

Certificate No: MO-5597


Patient Name : Mrs.AMITA VYAS	Collected : 21/Mar/2024 09:35AM
Age/Gender : 39 Y 11 M 4 D/F	Received : 21/Mar/2024 02:57PM
UHID/MR No : CKHA.0000072539	Reported : 21/Mar/2024 03:29PM
Visit ID : CKHAOPV111086	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4527.	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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Visit ID : CKHAOPV111086	Status : Final Report
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Emp/Auth/TPA ID : UBOIES4527.	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	39.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.26	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	92.4	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,030	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Electrical Impedence
LYMPHOCYTES	35.1	%	20-40	Electrical Impedence
EOSINOPHILS	5	%	1-6	Electrical Impedence
MONOCYTES	9.2	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3515	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2467.53	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	351.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	646.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.21	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.42		0.78- 3.53	Calculated
PLATELET COUNT	361000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Sheha Shah
 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist





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UHID/MR No : CKHA.0000072539	Reported : 21/Mar/2024 04:05PM
Visit ID : CKHAOPV111086	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Sneha Shah
 Dr Sneha Shah
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Age/Gender : 39 Y 11 M 4 D/F	Received : 21/Mar/2024 01:00PM
UHID/MR No : CKHA.0000072539	Reported : 21/Mar/2024 01:41PM
Visit ID : CKHAOPV111086	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	196	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.



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



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UHID/MR No : CKHA.0000072539	Reported : 21/Mar/2024 05:15PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	186	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)

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	208	mg/dL	<200	CHO-POD
TRIGLYCERIDES	217	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	160	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.65	mg/dL	<100	Calculated
VLDL CHOLESTEROL	43.33	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.30		<0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.87	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	68.56	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	71.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	64.73	U/L	30-120	IFCC
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.25	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.32	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135.28	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.65	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	128.13	U/L	<38	IFCC



Sneha Shah
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MBBS, MD (Pathology)
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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi

Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
WVD, Shop No 200, KHL SCAPES, Opp. Reliance Mall,
Kharadi, Pune-411024

Certificate No: MO-5597

Patient Name : Mrs.AMITA VYAS	Collected : 21/Mar/2024 09:35AM
Age/Gender : 39 Y 11 M 4 D/F	Received : 21/Mar/2024 01:17PM
UHID/MR No : CKHA.0000072539	Reported : 21/Mar/2024 02:14PM
Visit ID : CKHAOPV111086	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIES4527.	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.83	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.193	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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M.B.B.S, M.D (Pathology)
Consultant Pathologist



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	POSITIVE +++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/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

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



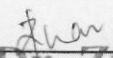
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Amrita Vyas on 22/03/24

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Glucose - Fasting ↑ HbA1C ↑ + Glucosuria.</u></p> <p>2. <u>Dyslipidemia</u></p> <p>3. <u>GGT ↑↑ / ALT ↑ / AST ↑</u> <u>Fatty liver + Cholelithiasis.</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	


Dr. Zuha Khan
 Dr. MBBS General Physician
 Medical Officer 2020/03/1804
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 21-03-2024
 MR NO : CKHA.0000072539
 Name : Mrs. AMITA VYAS
 Age/ Gender : 39 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 07:56

Height : 157	Weight : 63.3	BMI : 24	Waist Circum :
Temp : 97.6 F	Pulse : 132	Resp : 20	B.P : 124/90

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Adv
 ① vitD
 vit B12
Adv - as by Dr. Vikram
 ① Trop I / Trop T
 ② 2D-ECHO

LMP : 08/03/24.
 Clots, (2/3 pads) -
 2 day bleeding.
 - 25/27 days.

Present complains - Heaviness in ① Abdomen XI month.
 No constipation/diarrhoea.

Comorbidity -
 ① DM - 1.5 to 2 years
 + HTN - 2-3 years } on Rx.
 [CTD + Amlodipine]

Allergies - NO

Surgical H/O - Fibroid (1.5 to 1 years).
 LSCS - (2009). + CVD - Family. ↓
 [Mother - Menopause @ 41 years]

Family H/O
 Parents - HTN/DM

Addiction - NO.

OE

CVS- }
 CNS- } NAD
 P/A- }
 Chest- }

H/O covid infection - NO.

Vaccinated with - 2 vaccines

Follow up date:

fnan.
 Doctor Signature

POWER PRESCRIPTION

NAME: *Amulya*
Ms Keshava Dhanu Patil vya

GENDER: M/F

DATE: 21-3-24

AGE: 42 39

UHID: 72538

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-1.50	-	-	8/9
NEAR	+1.00			

	SPH	CYL	AXIS	VISION
DISTANCE	-1.25			8/9
NEAR	+1.00			

INSTRUCTIONS:

SIGNATURE 

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 72539

amita vyas

Female 39Years

kg / mmHg

Req. No. :

21-03-2024 11:37:41

HR : 121 bpm

P : 104 ms

PR : 148 ms

QRS : 78 ms

QT/QTcBz : 332/471 ms

P/QRS/T : 67/-18/64 °

RV5/SV1 : 0.501/0.383 mV

Diagnosis Information:

Sinus tachycardia

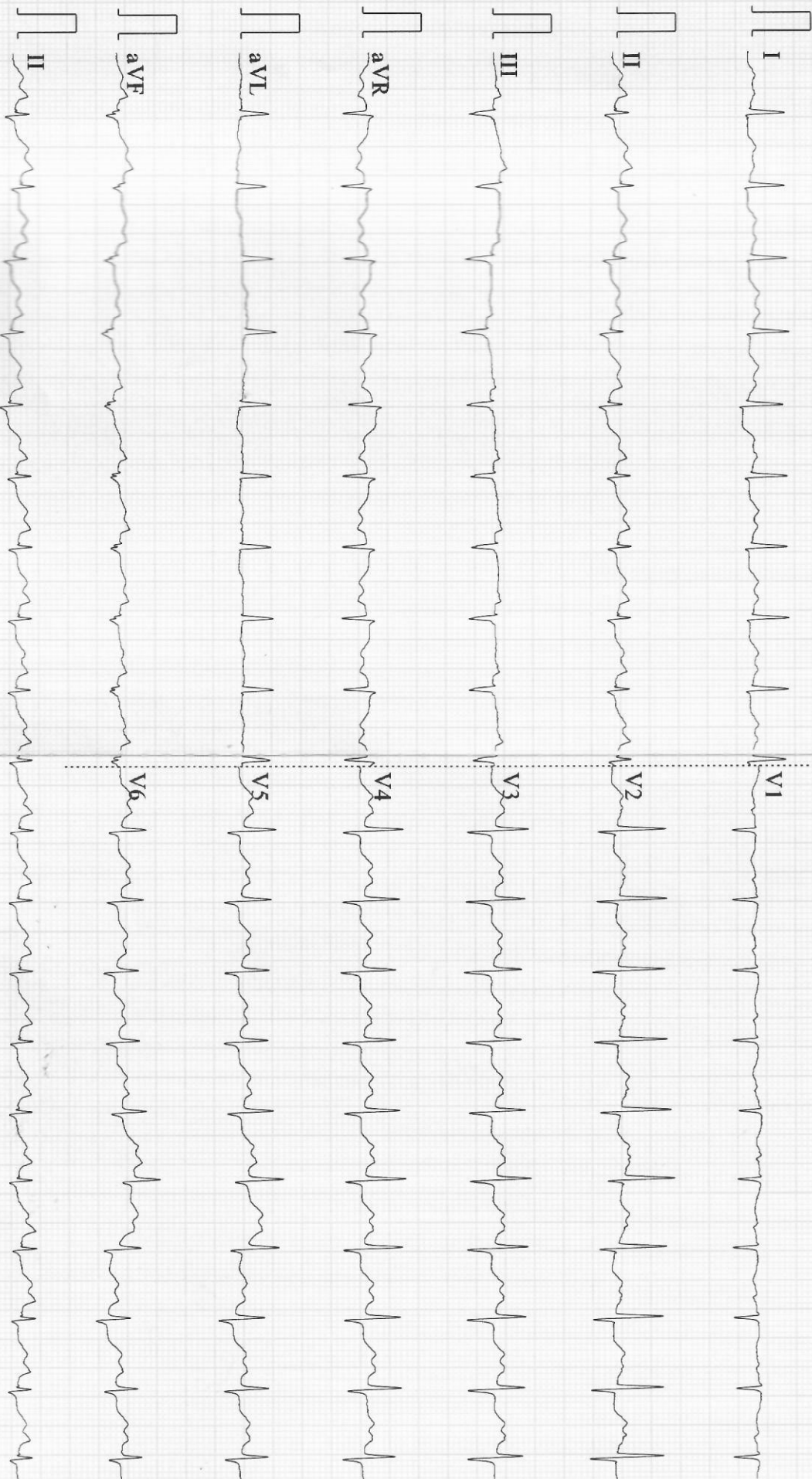
Possible sequence error: V2,V3 omitted

Borderline prolonged QT interval

Lateral ST-T abnormality is nonspecific

Borderline ECG

Report Confirmed by:



Patient Name	: Mrs. AMITA VYAS	Age	: 39 Y F
UHID	: CKHA.0000072539	OP Visit No	: CKHAOPV111086
Reported on	: 21-03-2024 16:36	Printed on	: 21-03-2024 19:13
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is partially distended with normal wall thickness. E/o multiple , 2-3 , mobile echoreflexive calculi within lumen , largest measuring approx 6 mm .

Spleen : It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas : It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : Normal in size ms 10.3 x 4.6 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 10.0 x 4.5 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: is anteverted, and measures 7.8 x 3.7 x 5.3 cms. No focal lesion seen. Endometrial thickness is 8 mm.

Right ovary : measures 3.0 x 2.1 cms.

Left ovary : measures 2.6 x 2.1 cms.

Both ovaries: appears normal in size and echotexture.

Visualised bowel loops appear normal.

IMPRESSION :

- **Grade I to II fatty changes in liver.**

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Page 1 of 2
 **1860 500 7788**

Patient Name	: Mrs. AMITA VYAS	Age	: 39 Y F
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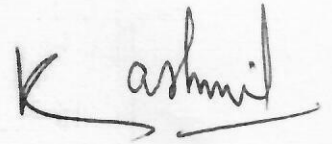
- **Cholelithiasis.**

Clinical correlation suggested.....

(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.

Printed on:21-03-2024 16:36

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology



Issue Date: 23/07/2013



GOVERNMENT OF INDIA



अमिता व्यास

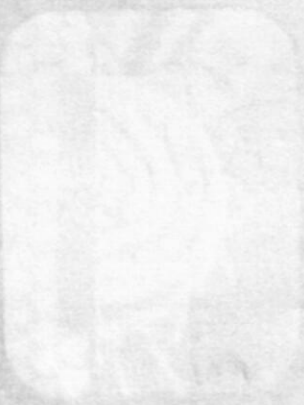
Amrita Vyas

जन्म तिथि / DOB : 17/04/1984

महिला / Female

5845 1359 4608

मेरा आधार, मेरी पहचान



S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO
100	Arcofemi/Mediwhe eI/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOIES4527	AMITA VYAS	39	Female	KBV2608@GMAIL.C OM	9909963820