

**OUT-PATIENT RECORD**

Date : 13/1/24  
 MRNO : 060702  
 Name : Mrs. Anurag Singh  
 Age/Gender :  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 60/min	B.P : 100/60	Resp : 18/nc	Temp : 37.2
Weight : 48.9	Height : 153	BMI : 20.9	Waist Circum : 80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

married. Non-vegetarian  
 Sleep: @ B/B @ mc 5/32-33days  
 No addiction NB Allergy  
 LSCs done 11/May/22  
 Father & Mother: JET/DM  
 Normal Report  
 Physically fit

Dr. (Mrs.) CHHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg No. 56942

*[Handwritten Signature]*  
 Doctor's Sign

Follow up date:



Patient Name : Mrs.AAROSHI SINGH  
Age/Gender : 30 Y 5 M 3 D/F  
UHID/MR No : STAR.0000060702  
Visit ID : STAROPV68437  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 174056


Collected : 13/Jan/2024 09:00AM  
Received : 13/Jan/2024 12:21PM  
Reported : 13/Jan/2024 03:29PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Reduce in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically

Page 1 of 14



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY  
SIN No:RED240009175

TOUCHING LIVES

Patient Name : Mrs.AAROSHI SINGH  
Age/Gender : 30 Y 5 M 3 D/F  
UHID/MR No : STAR.000060702  
Visit ID : STAROPV66437  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 174056

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.3	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>38.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.95	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	97.5	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,780	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2772.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1529.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	286.8	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	<b>120000</b>	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>35</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Reduce in Number

Parasites : No Haemoparasites seen

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**DR. APEKSHA MADAN**  
MBBS, DPM  
PATHOLOGY

SIN No:BED240009175

TOUCHING LIVES

Patient Name : Mrs.AAROSHI SINGH  
 Age/Gender : 30 Y 5 M 3 D/F  
 UHID/MR No : STAR.0000080702  
 Visit ID : STAROPV66437  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 174056

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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Kindly Correlate Clinically.

OR. APEKSHA MADAN  
 MBBS, DPG  
 PATHOLOGY  
 SIN No:BED240009175

TOUCHING LIVES

Patient Name	: Mrs.AAROSHI SINGH	Collected	: 13/Jan/2024 09:00AM
Age/Gender	: 30 Y 5 M 3 D/F	Received	: 13/Jan/2024 12:21PM
UHID/MR No	: STAR.0000060702	Reported	: 13/Jan/2024 02:04PM
Visit ID	: STAROPV66437	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 174056		

DEPARTMENT OF HAEMATOLOGY

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

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

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DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240009175

TOUCHING LIVES

Patient Name : Mrs.AAROSHI SINGH  
 Age/Gender : 30 Y 5 M 3 D/F  
 UHID/MR No : STAR.0000060702  
 Visit ID : STAROPV66437  
 Ref Doctor : Dr.BELF  
 Emp/Auth/TPA ID : 174056

Collected : 13/Jan/2024 09:00AM  
 Received : 13/Jan/2024 11:25AM  
 Reported : 13/Jan/2024 12:01PM  
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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  $\geq$  or = 126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL, on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:PLF02089208

FOUNDED 1982

Patient Name : Mrs.AAROSHI SINGH  
 Age/Gender : 30 Y 5 M 3 D/F  
 UHID/MR No : STAR.0000060702  
 Visit ID : STAROPV66437  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 174056

Collected : 13/Jan/2024 03:08PM  
 Received : 13/Jan/2024 03:55PM  
 Reported : 13/Jan/2024 04:15PM  
 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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	72	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, anylin analogues, or conditions such as overproduction of insulin.



DR. APEKSHA MADAN  
 MBBS, DPE  
 PATHOLOGY  
 SIN No: JLP1408573



Patient Name : Mrs.AAROSHI SINGH	Collected : 13/Jan/2024 09:00AM
Age/Gender : 30 Y 5 M 3 D/F	Received : 13/Jan/2024 04:39PM
UHID/MR No : STAR.0000060702	Reported : 13/Jan/2024 07:38PM
Visit ID : STAROPV68437	Status : Final Report.
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 174056	

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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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
<b>DIABETICS</b>	
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 glycaemic 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)



Dr. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240003880





TOUCHING LIVES

Patient Name : Mrs.AAROSHI SINGH  
 Age/Gender : 30 Y 5 M 3 D/F  
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 Ref Doctor : Dr.SELF  
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Collected : 13/Jan/2024 09:00AM  
 Received : 13/Jan/2024 12:11PM  
 Reported : 13/Jan/2024 03:48PM  
 Status : Final Report  
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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	97	mg/dL	<150	
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithms now include absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL, Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SB04599746



Patient Name	: Mrs.AAROSHI SINGH	Collected	: 13/Jan/2024 09:00AM
Age/Gender	: 30 Y 5 M 3 D/F	Received	: 13/Jan/2024 12:11PM
UHID/MR No	: STAR.0000060702	Reported	: 13/Jan/2024 03:52PM
Visit ID	: STAROPV86437	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 174056		

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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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 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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DR. APEKSHA MADAN  
MBBS, DNB  
PATHOLOGY

SIN No:SE04599746




Patient Name : Mrs.AAROSHI SINGH  
Age/Gender : 30 Y 5 M 3 D/F  
UHIDMR No : STAR.0000050702  
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DEPARTMENT OF BIOCHEMISTRY

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

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DR. APEKSHA MADAN  
MBBS, OPB  
PATHOLOGY  
SIN No:SE04599746



FOR CHITING LIVER


Patient Name : Mrs.AAROSHI SINGH  
 Age/Gender : 30 Y 5 M 3 D/F  
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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	0.53	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	15.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE



DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04599746



TOUCHING LIVES

Patient Name : Mrs.AAROSHI SINGH  
Age/Gender : 30 Y 6 M 3 DyF  
UHIDMR No : STAR.0000050702  
Visit ID : STAROPV66437  
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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) , SERUM	27.00	U/L	16-73	Glycylglycine Kinetic method

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**DR. APEKSHA MADAN**  
MBBS, DPM  
PATHOLOGY  
SIN No:SE04599746

TOUCHING LIVES

Expertise. Empowering you.

Patient Name : Mrs.AAROSHI SINGH	Collected : 13/Jan/2024 09:00AM
Age/Gender : 30 Y 5 M 3 D/F	Received : 13/Jan/2024 12:10PM
UHID/MR No : STAR.0000060702	Reported : 13/Jan/2024 02:21PM
Visit ID : STAROPV66437	Status : Final Report.
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 174066	

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)	1.02	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.40	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.170	µIU/mL	0.25-5.0	ELFA

Comment:


For pregnant females	Bio Ref Range for TSH in µIU/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

Page 13 of 14



  
**DR. APEKSHA MADAN**  
 MBBS, DPM  
 PATHOLOGY

SIN No: SPL24006112

TOUCHING LIVES

Patient Name : Mrs.AAROSHI SINGH  
Age/Gender : 30 Y 5 M 3 D/F  
UHID/IR No : STAR.0000050702  
Visit ID : STAROPV66437  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 174056

Collected : 13/Jan/2024 09:00AM  
Received : 13/Jan/2024 12:10PM  
Reported : 13/Jan/2024 02:21PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF IMMUNOLOGY

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

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

Result/s to Follow:  
COMPLETE URINE EXAMINATION (CUE)

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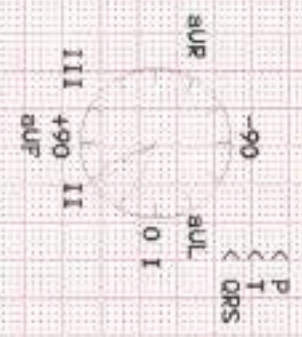
DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY  
SEN No: SPL24006112

*Aravind Singh*

HR 60 bpm

Measurement Results:

QPS	76 ms
QT/QTcB	376 / 378 ms
PR	126 ms
P	86 ms
PR/PP	988 / 1025 ms
P/QRS/T	25 / 65 / 55 degrees
QTd/QTcBd	30 / 30 ms
Sokolow	1.4 mV
NK	8



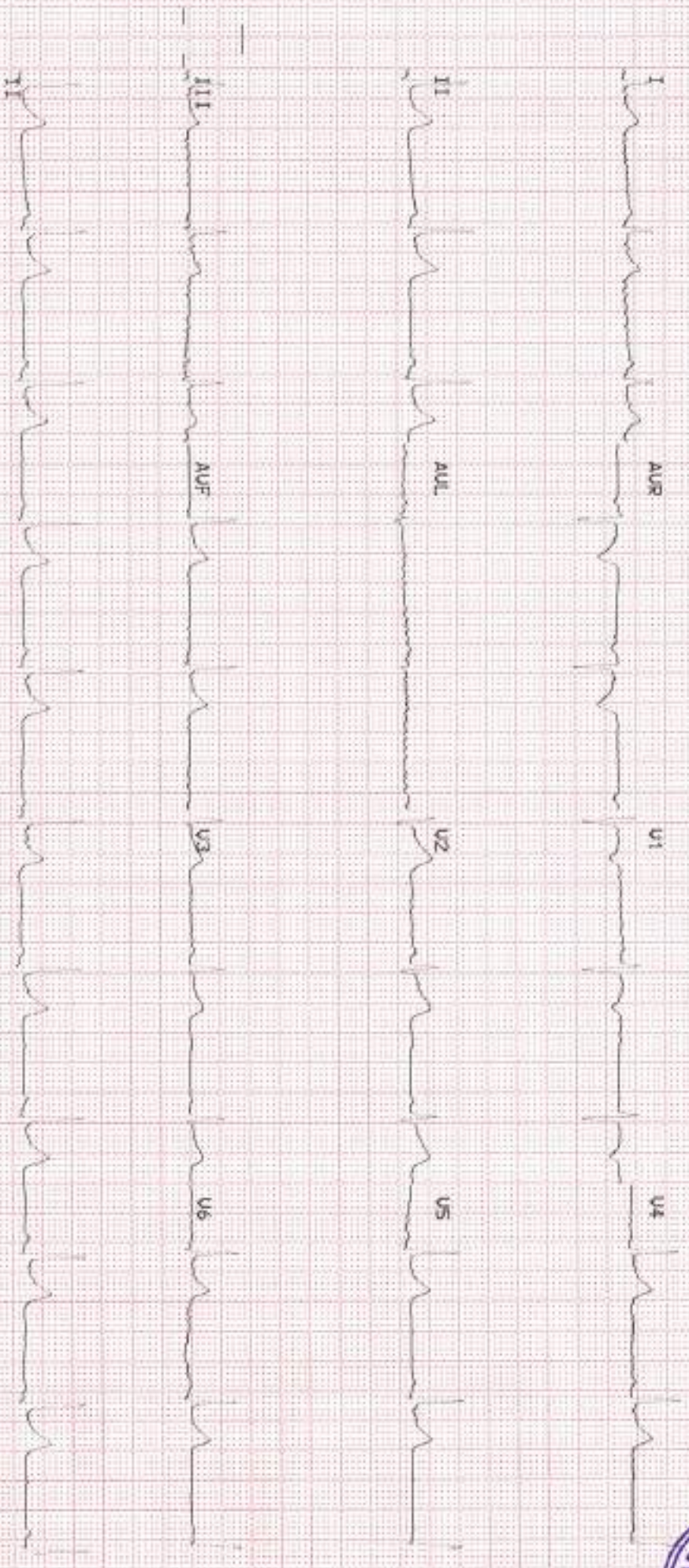
Interpretation:

ST-segment elevation (Inferior)  
 low QRS amplitudes  
 R/S inversion area between U1 and U2  
 probably abnormal ECG

*Dr. Aravind Singh*

Dr. (Mrs.) CHHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 56942

Unconfirmed Report





Patient Name	: Mrs. AAROSHI SINGH	Age	: 30 Y F
UHID	: STAR.0000060702	OP Visit No	: STAROPV66437
Reported on	: 13-01-2024 15:48	Printed on	: 13-01-2024 15:49
Adm/Consult Doctor	:	Ref Doctor	: SELF

**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

Printed on:13-01-2024 15:48

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mrs.Aaroshi Singh  
Age : 30 Year(s)

Date : 13/01/2024  
Sex : Female  
Visit Type : OPD


### ECHO Cardiography

#### Comments:

Normal cardiac dimensions.  
Structurally normal valves.  
No evidence of LVH.  
Intact IAS/IVS.  
No evidence of regional wall motion abnormality.  
Normal LV systolic function (LVEF 60%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

#### Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


  
**DR.CHHAYA P.VAJA. M. D.(MUM)**  
**NONINVASIVE CARDIOLOGIST**

Name : Mrs.Aaroshi Singh  
Age : 30 Year(s)

Date : 13/01/2024  
Sex : Female  
Visit Type : OPD

**Dimension:**

EF Slope	150mm/sec
EPSS	06mm
LA	24mm
AO	26mm
LVID (d)	36mm
LVID(s)	20mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**DR. CHHAYA P. VAJA. M. D. (MUM)**  
**NONINVASIVE CARDIOLOGIST**

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Patient Name : MRS.AAROSHI SINGH  
Ref. By : HEALTH CHECK UP

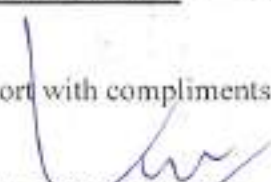
Date : 13-01-2024  
Age : 30 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

- LIVER** : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.
- GALL BLADDER** : The gall bladder is normal in size with a normal wall thickness and there are no calculi seen in it.
- PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.
- SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.
- KIDNEYS** : The **RIGHT KIDNEY** measures 10.5 x 3.7 cms and the **LEFT KIDNEY** measures 10.6 x 4.5 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
- The para-aortic & iliac fossa regions appear normal. There is no free fluid or any lymphadenopathy seen in the abdomen.
- URINARY BLADDER** : The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.
- UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.3 x 3.7 x 3.4 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 10.2 mms. No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.8 x 1.6 cms. Left ovary measures 2.4 x 1.7 cms. There is no free fluid seen in cul de sac.

**IMPRESSION** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

  
**DR. VINOD V. SHETTY**  
MD, D.M.R.D.  
CONSULTANT SONOLOGIST.

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13/1/24.

**OUT- PATIENT RECORD**

Date :  
MRNO :  
Name :  
Age/Gender :  
Mobile No :  
Passport No :  
Aadhar number :

Aakashi Singh  
F / 30 yrs.

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Ear → } WNL  
 Nose → }  
 Throat → } R ++  
                         L ++  
                         W ++

*(Handwritten Signature)*  
Dr. Mitul Bhatt

Follow up date:

Doctor Signature

Mrs Anashi Singh 30 yrs

13/1/24

NO Gynaec complaints.

M/H .  $\frac{5 \text{ days}}{2 \text{ months}}$   $\begin{cases} \text{Irreg} \\ \text{mod} \\ \text{PIL} \end{cases}$  LMP - 12/1/24

O/H - PIL  $\rightarrow$  1 1/2 yrs UCS -  
Cord around neck.

P/H - Nil.

F/H - Mother - DM / HTN  
father - DM / HTN.

Soni

*Singh* **PAP SMEAR CONSENT FORM**

Patient name: <i>Aarushi</i>	Age: <i>30y</i>	Gender: <i>Female</i>
UHID: <i>60702</i>	Date: <i>13/1/2024</i>	

**MENSTRUAL AND REPRODUCTIVE HISTORY**

Age of menarche:	
Age of menopause, if applicable:	
Menstrual regularity:	<i>Regular/irregular</i>
Menstrual frequency:	<i>_____ days / _____ days</i>
First day of last menstrual period:	Date: <i>_____</i>
Age at marriage:	
Years of married life:	
Contraception:	<input type="radio"/> Yes <input type="radio"/> No ; if yes what kind? <i>_____</i>
Hormonal treatment:	<input type="radio"/> Yes <input type="radio"/> No ; if yes, what kind? <i>_____</i>
Gravida (no. of times conceived):	
Para (no. of childbirths > 20 wks):	
Live (no. of living children):	
Abortions (no. of miscarriages/abortions):	
Age of first child:	
Age of last child:	
Previous Pap smear report:	

**SPECULUM EXAMINATION FINDINGS**

External genitalia:	
Vagina:	
Cervix:	
Smear taken from:	<input type="radio"/> Ectocervix <input type="radio"/> Endocervix <input type="radio"/> Posterior vaginal fornix

I, *Aarushi Singh*, hereby declare that the above information is true. I have been explained the procedure and give my consent to undergo the same.

Signature of the patient: *Aarushi Singh*

Signature of the doctor: \_\_\_\_\_

Date and place: *Gurgaon 13/1/2024*

**CYTOPATHOLOGY/PAP REQUISITION FORM AD/QF/863**

MR.NO. 30702 Referring Doctor DR. Rajat Date 13/11/2024  
 Name Aarushi Singh Date of Birth 30/4/2001 Sex Female  
 Telephone \_\_\_\_\_ Collection Centre Garden

No of slides collected (conventional PAP)

**GYNANE CYTOLOGY**

ABC

- Conventional Pap smear  Thin Prep

**CLINICAL FEATURES**

- Normal  Post Menopausal  
 Suspicious Lesions  Others

**SITE OF SAMPLE**

- Cervix  Endocervix  Post fornix  
 Lat Vaginal Wall  Vault  Others

**History:**

- Post Menopausal

Hormone Replacement (HRT)

- Others

Lamp   /  /  

**HISTORY/MISCELLANEOUS**

**NON GYNAE CYTOLOGY**

- Ascetic  
 Peritoneal  
 Pleural  
 CSF  
 Urine  
 Pericardial  
 Bronchial  
 Sputum  
 Others  
 FNAC  
 SITE:

**RELEVANT DETAILS/CLINICAL**