

Patient Name : Mrs.CHELE URMILADEVI
Age/Gender : 28 Y 2 M 16 D/F
UHID/MR No : SKOR.0000195167
Visit ID : SKOROPV281076
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 10000366

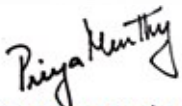
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Reported : 17/Feb/2024 12:18PM
Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.
WBCs are normal in number with normal distribution and morphology.
Platelets are adequate.
No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:BED240041524



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DEPARTMENT OF HAEMATOLOGY

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

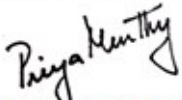
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.65	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62	%	40-80	Electrical Impedence
LYMPHOCYTES	33	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3782	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2013	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	61	Cells/cu.mm	20-500	Calculated
MONOCYTES	244	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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Platelets are adequate.

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Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



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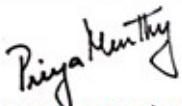
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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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M.B.B.S.,M.D(Pathology)
Consultant Pathologist

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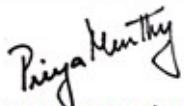


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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



Dr Priya Murthy
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 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	78	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.

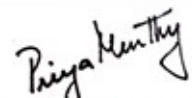
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	mg/dL	70-140	GOD - POD

Result Rechecked

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 Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

SIN No:PLP1420781





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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR.SHIVARAJA SHETTY
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CONSULTANT BIOCHEMIST

SIN No:EDT240018377



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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	122	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.79		0-4.97	Calculated

Result Rechecked

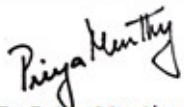
Comment:

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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
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SIN No:SE04633017

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,
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Address:

143, 1st Cross, 5th Block, Near Nagarjuna Hotel,
Koramangala, Bengaluru

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	57	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	82.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated

Result Rechecked

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:

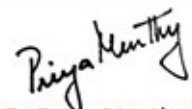
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.


Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	12.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.0-5.5	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

Result Rechecked

Priya Murthy

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M.B.B.S.,M.D(Pathology)
Consultant Pathologist

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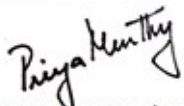
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	31.00	U/L	16-73	Glycylglycine Kinetic method



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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)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.74	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.019	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



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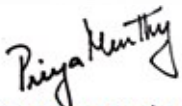
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DEPARTMENT OF CLINICAL PATHOLOGY

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 STRAW		PALE YELLOW	Visual
TRANSPARENCY	TURBID		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE (TRACE)		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	POSITIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10 - 12	/hpf	<10	MICROSCOPY
RBC	2 - 3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2285538



Patient Name : Mrs.CHELE URMILADEVI
 Age/Gender : 28 Y 2 M 16 D/F
 UHID/MR No : SKOR.0000195167
 Visit ID : SKOROPV281076
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 10000366

Collected : 17/Feb/2024 10:40AM
 Received : 17/Feb/2024 11:13AM
 Reported : 17/Feb/2024 11:53AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

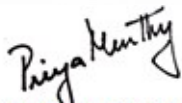
DEPARTMENT OF CLINICAL PATHOLOGY

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 ***



Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

SIN No:UF010610



Date : 13-03-24
MRNO : 195167
Name : Mrs. Chela Umiladevi
Age / Gender : 28y / F
Mobile No :

Department :
Consultant : Dr. RAVI
Reg. No : KMC 106,430
Qualification :

Consultation Timing :
SpO₂ : 98%

Pulse : 75 b/min.	B.P. : 113/73 mmHg	Resp : 18 b/min	Temp : 98.6°F
Weight : 77.5 kg	Height : 158 cm	BMI : 30.8 kg/m ²	Waist Circum :

General Examination / Allergies History

LDL Cholesterol
110.6

Hypothyroidism

Thyronorm 12.5

TSH - 2.01

Iron

- TSH every 6 months.

- Referred to dietitian.

Clinical Diagnosis & Management Plan

Adv

- Avoid oily food & non veg.

- To take Garlic.

- Brisk walking 30 mins. daily

① T-Thyronorm 12.5 1-0-0
mg
(empty stomach).

Pr

Follow up date:

Doctor Signature

Date : 13-03-24
MRNO : 195167
Name : Mrs. Chela Urmiladevi
Age / Gender : 28y / F
Mobile No :

Department :
Consultant : Dr. RAVI
Reg. No : KMC 106,430
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mg
(empty stomach).

Dr.

Follow up date:

Doctor Signature

Customer Pending Tests

M/C

M. Umiladevi 28yrs

17/2/24

No gynae complaints

Mm. mnc. regular mnt-21/1 17/2

OBM-P14 W-4yrs LSC

Past H- Hypothyroid on 12.5 ug

Family H- Falta - DM
Mellie Hypothyroid

O/E-

2

Dr. Salim Shamsuddin BDS, MDS

Consultant - Orthodontics & Dentofacial Orthopaedics

Email : salimshamsuddin83@gmail.com

Consultation : Mon - Sat 10am - 7pm

Ph : 8296500869 / 7259679908

*** Restorative Procedures**

*** Root Canal Treatment**

*** Teeth replacement**

*** Oral Surgery**

*** Preventive Dentistry**

*** Orthodontics / Braces**

*** Dental Implants**

*** Pedodontics**

*** Esthetics and Smile design**

*** Periodontics**

*** Veneers**

*** Tooth jewellery**

Mrs Chela Umiladevi 28 y / F

TMS → NAD

Hard tissue → multiple decayed teeth.

Soft tissue → NAD

R/L E OPG 1 cep^h

Pt. Name: MRS CHELE URMILADEVI	Age/Sex: 28 Y/ F
Ref By: H.C	Date: 17-02-2024

X-RAY CHEST PA VIEW

Both the lung parenchyma appears normal.

Heart and mediastinum are unremarkable

Trachea and main stem bronchi are unremarkable.

Pulmonary vasculature is normal.

Both the cardiophrenic and costophrenic angles are clear.

Soft tissues and bony thorax are unremarkable.

IMPRESSION: NORMAL STUDY.

Please correlate clinically.

Thanks for reference.


Dr. PREMSAI REDDY
CONSULTANT RADIOLOGIST

Patient Name : Mrs.CHELE URMILADEVI
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

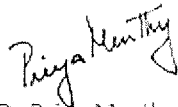
RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:BED240041524





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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.65	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3782	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2013	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	61	Cells/cu.mm	20-500	Calculated
MONOCYTES	244	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

Priya Murthy

Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasites or abnormal cells seen.

IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240041524





Patient Name : Mrs.CHELE URMILADEVI
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Priya Murthy

Dr Priya Murthy
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Collected : 17/Feb/2024 01:38PM
 Received : 17/Feb/2024 01:59PM
 Reported : 17/Feb/2024 02:30PM
 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
GLUCOSE, FASTING , NAF PLASMA	78	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:

1. 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.
2. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

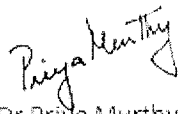
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	mg/dL	70-140	GOD - POD

Result Rechecked

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 Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:PLP1420781

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	122	mg/dL	<150	
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.79		0-4.97	Calculated

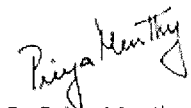
Result Rechecked

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	57	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	82.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated

Result Rechecked

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:

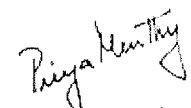
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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 Priya Murthy
 M.B.B.S,M.D(Pathology)
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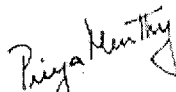
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	12.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	3.0-5.5	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE

Result Rechecked


 Dr Priya Murthy
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



SIN No:SE04633017



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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	31.00	U/L	16-73	Glycylglycine Kinetic method

Priya Murthy

Dr Priya Murthy
 M.B.B.S,M.D(Pathology)
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SIN No:SE04633017

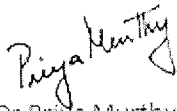
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	TURBID		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE (TRACE)		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	POSITIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10 - 12	/hpf	<10	MICROSCOPY
RBC	2 - 3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



Dr Priya Murthy
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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:

HBA1C (GLYCATED HEMOGLOBIN), THYROID PROFILE TOTAL (T3, T4, TSH)

Priya Murthy

Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist

SIN No:UF010610



Female

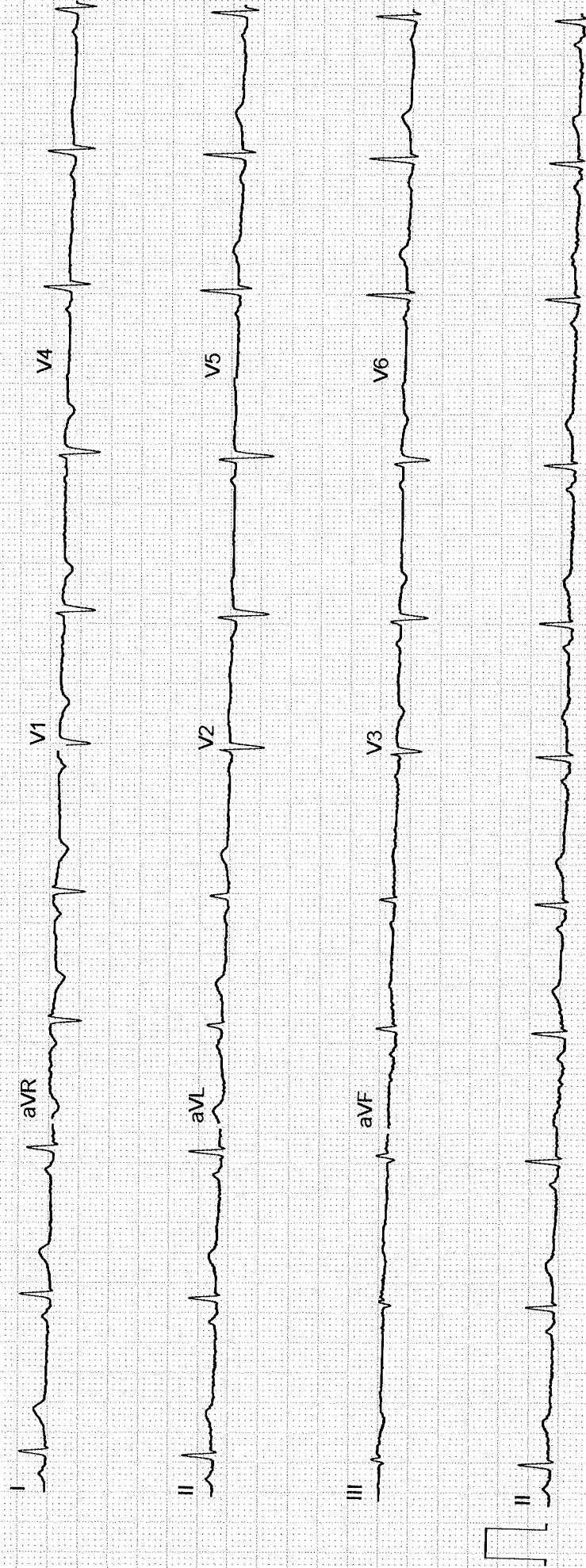
28 Years

QRS	74 ms
QT / QTcBaz	416 / 422 ms
PR	164 ms
P	112 ms
RR / PP	968 / 967 ms
P / QRS / T	28 / 40 / 23 degrees

Normal sinus rhythm with sinus arrhythmia
 Nonspecific T wave abnormality
 Abnormal ECG

BP - 118 / 83 mm of Hg

(Handwritten signature)



APOLLO SPECTRA
KORAMANGALA
BANGALORE

Station
Telephone:



EXERCISE STRESS TEST REPORT

Patient Name: MRS CHELE URMILADEVI,
Patient ID: 195167
Height: 158 cm
Weight: 77 kg

DOB: 01.12.1995
Age: 28 yrs
Gender: Female
Race: Indian

Study Date: 17.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: Dr. Murali Mohan
Technician: --

Medications:
TAB THYRONORM 12.5

Medical History:
THYROID

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:09	0.00	0.00	85		
	STANDING	00:11	0.00	0.00	86		
	HYPERV.	00:02	0.00	0.00	86		
	WARM-UP	00:06	0.00	0.00	85		
EXERCISE	STAGE 1	03:00	2.70	10.00	114	118/83	
	STAGE 2	03:00	4.00	12.00	122	125/85	
	STAGE 3	03:00	5.40	14.00	146	130/90	
	STAGE 4	01:25	6.70	16.00	171		
RECOVERY		02:37	0.00	0.00	96	135/94	

The patient exercised according to the BRUCE for 10:24 min:s, achieving a work level of Max. METS: 13.30. The resting heart rate of 85 bpm rose to a maximal heart rate of 173 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg, rose to a maximum blood pressure of 135/94 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: ST depression in V4, V5 or V6 on standing ECG.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

MRS CHELE URMILADEVI,

Patient ID: 195167

Female 158 cm 77 kg

17.02.2024 28 yrs Indian

10:18:07am Meds: TAB THYRONORM 12.5

Test Reason:

Medical History: THYROID

Ref. MD: Ordering MD: Dr. Ravi Kesari

Technician: Test Type: Treadmill Stress Test

Comment:

BRUCE: Exercise Time 10:24
 Max HR: 173 bpm 90 % of max predicted 192 bpm HR at rest: 85
 Max BP: 135/94 mmHg Max RPP: 23085 mmHg*bpm
 Maximum Workload: 13.30 METS
 Max. ST: -0.95 mm, 0.53 mV/s in II; EXERCISE STAGE 4 10:00
 Arrhythmia: A:712, PVC:2, CPLT:1
 ST/HR index: 0.93 μ V/bpm
 ST/HR slope: 0.73 μ V/bpm (III)
 HR reserve used: 80 %
 HR recovery: 30 bpm
 VE recovery: 2 VE/min

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:01 85 bpm	10:00 169 bpm	10:25 171 bpm	2:36 96 bpm	0:01 85 bpm	10:00 169 bpm	10:25 171 bpm	2:36 96 bpm
I 0.15 mm 0.17 mV/s	I -0.05 0.47	I 0.05 0.16	I -0.05 0.29	V1 0.10 -0.41	V1 0.15 0.01	V1 0.25 0.26	V1 0.20 -0.41
II 0.60 0.41	II -0.95 0.53	II -0.65 0.94	II 0.15 0.59	V2 0.70 0.23	V2 0.25 0.61	V2 0.40 0.65	V2 0.40 0.27
III 0.40 -0.07	III -0.95 0.12	III -0.80 0.56	III 0.15 0.13	V3 0.30 0.01	V3 -0.10 0.07	V3 0.10 0.79	V3 0.35 0.26
aVR -0.35 -0.78	aVR 0.45 -0.61	aVR 0.30 -0.46	aVR -0.10 -1.07	V4 0.45 0.17	V4 -0.10 0.43	V4 0.00 1.14	V4 0.30 0.52
aVL -0.15 0.01	aVL 0.45 0.13	aVL 0.40 -0.20	aVL -0.15 -0.22	V5 0.40 0.17	V5 -0.35 0.57	V5 -0.05 1.03	V5 0.20 0.57
aVF 0.50 0.23	aVF -0.90 0.33	aVF -0.70 0.76	aVF 0.15 0.31	V6 0.30 0.23	V6 -0.55 0.95	V6 -0.30 1.22	V6 0.05 0.44

MRS CHELE URMILADEVI,

Patient ID: 195167

17.02.2024 Female 158 cm 77 kg

10:18:07am 28 yrs Indian

Meds: TAB THYRONORM 12.5

Test Reason:

Medical History: THYROID

Ref. MD: Ordering MD: Dr. Ravi Kesari

Technician: Test Type: Treadmill Stress Test

Comment:

BRUCE: Exercise Time 10:24
 Max HR: 173 bpm 90 % of max predicted 192 bpm HR at rest: 85
 Max BP: 135/94 mmHg Max RPP: 23085 mmHg*bpm
 Maximum Workload: 13.30 METS
 Max. ST: -0.95 mm, 0.53 mV/s in II; EXERCISE STAGE 4 10:00
 Arrhythmia: A:712, PVC:2, CPLT:1
 ST/HR index: 0.93 μ V/bpm
 ST/HR slope: 0.73 μ V/bpm (III)
 HR reserve used: 80 %
 HR recovery: 30 bpm
 VE recovery: 2 VE/min
 ST/HR hysteresis: -0.011 mV (I)
 QRS duration: BASELINE: 86 ms, PEAK EX: 88 ms, REC: 88 ms
Reasons for Termination: Target heart rate achieved

Summary:
Resting ECG: ST depression in V4, V5 or V6 on standing ECG. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response. **Chest Pain:** none.
Arrhythmias: none. **ST Changes:** none. **Overall impression:** Normal stress test.
Conclusion: STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA

Room:
 Location: * 0 *

MRS CHELE URMILADEVI,

Patient ID: 195167

17.02.2024 Female 158 cm 77 kg

10:18:24am 28 yrs Indian

Exercise Test / 12-Lead Report

PRETEST

STANDING

00:11

APOLLO SPECTRA

BRUCE

0.0 km/h

0.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm) Lead ST(mm)

I 0.05 V1 0.15

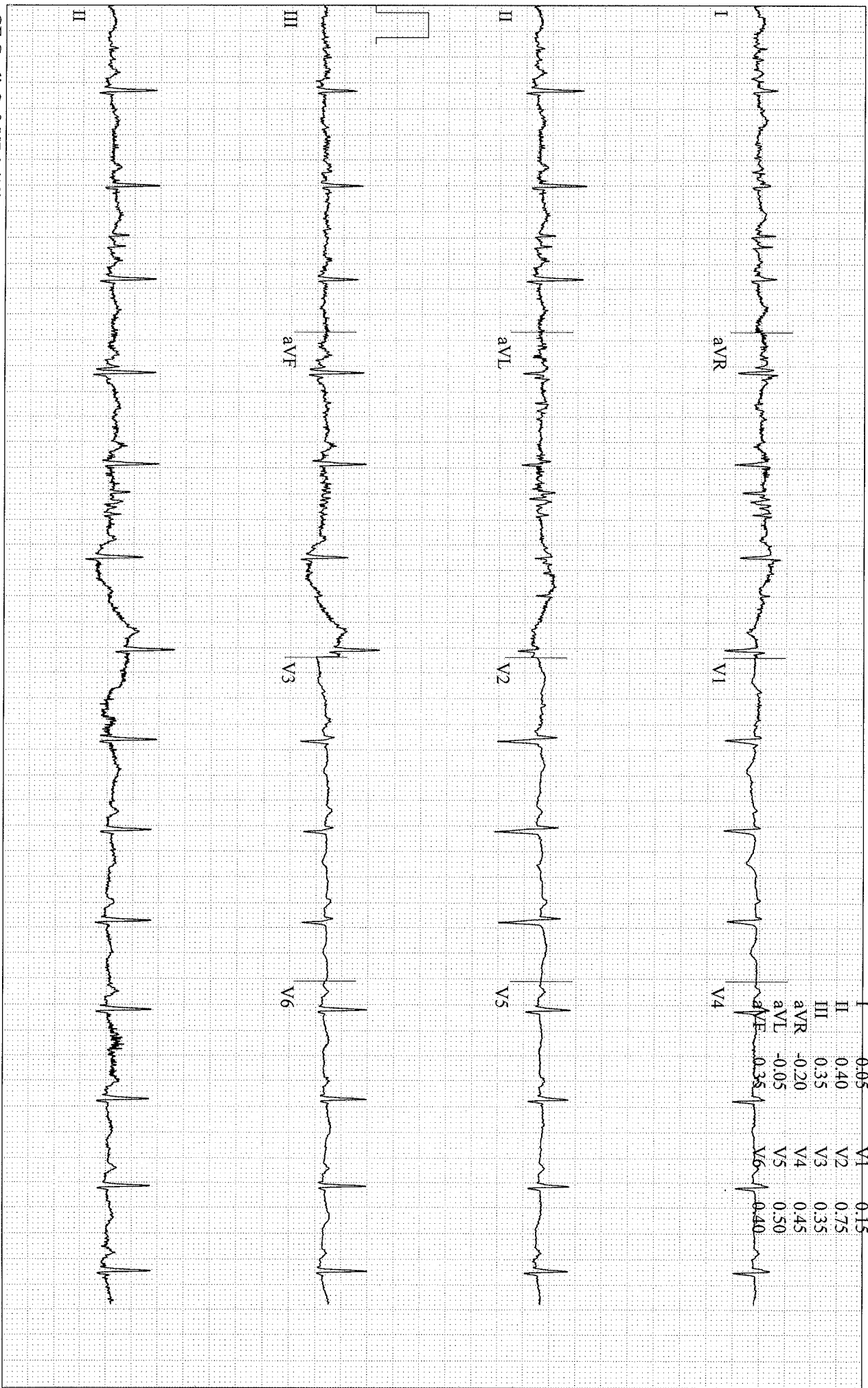
II 0.40 V2 0.75

III 0.35 V3 0.35

aVR -0.20 V4 0.45

aVL -0.05 V5 0.50

aVF 0.35 V6 0.40



MRS CHELLE URMILADEVI,

Patient ID: 195167

Female 158 cm 77 kg

17.02.2024 10:21:22am

28 yrs Indian

Exercise Test / Linked Medians

EXERCISE

STAGE 1

02:50

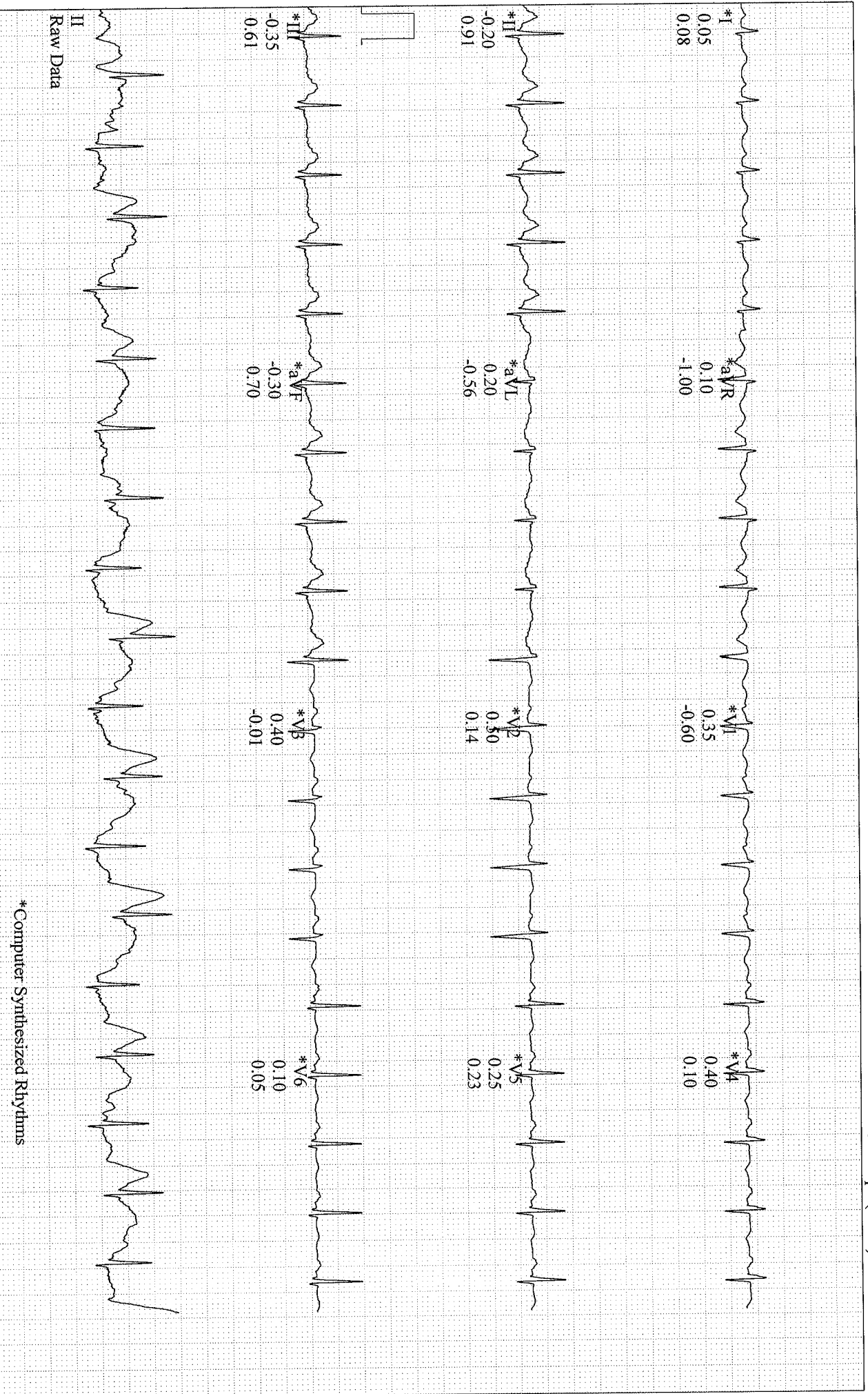
BRUCE

2.7 km/h

10.0 %

APOLLO SPECTRA

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V6,V5)

Start of Test: 10:18:07am

Page 2

MRS CHELLE URMILADEVI,

Patient ID: 195167

17.02.2024 Female 158 cm 77 kg

10:24:22am 28 yrs Indian

Exercise Test / Linked Medians

EXERCISE

STAGE 2

05:50

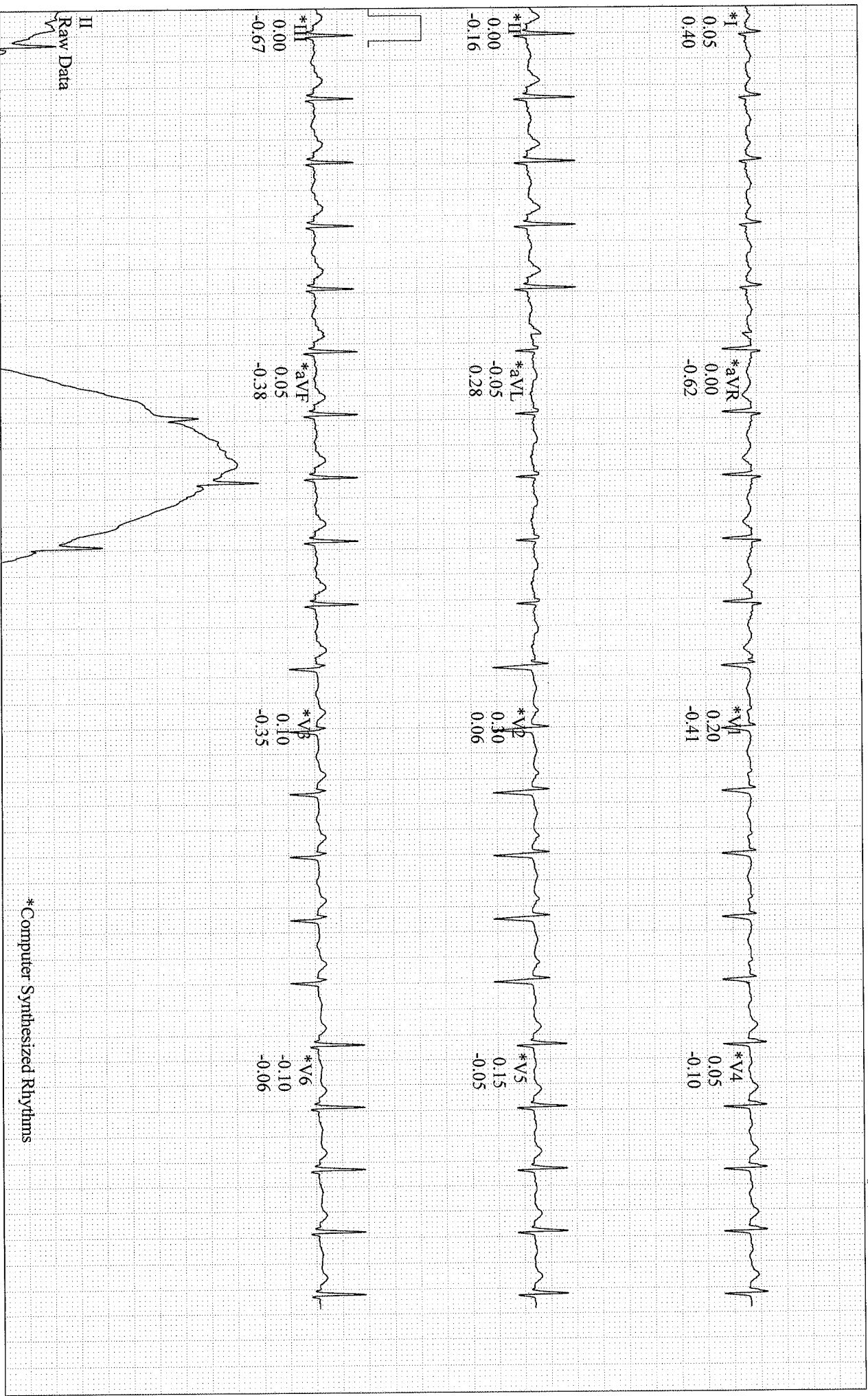
BRUCE

4.0 km/h

12.0 %

APOLLO SPECTRA

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V5)

Start of Test: 10:18:07am

MRS CHELLE URMILADEVI,

Patient ID: 195167

17.02.2024 Female 158 cm 77 kg

10:27:22am 28 yrs Indian

Exercise Test / Linked Medians

EXERCISE STAGE 3

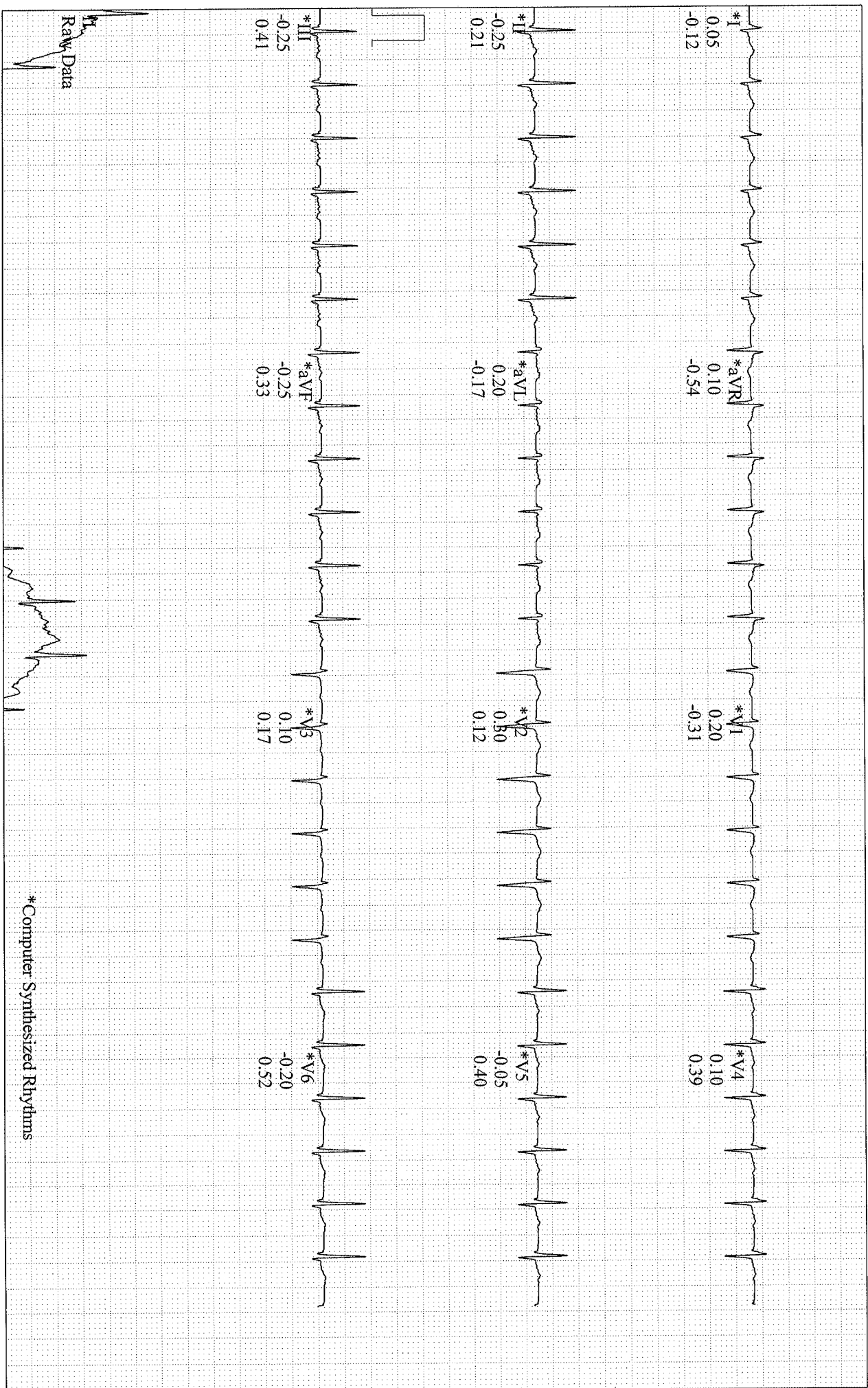
146 bpm
130/90 mmHg

08:50

BRUCE
5.4 km/h
14.0 %

APOLLO SPECTRA

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V5)

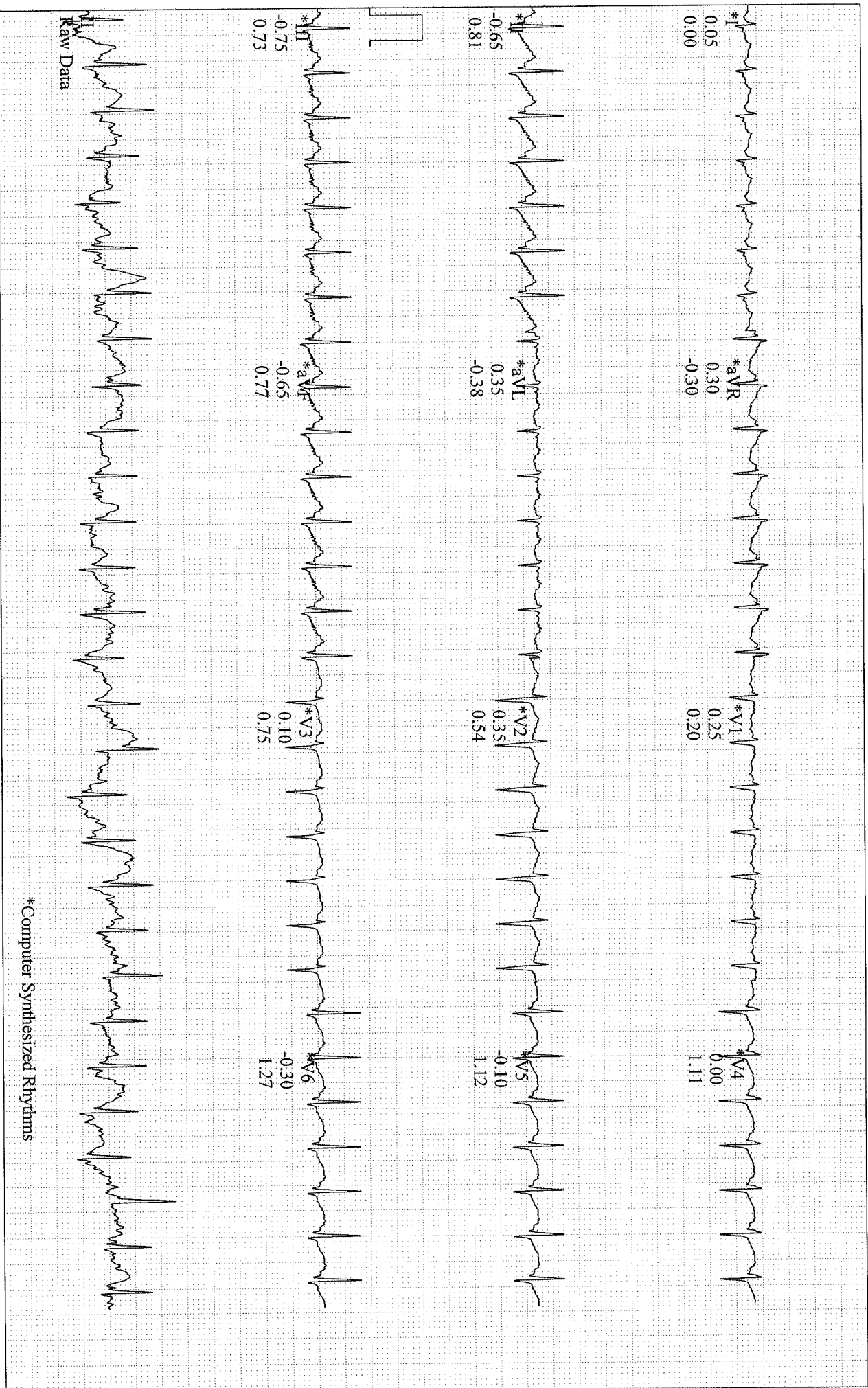
*Computer Synthesized Rhythms

Start of Test: 10:18:07am

MRS CHELLE URMILADEVI,
Patient ID: 195167
17.02.2024 Female 158 cm 77 kg
10:28:57am 28 yrs Indian

Exercise Test / Linked Medians (PEAK EXERCISE)
EXERCISE BRUCE
STAGE 4 6.7 km/h
10:25 16.0 %

APOLLO SPECTRA
Lead
ST Level (mm)
ST Slope (mV/s)



MRS CHELLE URMILADEVI,

Patient ID: 195167

17.02.2024 Female 158 cm 77 kg

10:29:56am 28 yrs Indian

Exercise Test / Linked Medians

RECOVERY

#1

01:00

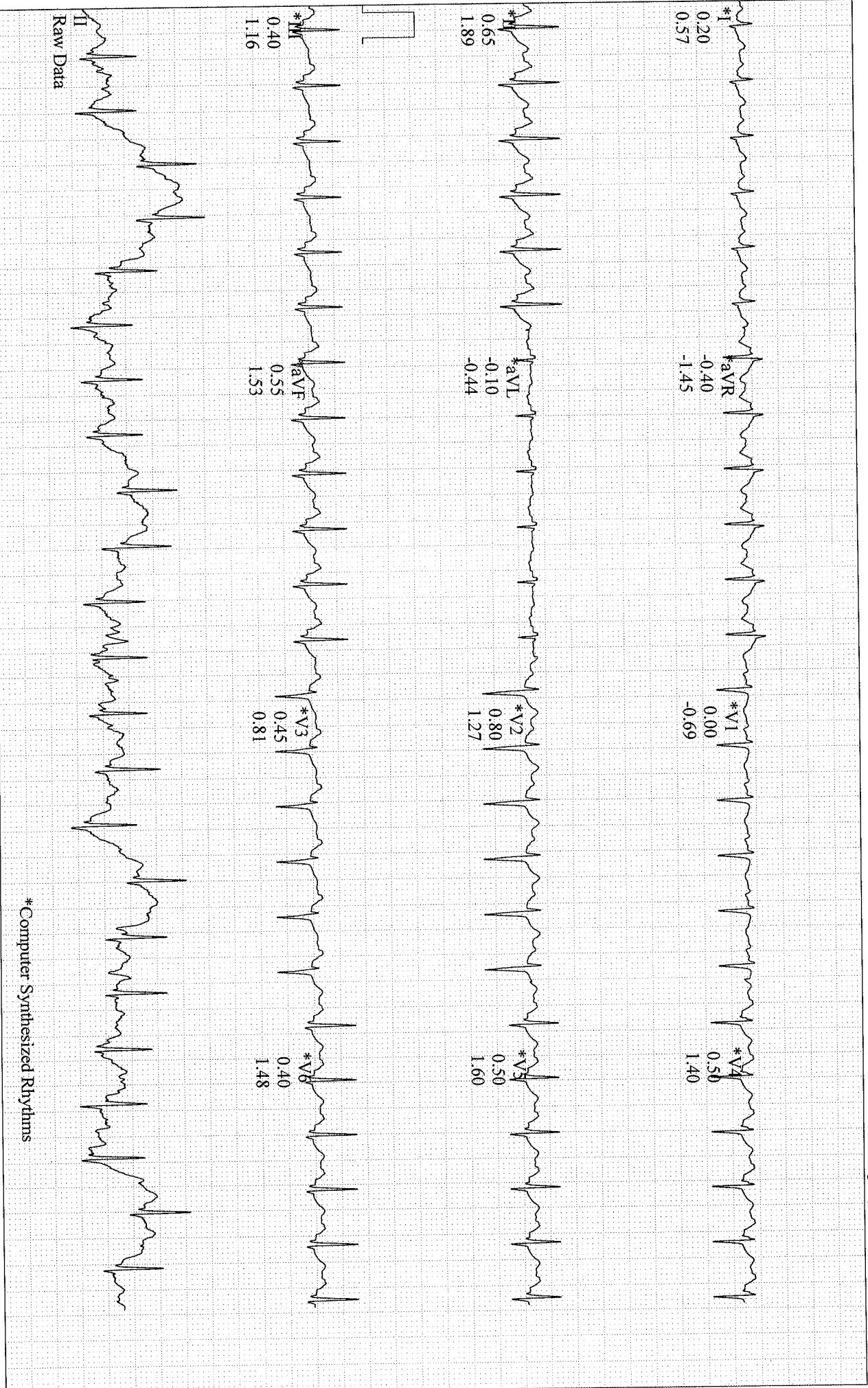
BRUCE

0.0 km/h

0.0 %

APOLLO SPECTRA

Lead
ST Level (mm)
ST Slope (mV/s)



Dr. Manaswini Ramachandra, MBBS, MS (ENT)
Consultant ENT and Head & Neck Surgeon
Fellowship in Endoscopic Sinus Surgery
Trained in Allergy (AASC)
Email : manaswiniramachandra@gmail.com

Ms. URMILA
~

17-2-24

Health Clerk
~

Age : 45 + MZM
~

OC/OP : NS
~

Op : ⊕

CT P-S - Noted

Ad
~

→ to get CT films

→ Nasal Endoscopy.



Pt. Name: MRS. CHELE URMILADEVI	Age/Sex: 28 Y / F
Ref By: H.C	Date: 17 - 02 - 2024

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size and normal in echotexture.
No focal lesion is seen. No IHBR dilatation is seen.
Portal vein and CBD are normal.
- GALL BLADDER:** Is well distended with normal wall thickness.
No pericholecystic collection is seen.
No intraluminal content or calculi are seen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen.
Peri-pancreatic fat planes are well preserved
- SPLEEN:** Normal in size and normal in echotexture.
No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 10.4 x 1.4 cms, Left Kidney measures 10.2 x 1.7 cms.
Both kidneys are normal in size, shape, position, contour and echotexture.
Cortico-medullary differentiation is well maintained
No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness.
No intraluminal content or calculi are seen.
- UTERUS:** Normal in size measures 8.9 x 5.8 x 3.8 cm, ET: 7.0 mm.
Normal in echotexture. Normal endomyometrial echoes are seen.
No focal lesion is seen.
- OVARIES:** R.O measures 2.4 x 1.8 cm, L.O measures 2.2 x 1.6 cm.
Both ovaries normal in size and echotexture. No focal lesion is seen.
- Both the adnexa are clear. No lymphadenopathy or ascites are seen.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Thanks for reference.

Dr. PREMSAI REDDY., M.B.B.S., MDRD
CONSULTANT RADIOLOGIST