

Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:52PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 05:57PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.7	g/dL	12-15	Spectrophotometer
PCV	33.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	74.7	fL	83-101	Calculated
MCH	23.9	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,250	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	59.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5513	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3043.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	157.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	527.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.25	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	317000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs.



Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No: BED240004535

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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.



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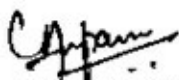
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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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
GLUCOSE, FASTING , NAF PLASMA	91	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 $>$ 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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240001916



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ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	Calculated
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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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CONSULTANT BIOCHEMIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.83		0-4.97	Calculated

Result is rechecked. Kindly correlate clinically

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 algorithm now includes 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.



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CONSULTANT BIOCHEMIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.71	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	96.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.31	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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:



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DEPARTMENT OF BIOCHEMISTRY

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

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04594834



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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)
Uttar Pradesh: Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Address:
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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 05:15PM
UHID/MR No : CJPN.000090878	Reported : 06/Jan/2024 07:31PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.56	mg/dL	0.51-0.95	Jaffe's, Method
UREA	10.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.63	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 05:15PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 06:38PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

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	37.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
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Karnataka - 560034

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Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:29PM
UHID/MR No : CJPN.000090878	Reported : 06/Jan/2024 09:46PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.35	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	6.220	µIU/mL	0.35-4.94	CMIA

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.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24003053



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APOLLO CLINICS NETWORK

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 **1860 500 7788**
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Patient Name	: Mrs.MANEKAR SHEELA	Collected	: 06/Jan/2024 11:12AM
Age/Gender	: 37 Y 11 M 24 D/F	Received	: 06/Jan/2024 04:29PM
UHID/MR No	: CJPN.0000090878	Reported	: 06/Jan/2024 09:46PM
Visit ID	: CJPNOPV185311	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 7738523848		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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SIN No:SPL24003053



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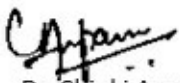
 **1860 500 7788**
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Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:11AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:58PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 06:15PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Chinki Anupam
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:UR2258834

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Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:58PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 06:37PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF CLINICAL PATHOLOGY

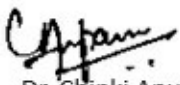
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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:
PERIPHERAL SMEAR



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010132

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Patient Name : Mrs. MANEKAR SHEELA

Age/Gender : 37 Y/F

UHID/MR No. : CJPN.0000090878

OP Visit No : CJPNOPV185311

Sample Collected on :

Reported on : 08-01-2024 09:30

LRN# : RAD2202443

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7738523848

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

Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Name : Mrs. MANEKAR SHEELA

Age: 37 Y

UHID:CJPN.0000090878

Address : BLR

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

OP Number:CJPNOPV185311

Bill No :CJPN-OCR-68516

Date : 06.01.2024 11:03

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	EKG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	2.15 PM
16	URINE GLUCOSE(FASTING)	
17	HbA1c GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

wt - 77.4 kg
 ht - 162 cms.
 BP - 116/88 mm/Hg
 waist - 96 cm
 HPP - 112 cm
 PR - 99/nt
 BMI - 29.5

Name - Manekar Sneela
Age - 37yrs F

Date - 06/1/24

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CL - Routine
eye checkups

H/O PUP - using
glasses

H/O eye Sx - No

UNVH { 6/18 NR
6/18 NG

E glasses V4 { 6/6 NG
6/6 NG

colour vision is normal in BE

rx

RE = -1.75 X 180°
LE = -1.50 X 180°

Follow up date:

After 6 months

Doctor Signature



Mrs. Sheila M 38 yrs.

MS - 12 yrs. P2L2.

6/1/24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Imp: 21/12/23.

MH: 3-5 days → Regular
28-32 days → mild pain

OH: P2L2

Born 23/12/86

For Health Check up.

PH: → Mild - KCLs Hypothyroidism on Ms.
 → Sv - ns.

PH: Mother - IHD.

OCI

AC: fine

Aph: fine

PIA: L.A.
 bcare

PIB

PIV

no photo rec
as patient
not working.

Adm:

- On E regu.
- Reg. Dancer → 3 weekly.

Follow up date:

Dr. Smith Kalappa
MBS MS (ORGY) DM
Fellowship in Gynaecological Endoscopy (FEG)
Consultant Gynaecologist
Laparoscopic surgeon, Bangalore
KMC 10-074, Phone: 22231231

Patient Name	: Mrs. MANEKAR SHEELA	Age	: 37 Y F
UHID	: CJPN.0000090878	OP Visit No	: CJPNOPV185311
Reported on	: 08-01-2024 09:30	Printed on	: 08-01-2024 09:30
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 .
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CONCLUSION :

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Printed on:08-01-2024 09:30

---End of the Report---


Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

37 years
 Female
 162cm
 Asian
 77kg

Vent. rate 90 bpm
 PR interval 122 ms
 QRS duration 74 ms
 QT/QTc 350/428 ms
 P-R-T axes 62 58 4

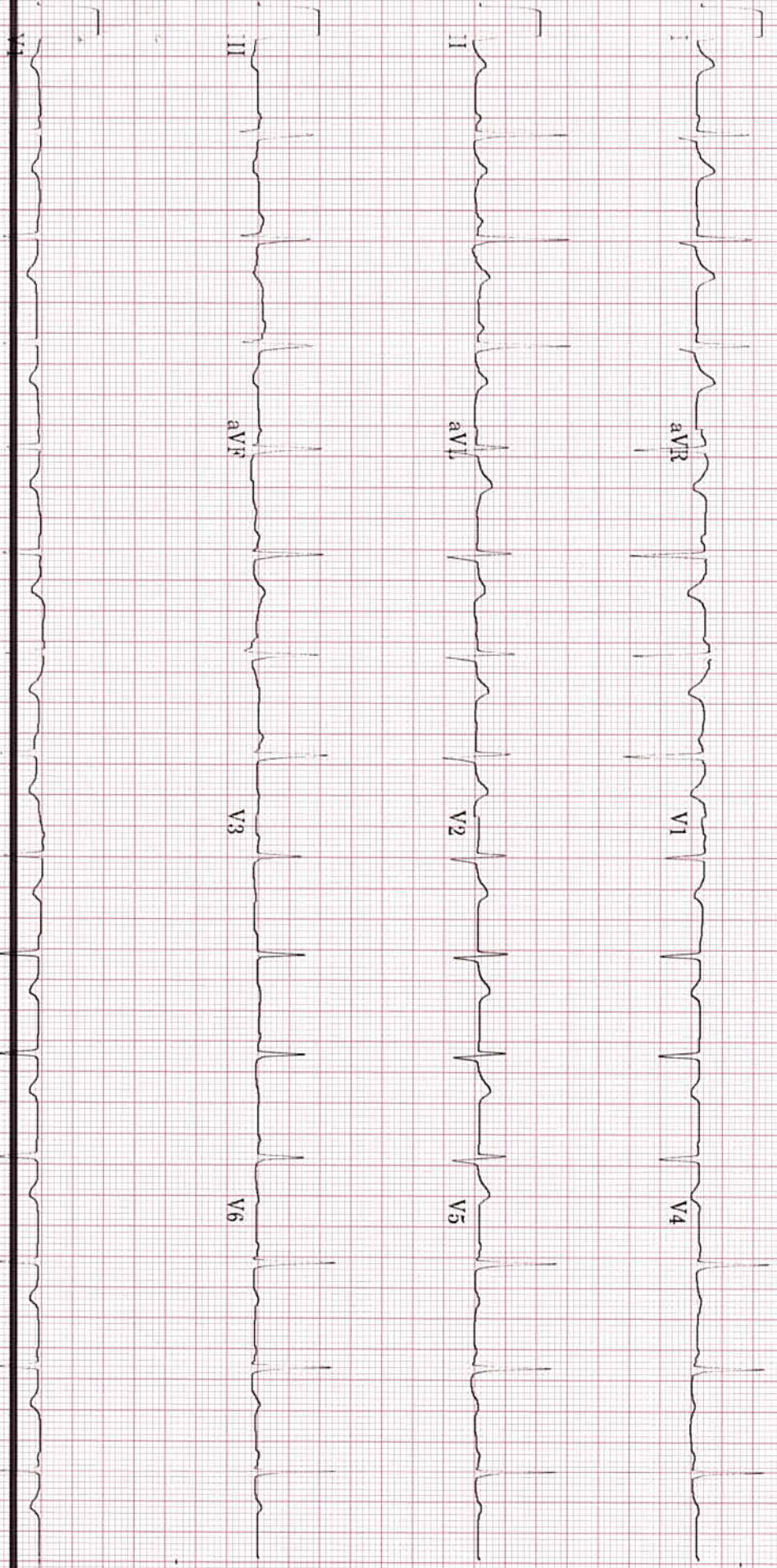
Normal sinus rhythm
 Nonspecific T wave abnormality
 Abnormal ECG

(2)

Technician: JYOTHI
 Test ind: CAD SCREENING

Visit: ARCOFEMI
 Referred by: SELF

Unconfirmed



ID: CJPN90878

Visit: ARCOFEMI

37years

Asian

Female

162cm

77kg

6-Jan-2024

15:45:53

Total Exercise time: 9:01

25.0 mm/s
10.0 mm/mV
100hz

Referred by: SELF
Test ind: CAD SCREENING

BRUCE
Max HR: 182bpm 99% of max predicted 183bpm
Max BP: 140/80
Maximum workload: 10.1METS
Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRYTHMIA SEEN
NO SIGNIFICANT ST-T CHANGES NOTED
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:07	0.8	0.0	1.3	85	110/80	94
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	131	120/80	157
	STAGE 2	3:00	2.5	12.0	7.0	160	130/80	208
	STAGE 3	3:00	3.4	14.0	10.1	192	140/80	255
	STAGE 4	0:01	3.4	14.0	10.1	182	140/80	255
RECOVERY	Post	2:05	***	***	1.0	126	110/80	139

Handwritten: NO RISK
T
6/12/24

Technician: JYOTHI

Unconfirmed

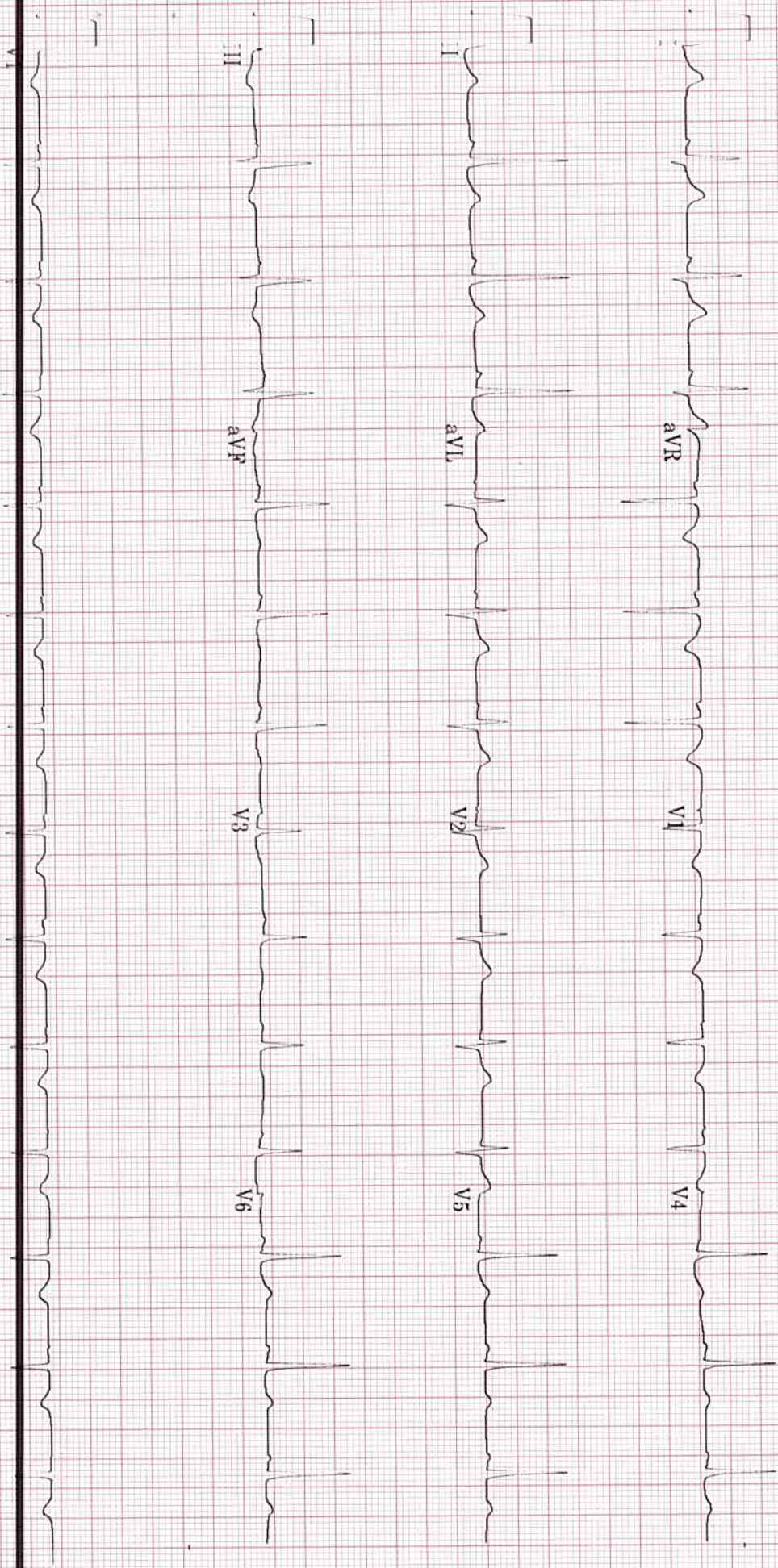
ID: GJPN90878
Visit: ARCOFEMI

6-Jan-2024
15:46:32

85bpm
BP: 110/80

PRETEST
SUPINE
0:39

BRUCE
***mph
***%



40 Hz
25.0 mm/s
10.0 mm/mV
Change
HR 46
4 by 2.5s + 1 rhythm
End Approaching
MAC55 010A
Chart

ID: GJPN90878
Visit: ARCOFEMI

6-Jan-2024
15:49:50

129bpm

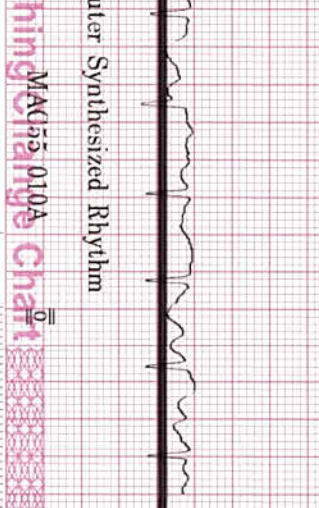
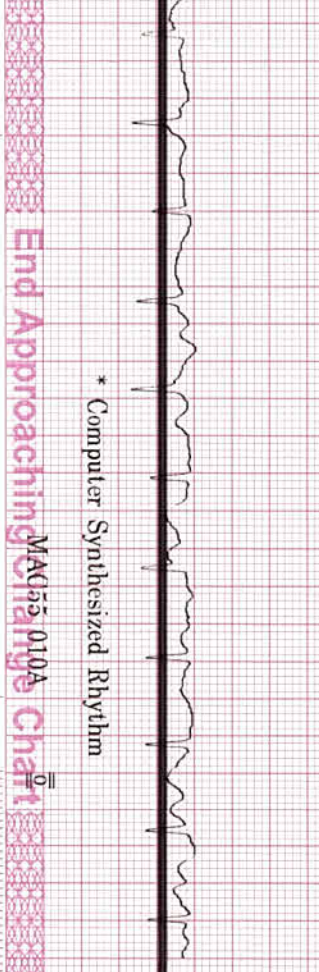
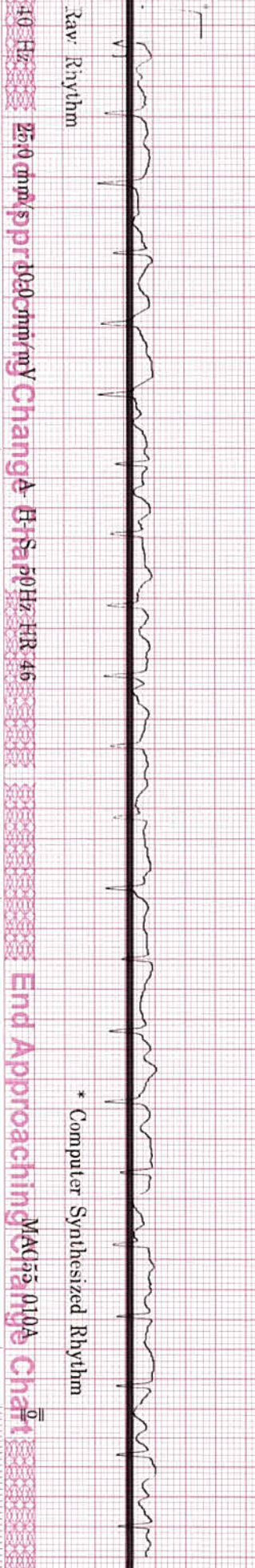
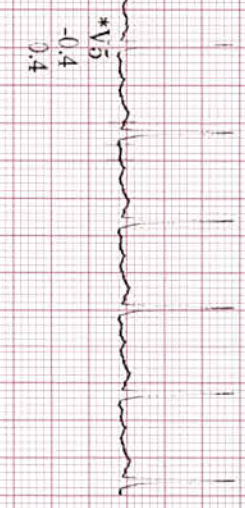
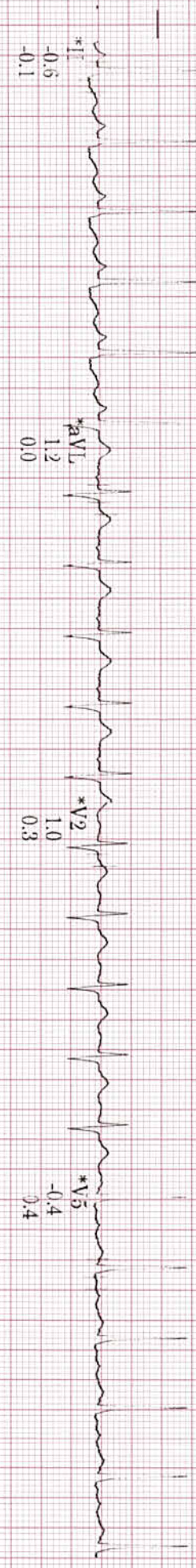
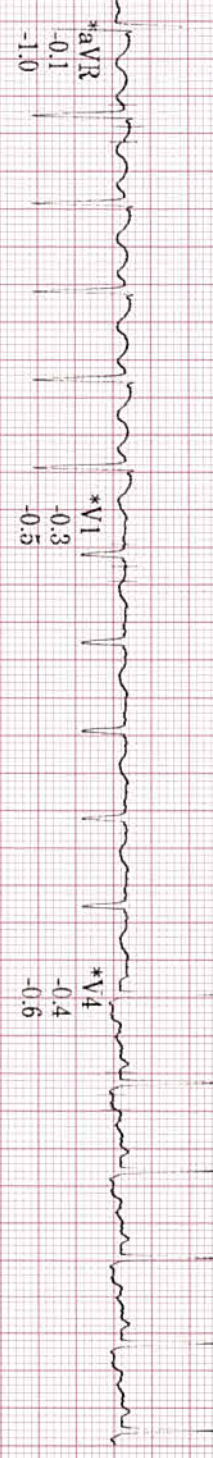
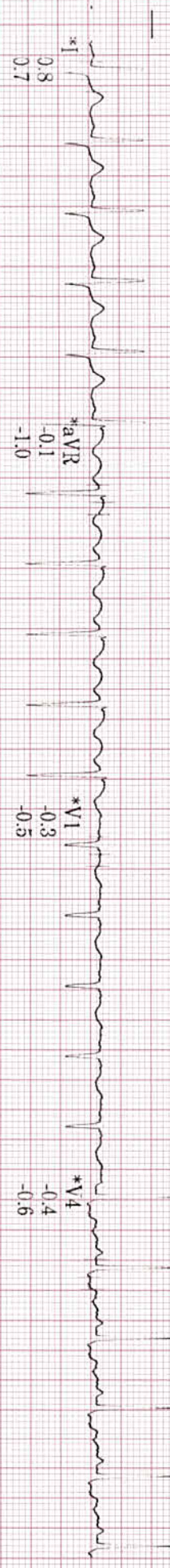
BP: 120/80

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

ID: GJPN90878

Visit: ARCOFEMI

6-Jan-2024
15:52:50

160bpm

BP: 130/80

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 2

5:50

BRUCE
2.5mph
12.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV Change A H S 50 Hz HR 46

End Approaching Change Chart MAC55 010A

ARROW CC

ID: CJPIN90878

Visit: ARCOFEM1

6-Jan-2024
15:55:50

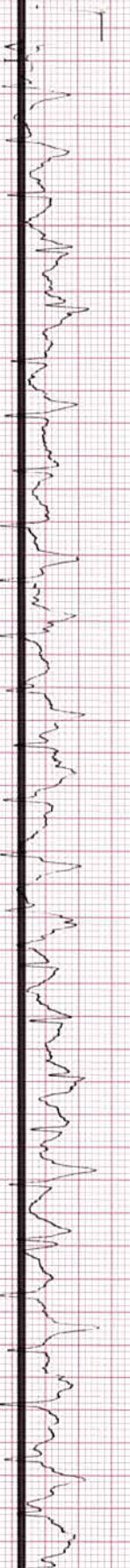
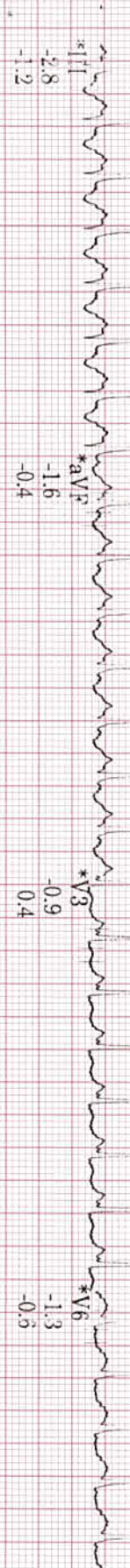
182bpm

BP: 140/80

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 3
8:30

BRUCE
3.4mph
14.0%



Raw rhythm

* Computer Synthesized Rhythm

ID: CJPEN90878

Visit: ARCOFEMI

6-Jan-2024
15:56:01

182bpm

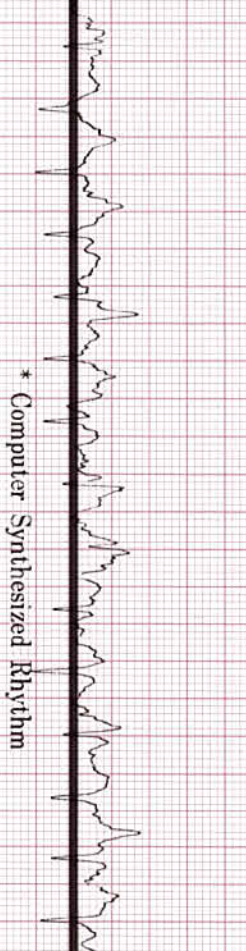
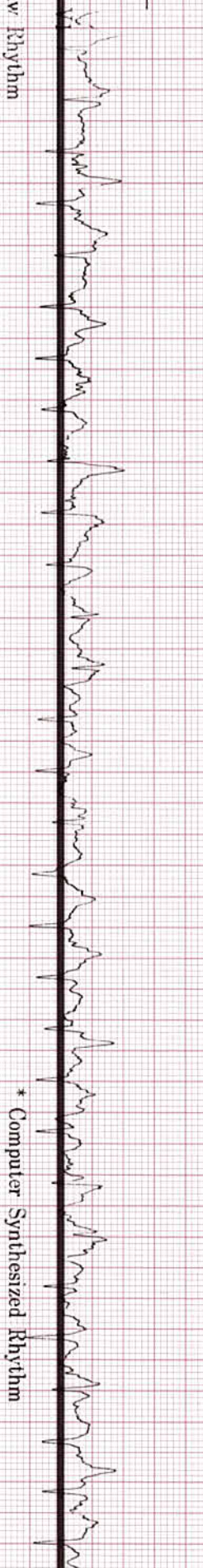
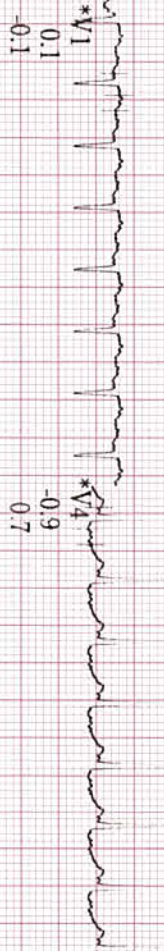
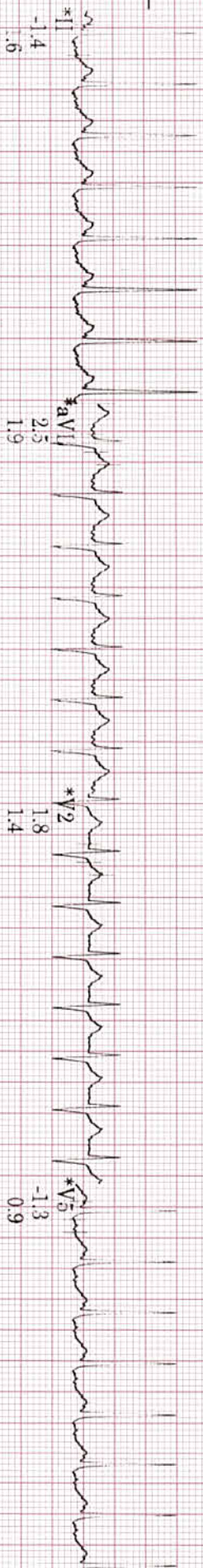
BP: 140/80

EXERCISE
STAGE 4
9:00

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

HR 50 Hz HR 46

MAC55 010A

End Approaching Change Chart

ID: CJPN90878

Visit: ARCOFEMI

6-Jan-2024
15:57:01

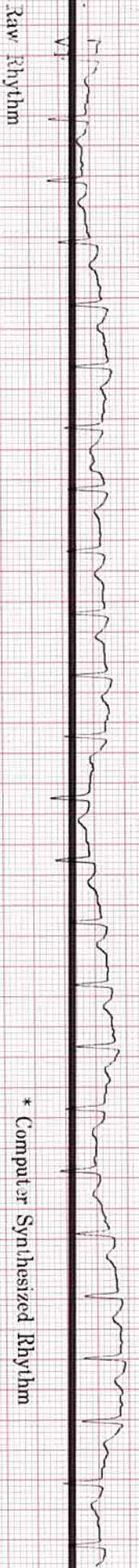
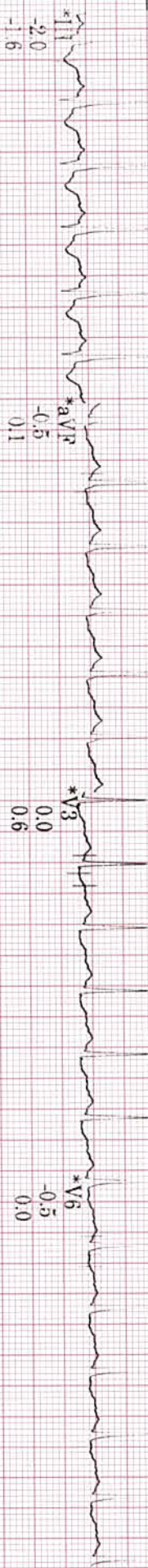
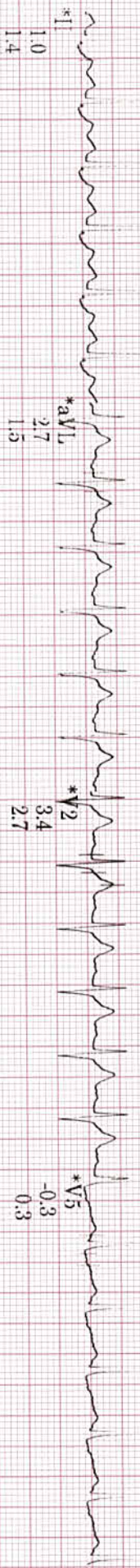
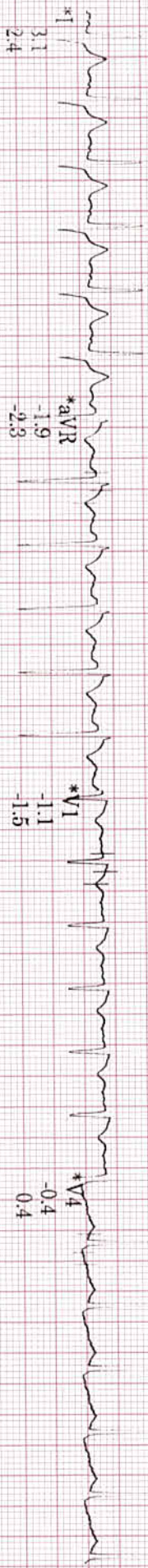
147bpm

RECOVERY
Post
1:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



40 Hz
25.0 mm/s
10.0 mm/mV
A-H S 50 Hz
HR 46
MAC55 010A
0

End Approaching Change Chart

SELECTED MEDIAN REPORT

ID: CAPN90878
 VISIT: ARCOFEMI
 6-Feb-2024
 15:55:58

37 years
 162cm
 77kg
 Asian
 Female

Referred by: SELF
 Test Ind: CAD SCREENING

BASELINE
 EXERCISE
 0:00
 4:16pm
 324/110/80

MAX ST
 EXERCISE
 6:36
 168bpm

TEST END
 RECOVERY
 2:05
 126bpm
 BP: 110/80

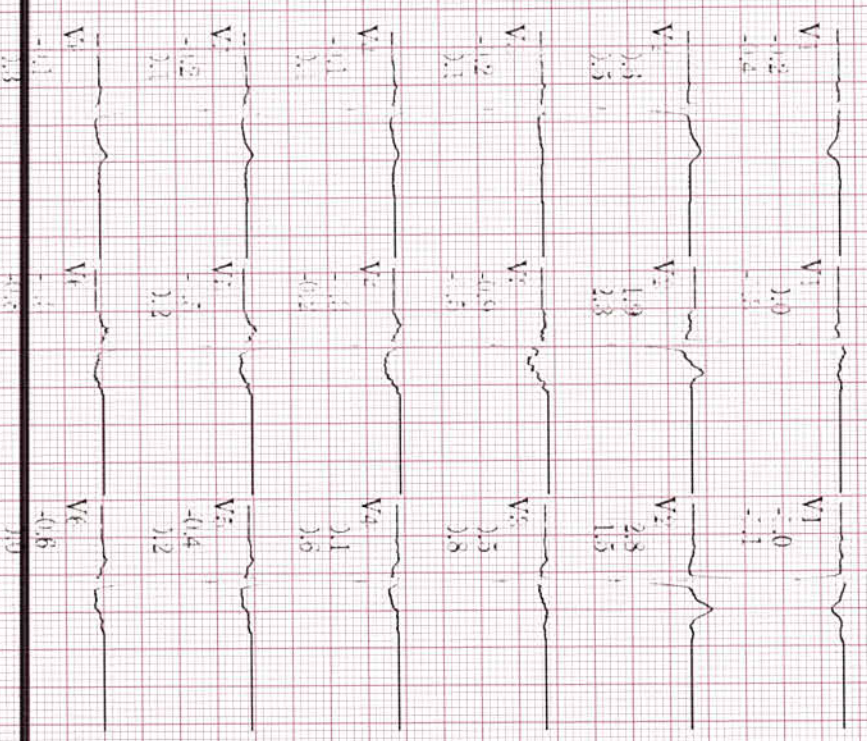
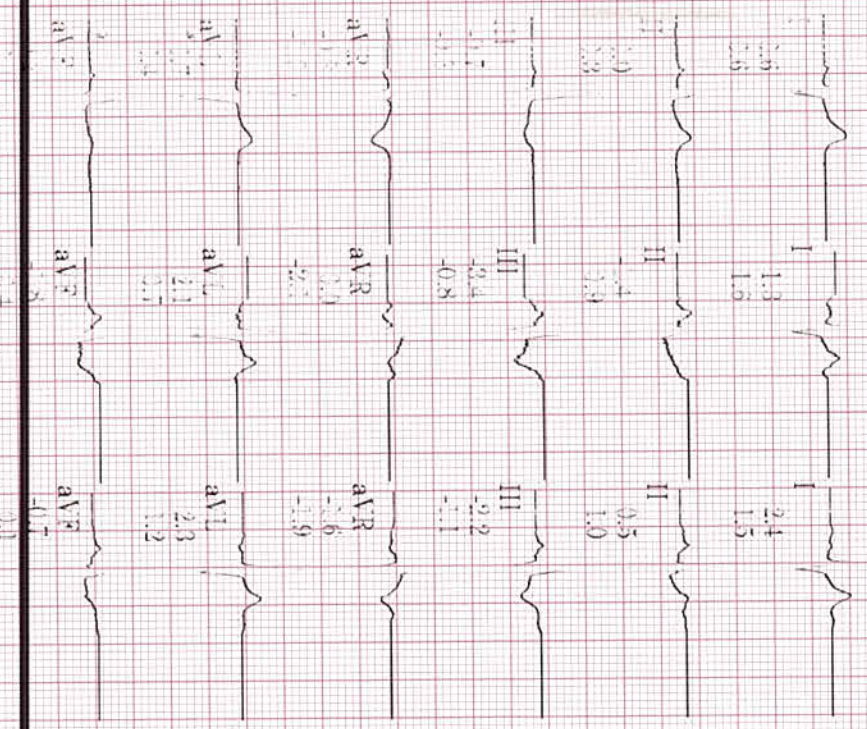
PRUC-1
 Max HR: 182bpm 99% of max predicted 183bpm
 Max EP: 140/80
 Reasor for Termination:
 Comments: GOOD EFFORT AND TOLERANCE
 NORMAL HR/EP RESPONSE
 NO ANGINA AND ARRHYTHMIA SEEN
 NO SIGNIFICANT ST-T CHANGES NOTED
 *
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 9:01
 Maximum workload: 10.1 METS

BASELINE
 EXERCISE
 0:00
 5:50pm
 BP: 110/80

MAX ST
 EXERCISE
 6:36
 168bpm

TEST END
 RECOVERY
 2:05
 126bpm
 BP: 110/80



25.0 mm/s
 10.0 mm/mV
 100hz

Technician: JYOTHI

Unconfirmed

End Approaching Change Chart

End Approaching Change Chart

MAC55 010A

Lead
 ST(mm)
 Slope(mV/s)

MRS. MANEKAR, SHEELA

GRADED EXERCISE SUMMARY

BRUCE

Total Exercise time: 9:01

25.0 mm/s

ID: GJPN90878

37 years

Asian

Female

Max HR: 182bpm 99% of max predicted 183bpm

Maximum workload: 10.1METS

10.0 mm/mV

6-Jan-2024

162cm

77kg

Max BP: 140/80

Reason for Termination:

100hz

15:45:53

Referred by: SELF
Test Ind: CAD SCREENING

Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRYTHMIA SEEN
NO SIGNIFICANT ST-T CHANGES NOTED
* TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE

MAX ST

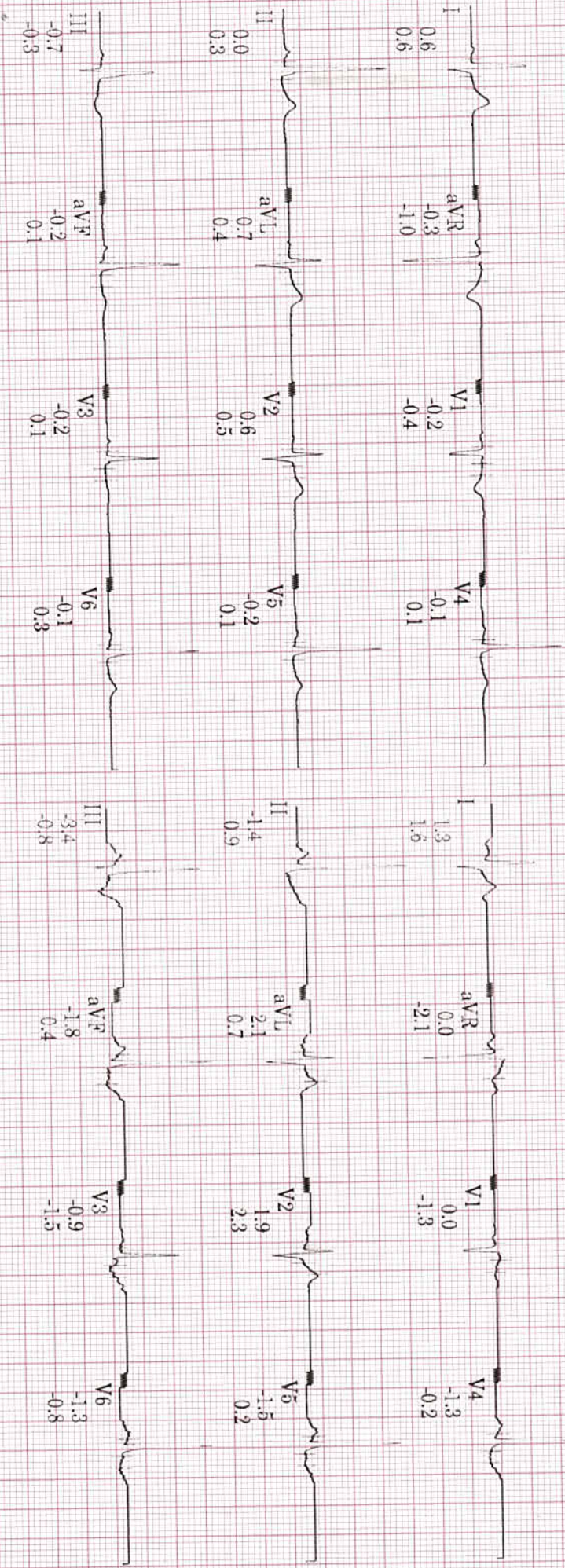
EXERCISE STAGE 1
1.3METS
85bpm
BP: 110/80
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 3
7.9METS
6:36

168bpm
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician: JYOTHI

Unconfirmed

End Approaching Change Chart

End Approaching Change Chart

MAC55 010A