

Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 01:46PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 02:27PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:KHA241003877

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



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	12-15	Spectrophotometer
PCV	41.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.7	%	40-80	Electrical Impedance
LYMPHOCYTES	41.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4125.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3427.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	116.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	605.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.2		0.78- 3.53	Calculated
PLATELET COUNT	332000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

**RBC Predominantly Normocytic Normochromic with Microcytes+
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No Abnormal cells seen.**



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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 01:03PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 02:20PM
Visit ID : CKHAOPV122873	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	76	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.



Dr Sneha Shah
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SIN No:KHA241003879

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Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 11:38AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 03:30PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 05:38PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	78	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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SIN No:KHA241004072

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UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 03:59PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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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UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 04:47PM
Visit ID : CKHAOPV122873	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	243	mg/dL	<200	CHO-POD
TRIGLYCERIDES	162	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	193	mg/dL	<130	Calculated
LDL CHOLESTEROL	160.81	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.41	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.93	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.7	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	95.75	U/L	30-120	IFCC
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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 > 1 In 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 Patten:*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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.48	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.72	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.47	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.46	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	95.75	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.98	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.89	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.564	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

Page 12 of 18



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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Sneha Shah

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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	25.87	ng/mL		CLIA

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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	385	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss



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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.



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Consultant Pathologist

SIN No:KHA241003875

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



Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 03:10PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 03:31PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

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
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 MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/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.



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

SIN No:KHA241003878



Patient Name	: Mrs.ANITA SUNIL BAGAL	Collected	: 26/Oct/2024 08:54AM
Age/Gender	: 59 Y 9 M 25 D/F	Received	: 26/Oct/2024 03:10PM
UHID/MR No	: CKHA.0000071818	Reported	: 26/Oct/2024 03:31PM
Visit ID	: CKHAOPV122873	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7703		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232



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

SIN No:KHA241003878

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



Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 03:10PM
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Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

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

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

*** End Of Report ***



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

SIN No:KHA241003880

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



Patient Name : Mrs.ANITA SUNIL BAGAL
Age/Gender : 59 Y 9 M 25 D/F
UHID/MR No : CKHA.0000071818
Visit ID : CKHAOPV122873
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7703

Collected : 26/Oct/2024 08:54AM
Received : 26/Oct/2024 03:10PM
Reported : 26/Oct/2024 03:31PM
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 understand reporting 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: KHA241003880

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

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

Sr.No 8/3,9/1/Part. 1st Floor, OFFICE No. 102,
B Wing, Shops & Offices, KUL SCAPEs, Opp. Reliance Mall,
Kharadi, Pune-411014



APOLLO CLINICS NETWORK

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



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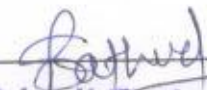
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Anita Sindi Bagal on 28/10/24

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>Hyperlipidemia</u></p> <p>2. _____</p> <p>3. _____</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. Shivaji Rathod
 Medical Officer General Physician
 Apollo Clinic, No. 2015/08/4599

This certificate is not meant for medico-legal purposes

Anita Bagal

Date : 26/10/2024 Department : General Physician
 Patient Name : Mrs. ANITA SUNIL BAGAL Doctor : Dr. SHIVAJI RATHOD
 UHID : CKHA.0000071818 Registration No. : 2015084599
 Age / Gender : 59Yrs 9Mths 25Days / Female Qualification : MBBS
 Consultation Timing : 8:52 AM

Height : 149	Weight : 61.8	BMI : 28	Waist Circum : 98
Temp : 97.1	Pulse : 84	Resp : 20	B.P : 137/94

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

26-10-2024 12:09:10

ID: 0

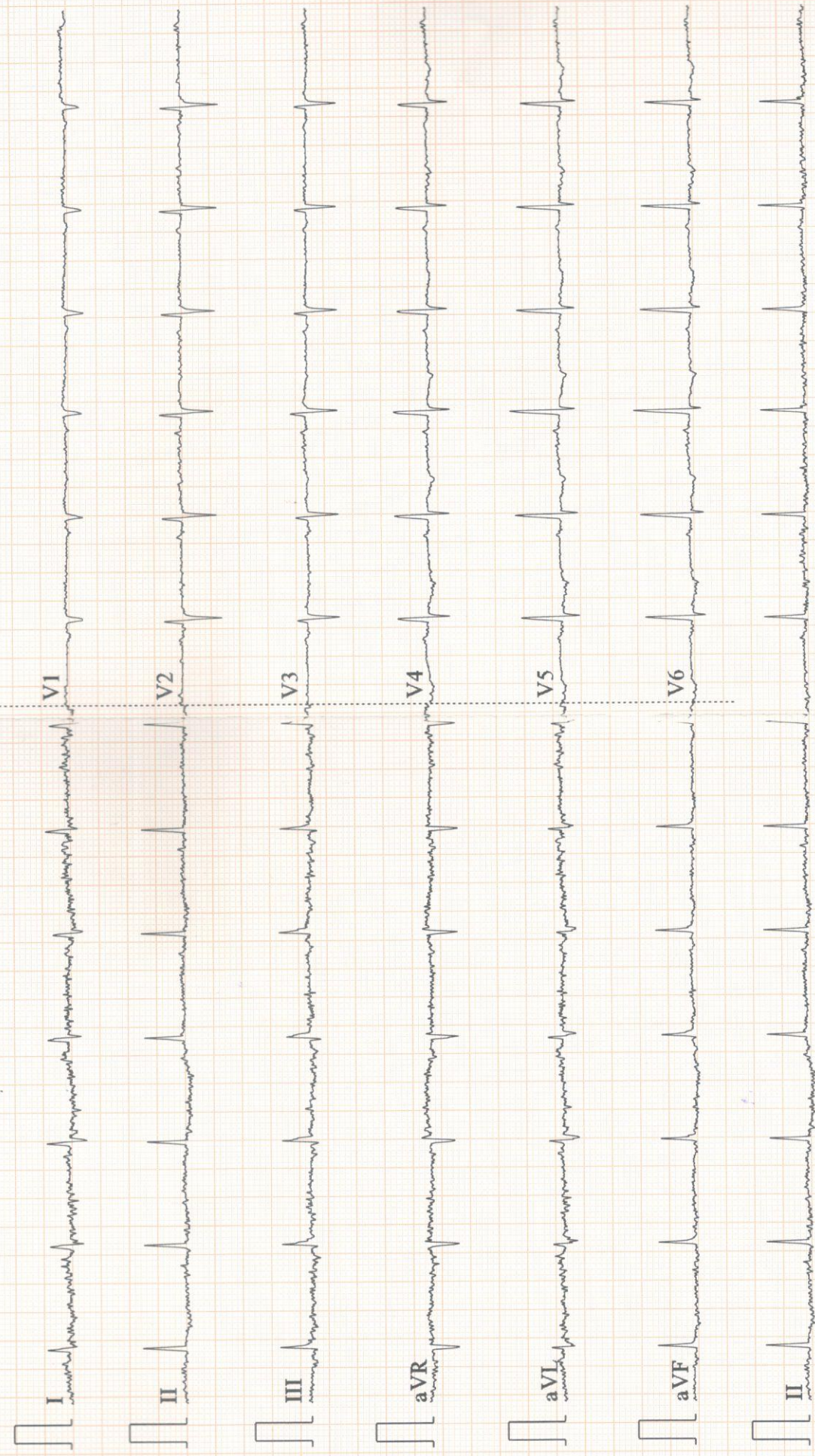
anita bagal
Female 59Years
kg / mmHg
Req. No. :

HR : 80 bpm
P : 98 ms
PR : 128 ms
QRS : 80 ms
QT/QTcBz : 344/397 ms
P/QRS/T : -6/68/-81 °
RV5/SV1 : 0.762/0.306 mV

Diagnosis Information:

Sinus rhythm
Possible anterior infarct - age undetermined
Inferior/lateral T wave abnormality may be due to myocardial ischemia
Abnormal ECG

Report Confirmed by:



POWER PRESCRIPTION

NAME: Anita Bagal

GENDER: M/F

DATE: 26/10/24

AGE: 59/y

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+1.50			6/6
NEAR	+4.00			N.G.

	SPH	CYL	AXIS	VISION
DISTANCE	+2.00			6/6
NEAR	+4.50			N.G.

INSTRUCTIONS:

Colour vision unc



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**

Patient Name : ANITA BAGAL.

Date : 26/10/2024

Referred By : Apollo Clinics.

Age : 59 yrs. Sex : F.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and echotexture. No focal mass lesions seen. Intrahepatic biliary radicals and veins are normal.

GB is well distended and appears normal. No calculi are noted. Gall bladder wall is normal. CBD and PV are normal.

Pancreas is normal in size, shape and echotexture. No focal mass lesion seen. Pancreatic duct is normal.

Spleen is normal in size, shape and echotexture. No focal mass lesion seen.

Right kidney is normal in size, shape and echotexture. It measures 10.4 x 4.3 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 10.6 x 5.0 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

No ascites. No para-aortic lymphadenopathy.

Bladder is well distended and normal in outline. Bladder wall is normal.

Uterus is not visualized consistent with h/o hysterectomy.

No adnexal mass lesion seen. No free fluid is seen in POD.

Impression:

> USG of the abdomen and pelvis does not reveal any significant abnormality.
Suggest- Clinico- Lab correlation.

This report is a professional opinion based on real time imaging findings and not a diagnosis by itself. Its has to correlated and interpreted with clinical and other investigations findings. Kindly bring the previous sonography reports for reference.

Dr. Harshad V. Jagtap
DMRD, DNB (Radiodiagnosis)

Thanks for the referral

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : ANITA BAGAL.

Date : 26/10/2024

Referred By : Apollo Clinics.

Age : 59 yrs. Sex : F.

SONOMAMMOGRAPHY.

Clinical Profile : Routine check up.

Left breast

Left breast parenchyma appears normal.
No obvious focal solid / cystic lesion is noted .

The nipple and areolar region appears normal.

The left retromammary area appears normal.

The left axillary region appears normal.

Right breast

Right breast parenchyma appears normal.
No obvious focal solid / cystic lesion is noted .

The nipple and areolar region appears normal.

The right retromammary area appears normal.

The right axillary region appears normal.

Impression:

- > Normal Sonomammography of bilateral breasts.
- > No e/o focal solid /cystic lesion bilaterally.
Suggest- Clinical Correlation.

Dr Harshad V Jagtap
DMRD , DNB (Radiodiagnosis)

Thanks for the referral

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



1860 500 7788

Patient Name	: Mrs. ANITA SUNIL BAGAL	Age	: 59Yrs 9Mths 25Days
UHID	: CKHA.0000071818	OP Visit No.	: CKHAOPV122873
Printed On	: 26-10-2024 04:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 35E7703		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

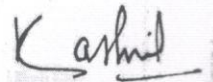
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



Dr.SANKET KASLIWAL
MBBS DMRE
2014/01/0200
Radiology

Patient Name	: Mrs. ANITA SUNIL BAGAL	Age	: 59Yrs 9Mths 25Days
UHID	: CKHA.0000071818	OP Visit No.	: CKHAOPVI22873
Printed On	: 26-10-2024 03:48 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7703		

DEPARTMENT OF CARDIOLOGY

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	20	PULMONARY VE(m/sec)	0.9
LEFT ATRIUM (mm)	25	PG (mmHg)	3.9
		AORTIC VEL (m/sec)	1.2
IVS - D (mm)	10	PG (mmHg)	6.4
LVIDD - D (mm)	40	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		


REPORT:

Normal sized all cardiac chambers.
 No regional wall motion abnormality.
 Normal LV systolic function.
 Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
 Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
 Normal Tricuspid & pulmonary valve.
 No tricuspid regurgitation.. No pulmonary hypertension.
 Intact IAS and IVS.
 No clots, vegetations, pericardial effusion noted.
 Aortic arch appears normal

IMPRESSION:

Normal PA pressures.
Normal LV systolic function, No RWMA. LVEF 60%.

---End Of The Report---



Dr. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
2015/02/0627
Cardiology

REPORT

Examination of the cardiac chambers

and pericardium by echocardiography

on 20/02/2015

The patient is a 45-year-old male with a history of hypertension.

He is currently on treatment with Amlodipine and Lisinopril.

The examination was performed in the following views:

1. Parasternal short axis view

2. Parasternal long axis view

3. Subcostal long axis view

4. Apical four chamber view

IMPRESSION

Normal PA pressures

Normal LV systolic function by EF 55-60%

Apollo Clinic

CONSENT FORM

Patient Name: Anita Bagal Age: 59
UHID Number: Company Name:

I Mr/Mrs/Ms Employee of
(Company) Want to inform you that I am not interested in getting LBC (skip)

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date:


यूनियन बैंक
of India



Union Bank
of India

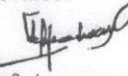


नाम : अनिता सुनिल बागल
Name : ANITA SUNIL BAGAL
कर्मचारी क्र / Employee No.: 319097
जन्म तिथि / Birth Date : 01.01.1965
रक्त ग्रुप / Blood Group : O+
संपर्क टेलि. क्र./Contact Tel. No.: 9373105405


हस्ताक्षर / Signature

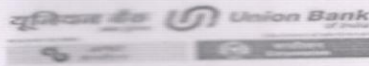
जारी करने का स्थान
Place of Issue : R.O. Kolhapur

जारी करने की तारीख
Date of Issue : 25.09.2009


जारीकर्ता प्राधिकारी / Issuing Authority

Health checkup at tie-up Ctr

HealthCheckup Authorisatn letter



Union Bank of India
RO - PUNE METRO
"JEEVAN PRAKASH", 67, L.L.C. BLDG.,
University Rd.p.b.no.960, Shivaji Nagar,
Pune,maharashtra, Pin

To,

The Chief Medical Officer
M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Female

Shri/Smt./Kum. BAGALANITA SUNIL

P.F. No. 319057

Designation : Manager-Dy. Branch Head

Checkup for Financial Year 2024-2025 Approved Charges Rs. 5000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned

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