

Patient Name : Mrs.SEEMA SEEMA	Collected : 28/Sep/2024 11:30AM
Age/Gender : 52 Y 9 M 6 D/F	Received : 28/Sep/2024 12:56PM
UHID/MR No : CAOP.0000001921	Reported : 28/Sep/2024 02:14PM
Visit ID : CAOPOPV02435	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33109	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



**Dr. Shivangi Chauhan**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP240903951  
**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.2	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,300	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	35	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5974	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3605	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	206	Cells/cu.mm	20-500	Calculated
MONOCYTES	515	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	258000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	13	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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Patient Name	: Mrs.SEEMA SEEMA	Collected	: 28/Sep/2024 11:30AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	158	mg/dL	70-140	GOD - POD

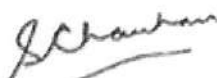
**Comment:**

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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	126	mg/dL		Calculated

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(eAG)

**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
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	191	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	126	mg/dL	<150	
HDL CHOLESTEROL	54	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	<u>111.8</u>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.54		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

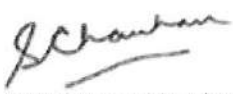
**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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



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Test Name	Result	Unit	Bio. Ref. Interval	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)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	<b>136.00</b>	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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


2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.  
 \*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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



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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.57	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>15.20</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	3.0-5.5	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated



**Dr. Shivangi Chauhan**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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Patient Name	: Mrs.SEEMA SEEMA	Collected	: 28/Sep/2024 11:30AM
Age/Gender	: 52 Y 9 M 6 D/F	Received	: 28/Sep/2024 06:14PM
UHID/MR No	: CAOP.0000001921	Reported	: 28/Sep/2024 06:51PM
Visit ID	: CAOPOPV02435	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33109		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	27.00	U/L	16-73	Glycylglycine Kinetic method



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Consultant Pathologist



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Patient Name : Mrs.SEEMA SEEMA	Collected : 28/Sep/2024 11:30AM
Age/Gender : 52 Y 9 M 6 D/F	Received : 28/Sep/2024 07:08PM
UHID/MR No : CAOP.0000001921	Reported : 28/Sep/2024 08:55PM
Visit ID : CAOPOPV02435	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33109	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.69	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.617	µIU/mL	0.38-5.33	CLIA

**Comment:**

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

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

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

*Nidhi*

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



SIN No: AOP240903956  
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Patient Name : Mrs.SEEMA SEEMA	Collected : 28/Sep/2024 11:30AM
Age/Gender : 52 Y 9 M 6 D/F	Received : 28/Sep/2024 07:08PM
UHID/MR No : CAOP.0000001921	Reported : 28/Sep/2024 08:55PM
Visit ID : CAOPOPV02435	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33109	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

*Nidhi*

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



SIN No: AOP240903956  
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Patient Name : Mrs.SEEMA SEEMA	Collected : 28/Sep/2024 11:30AM
Age/Gender : 52 Y 9 M 6 D/F	Received : 28/Sep/2024 01:32PM
UHID/MR No : CAOP.0000001921	Reported : 28/Sep/2024 01:49PM
Visit ID : CAOPPV02435	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33109	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

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



**Dr. Shivangi Chauhan**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



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Patient Name : Mrs.SEEMA SEEMA  
 Age/Gender : 52 Y 9 M 6 D/F  
 UHID/MR No : CAOP.0000001921  
 Visit ID : CAOPOPV02435  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22S33109

Collected : 28/Sep/2024 11:30AM  
 Received : 28/Sep/2024 01:32PM  
 Reported : 28/Sep/2024 01:49PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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

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

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



**Dr. Shivangi Chauhan**  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist



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## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Seema. on 30/9/24


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

	Tick
<p>Medically Fit</p> <p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>Physician reference for ↑ Blood Sugar</u> <u>↑ Blood Pressure.</u></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 <u>Normotensive stage achieved BP &lt; 140/80mmHg</u></p> <p>Current Unfit.</p>	<input type="checkbox"/>
<p>Review after _____ recommended</p> <p><input checked="" type="checkbox"/> Unfit</p>	<input type="checkbox"/>

Height: 149 cm

Weight: 97 kg

Blood Pressure : 182/98 mmHg

  
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 Dr. \_\_\_\_\_  
 Medical Office No. 34, Metro Pillar No. 77  
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This certificate is not meant for medico-legal purposes

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NAME:-SEEMA	AGE: 52 Y/ SEX: F
DATE: September 28, 2024	REF.BY:- HEALTH CHECKUP
S.NO.:-	UHID NO.:- CAOP.0000001921

### ULTRASOUND WHOLE ABDOMEN

**Liver is normal in size(13.3cm) and shows diffuse increase in echotexture with suggestive of Grade I fatty infiltration.** No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder is not visualised h/o post op.**

**Portal vein** is normal in caliber.

**Both kidneys** are of normal size (RK 9.0 x 4.4cm, LK 9.9x4.2cm in length), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size (7.6cm) and echotexture.

**Pancreas** visualized part appears normal.

**Urinary bladder** is partially filled and shows no mural or intraluminal pathology.

**Uterus is h/o post op.**

Bilateral adnexa are clear

**IMPRESSION: -Grade I fatty liver**

Please correlate clinically.

**DR. SEEMA PRAJAPATI**  
**SENIOR RESIDENT**  
**RADIODIAGNOSIS**

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Patient

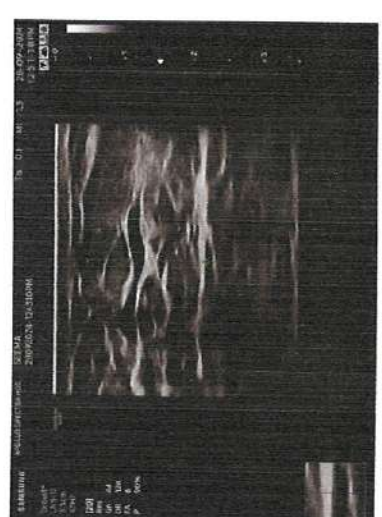
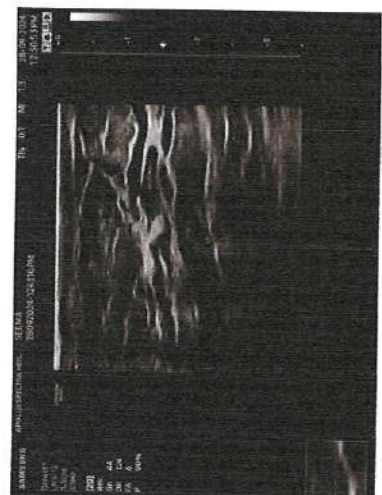
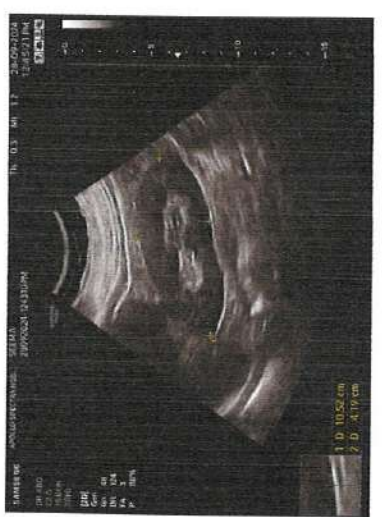
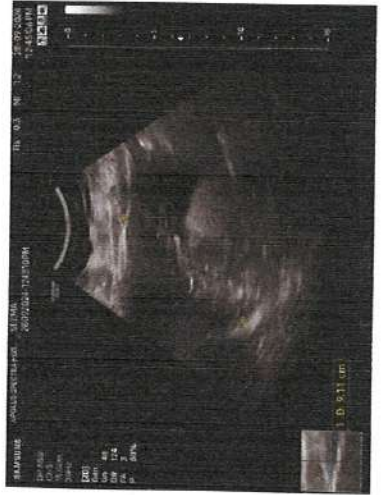
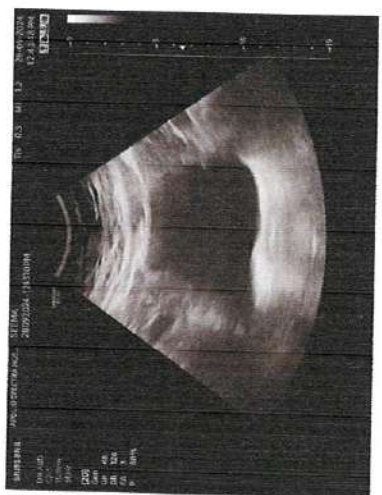
ID  
Name  
Birth Date  
Gender

26002024-124310PM  
SEEIMA

Exam

Accession #  
Exam Date  
Description  
Operator

28-09-2024





<b>NAME:-SEEMA</b>	<b>AGE: 52 Y/ SEX: F</b>	<i>Advanced Diagnostics Powered by AI</i>
<b>DATE: September 28, 2024</b>	<b>REF.BY:- HEALTH CHECKUP</b>	
<b>S.NO.:-</b>	<b>UHID NO.:- CAOP.0000001921</b>	

### SONOMAMMOGRAPHY

*Ultrasound of both the breasts performed with high frequency probe using radial, antiradial, transverse and longitudinal scanning planes.*

**Evidence of few prominence of ducts are seen in below retro-alveolar region at right breast**

Right breast shows normal parenchymal pattern.  
No evidence of any focal solid or cystic mass lesion seen.  
No evidence of axillary lymphadenopathy.

Left breast shows normal parenchymal pattern.  
No evidence of any focal solid or cystic mass lesion seen.  
No evidence of any ductal dilatation.  
No evidence of axillary lymphadenopathy.

**IMPRESSION: -Right breast-BIRADS III**  
**Left breast – BIRADS I**

**ADV: -follow up scan**

Please correlate clinically.

**DR. SEEMA PRAJAPATI**  
**SENIOR RESIDENT**  
**RADIOAIGNOSIS**

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Mrs Deemg.  
Age - 52y1f



Height: 149cm	Weight: 97kg	BMI: 43.69	Waist Circum:
Temp: 98.7 F	Pulse: 78b/m	Resp: 22/m	B.P: 182/96 mmHg

AP02-957.

General Examination / Allergies

History :-

Past His :- on Homeopathic  
Medicine for gastritis.

Surgical His :-  
Hysterectomy x 10 years.  
Cholecystectomy x 3 months.

Allergy :-  
Sulfa drug allergy.

Family His :-  
F - Hypertensive  
M - Hypertensive.

Covid Vaccines :-

Diet :-  
Mixed diet

Physical Activity :-  
moderate

Menstruation His :-  
Menopause

Marital His :- Married, 2 kids.

Addictions :-

Medication - on Telma for  
High BP x 4 years.

Hypertensive

CVS - S heard

RS - BIL adequate entry & exit.

CNS - Pt. conscious & oriented.

P/A - Soft & non tender.

ADVICE :-

\* Review after reports

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=====

**NAME: SEEMA**

**AGE: 52Y /SEX/F**

**DATE: 28.09.2024**

**MR. NO: -CAOP.0000001921**

**REF. BY: - HEALTH CHECKUP**

**S.NO.: - 2649**

=====

**X-RAY CHEST PA VIEW**

**Rotation+**

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.

**Please correlate clinically and with lab. Investigations**

**DR. SEEMA PRAJAPATI**  
**SENIOR RESIDENT**  
**RADIOAIGNOSIS**

Note: It is only a professional opinion. Kindly correlate clinically.

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MRS SEEMMA

Female 52 Years

Req. No. :

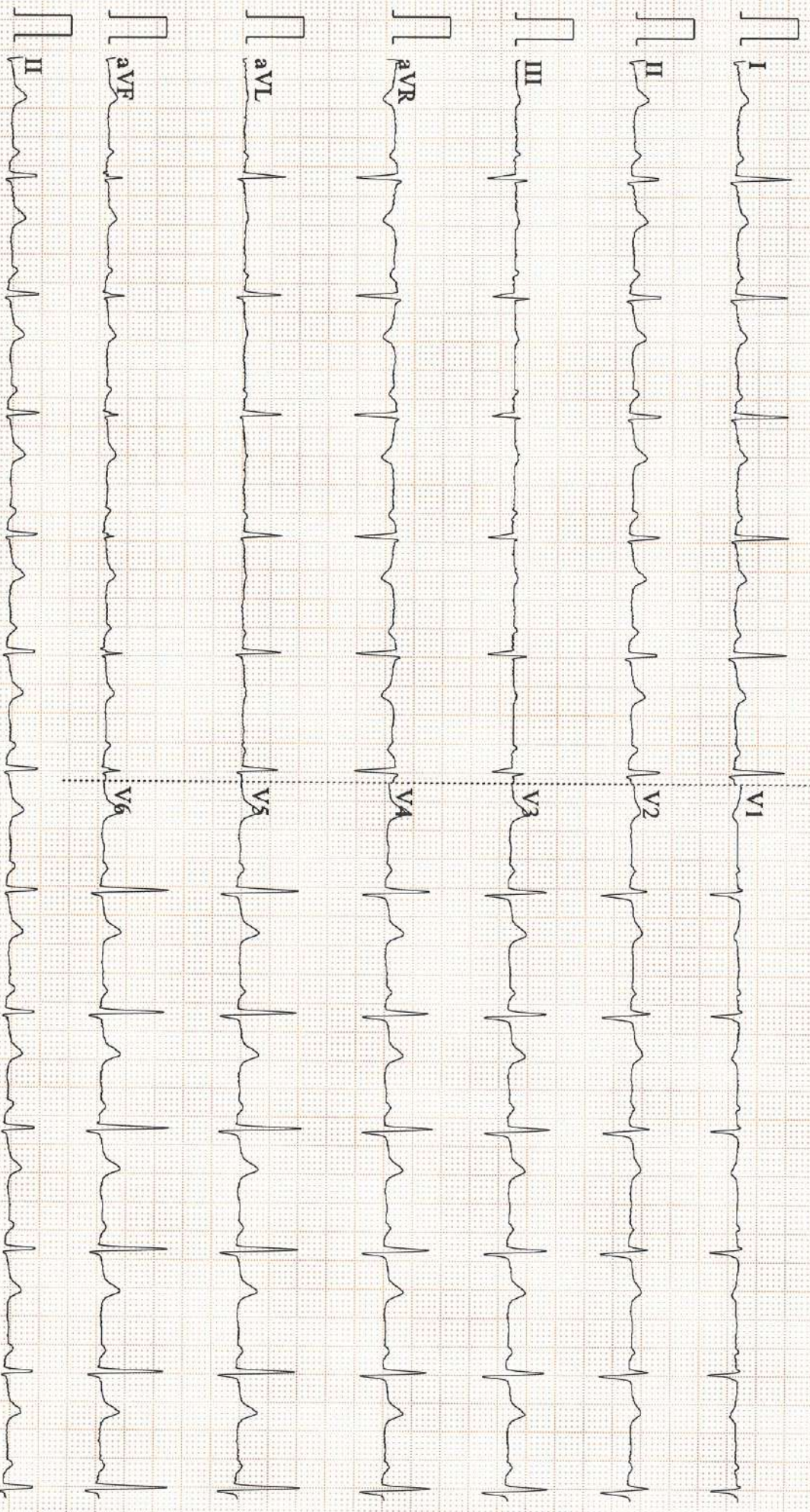
Diagnosis Information:

Sinus Rhythm

\*\*\*Normal ECG\*\*\*

HR	: 72	bpm
P	: 99	ms
PR	: 160	ms
QRS	: 83	ms
QT/QTcBz	: 398/437	ms
P/QRST	: 57/15/48	°
RV5/SV1	: 1.067/0.476	mV

Report Confirmed by:





**DR. ALVEEN KAUR**

Senior Consultant - Dental  
BDS, MIDA, REG NO- A-12249  
Specialized in Surgical, & Cosmetic procedures & Trauma  
For Booking Call on - 9817966537  
Days: - Mon to Sat  
10AM to 5PM

Mrs. Seema.

SQ/F.

ofc:- DC - 127 62 /

Adv.

→ Laser fillings.

Dr. Alveen Kaur  
Signature:  
APOLLO HEALTH AND LIFESTYLE LTD  
APOLLO ONE  
Plot No. 3, Block No. 34, Metro Pillar No. 77  
Pusa Road, WEA Karol Bagh  
New Delhi-110005

**Apollo One** (Unit of Apollo Health and Lifestyle Ltd)  
Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,  
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Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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**Eye Checkup**

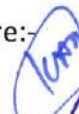
**NAME: -** MRS SEEMA

**Age: -** 52

**Date: -** 28/9/24

**SELF / CORPORATE: -**

	Right Eye	Left Eye
Distant Vision	6/6	6/6
Near vision	N.v +2.00	N.v +2.00
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature: 



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# Dr. Rajeev Nangia

MBBS, MS (ENT)

Experience : 31 Years



Advanced Diagnostics Powered by AI

Mrs Seema

52yrs F

For Rertid  
ENT Exam

8/9  
Sus + Nas JMA

Nasal  
JNAAD

Imp: Normal ENT  
Examination

*[Signature]*  
28/9/24

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ID caop0000001921	Height 149cm	Age 52	Gender Female	Test Date / Time 28.09.2024. 10:53
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## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	31.9 (23.8~29.0)	31.9	40.8 (30.5~37.3)	43.0 (32.3~39.5)	97.4 (39.6~53.6)
Protein (kg)	8.4 (6.4~7.8)				
Minerals (kg)	2.71 (2.20~2.68)	non-osseous			
Body Fat Mass (kg)	54.4 (9.3~14.9)				

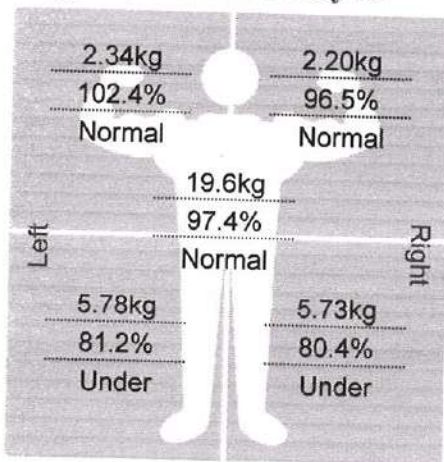
## Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 (208.9) %		
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %		23.2
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 (724.6) %		54.4

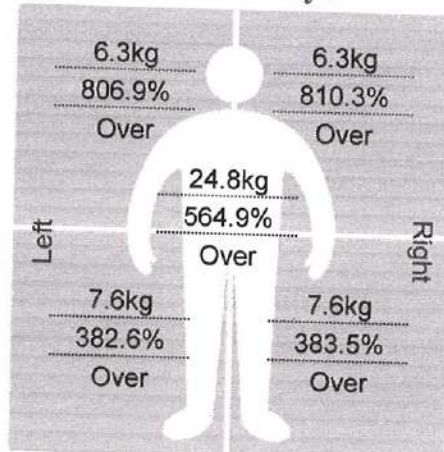
## Obesity Analysis

	Under	Normal	Over
BMI (kg/m <sup>2</sup> )	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		43.9
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0		55.9

## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

	28.09.24. 10:53
Weight (kg)	97.4
SMM (kg)	23.2
PBF (%)	55.9

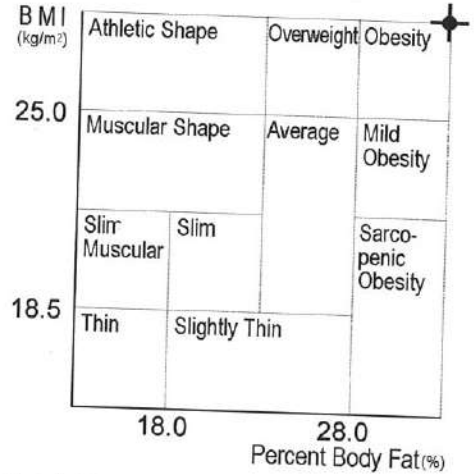
Recent  Total

## InBody Score

46/100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

## Body Type



## Weight Control

Target Weight	55.8 kg
Weight Control	- 41.6 kg
Fat Control	- 41.6 kg
Muscle Control	0.0 kg

## Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over

## Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input type="checkbox"/> Balanced <input checked="" type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate	1299 kcal ( 1828~2152 )
Waist-Hip Ratio	0.99 ( 0.75~0.85 )
Visceral Fat Level	25 ( 1~9 )
Obesity Degree	209 % ( 90~110 )
Bone Mineral Content	2.23 kg ( 1.81~2.21 )
SMI	7.2 kg/m <sup>2</sup>
Recommended calorie intake	1727 kcal

## Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	360.7	335.2	25.2	224.3	220.8
50 kHz	329.9	308.2	22.9	207.2	201.9
250 kHz	305.3	284.1	20.0	191.9	186.9



## Echocardiography Report

**Name:** MR. SEEMA

**Age/Sex:** 52Yrs./F

**Date:** 28.09.2024

### Summary of 2D echo

#### **Baseline echocardiography revealed:**

- No chamber enlargement seen.
- No RWMA.
- LVEF - 60%
- Grade I diastolic dysfunction. (E>A)
- Good RV function
- Trace MR
- Trace TR, NORMAL RVSP
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse.

### **Observations:-Dimensions**

LVID d=	36.4	(34-47 mm)
LV IVS=	9.6	(8-11mm)
Pwd =	11.7	(8-11mm)
Ao =	26.3	(18-36mm)
LA =	32.3	(26-37mm)
LVEF =	60%	(55 +6.2%)

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**Mitral Valve - Normal**

- No MR

**Aortic valve- Sclerotic**

- Trace AR

**Tricuspid Valve -Normal**

- Trace TR

**Pulmonary Valve-Normal**

- No PR

**Impression:**

- Normal Chambers Dimension
- No RWMA
- Normal LV systolic function (EF= 60%)
- Grade I diastolic dysfunction
- No PAH



**DR. RAJNI SHARMA (DM CARDIOLOGY)  
SR. CONSULTANT**

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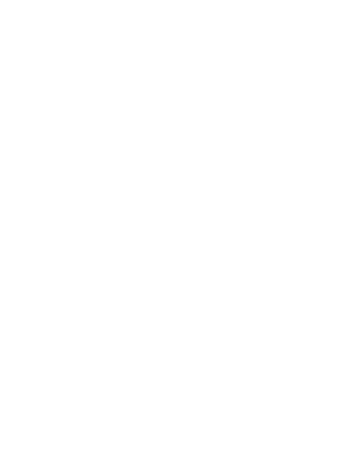
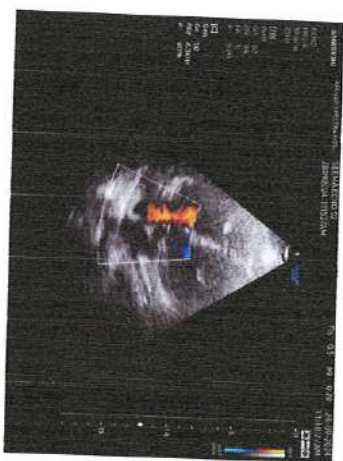
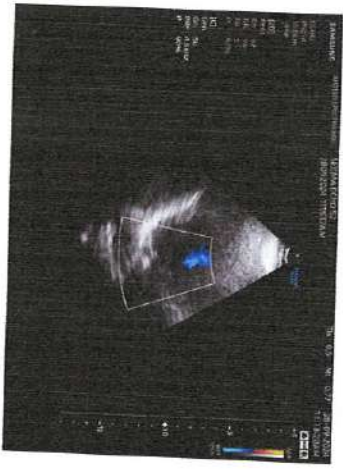
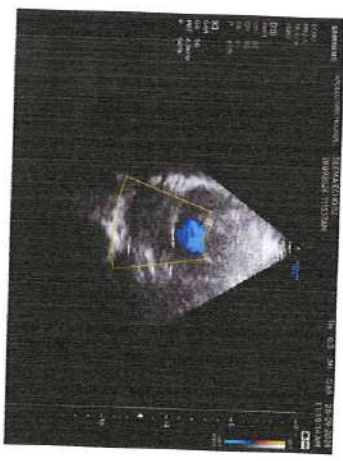
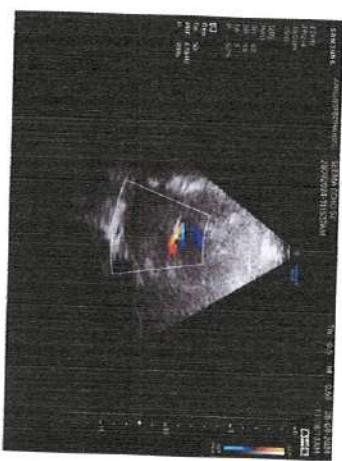
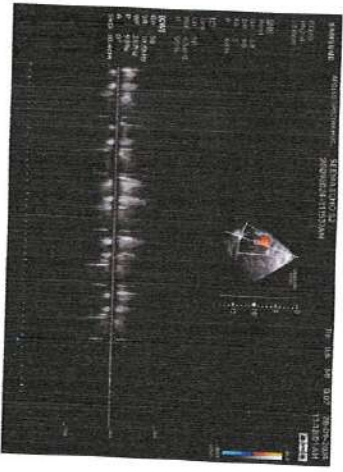
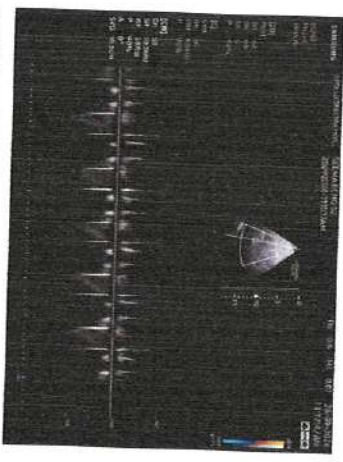
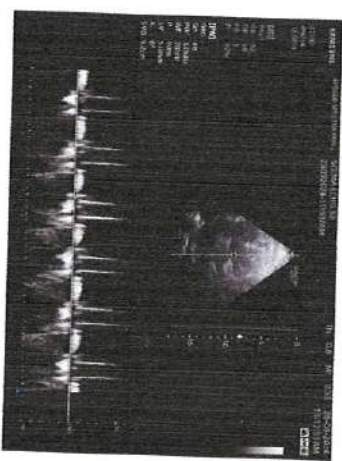
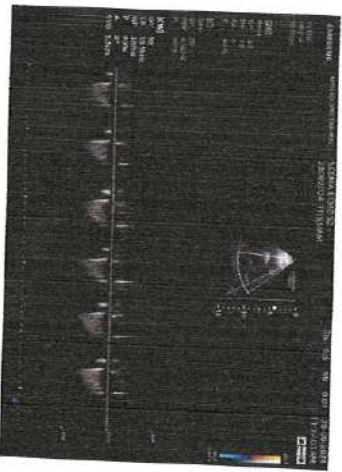
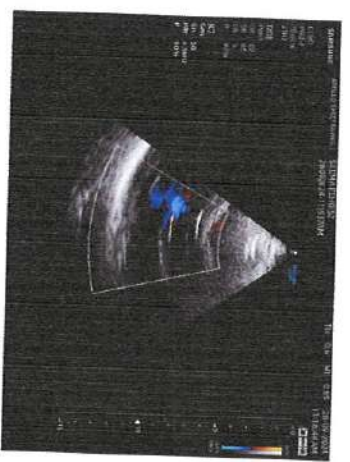
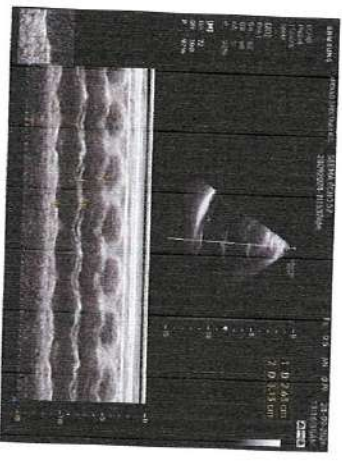
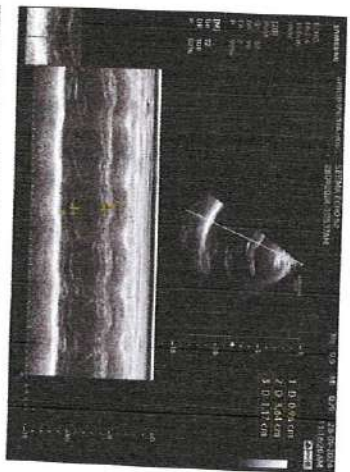


Patient  
ID  
Name  
Birth Date  
Gender

28092024-11-1537AM  
SEEMA.EC-HO-52

Exam  
Accession #  
Exam Date  
Description  
Operator

Page 1/3  
28-09-2024



# Apollo One


## CONSENT FORM

Patient Name: Seema ..... Age: 52 .....

UHID Number: ..... Company Name: Meadowhill .....

I Mr/Mrs/Ms. Seema ..... Employee of Meadowhill  
(Company) Want to inform you that I am not interested in getting LBC, Gynaec Consultation  
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: 

Date: 28/9/24 .....

### *Apollo One - New Delhi Address:*

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WEA, Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road  
NEW DELHI, DELHI INDIA*

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Phone no:- 1860-500-7788  
Email:- [ApolloOnePusaRoad@apolloclinic.com](mailto:ApolloOnePusaRoad@apolloclinic.com)