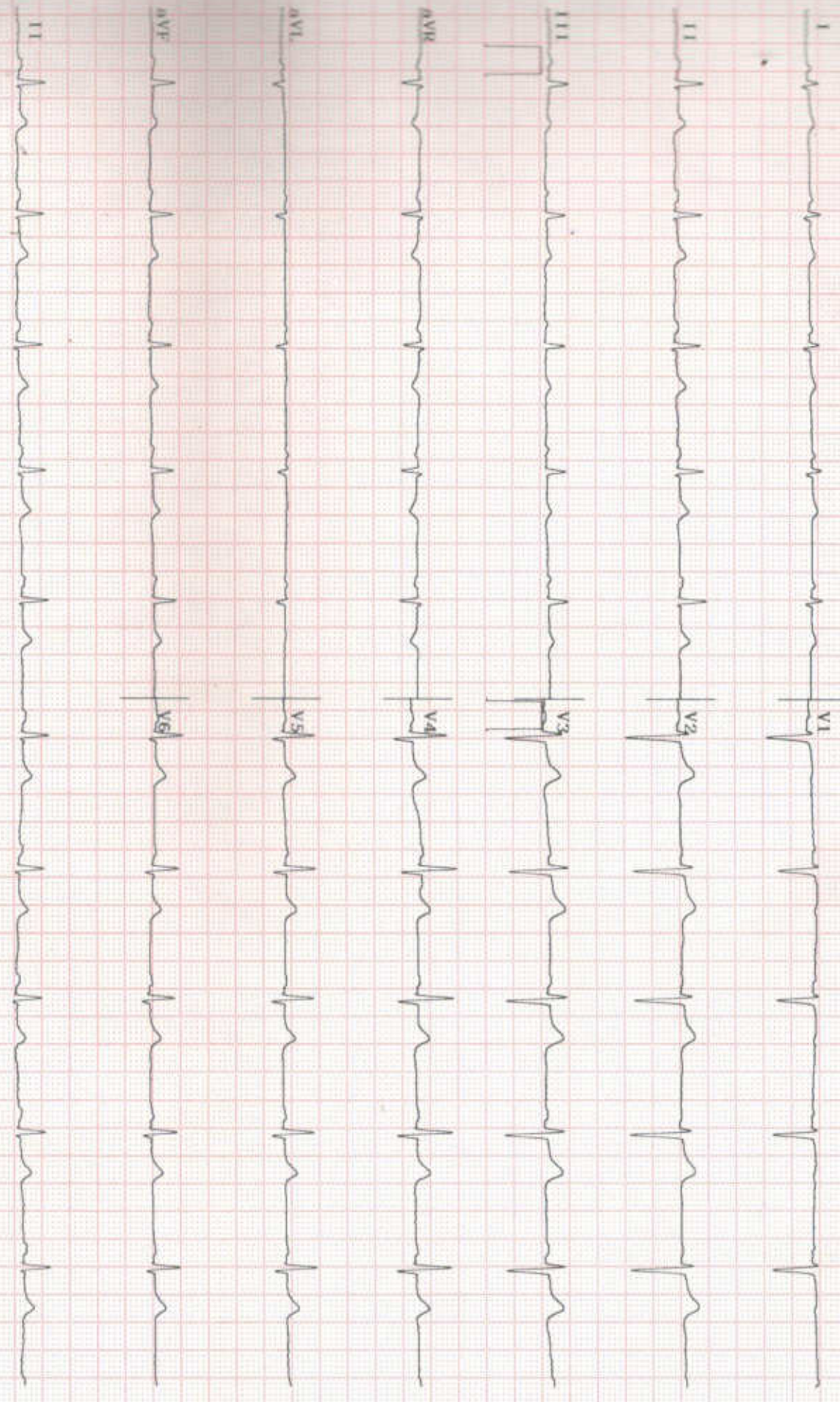
- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

ID: ANK17A
Name: ANK17A
Age: 36 years
Sex: Female
H: 150 cm / W: 50 kg

PR/RR Int.: 144/952 ms
QRS Dur.: 92 ms
QT/QTc: 422/433 ms
P-R-T axes: 55 79 58
SV1/RV5/R+S: 0.62/0.54/1.16 mV

Analysis Result: # (To be finally confirmed by physician)
Normal Sinus Rhythm
Normal Axis
[Normal ECG]

pre



Filter: 0.1Hz LPF: 40Hz AC: 50Hz EMG: On

10.0mm/mV 25.0mm/sec

EKG2000 6.00/3.24 Biomet Co., Ltd.

ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name: Ms. Archita Sankarini

Date: 20/05/2024 Time: _____ Age / Sex: 28/F

Heart Rate: _____

Rhythm: _____

Axis: _____

Voltage: _____

P Wave: _____

PR Interval: _____

Qrs Interval & Complex: _____

ST Segment: _____

T Wave: _____

QT Interval: _____

QTC: WNL

Impression: _____

Signature of Physician _____

DR 

DR PRIYAM BHATJWALE, M.D
REG. (M) 10051