

Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 11:48AM
UHID/MR No : SCHI.0000018730	Reported : 09/Mar/2024 03:30PM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GHDFGD	

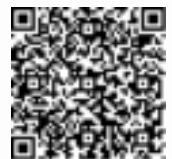
DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:BED240063630



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	42.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.61	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.1	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.9	%	40-80	Electrical Impedance
LYMPHOCYTES	23.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4074.21	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1449.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	109.62	Cells/cu.mm	20-500	Calculated
MONOCYTES	408.03	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.81		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

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Dr. SHWETA GUPTA
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NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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



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Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 05:24PM
UHID/MR No : SCHI.0000018730	Reported : 09/Mar/2024 08:58PM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023


Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



Dr Nidhi Sachdev
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Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 03:05PM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 07:36PM
UHID/MR No : SCHI.0000018730	Reported : 09/Mar/2024 08:58PM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GHDFGD	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	118	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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SIN No: PLP1429551



Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 05:34PM
UHID/MR No : SCHI.0000018730	Reported : 10/Mar/2024 08:30AM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GHDFGD	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

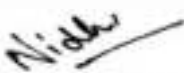
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:


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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SIN No:EDT240029029

Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 11:50AM
UHID/MR No : SCHI.0000018730	Reported : 09/Mar/2024 03:44PM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GHDFGD	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	279	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	89	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	83	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	196	mg/dL	<130	Calculated
LDL CHOLESTEROL	178.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.36		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	66.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

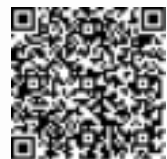
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

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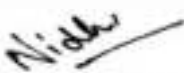
Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 05:33PM
UHID/MR No : SCHI.0000018730	Reported : 10/Mar/2024 08:28AM
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DEPARTMENT OF BIOCHEMISTRY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	16.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.78	mg/dL	2.5-6.2	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136.8	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99.7	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.55	g/dL	6.3-8.2	Biuret
ALBUMIN	4.64	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

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SIN No:BI18706147

Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
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UHID/MR No : SCHI.0000018730	Reported : 09/Mar/2024 05:00PM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GHDFGD	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	12-43	Glycylglycine Nitoranalide



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SIN No:SE04656238



Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 11:51AM
UHID/MR No : SCHI.0000018730	Reported : 09/Mar/2024 09:22PM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GHDFGD	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.7	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.71	µIU/mL	0.25-5.0	ELFA

Comment:

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

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
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



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SIN No: SPL24042322



Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
Age/Gender : 41 Y 4 M 16 D/F	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018730	Reported : 09/Mar/2024 07:17PM
Visit ID : SCHIOPV27211	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GHDFGD	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr. SHWETA GUPTA
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 SIN No:UR2301813



Patient Name : Mrs.ASHA RANI	Collected : 09/Mar/2024 11:14AM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

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

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


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



Dr. SHWETA GUPTA
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SIN No:UF011116



Name : Mrs. ASHA RANI	Age : 41 Y	UHID :SCHL0000018730
Address : 6/639 LODHI COLONY NEW DELHI	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCHHOPV27211
		Bill No :SCHL-OCR-9751
		Date : 09.03.2024 10:48

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM - PERIPHERAL SMEAR ✓	
5	GYNAECOLOGY CONSULTATION ✓	
6	DIET CONSULTATION <i>after Report</i> ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE(POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	LBC/PAP TEST - PAPSURE ✓	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
13	DENTAL CONSULTATION <i>R. no. 12</i> ✓	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
15	URINE GLUCOSE(FASTING) ✓	
16	SONO MAMMOGRAPHY - SCREENING ✓	
17	HbA1c, GLYCATED HEMOGLOBIN ✓	
18	X-RAY CHEST PA <i>B</i> ✓	
19	ENT CONSULTATION <i>after Report</i> ✓	
20	CARDIAC STRESS TEST(TMT) ✓	
21	FITNESS BY GENERAL PHYSICIAN ✓	
22	BLOOD GROUP ABO AND RH FACTOR ✓	
23	LIPID PROFILE ✓	
24	BODY MASS INDEX (BMI) ✓	
25	OPHTHAL BY GENERAL PHYSICIAN <i>2015</i> ✓	
26	ULTRASOUND - WHOLE ABDOMEN ✓	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Shree

24/10/1982

Height:	162 cm
Weight:	65.4
B.P.:	122/74
Pulse:	86/m
SP02:	99

PHC_Desk

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Sent: 09 March 2024 10:33
To: PHC_Desk
Subject: Fw: Health Check up Booking Request(bobS12421), Beneficiary Code-164746

Dear team,

PLEASE GO FOR THE PACKAGE

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

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi - 110 030
Ph No. 011-41195959
Email : customercare@mediwheel.in | Web: www.mediwheel.in

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Sent: 09 March 2024 10:20
To: PHC_Desk <phc.klc@apollospectra.com>
Subject: Fw: Health Check up Booking Request(bobS12421), Beneficiary Code-164746



011-41195959

Dear Apollo Spectra - Nehru Enclave

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR. KASANA SANYOG KUMAR
Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40
Name of Diagnostic/Hospital : Apollo Spectra - Nehru Enclave
Address of Diagnostic/Hospital- : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019
Appointment Date : 09-03-2024

Booked Member Name

Member Information

Age Gender

भारत निर्वाचन आयोग

पहचान पत्र

ELECTION COMMISSION OF INDIA

IDENTITY CARD

DGB0649293



मतदाता का नाम : आशा रानी

Elector's Name : ASHA RANI

पति का नाम : सन्योग कुमार कसाना

Husband's Name : SANYOG KUMAR
KASANA

लिंग / Sex

महिला / Female

Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DDC No: A-14151

For Appointment : +91 11 4046 5555
Mob: +91 9910995018
Email: drusha.maheshwari@apollospectra.com

09/03/2024 . Mrs. Asha Rani .
41 Y / Female .

C/C:- Regular Dental Check-up .

M/H:- N.R.

PDH:- Crowns & RCT , 2-5 years back .

O/E:-
• Calculus + .
• R.S met $\frac{\quad}{4}$.

advised:-
• Scaling
• Extraction $\frac{\quad}{4}$
• Implant $\frac{\quad}{4}$.

Ph

09/03/24

Mr. Akhesh

Imp @ 9/6-2
① 9/6-2
(Unclipped)

41F

9-7-12

12/12/12 mm-h

10-11-12

Colour lesion @ 9/6-2

junction case
SIL ex - not seen

① no wash - c/c
② no c - c/c



Consultation Letter

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

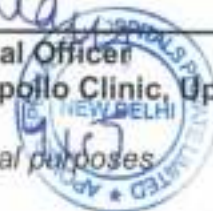
of Ashu Rami on 9/3/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <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>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. [Signature]
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes



PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Asho Kani	UHID No :	18130
AGE / GENDER :-	41yf	RECEIPT No :-	
PANEL :	Ascofemi	EXAMINED ON :	7/3/24

Chief Complaints:

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

Family History:

General Physical Examination:

Height	162	:	cms	Pulse	86/m	:	bpm
Weight	65.4	:	Kgs	BP	122/74	:	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- Asho Kano	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

USG Breast Report (R & L breasts)
T Cholesterol 277

Recommendation:

- Surgeon opinion
- low fat diet
- Cap @ Achuro once a day 1-2 milk
- My vite D₃ 60 k once a week
- Bezuvite Protein powder 6-12 week

Dr. Navneet Kaur
Consultant Physician



fewer reports

Patient Name : Mrs. ASHA RANI
UHID : SCHL 000018730
Conducted By : Dr. MUKESH K GUPTA
Referred By : SELF
Age : 41 Y/F
GP Visit No : SCHIOPV27211
Conducted Date : 09-03-2024 16:47

Protocol : Bruce Protocol
Medication :
Target Heart Rate : 179 BPM
Heart Rate Achieved : 153 BPM
Percentage of THR Achieved : 85%
Maximum Blood Pressure : 140/90 mmHg
Total Exercise Duration : 09:35 Min.
Maximum Worked Attained : 11.90 Mets
Reason for termination : Max HR attained.

Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhuchi.
- Arrhythmia none.
- Chest pain absent.

Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically
Not valid for medico legal purpose.

Dr. M K Gupta
M.B.B.S, MD,FLACM
Senior Consultant Cardiologist

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048
Ph:011-40465555,9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040-4904 7777 | www.apollohl.com

APOLLO SPECTRA
NEHRU ENCLAVE
NEW DELHI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: RANI, ASHA
Patient ID: 18730
Height: 162 cm
Weight: 65.4 kg

DOB: 24.10.1982
Age: 41 yrs
Gender: Female
Race: Indian

Study Date: 09.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	01:39	0.00	0.00	99	122/74	
	STANDING	00:36	0.00	0.00	86	122/74	
	HYPERV	00:01	0.00	0.00	85		
	WARM-UP	00:12	0.60	0.00	91		
EXERCISE	STAGE 1	03:00	1.70	10.00	112	122/74	
	STAGE 2	03:00	2.50	12.00	127	140/90	
	STAGE 3	03:00	3.40	14.00	144	140/90	
	STAGE 4	00:35	4.20	16.00	153		
RECOVERY		03:13	0.00	0.00	101	120/80	

The patient exercised according to the BRUCE for 9:35 min:s, achieving a work level of Max. METS: 11.90. The resting heart rate of 86 bpm rose to a maximal heart rate of 153 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 122/74 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Max HR attained.

Interpretation

Summary: Chest Pain: none.

Conclusions

--

Physician _____

Technician _____

RANI, ASHA

Patient ID: 18730
 09/03/2024 Female 162 cm 65.4 kg
 41 yrs Indian
 1:25:46pm Meds:

Exercise Test / Tubular Summary

APOLLO SPECTRA

Test Reason:
 Medical History:

Ref. MID: Ordering MID:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 09:35
 Max HR: 153 bpm 85 % of max predicted 179 bpm HR at rest: 86
 Max BP: 140/90 mmHg BP at rest: 122/74 Max RPP: 21420 mmHg* bpm
 Maximum Workload: 11.90 METS
 Max. ST: -2.40 mm, 1.58 mV/s in V5; EXERCISE STAGE 2 4:59

Arrhythmia: A:304, VBIQ:1, PVC:7, CPET:1
 ST/HR index: 2.35 μV/bpm
 ST/HR slope: 1.36 μV/bpm (III)
 HR reserve used: 67 %
 HR recovery: 36 bpm
 VE recovery: 1 VE/min
 ST/HR hysteresis: 0.029 mV (V6)

QRS duration: BASELINE: 84 ms, PEAK EX: 82 ms, RBC: 88 ms
Reasons for Termination: Max HR attained

Summary:

Chest Pain: none
 Reason:
 Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [ml/min]	ST Level V5 [mm]	Comment
PRETEST	SLEEPING	01:39	0.00	0.00	1.0	99	122/74	12078	1	0.10	
	STANDING	00:36	0.00	0.00	1.0	86	122/74	10492	1	0.30	
	HYPERV.	00:01	0.00	0.00	1.0	85		10370	0	0.30	
	WARM-UP	00:12	0.60	0.00	1.0	91		11102	0	0.25	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	112	122/74	13664	0	0.10	
	STAGE 2	03:00	2.50	12.00	7.0	127	140/90	17780	2	-1.25	
	STAGE 3	03:00	3.40	14.00	10.1	144	140/90	20160	0	-0.55	
	STAGE 4	00:35	4.20	16.00	11.9	153		21420	0	-1.05	
RECOVERY		03:13	0.00	0.00	1.0	101	120/80	12120	1	-0.20	

NAME :	ASHA RANI	AGE/SEX:	41	YRS./F
UHID :	18730			
REF BY :	APOLLO SPECTRA	DATE:-	09.03.2024	

USG BOTH BREAST

Multiple large lobulated , hypoechoic lesions with dense posterior acoustic shadowing and some showing calcification are seen in bilateral breasts most likely s/o fibroadenomas.

Largest of them measures 22.8 x 11.5mm , 25 x 13.5mm , 11.5 x 7.2mm and 43.2 x 2.6mm in the right breast and 42.6 x 24mm , 45 x 29mm , 33.4 x 20mm in the left breast

No abnormal ductal dilatation seen.

Skin and subcutaneous tissues are normal.

Few small axillary nodes with preserved fatty hilum are seen bilaterally .

Advise: Clinical and FNAC Correlation.

BIRADS ASSESSMENT CATEGORIES :-

- Category 0 - Needs additional imaging evaluation.
- Category 1 - Negative
- Category 2 - Benign finding.
- Category 3 - **Probably benign finding – Short interval follow up is suggested. FNAC should be considered.**
- Category 4 - Suspicious abnormality – Needs further evaluation for confirmation. FNAC should be considered.
- Category 5 - Highly suggestive of malignancy – Appropriate action should be taken.
- Category 6 - Biopsy proven case of malignancy.



DR. MONICA CHHABRA
CONSULTANT RADIOLOGIST
Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Measurement Results:

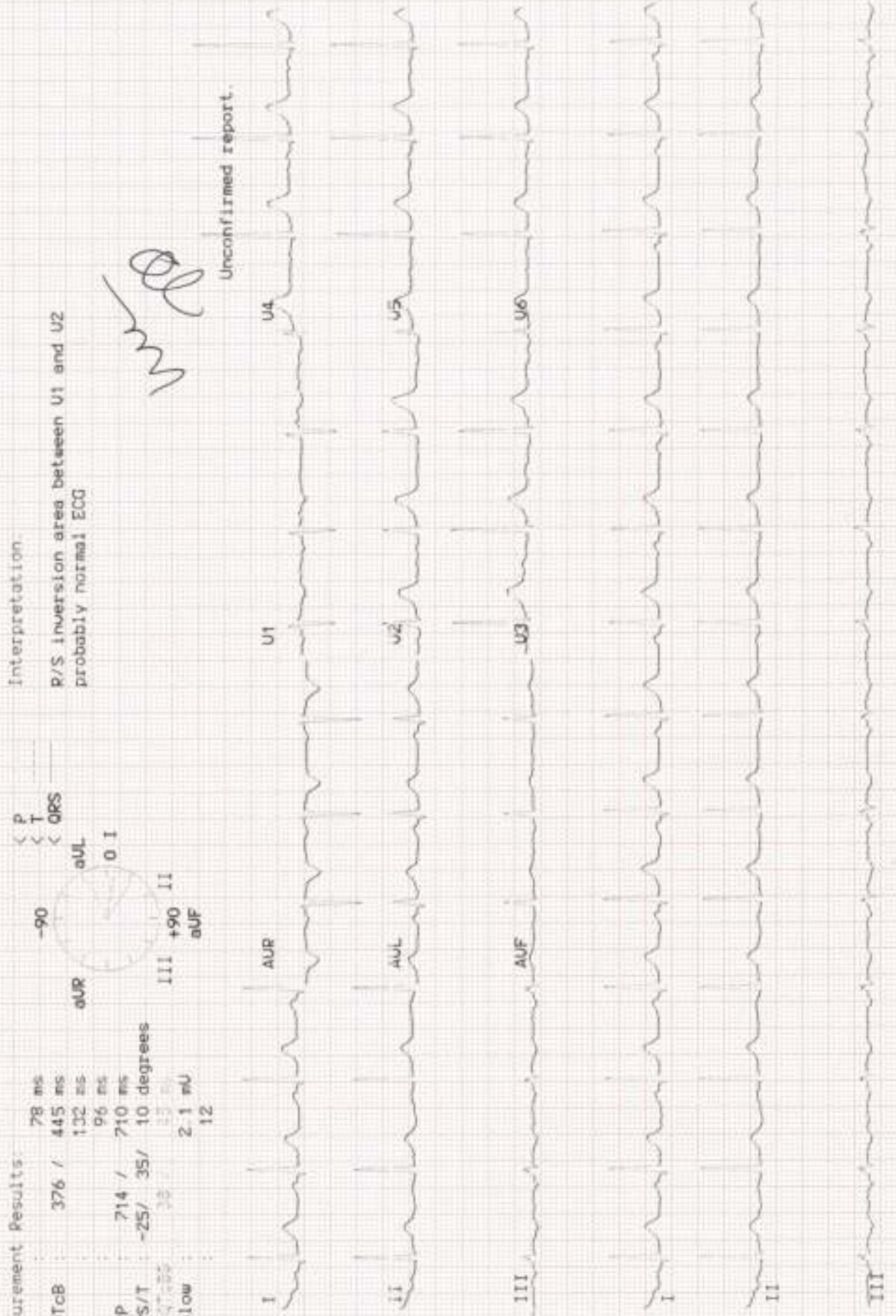
QRS : 78 ms
 QT/QTcB : 376 / 445 ms
 PR : 132 ms
 p : 96 ms
 QR/PP : 714 / 710 ms
 P/ORS/T : -25/ 35/ 10 degrees
 Sokolow : 2.1 mV
 NK : 12

Interpretation

R/S Inversion area between U1 and U2
 probably normal ECG

WTF

Unconfirmed report.



LMP - 10.2.24

P₂L₂
E1 - lap ectopic

Asha Rani

NVD. 1 yr back
+ lap ligation

4/yr / F

9.3.24

LCB - 10 yr

Adv

PH - nil

- lactated
wash

FH - mother + DM
father / HTN

SUPRACAL XT

(L) - 5x5 cm
breast large
fibroadenoma

15 day/
30 min.

(R) breast - hard masses
felt

Breast →
P/A - 50%
P/S
P/V / (N)

[Handwritten signature]