





: Ms.SHILPA PRADHAN

Age/Gender

: 35 Y 10 M 29 D/F

UHID/MR No

: CVIM.0000246333

Visit ID

: CVIMOPV636827

Ref Doctor

: Self

Emp/Auth/TPA ID

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes+ WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells seen Impression: Microcytic hypochromic Anemia

: 22E34291

Page 1 of 19



M.B.B.S,M.D(Pathology) Consultant Pathologist SIN No:VIR241003176

DR.Sanjay Ingle









: Ms.SHILPA PRADHAN

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer
PCV	37.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.68	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	65.2	fL	83-101	Calculated
MCH	20.9	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	16.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	45.8	%	40-80	Electrical Impedance
LYMPHOCYTES	40.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3435	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3030	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	315	Cells/cu.mm	20-500	Calculated
MONOCYTES	690	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes+ WBC's are normal in number and morphology

Platelets are Adequate No Abnormal cells seen

Impression: Microcytic hypochromic Anemia

Page 2 of 19



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

DR.Sanjay Ingle

Consultant Pathologist

SIN No:VIR241003176

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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DEPARTMENT OF HAEMATOLOGY

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

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

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT.	A		
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	81	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:

- 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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	80	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.

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
L IPID PROFILE , SERUM				
TOTAL CHOLESTEROL	206	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.72	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	62.87	U/L	30-120	IFCC
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

Comment:

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

- 1. Hepatocellular Injury:
- *AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:*ALP Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
- 3. Synthetic function impairment:*Albumin-Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.69	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	19.01	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.33	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.57	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.44	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.42	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.18	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE, SERUM	62.87	U/L	30-120	IFCC

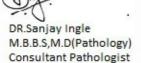
Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM, SERUM	9.57	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

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Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE), SERUM	40.03	mg/L	<5	IMMUNO- TURBIDIMETRY

Comment:

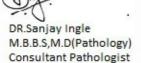
C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
ELECTROLYTES - SERUM , SERUM	<u>'</u>	'	'	
SODIUM	139.42	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.18	mmol/L	101–109	ISE (Indirect)

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.86	U/L	<38	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
PHOSPHORUS, INORGANIC, SERUM	3.44	mg/dL	2.5-4.5	Phosphomolybdate Complex

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Unit Bio. Ref. Interval	
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	'		
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.15	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.025	μIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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

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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D),	16.14	ng/mL		CLIA
SERUM				

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

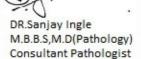
Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Page 14 of 19





SIN No:VIR241003179







: Ms.SHILPA PRADHAN

Age/Gender

: 35 Y 10 M 29 D/F

UHID/MR No

: CVIM.0000246333

Visit ID

: CVIMOPV636827

Ref Doctor Emp/Auth/TPA ID

: 22E34291

: Self

Collected

: 26/Oct/2024 09:14AM

Received

: 26/Oct/2024 01:11PM

Reported Status

: 26/Oct/2024 02:05PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12, SERUM	178	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Page 15 of 19



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







: Ms.SHILPA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F : CVIM.0000246333

Visit ID

: CVIMOPV636827

Ref Doctor Emp/Auth/TPA ID

: Self : 22E34291

Tast Nama

Collected

: 26/Oct/2024 09:14AM

Received

: 26/Oct/2024 03:34PM

Reported Status

: 26/Oct/2024 04:09PM

: Final Report

Rio Ref Interval

Sponsor Name

Unit

: ARCOFEMI HEALTHCARE LIMITED

Mathad

DEPARTMENT OF CLINICAL PATHOLOGY

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

Pasult

lest Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION	·			
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 19



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

SIN No:VIR241003177

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014







: Ms.SHILPA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F : CVIM.0000246333

Visit ID

: CVIMOPV636827

Ref Doctor

: Self

Emp/Auth/TPA ID

. CVIIVIOI

: 22E34291

Collected

: 26/Oct/2024 09:14AM

Received Reported : 26/Oct/2024 03:34PM : 26/Oct/2024 04:09PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 17 of 19



Consultant Pathologist SIN No:VIR241003177

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







: Ms.SHILPA PRADHAN

Age/Gender

: 35 Y 10 M 29 D/F : CVIM.0000246333

UHID/MR No Visit ID

: CVIMOPV636827

Ref Doctor Emp/Auth/TPA ID : Self

: 22E34291

Status Sponsor Name

Collected

Received

Reported

: 26/Oct/2024 11:31AM : 26/Oct/2024 03:11PM

: 26/Oct/2024 03:54PM

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 18 of 19



MBBS, MD (Pathology) Consultant Pathologist

SIN No:VIR241003284

Dr Sneha Shah







: Ms.SHILPA PRADHAN

Age/Gender

: 35 Y 10 M 29 D/F

UHID/MR No

: CVIM.0000246333

Visit ID

: CVIMOPV636827

Ref Doctor Emp/Auth/TPA ID

: Self : 22E34291 Collected

: 26/Oct/2024 09:14AM

Received

: 26/Oct/2024 03:10PM

Reported Status

: 26/Oct/2024 03:30PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Page 19 of 19



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

SIN No:VIR241003178

DR.Sanjay Ingle

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

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014







: Ms.SHII PA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F : CVIM.0000246333

Visit ID

: CVIMOPV636827

Ref Doctor

: Self

Emp/Auth/TPA ID : 22E34291

Collected

: 26/Oct/2024 09:14AM

Received

: 26/Oct/2024 03:10PM : 26/Oct/2024 03:30PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No:VIR241003178
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014





: Ms. SHILPA PRADHAN

UHID

: CVIM.0000246333

Printed On

: 26-10-2024 05:42 AM

Department

: Radiology

Referred By

: Self

Employeer Id

: 22E34291

Age

: 35Yrs 11Mths

OP Visit No.

: CVIMOPV636827

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---

Dr. PREETI P KATHE DMRE, MD, DNB 2003/04/1886 Radiology



: Ms. SHILPA PRADHAN

UHID

: CVIM.0000246333

Printed On

: 26-10-2024 06:00 AM

Department

: Radiology

: 22E34291

Referred By

Employeer Id

: Self

Age

: 35Yrs 11Mths

: CVIMOPV636827

OP Visit No.

Advised/Pres Doctor : --

Qualification

Registration No.

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

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

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

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney mid pole shows calcular concretions.

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

Uterus appears retroverted and normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9.8 mm.

Right ovary appears normal in size, shape and echotexture.

Left ovary show a complex cyst with thick septi and echogenic foci measuring 4.2 x 4.56 cm.

Free fluid noted in POD. No evidence of any adnexal pathology noted.



Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Right kidney mid pole shows calcular concretions.

Left ovary show a complex cyst with thick septi and echogenic foci

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---

Dr. PREETI P KATHE DMRE, MD, DNB 2003/04/1886 Radiology



: Ms. SHILPA PRADHAN

UHID

: CVIM.0000246333

: 26-10-2024 05:50 AM

Printed On Department

: Radiology

: 22E34291

Referred By

: Self

Employeer Id

Age

: 35Yrs 11Mths

OP Visit No.

: CVIMOPV636827

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy.

IMPRESSION:

No significant pathology noted in bilateral breast parenchyma. BIRAD –I Follow up after a year is recommended.

NOTE: The science of the radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal structures. Hence the report represents only some of the various possibilities and a number of variables, known and unknown does exist.

---End Of The Report---

Dr. PREETI P KATHE



DMRE, MD, DNB 2003/04/1886 Radiology







Name : Ms. SHILPA PRADHAN

Age: 35Y 10M 30D

Address : Kondhwa Bk Pune Maharashtra INDIA 411048

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

sex : Female

UHID: CVIM.0000246333

OP No: CVIMOPV636827

		Bill No: CVIM-OCR-68292 Date: Oct 26th, 2024, 9:05 AM	
Sno.	Service Type/Service Name	Department	T
1	ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMA		\dashv
1	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 7 h 85	Biochemistry	+
_2	GLUCOSE, FASTING	Biochemistry	\dashv
_3	LIPID PROFILE	Biochemistry	+
4	DENTAL CONSULTATION - 0 8	Consultation	+
5	HEMOGRAM + PERIPHERAL SMEAR	Haematology	+
6	PERIPHERAL SMEAR	Haematology	+
1	ELECTROLYTES - SERUM	Biochemistry	+
- 8	X-RAY CHEST PA ~ 06	X Ray Radiology	+
9	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	-
10	URINE GLUCOSE(FASTING)	Clinical Pathology	\dashv
11	VITAMIN D - 25 HYDROXY (D2+D3)	Biochemistry	+
12	LIVER FUNCTION TEST (LFT)	Biochemistry	-
13	ENT CONSULTATION	Consultation	-
14	FITNESS BY GENERAL PHYSICIAN -O	Consultation	
15	COMPLETE URINE EXAMINATION	Clinical Pathology	
16	BLOOD GROUP ABO AND RH FACTOR		
17	ULTRASOUND - WHOLE ABDOMEN ─\○	Blood Bank	1
18	VITAMIN B12	Ultrasound Radiology	11
19	ALKALINE PHOSPHATASE - SERUM/PLASMA	Biochemistry	
120	LBC PAPTEST PAPSURE NOT wing	Biochemistry	1
21	DIET CONSULTATION	Histopathology	<u> </u>
22	OPTHAL BY GENERAL PHYSICIAN -\	General	1
23	GAMMA GLUTAMYL TRANFERASE (GGT)	Consultation	
24	C-REACTIVE PROTEIN CRP (QUANTITATIVE)	Biochemistry	
25	CALCIUM, SERUM	Serology	
26	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	
27	PULMONARY FUNCTION TEST — 02	Biochemistry	
28	SONO MAMOGRAPHY - SCREENING	Cardiology	
29	BODY MASS INDEX (BMI)	Mammography	
30	ECG (BIMI)	General	IL
31	GYNAECOLOGY CONSULTATION	Cardiology	
32	2 D ECHO	Consultation	
33		Cardiology	
000	PHOSPHORUS, INORGANIC - SERUM	Biochemistry	T

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC118819)

Regd. Office; #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana.]

Regd. Office; #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana.]

Apollo Clinics NETWORK

Apollo Clinics NETWORK

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(Seethamma Pato) Karnataku: Sangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indite Neger | Heardandur | Chanda | Chan

GSTIN: 27AADCA0733E1Z7

1860 500 7788









Sno.	Samin Tr. (C. 1. 2)			
5110.	Service Type/Service Name	Department		
34	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology		

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd, Office; 47-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana, Iwww.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7774

APOLLO CLINICS NETWORK

APOL

GSTIN: 27AADCA0733E1Z7

GS 11... Address: Shop No 1, Ground, Shop No 1, Ground, Nyati Millennium Premises, Survey no 200, Hissa2, Vimennagar, Maharashta



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination	
of Shipa Pradhan on	
After reviewing the medical history and on clinical examination it has been found that	
	Tick
Medically Fit	
Fit with restrictions/recommendations	-
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1 USC 10 Varian eyst	
2	
3	
However the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.	
. Review afterrecommended	
• Unfit	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Registration No. 2 23/11/19030	
The Apollo Clinic (I continue)	

This certificate is not meant for medico-legal purposes



Date

: 10/26/2024

Department

:General Practice

UHID

: Ms. SHILPA PRADHAN : CVIM.0000246333

Doctor Registration No.

: Dr.ALIA FATHIMA : 9050

Age / Gender

Patient Name

: 35Yrs 10Mths 30Days /

Qualification

: MBBS

Consulation Timing

: 9:06 AM

Female

Height: 164		Weight:		BMI:	BMI: 22		Waist Circum: 90	
Temp :	97	Pulse :	.90	Resp:	18	B.P:	110/70	

General Examination / Allergies History

O/ E. conscier

Clinical Diagnosis & Management Plan

AHC

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Pasthlo: nil

Sxhlo: nil

For ulo: Parents: S. HTN

no ad diction

no allejus

adv - Post rep consultin - HPV va conatroi

Dr. Alia Fat Registration No

Follow up date:

BOOK YOUR APPOINTMENT TODAY! Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com





Date

: 10/26/2024

Department

:ENT

Patient Name

: Ms. SHILPA PRADHAN

Doctor

: Dr.SHIRISH S SHELKE

UHID

: CVIM.0000246333

Registration No.

: 2006020512

Age / Gender

: 35Yrs 10Mths 30Days / Female

Qualification

: MBBS, DLO (ENT)

Consulation Timing

: 9:06 AM

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

3

Gre7 MAD

Au Sie

Follow up date:

Doctor Signature





Date

: 10/26/2024

Department

:General Practice

Patient Name

: Ms. SHILPA PRADHAN

Doctor

: Dr.ALIA FATHIMA

UHID

: CVIM.0000246333

Registration No.

: 9050

Age / Gender

: 35Yrs 10Mths 30Days /

Qualification

: MBBS

Consulation Timing

: 9:07 AM

Female

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

miss shipa pradhan Apollo Cli

Onmarried 35 y. not sescically active. cmp - 8 (10/29 4-5-1 28-30

PIS- pap not talci

Bag frelzing

DR. DEEPALI AMOL GALGE

M.B.B.S., D.G.O., D.N.B. **OBSTETRICIAN & GYNAECOLOGIST** Reg.No.:2003093495

7875950921

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



EYE EXAMINATION

DATE:-

86/10/26

NAME: SAILDA Greshoo

AGE:- 300

CORPORATE:- At Coffee

	Right Eye	
Distant vision		Left Eye
Distant Vision	6/6	
Near vision		6/6
1101011	N/6	
Color vision		N/6
undus	Normal	Normal
xamination	Normal	Wormal
traocular	TT9411d)	Normal
essure	Mornaul	
	Mormal	Normal
lamp exam.	Normal	

Marghet fit)

Impression – Normal Eye Check Up.

(Ophthalmology)

Apollo Clinic Viman Nagar

Ground Nyati Millenium Premises S1 Datta Mandir Chowk, Viman Nagar, Pune,

Patient: SHILPA PRADHAN

Refd.By:

Pred.Eqns: RECORDERS

Date : 26-Oct-2024 10:15 AM Age : 35 Yrs

Height : 165 Cms Weight : 61 Kgs

: 246333

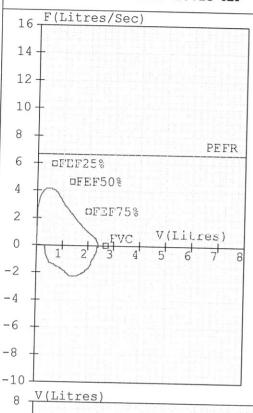
Gender

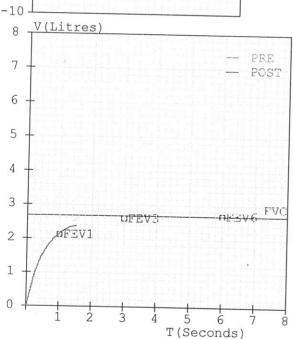
: Female

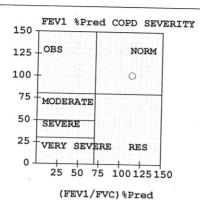
Smoker : No Eth. Corr: 100

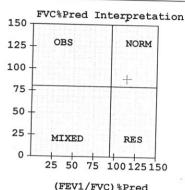
Temp : 36°C











FVC Results								
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FVC	(L)	02.68	02.39	089		***		
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FEF25-75	(L/s)	02.90	02.40	083	*** *** *** ***			
PEFR	(L/s)	06.64	04.10	062			FOR MAN AND	
FIVC	(L)		02.05			-	NAME AND DESCRIPTION	
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FEF.2-1.2	(L/s)	05.26	03.57	068	****			
FEF 25%	(L/s)	05.94	04.03	068			tions were trees	
FEF 50%	(L/s)	04.62	02.63	057				
FEF 75%	(L/s)	02.48	01.35	054			600 MM MAD	
FEV.5/FVC	(%)		66.11	Need Name 2000	****			
FEV3/FVC	(응)	97.01	100.00	103		***	MOD 5000 mad	
FET	(Sec)		01.67	****		West 1994 1994	ate the en-	
ExplTime	(Sec)		00.09	2004 2005 and			500 No. 400	
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FIF25%	(L/s)		00.86	7007 2005 Mag				
FIF508st	(17g) s	everity	02.08	book book book				
TEXT 5 Sthin			02.13	Man 1000 1000	-			

Pre Medication Report Indicates Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

35 Years

shilpa pradhan Female

26-Oct-24 10:15:11 AM







: Ms.SHILPA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F

OT IID/IVII

: CVIM.0000246333

Visit ID

: CVIMOPV636827

Ref Doctor Emp/Auth/TPA ID : Self : 22E34291 Collected

: 26/Oct/2024 09:14AM

Received Reported : 26/Oct/2024 01:50PM : 26/Oct/2024 02:26PM

Status

: Final Report

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. rinai Keport

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Impression: Microcytic hypochromic Anemia

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes+ WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells seen

Page 1 of 19



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

SIN No:VIR241003176









: Ms.SHILPA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer
PCV	37.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.68	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	65.2	fL	83-101	Calculated
MCH	20.9	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	16.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	45.8	%	40-80	Electrical Impedance
LYMPHOCYTES	40.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	9.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				Liectrical impedance
NEUTROPHILS	3435	Cells/cu.mm	2000-7000	Calculated
YMPHOCYTES	3030	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	315	Cells/cu.mm	20-500	Calculated
MONOCYTES	690	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13	GGIIG/GG.ITIIT	0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Electrical impedence Modified Westergren
ERIPHERAL SMEAR		0.111001		

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes+

WBC's are normal in number and morphology

Platelets are Adequate

No Abnormal cells seen

Impression: Microcytic hypochromic Anemia

Page 2 of 19

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

SIN No:VIR241003176

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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DEPARTMENT OF HAEMATOLOGY

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

Page 3 of 19



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

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACT	TOR , WHOLE BLOOD EDT	Ā		
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 4 of 19

Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:VIR241003176









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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE, FASTING, NAF PLASMA	81	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:

- 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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	80	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.

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

SIN No:VIR241003293







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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	206	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.72	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	62.87	U/L	30-120	IFCC
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

Comment:

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

- 1. Hepatocellular Injury:
- *AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) - In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:*ALP Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.
- 3. Synthetic function impairment: *Albumin-Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

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

SIN No:VIR241003175







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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.69	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	19.01	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.33	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.57	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.44	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.42	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.18	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

Page 8 of 19

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE, SERUM	62.87	U/L	30-120	IFCC
Test Name	Result	Unit	Bio. Ref. Interval	Method

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

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

SIN No:VIR241003175

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Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE), SERUM	40.03	mg/L	<5	IMMUNO- TURBIDIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
ELECTROLYTES - SERUM , SERUM				
SODIUM	139.42	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.18	mmol/L	101–109	ISE (Indirect)

Page 10 of 19



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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.86	U/L	<38	IFCC
Test Name	Result	Unit	Bio. Ref. Interval	Method
PHOSPHORUS, INORGANIC, SERUM	3.44	mg/dL	2.5-4.5	Phosphomolybdate Complex

Page 11 of 19



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

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.15	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.025	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		

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Page 12 of 19

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

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DEPARTMENT OF IMMUNOLOGY

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

Pituitary Adenoma; TSHoma/Thyrotropinoma High High High High

Page 13 of 19



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

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name			- T LIMALE - 2D ECHO - PA	N INDIA - FY2324
VITAMIN D (25 - OH VITAMIN D)	Result	Unit	Bio. Ref. Interval	
SERUM D),	16.14	ng/mL	The second secon	wethou
Comment:			U	LIA

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HVDD OVER
DEFICIENCY	VITAMIN D 25 HYDROXY (ng/mL)
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome. Increased levels:- Vitamin D intoxication.

Page 14 of 19



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

SIN No:VIR241003179





: Ms.SHILPA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F

Visit ID

: CVIM.0000246333 : CVIMOPV636827

Ref Doctor Emp/Auth/TPA ID

: Self : 22E34291 Collected

: 26/Oct/2024 09:14AM

Received Reported

: 26/Oct/2024 01:11PM : 26/Oct/2024 02:05PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method	
VITAMIN B12, SERUM	178	pg/mL	120-914	CLIA	

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Page 15 of 19



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

SIN No:VIR241003179

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

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

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C" Viman Nagar, Pune, Maharashtra, India, 4110







: Ms.SHILPA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F : CVIM.0000246333

Visit ID

: CVIMOPV636827

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Emp/Auth/TPA ID : 22E34291

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: 26/Oct/2024 09:14AM

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 19



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

SIN No:VIR241003177

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

IFOLLO CLINICS NETWORK

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014







: Ms.SHILPA PRADHAN

Age/Gender

: 35 Y 10 M 29 D/F

UHID/MR No

: CVIM.0000246333

Visit ID

: CVIMOPV636827

: 22E34291

Ref Doctor

: Self

Emp/Auth/TPA ID

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Received Reported

Collected

: 26/Oct/2024 09:14AM

: 26/Oct/2024 03:34PM : 26/Oct/2024 04:09PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 17 of 19



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

SIN No:VIR241003177

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IPOLLO CLINICS NETWORK

Hyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Hagar, Pune, Maharashtra, India - 411014







: Ms.SHILPA PRADHAN

Age/Gender

: 35 Y 10 M 29 D/F

UHID/MR No

: CVIM.0000246333

Visit ID Ref Doctor : CVIMOPV636827

Emp/Auth/TPA ID

: Self : 22E34291 Collected

: 26/Oct/2024 11:31AM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 18 of 19



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:VIR241003284







: Ms.SHILPA PRADHAN

Age/Gender UHID/MR No : 35 Y 10 M 29 D/F

Visit ID

: CVIM.0000246333

Ref Doctor

: Self

: 22E34291

Emp/Auth/TPA ID

: CVIMOPV636827

Collected

: 26/Oct/2024 09:14AM

Received Reported : 26/Oct/2024 03:10PM : 26/Oct/2024 03:30PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method	
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD	

*** End Of Report ***

Page 19 of 19



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

SIN No:VIR241003178

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: Ms.SHILPA PRADHAN

Age/Gender

: 35 Y 10 M 29 D/F

UHID/MR No

: CVIM.0000246333 : CVIMOPV636827

Ref Doctor

Visit ID

Emp/Auth/TPA ID

: 22E34291

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: 26/Oct/2024 03:10PM

Reported Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

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www.apolloclinic.com



: Ms. SHILPA PRADHAN

: CVIM.0000246333

OP Visit No.

Age

: 35Yrs 11Mths

UHID Printed On

: 26-10-2024 06:00 AM

OI VISICINO.

: CVIMOPV636827

Department

: Radiology

Qualification

.

Referred By

: Self

Danishadia a Na

Advised/Pres Doctor : --

2000

Employeer Id

: 22E34291

Registration No.

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

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

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

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney mid pole shows calcular concretions.

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

Uterus appears retroverted and normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9.8 mm.

Right ovary appears normal in size, shape and echotexture. **Left ovary** show a complex cyst with thick septi and echogenic foci measuring 4.2 x 4.56 cm.

Free fluid noted in POD. No evidence of any adnexal pathology noted.



Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Right kidney mid pole shows calcular concretions. Left ovary show a complex cyst with thick septi and echogenic foci

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---

Dr. PREETI P KATHE DMRE, MD, DNB 2003/04/1886 Radiology



: Ms. SHILPA PRADHAN

Age

: 35Yrs 11Mths

UHID

: CVIM.0000246333

OP Visit No.

: CVIMOPV636827

Printed On Department : 26-10-2024 05:50 AM

Advised/Pres Doctor : --

: Radiology

Qualification

Referred By

: Self

Registration No.

Employeer Id

: 22E34291

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy.

IMPRESSION:

No significant pathology noted in bilateral breast parenchyma. BIRAD -I Follow up after a year is recommended.

NOTE: The science of the radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal structures. Hence the report represents only some of the various possibilities and a number of variables, known and unknown does exist.

---End Of The Report---

Dr. PREETIP KATHE



DMRE, MD, DNB 2003/04/1886 Radiology



: Ms. SHILPA PRADHAN

Age

: 35Yrs 11Mths

UHID

: CVIM.0000246333

OP Visit No.

: CVIMOPV636827

Printed On

: 26-10-2024 05:42 AM

Advised/Pres Doctor : --

--

Department

: Radiology

Qualification

: --

Referred By

: Self

Registration No.

; --

Employeer Id

: 22E34291

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---

Dr. PREETI P KATHE DMRE, MD, DNB 2003/04/1886 Radiology





Apollo Clinic

CONSENT FORM

Patient Name: Shipa Pradhan) Age: .	35	
UHID Number:	Company N	lame: Bank of Ba	roda
(Company) Want to inform you that I am n	Employee of not interested in getting.	Bank of Raroa	<u>la</u>
Tests done which is a part of my routine he	ealth check package.	+ Denta	t + pier
And I claim the above statement in my full	consciousness.		
# 1 m			

Apollo Heaith and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

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Address: D No.30, F - Block 2nd Avenue, Anno Nagar East, Chennal.600 102 Phone - 044-26224504 (05

Date: 26/10/2024





2D ECHO/COLOUR DOPPLER

<u>NAME</u>	SHILPA PRADHAN
AGE & SEX DATE	35 /FEMALE 26/10/2024
REF:	

AO-22 mm; LA-28 mm; IVS- 09mm; LVIDd-39 mm; PW-07 mm; LVIDS: 26mm; LVEF-60%.

MITRAL VALVE: Normal leaflets.No MR

AORTIC VALVE: Normal leaflets.

TRICUSPID VALVE: Normal tricuspid leaflets. No tricuspid regurgitation.

<u>PULMONARY VALVE:</u> Normal leaflets. Normal gradients. No Pulmonary Regurgitation.

<u>LEFT VENTRICLE:</u> : Normal LV size & normal wall thickness. Uniform contractility. Normal LV Systolic Function, LVEF-60%.

PERICARDIUM: Normal

RA & RV: Normal .

IVS & IAS: Intact IAS. No flow seen across it.

IMPRESSION:

NORMAL LV SYSTOLICFUNCTION..LVEF-60%.

NO PAH

DR. PRAMOD NARKHEDE

CONSULTANT INTERVENTIONAL CARDIOLOGIST

MBBS, DNB (MEDICINE). DNB (CARDIOLOGY), F.S.C.A.I, F,I,S,H.

MMC NO 2004/ 09 / 3195