





: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090

Visit ID

: CVIMOPV636812

Ref Doctor

: Self

Emp/Auth/TPA ID : 22E34277

Collected

: 26/Oct/2024 08:36AM

Received

: 26/Oct/2024 10:50AM

Reported

: 26/Oct/2024 12:04PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

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

Page 1 of 16



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

SIN No:VIR241003117

DR.Sanjay Ingle









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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.5	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	48.7	%	40-80	Electrical Impedance
LYMPHOCYTES	42.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3058.36	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2694.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	138.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	370.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.14		0.78- 3.53	Calculated
PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

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

DR.Sanjay Ingle









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DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:VIR241003117

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









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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	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)	106	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:VIR241003294









: Mrs.RESHMA OMKAR DESHMUKH

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN), W	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
L IPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	64	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.75	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.75	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

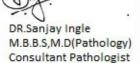
Comment:

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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SIN No:VIR241003116









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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.82	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.34	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	41.37	U/L	30-120	IFCC
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.64	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.06	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.89	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.35	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.57	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.42	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.25	U/L	<38	IFCC

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SIN No:VIR241003116

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	'		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.87	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.247	μIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As pe 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	ubclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacen herapy.		
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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		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	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.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:VIR241003120

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



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







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DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 14 of 16



Consultant Pathologist SIN No:VIR241003120

MBBS, MD (Pathology)

Dr Sneha Shah







: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender UHID/MR No : 36 Y 1 M 20 D/F : CVIM.0000229090

Visit ID

: CVIMOPV636812

Ref Doctor

: Self

Emp/Auth/TPA ID : 22E34277 Collected

: 26/Oct/2024 08:36AM

Received

: 26/Oct/2024 04:20PM

Reported Status

: 26/Oct/2024 05:16PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 15 of 16



MBBS, MD (Pathology) Consultant Pathologist

Dr Sneha Shah

SIN No:VIR241003122









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender UHID/MR No

: 36 Y 1 M 20 D/F : CVIM.0000229090

Visit ID

: CVIMOPV636812

Ref Doctor

: Self

Emp/Auth/TPA ID : 22E34277 Collected

: 26/Oct/2024 01:49PM

Received

: 27/Oct/2024 02:28PM

: Final Report

Reported Status

: 29/Oct/2024 02:55PM

Sponsor Name

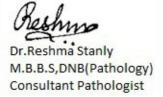
: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

BC PA	AP SMEAR , CERVICAL BRUSH SAMPLE	
	CYTOLOGY NO.	23830/24
I,	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.
		Negative for intraepithelial lesion/malignant cells.
Ш	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***







SIN No:VIR241003331

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad







: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No Visit ID : CVIM.0000229090 : CVIMOPV636812

Ref Doctor

: Self

Emp/Auth/TPA ID

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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 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.





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

SIN No:VIR241003331

Dr. Reshma Stanly

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Nyati Millenium Premises, Cooperative Soci

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





: Mrs. RESHMA OMKAR DESHMUKH

UHID : CVIM.0000229090

Printed On

: 26-10-2024 03:34 AM

Department

: Radiology

Referred By Employeer Id : Self

: 22E34277

Age

: 36Yrs 1Mths 21Days

: CVIMOPV636812

OP Visit No.

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size,flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflective calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflective calculus or soft tissue mass noted.



Uterus is retroflexed & normal in size. No focal lesion is seen. The endometrium is central & with empty cavity ET 8-9 mm. Both the ovaries appears normal. No adnexal pathology noted on either side. TVS would be more informative.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted. no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:

No significant abnormality detected at present scan

Suggest: clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

---End Of The Report---

Dr.BHUSHANA SURYAWANSHI
MBBS, DMRE
2008 / 04 / 1111
Radiology



: Mrs. RESHMA OMKAR DESHMUKH

: CVIM.0000229090

: 36Yrs 1Mths 21Days

UHID

OP Visit No.

: CVIMOPV636812

Printed On

: 26-10-2024 05:27 AM

Advised/Pres Doctor : --

Department

: Radiology

Qualification

Age

: --

Referred By

: Self

Registration No.

Employeer Id

: 22E34277

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. PREETIP KATHE DMRE, MD, DNB 2003/04/1886 Radiology





: Mrs. RESHMA OMKAR DESHMUKH Name

Age: 36Y 1M 20D

Address : Dhanori Pune Maharashtra INDIA 411015

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

sex : Female

UHID: CVIM.0000229090

OP No: CVIMOPV636812

Bill No: CVIM-OCR-68277 Date: Oct 26th, 2024, 8:32 AM

0	Service Type/Service Name	Department	
Sno.	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - F	EMALE - 2D ECHO - PAN INDIA - FY2324	
1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	
1	OPTHAL BY GENERAL PHYSICIAN	Consultation	
, 2,	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	T
13		Biochemistry	T
4	GAMMA GLUTAMYL TRANFERASE (GGT)	Biochemistry	厅
-5	HbA1c, GLYCATED HEMOGLOBIN	Consultation	TF
W 6	GYNAECOLOGY CONSULTATION	General	卞
7	DIET CONSULTATION After Reports	General	TF
_8	BODY MASS INDEX (BMI)	Cardiology	忙
1 _ 9	The state of the s	Biochemistry	卞
10		Cardiology	十
Voll		Blood Bank	恄
12		X Ray Radiology	十
-13		Clinical Pathology	十
14			뷰
15		Histopathology	+
10	EITNESS BY GENERAL PHYSICIAN	Consultation	<u> </u>
تا	GLUCOSE, POST PRANDIAL (PI), 2 HOURS (POST MEAL) 2700	Biochemistry	+
18	GLUCOSE, FASTING	Biochemistry	+
XO	ENT CONSULTATION	Consultation	1
21	LIPID PROFILE	Biochemistry	1
12	DENTAL CONSULTATION	Consultation	
-2	The second of th	Haematology	
2	The state of the s	Haematology	
12		Clinical Pathology	
2	The state of the s	Biochemistry	
	/ PROPERTY (V. P.M.)	Biochemistry	

piramo - (0 9 9

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC 115819)
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GSTIN: 27AADCA0733E1Z7



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of Reshma Deshmykhon 26 10 24

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

18		Tick
•	Medically Fit	
•	Fit with restrictions/recommendations	·
40	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	g .
	1	
	2	ľ
	3	
	However the employee should follow the advice/medication that has been communicated to him/her.	
41	Review after	
•	Currently Unfit.	
•	Review afterrecommended	
•	Unfit Dr. Alia Formania B.S.	

Dr.

Medical Officer

The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes





Mrs Reahner. Deghnish.

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Cle pp u Bu 771

for s

Follow up date:

Doctor Signature





Date

: 10/26/2024

DESHMUKH

Department

:General Practice

Patient Name

: Mrs. RESHMA OMKAR

Doctor

: Dr.ALIA FATHIMA

UHID

: CVIM.0000229090

Registration No.

: 9050

Age / Gender

: 36Yrs 1Mths 20Days /

Qualification

: MBBS

Female

Consulation Timing

: 8:33 AM

Height:	156.	Weight: SR	BMI: 23	Waist Circum:
Temp:	96.91	Pulse: 77	Resp: (6	B.P: 100130

General Examination / Allergies

History

0/6: conseiges

Dirted

Clinical Diagnosis & Management Plan

No clo at mesent

Pastulo: nil

Sxhlo: nil

no addiction

V vaccono

Dr. Alia Fat Registration No. 2023

Doctor Signature

Apollo Clinic, Viman Nagar

Nyati Millenium Premises, Cooperative Society Limited, Shop No. S1 & Stilt Floor, Building "C", Viman Nagar, Pin: 411014 | Phone: (020) 2663 4331/32/34

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Reshma Deshmulch Apollo Clinic

PILI - 11 y 136 y

WP- 16 1 10 124

4-51 28-30 Reg

Pls - Cx V9 (P)

Response



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



EYE EXAMINATION

DATE:- Sto NO 24

NAME:-

Legma

ONEMOR DESUDENÇÃO

AGE: - 260

CORPORATE:-

Breden

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision undus	Normal	Normal
xamination traocular	Normal	Normal
essure	Normal	Normal
t lamp exam.	Hormal	Normal

33 & sylled W

Impression - Normal Eye Check Up.

(Ophthalmology)

}	}	}		Rate 65 Sini Rate 65 Sini Rate Noni PR 140 Pro QRSD 85 Bas QT 540 QTC 562 AXIS P 72 P 72 QRS 69 QRS 69 T 19 T 19 T 19 T 19	
	ave	AVL	avr	specific T abnormalities specific T abnormalities longed QT interval eline wander in lead(s) Placement	170
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	v2	- 4	anterior leads4,V6	
	Vo o	V55		Nagnosis	26-Oct-24 9:04:57 AM Paxis, V-rate 50-99
		ave vs	ave vo	ave vs	Sinis regions 1 anomalities, anterior leads. **Reclonged Of interval.** Baseline wander in lead(s) v4, V6 **Baseline wander in lead(s) v4, V6 **ABNORMAL ECG - Unconfirmed Diagnosis **T <-0.10mt, v2-v4 **ARC >510mts **Prolonged Of interval.** **ABNORMAL ECG - Unconfirmed Diagnosis **V1 **V2 **V3 **V5 **V5 **V6 **V7 **V7 **V7 **V8 **V8

26-Oct-24 9:04:57 AM

PHILIPS

706







: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090 : CVIMOPV636812

Visit ID Ref Doctor

: Self

Emp/Auth/TPA ID

: 22E34277

Collected

: 26/Oct/2024 08:36AM

Received

: 26/Oct/2024 10:50AM

Reported

: 26/Oct/2024 12:04PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

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

Page 1 of 15



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

SIN No:VIR241003117









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090

Visit ID

: CVIMOPV636812

Ref Doctor

: Self

Emp/Auth/TPA ID : 22E34277 Collected

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Status

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.5	fL	83-101	Calculated
	29.7	pg	27-32	Calculated
MCH	33.9	g/dL	31.5-34.5	Calculated
MCHC	13.2	%	11.6-14	Calculated
R.D.W TOTAL LEUCOCYTE COUNT (TLC)	6,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (
	48.7	%	40-80	Electrical Impedance
NEUTROPHILS	42.9	%	20-40	Electrical Impedance
LYMPHOCYTES	2.2	%	1-6	Electrical Impedance
EOSINOPHILS	5.9	%	2-10	Electrical Impedance
MONOCYTES	0.3	%	<1-2	Electrical Impedance
BASOPHILS ABSOLUTE LEUCOCYTE COUNT				
	3058.36	Cells/cu.mm	2000-7000	Calculated
NEUTROPHILS	2694.12	Cells/cu.mm	1000-3000	Calculated
LYMPHOCYTES	138.16	Cells/cu.mm	20-500	Calculated
EOSINOPHILS	370.52	Cells/cu.mm	200-1000	Calculated
MONOCYTES	18.84	Cells/cu.mm	0-100	Calculated
BASOPHILS		Cella/cu.mm	0.78- 3.53	Calculated
Neutrophil lymphocyte ratio (NLR)	1.14	cells/cu.mm	150000-410000	Electrical impedence
PLATELET COUNT	235000	mm at the end	0-20	Modified Westergrei
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	of 1 hour	0-20	
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic WBC's are normal in number and morphology Platelets are Adequate

No hemoparasite seen.

Page 2 of 15



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

SIN No:VIR241003117

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 - 411014









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090

Visit ID Ref Doctor : CVIMOPV636812

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Reported Status

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Page 3 of 15



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

SIN No:VIR241003117

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DEPARTMENT OF HAEMATOLOGY

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

	Result	Unit	Bio. Ref. Interval	Method	
Test Name					
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	4			
BLOOD GROUP TYPE	0			Microplate Hemagglutination	
Rh TYPE	Positive	•		Microplate Hemagglutination	

Page 4 of 15

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

SIN No:VIR241003117









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090 : CVIMOPV636812

Visit ID Ref Doctor

: Self

Emp/Auth/TPA ID

: 22E34277

Collected

: 26/Oct/2024 11:40AM

Received

: 26/Oct/2024 03:28PM : 26/Oct/2024 05:22PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

	Result	Unit	Bio. Ref. Interval	Method
Test Name	Result		70.400	HEXOKINASE
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXORITANDE

Comment:

As per American Diabetes Guidelines. 2023

2023
Interpretation
Normal
Prediabetes
Diabetes
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.

	Result	Unit	Bio. Ref. Interval	Method
Test Name	Nooun		70-140	HEXOKINASE
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	106	mg/dL	70-140	TEXOLULU (S

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each

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.

Page 5 of 15

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

SIN No:VIR241003294

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: Mrs.RESHMA OMKAR DESHMUKH

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Visit ID

: CVIMOPV636812

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Emp/Auth/TPA ID

: 22E34277

Collected

: 26/Oct/2024 08:36AM

: 26/Oct/2024 10:50AM

Received Reported

: 26/Oct/2024 02:06PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

		11!4	Bio. Ref. Interval	Method
Test Name	Result	Unit	Dio. Rei. interval	
HBA1C (GLYCATED HEMOGLOBIN), WH	IOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	114	mg/dL		Calculated

Comment:

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

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten crythrocyte life span or decrease mean crythrocyte 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)

Page 6 of 15



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

SIN No:VIR241003121









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

Visit ID

: CVIM.0000229090 : CVIMOPV636812

Ref Doctor

: Self

: 22E34277 Emp/Auth/TPA ID

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: 26/Oct/2024 08:36AM

: 26/Oct/2024 11:00AM

Received Reported

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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

		Unit	Bio. Ref. Interval	Method	
Test Name	Result	J			
LIPID PROFILE , SERUM			4000	CHO-POD	
TOTAL CHOLESTEROL	198	mg/dL	<200	GPO-POD	
TRIGLYCERIDES	64	mg/dL	<150		
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition	
	146	mg/dL	<130	Calculated	
NON-HDL CHOLESTEROL		mg/dL	<100	Calculated	
LDL CHOLESTEROL	132.75		<30	Calculated	
VLDL CHOLESTEROL	12.75	mg/dL	0-4.97	Calculated	
CHOL / HDL RATIO	3.75			Calculated	
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated	

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

	Desirable	Borderline High	High	Very High
TOTAL GUOLEGTEDOI	< 200	200 - 239	≥ 240	
TOTAL CHOLESTEROL	<150	150 - 199	200 - 499	≥ 500
TRIGLYCERIDES 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

Page 7 of 15



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

SIN No:VIR241003116







: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
				•
IVER FUNCTION TEST (LFT) , SERUM	0.82	mg/dL	0.3-1.2	DPD
BILIRUBIN, TOTAL		mg/dL	<0.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	and the second s	0.0-1.1	Dual Wavelength
BILIRUBIN (INDIRECT)	0.66	mg/dL	<35	IFCC
ALANINE AMINOTRANSFERASE	11.34	U/L		
(ALT/SGPT) ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE	1.5		<1.15	Calculated
RITIS)	41.37	U/L	30-120	IFCC
ALKALINE PHOSPHATASE	7.45	g/dL	6.6-8.3	Biuret
PROTEIN, TOTAL		g/dL	3.5-5.2	BROMO CRESOL
ALBUMIN	4.64	g/uL		GREEN
	2.01	g/dL	2.0-3.5	Calculated
GLOBULIN	2.81	y/u_	0.9-2.0	Calculated
A/G RATIO	1.65		J. J	

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.

Page 8 of 15



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

SIN No:VIR241003116









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
	TEST (RET/KET) SER	UM		
RENAL PROFILE/KIDNEY FUNCTION		mg/dL	0.55-1.02	Modified Jaffe, Kinetic
CREATININE	0.64	mg/dL	17-43	GLDH, Kinetic Assay
UREA	12.06	mg/dL	8.0 - 23.0	Calculated
BLOOD UREA NITROGEN	5.6	mg/dL	2.6-6.0	Uricase PAP
URIC ACID	3.98		8.8-10.6	Arsenazo III
CALCIUM	9.89	mg/dL	2.5-4.5	Phosphomolybdate
PHOSPHORUS, INORGANIC	3.35	mg/dL	2.5-4.5	Complex
	407.57	mmol/L	136–146	ISE (Indirect)
SODIUM	137.57	mmol/L	3.5–5.1	ISE (Indirect)
POTASSIUM	3.9	mmol/L	101–109	ISE (Indirect)
CHLORIDE	102.42		6.6-8.3	Biuret
PROTEIN, TOTAL	7.45	g/dL	3.5-5.2	BROMO CRESOL
ALBUMIN	4.64	g/dL	3.0-0.2	GREEN
	`0.01	g/dL	2.0-3.5	Calculated
GLOBULIN	2.81	grac	0.9-2.0	Calculated
A/G RATIO	1.65		The second of the second between the second of the second	

Page 9 of 15



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

SIN No:VIR241003116

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 - 411014









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

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DEPARTMENT OF BIOCHEMISTRY

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

	Result	Unit	Bio. Ref. Interval	Method
Test Name		11/1	<38	IFCC
GAMMA GLUTAMYL RANSPEPTIDASE (GGT) , SERUM	14.25	U/L	700	

Page 10 of 15



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

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www.apolloclinic.com







: Mrs.RESHMA OMKAR DESHMUKH

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

			D' Def Interval	Method
Test Name	Result	Unit	Bio. Ref. Interval	Wicthou
THYROID PROFILE TOTAL (T3, T4, TSH)	SERUM			and the second s
	1.14	ng/mL	0.7-2.04	CLIA
TRI-IODOTHYRONINE (T3, TOTAL)	11.87	µg/dL	5.48-14.28	CLIA
THYROXINE (T4, TOTAL)		uIU/mL	0.34-5.60	CLIA
THYROID STIMULATING HORMONE (TSH)	1.247	μιο/πι	0.07 0.00	

Comment:

Comment:	C TCII : "III/ml (Ac ne		
For pregnant females	Bio Ref Range for TSH in uIU/ml (As pe 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 &

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	Thyroiditic Drug effects Farly Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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

SIN No:VIR241003118

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) tegd. 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









: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090 : CVIMOPV636812

Visit ID Ref Doctor

: Self

Emp/Auth/TPA ID

: 22E34277

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Pituitary Adenoma; TSHoma/Thyrotropinoma High High High High

Page 12 of 15



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

SIN No:VIR241003118

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
	CUE) UPINE			
OMPLETE URINE EXAMINATION ((COE), OKINE			
PHYSICAL EXAMINATION	(FLLOW)		PALE YELLOW	Scattering of light
COLOUR	PALE YELLOW		CLEAR	Scattering of light
TRANSPARENCY	CLEAR		5-7.5	Bromothymol Blue
рН	7.0		1.002-1.030	Bromothymol Blue
SP. GRAVITY	1.003		A second	
BIOCHEMICAL EXAMINATION			NEGATIVE	PROTEIN ERROR OF
URINE PROTEIN	NEGATIVE		NEGATIVE	INDICATOR
	NODMAI		NEGATIVE	GOD-POD
GLUCOSE	NORMAL		NEGATIVE	Diazonium Salt
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Sodium nitro prusside
URINE KETONES (RANDOM)	NEGATIVE		NORMAL (0.1-	Diazonium salt
UROBILINOGEN	NORMAL		1.8mg/dl)	
	NEGATIVE		NEGATIVE	Sulfanilic acid
NITRITE	NEGATIVE		NEGATIVE	Diazonium salt
LEUCOCYTE ESTERASE		PY		
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY		/hpf	0-5	Automated Image
PUS CELLS	1-2	///P		based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
	A			Automated Image
RBC	0	/hpf	0-2	based microscopy
			0-2 Hyaline Cast	Automated Image
CASTS	NEGATIVE	/lpf	0-2 Tryamic Cast	based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

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 13 of 15



Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:VIR241003120

IPOLLO CLINICS NETWORK

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







: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

: 36 Y 1 M 20 D/F

UHID/MR No

: CVIM.0000229090 : CVIMOPV636812

Visit ID Ref Doctor

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Received

: 26/Oct/2024 03:31PM

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Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 14 of 15

Dr Sheha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:VIR241003120

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





: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

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: 26/Oct/2024 08:36AM

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: 26/Oct/2024 04:20PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

ARCOFEMI - MILDIWILLE		Unit	Bio. Ref. Interval	Method
Test Name	Result	Unit		GOD-POD
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	000102
URINE GLOCOSE(I OCT TTE WILL)		11!4	Bio. Ref. Interval	Method
Test Name	Result	Unit		GOD-POD
	NEGATIVE		NEGATIVE	GOD-FOD
URINE GLUCOSE(FASTING)				

*** End Of Report ***

Result/s to Follow: LBC PAP SMEAR

Page 15 of 15



Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

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





: Mrs.RESHMA OMKAR DESHMUKH

Age/Gender

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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

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

6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:VIR241003122

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

1860 www.apolloclinic.com



: Mrs. RESHMA OMKAR DESHMUKH

Age

: 36Yrs 1Mths 21Days

UHID

: CVIM.0000229090

OP Visit No.

: CVIMOPV636812

Printed On

: 26-10-2024 05:27 AM

Advised/Pres Doctor : --

Department

: Radiology

Qualification

Referred By

: Self

Employeer Id

: 22E34277

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. PREETIP KATHE DMRE, MD, DNB 2003/04/1886 Radiology



: Mrs. RESHMA OMKAR DESHMUKH

Age

: 36Yrs 1Mths 21Days

UHID

: CVIM.0000229090

OP Visit No.

: CVIMOPV636812

Printed On

: 26-10-2024 03:34 AM

Advised/Pres Doctor : --

5 VIIVIOPV 636812

Department

: Radiology

Qualification

. __

Referred By

: Self

Registration No.

: --

Employeer Id

: 22E34277

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size,flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflective calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflective calculus or soft tissue mass noted.



Uterus is retroflexed & normal in size . No focal lesion is seen. The endometrium is central & with empty cavity ET 8-9 mm . Both the ovaries appears normal. No adnexal pathology noted on either side. TVS would be more informative.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted. no probe tenderness / inflammatory changes / collection . in RIF at present.

IMPRESSION:

No significant abnormality detected at present scan

Suggest: clinical correlation and further evaluation
This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

---End Of The Report---

Dr.BHUSHANA SURYAWANSHI MBBS, DMRE 2008 / 04 / 1111 Radiology





Apollo Clinic

CONSENT FORM

Patient Name: Alohna Dohrouth Age: 26
UHID Number: Company Name: Bank of Barodle
IMr/Mrs/Ms Restona Destruction Employee of Bank of Baroda
(Company) Want to inform you that I am not interested in getting Dentart Died
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Patient Signature: Reoling Date: 20 10 2029





2D ECHO/COLOUR DOPPLER

<u>NAME</u>	Reshma Deshmukh
AGE & SEX DATE	36 /FEMALE 26/10/2024
REF:	

AO-23mm; LA-27 mm; IVS- 10mm; LVIDd-40 mm; PW-10mm; LVIDS: 24mm; LVEF-60%.

MITRAL VALVE: Normal leaflets.Mild MR

AORTIC VALVE: Normal leaflets.

TRICUSPID VALVE: Normal tricuspid leaflets. Mild tricuspid regurgitation.Rvsp- 25 mm hg

PULMONARY VALVE: 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

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