

Patient Name : Mrs.RUNA GUPTA	Collected : 24/Feb/2024 10:30AM
Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 01:27PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 02:55PM
Visit ID : CPIMOPV157369	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9996	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+  
WBC are normal in number and morphology  
Platelets are Adequate  
No Abnormal cells/hemoparasite seen.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240048768

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	36.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.4	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,440	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.9	%	40-80	Electrical Impedance
LYMPHOCYTES	36.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3406.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2363.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	141.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	483	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.08	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	210000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No Abnormal cells/hemoparasite seen.**



Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

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**DEPARTMENT OF HAEMATOLOGY**

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



*Sneha Shah*  
  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

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UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 03:02PM
Visit ID : CPIMOPV157369	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.RUNA GUPTA	Collected : 24/Feb/2024 10:30AM
Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 01:42PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 02:18PM
Visit ID : CPIMOPV157369	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9996	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

**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.

*Sneha Shah*  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:PLF02112624

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RUNA GUPTA	Collected : 24/Feb/2024 10:21AM
Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 01:45PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 02:05PM
Visit ID : CPIMOPV157369	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9996	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	89	mg/dL	70-140	HEXOKINASE

**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.



DR. Sanjay Ingle  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:PLP1422853

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 01:27PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 04:59PM
Visit ID : CPIMOPV157369	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9996	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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)



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240021987

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RUNA GUPTA	Collected : 24/Feb/2024 10:30AM
Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 01:52PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 07:54PM
Visit ID : CPIMOPV157369	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9996	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	44	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	113	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.35</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.29		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.

DR. MANISH T. AKARE  
M.B.B.S, MD(Path.)  
Consultant Pathologist



SIN No:SE04640659

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.87	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.54	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		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.



DR. MANISH T. AKARE  
M.B.B.S, MD(Path.)  
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.63	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	25.38	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.92	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.98	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107.83	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.52	U/L	<38	IFCC



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Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 02:14PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 03:14PM
Visit ID : CPIMOPV157369	Status : Final Report
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Emp/Auth/TPA ID : bobS9996	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.23	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.563	µIU/mL	0.34-5.60	CLIA

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

- 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.
- 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.
- 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.
- 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

Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SPL24032199

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RUNA GUPTA	Collected : 24/Feb/2024 10:30AM
Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 01:31PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 01:48PM
Visit ID : CPIMOPV157369	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9996	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. Sanjay Ingle  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:UR2290837

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RUNA GUPTA	Collected : 24/Feb/2024 10:30AM
Age/Gender : 45 Y 4 M 10 D/F	Received : 24/Feb/2024 01:31PM
UHID/MR No : CPIM.0000051448	Reported : 24/Feb/2024 01:57PM
Visit ID : CPIMOPV157369	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS9996	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - 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. Sanjay Ingle  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:UF010783

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



**Patient Name** : Mrs. RUNA GUPTA

**Age/Gender** : 45 Y/F

**UHID/MR No.** : CPIM.0000051448

**OP Visit No** : CPIMOPV157369

**Sample Collected on** :

**Reported on** : 24-02-2024 15:05

**LRN#** : RAD2246329

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS9996

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMMOGRAPHY - SCREENING**

**USG OF BOTH BREASTS**

**Real time B-Mode USG of both breasts:**

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

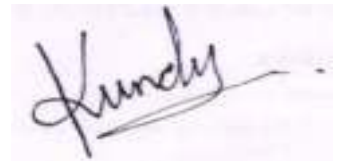
No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**CONCLUSION:**

No significant abnormality is seen in this study.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

**Patient Name** : Mrs. RUNA GUPTA

**Age/Gender** : 45 Y/F

**UHID/MR No.** : CPIM.0000051448

**OP Visit No** : CPIMOPV157369

**Sample Collected on** :

**Reported on** : 24-02-2024 16:15

**LRN#** : RAD2246329

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS9996

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology



**Patient Name** : Mrs. RUNA GUPTA

**Age/Gender** : 45 Y/F

**UHID/MR No.** : CPIM.0000051448

**OP Visit No** : CPIMOPV157369

**Sample Collected on** :

**Reported on** : 24-02-2024 14:02

**LRN#** : RAD2246329

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS9996

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 3.4 mm. No intra/extra uterine gestational sac seen. **20x15mm nabothian cyst noted**

**Both ovaries** appear normal in size, shape and echotexture.

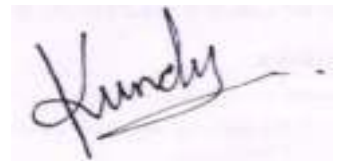
No evidence of any adnexal pathology noted.

#### **IMPRESSION:-**

**No significant abnormality detected.**

**Suggest – clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

Name: Mrs. RUNA GUPTA  
Age/Gender: 45 Y/F  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000051448  
Visit ID: CPIMOPV157369  
Visit Date: 24-02-2024 08:24  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

ID: 217  
RUNA GUPTA  
Male 45Years

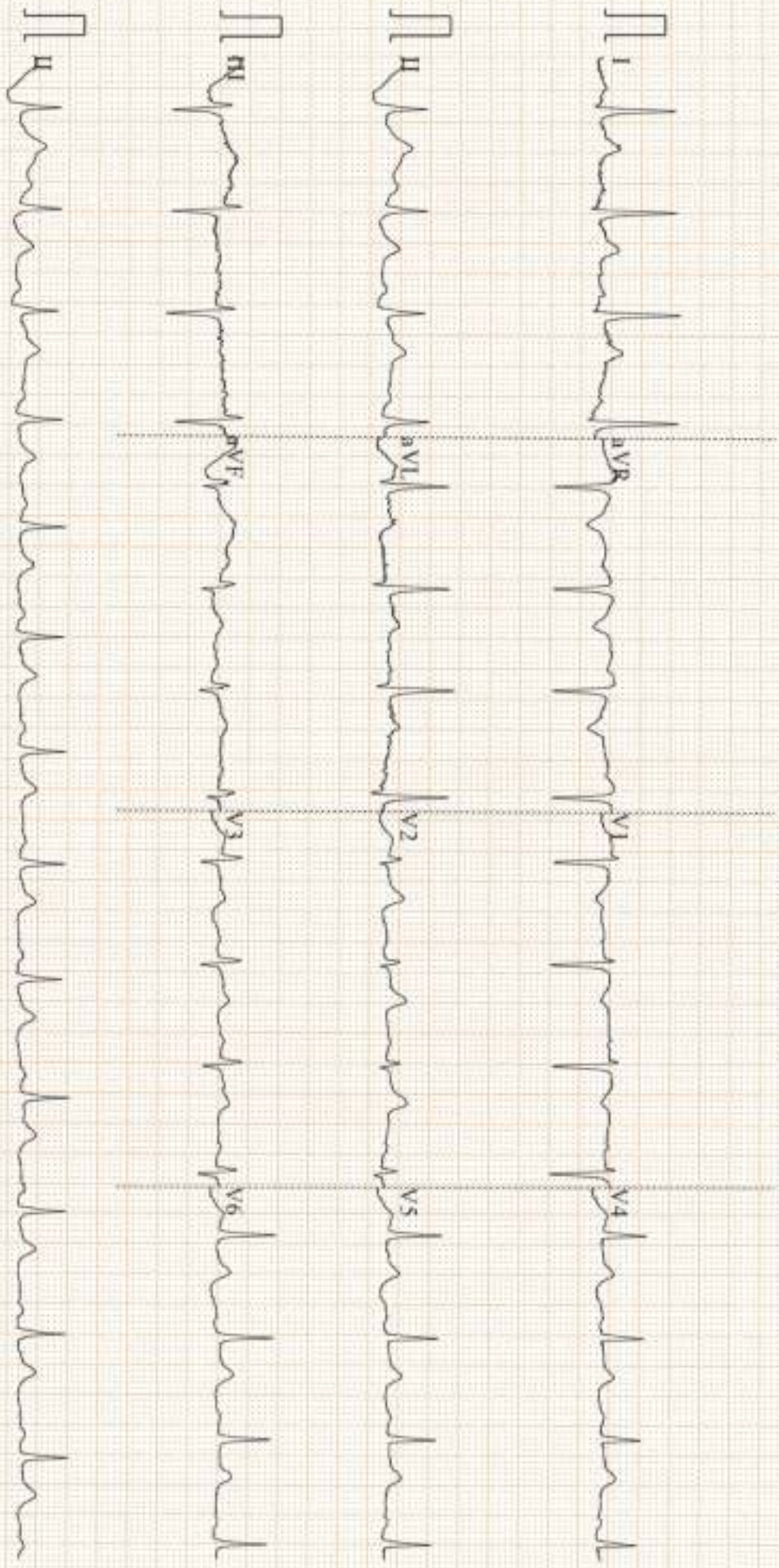
24-02-2024 08:39:50 AM

HR : 80 bpm  
P : 101 ms  
PR : 163 ms  
QRS : 93 ms  
QT/QTc : 379/440 ms  
P:QRS:T : 46/7/18 °  
RV5/SV1 : 0.861/0.894 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*



Report Confirmed by:



Name: Mrs. RUNA GUPTA  
Age/Gender: 45 Y/F  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000051448  
Visit ID: CPIMOPV157369  
Visit Date: 24-02-2024 08:24  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. RUNA GUPTA  
Age/Gender: 45 Y/F  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000051448  
Visit ID: CPIMOPV157369  
Visit Date: 24-02-2024 08:24  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Date : 24-02-2024  
MR NO : CPIM.0000051448

Department : GENERAL  
Doctor :

Name : Mrs. RUNA GUPTA  
Age/ Gender : 45 Y / Female

Registration No : HH 150  
Qualification : WT 64.9  
BP 110/70  
BMI 28.8

Consultation Timing: 08:24

S/F

C/S : S, S2 (A)

AS : AEBE

CNS : NAD

PTA : NAD

Diet Mix

No known allergy.  
No past ex

Anam

Name: Mrs. RUNA GUPTA  
Age/Gender: 45 Y/F  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000051448  
Visit ID: CPIMOPV157369  
Visit Date: 24-02-2024 08:24  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. RUNA GUPTA  
Age/Gender: 45 Y/F  
Address: VIKAS NAGAR, DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000051448  
Visit ID: CPIMOPV157369  
Visit Date: 24-02-2024 08:24  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 13:02	80 Beats/min	110/70 mmHg	18 Rate/min	98 F	150 cms	64.9 Kgs	%	%	Years	28.84	cms	cms	cms		AHLL09249

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 13:02	80 Beats/min	110/70 mmHg	18 Rate/min	98 F	150 cms	64.9 Kgs	%	%	Years	28.84	cms	cms	cms		AHLL09249

Patient Name : Mrs. RUNA GUPTA  
UHID : CPIM.0000051448  
Conducted By: :  
Referred By : SELF

Age : 45 Y/F  
OP Visit No : CPIMOPV157369  
Conducted Date : 26-02-2024 17:53

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

1. Normal transvalvular pressure gradients, No AR, Mild MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

Left Atrium	29.0 mm	Aortic Root	27.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	40.0 mm	LVID (s)	21.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR/TR**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**

**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**

Patient Name : Mrs. RUNA GUPTA  
UHID : CPIM.0000051448  
Conducted By: :  
Referred By : SELF

Age : 45 Y/F  
OP Visit No : CPIMOPV157369  
Conducted Date :

Patient Name : Mrs. RUNA GUPTA  
UHID : CPIM.0000051448  
Conducted By :  
Referred By : SELF

Age : 45 Y/F  
OP Visit No : CPIMOPV157369  
Conducted Date :

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