



: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No

: SPUN.0000050109

Visit ID

: SPUNOPV68242

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 98464 Collected

: 26/Oct/2024 09:05AM

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: 26/Oct/2024 11:03AM

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: 26/Oct/2024 12:04PM

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Sponsor Name

: 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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.8	g/dL	12-15	Spectrophotometer
PCV	32.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	76.5	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	16.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,940	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	57.1	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3962.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2338.78	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	90.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	527.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+

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

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(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

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

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

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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
GLUCOSE, FASTING, NAF PLASMA	87	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)	88	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.

Page 4 of 15



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

SIN No:PLP1487522

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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
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE 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)

Page 5 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240093454

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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
L IPID PROFILE , SERUM				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.53		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

Page 6 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04839277

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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
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32.28	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.9	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	61.45	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	3.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.09		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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.57	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.61	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.19	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.17	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	3.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.09		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.51	U/L	<38	IFCC

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Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	'		
TRI-IODOTHYRONINE (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.32	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.483	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 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 10 of 15



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinor
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CIN- U85100TG2009PTC099414

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No

: SPUN.0000050109

Visit ID

: SPUNOPV68242

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 98464

Collected

: 26/Oct/2024 09:05AM

Received

: 26/Oct/2024 12:09PM

Reported

: 26/Oct/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
OMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		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 prussid
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	2 - 3	/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 12 of 15



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

SIN No:UR2417893

This Apollo Speciality Hospital Rariyate Lienite Rd-Sadashiv Peth Pune, Diagnostics Lab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016 'Address(U P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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Page 13 of 15



: Mrs.PRATIKSHA POTE

Age/Gender UHID/MR No : 33 Y 7 M 3 D/F : SPUN.0000050109

Visit ID

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

Page 14 of 15



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

This Apollo Special itself a spital a Parivate Lienite Ad-Sadashiv Peth Pune, Diagnostica Lab

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Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No Visit ID

: SPUN.0000050109 : SPUNOPV68242

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: Dr.SELF

Emp/Auth/TPA ID : 98464 Collected

: 26/Oct/2024 12:02PM

Received Reported : 27/Oct/2024 02:25PM : 29/Oct/2024 12:07PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

BC PA	AP SMEAR , CERVICAL BRUSH SAMPLE	
	CYTOLOGY NO.	23789/24
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/malignancy
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 ***

Dr. Reshma Stanly M.B.B.S, DNB (Pathology) Consultant Pathologist





SIN NO: CSUSSESSES Apollo Speciality Hospitals Private Limited

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

P.No. 9 & 10a, S.NO. 2/64, Renata Chambers, Saras Baug Road,
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CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

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98464

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Received

: 27/Oct/2024 02:25PM

Reported Status

: 29/Oct/2024 12:07PM : 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 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. Reshma Stanly M.B.B.S, DNB (Pathology) Consultant Pathologist

SIN No:CS085651

Apollo Speciality Hospitals Private Limited

This jest has been performed at prolocylearly a line style Ltd, Global Reference Laboratory P.No.9 & 10a, S.No.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Dental And ENT Will be done on 02/11/2024



Cup, Sanas Sports Ground, Saras Bar Sadashiv Peth, Pune, Maharashtra - 411 080. Ph. No: 020 6720 6500 www.apoliosnerr APOLLO SPECTRA HOSPITALS

Name : Mrs. Pratiksha Pote

Age: 33 Y

Sex: F

Address: Sadashiv peth, Pune

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000050109

OP Number: SPUNOPV68242 Bill No: SPUN-OCR-11777

	INDIA OF AGREEMENT	Date	: 2	6.10.2024	08:38
Sno	Serive Type/ServiceName				Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK	- FEMA	ALE	- 2D ECH	IO - PAN INDIA - FY2324
	1 GAMMA GLUTAMYL TRANFERASE (GGT)				
U	2 D ECHO				
7	LIVER FUNCTION TEST (LFT)				
_	4 GLUCOSE, FASTING				
_	SHEMOGRAM + PERIPHERAL SMEAR				
V	GYNAECOLOGY CONSULTATION				
	7 DIET CONSULTATION				
	8 COMPLETE URINE EXAMINATION				
V	VIRINE GLUCOSE(POST PRANDIAL)				
-	OPERIPHERAL SMEAR				
_	1 FCG				
_	LBC PAP TEST- PAPSURE				
_	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)				
_	4 DENTAL CONSULTATION				,
	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 🕴 🕻 🔾 🕡 🖒 🦠	Υ)			
	GURINE GLUCOSE(FASTING)				
_	TIBA1c, GLYCATED HEMOGLOBIN				
1	X-RAY CHEST PA				
_	9 ENT CONSULTATION				
12	FITNESS BY GENERAL PHYSICIAN				
_2	BLOOD GROUP ABO AND RH FACTOR				
	2 LTPID PROFILE				
-	3 BODY MASS INDEX (BMI)				
	OPTHAL BY GENERAL PHYSICIAN				
	5 ULTRASOUND - WHOLE ABDOMEN				
-2	6 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)				2.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

ne/she is
Medically Fit
Fit with restrictions/recommendations
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.
1
2
3
However the employee should follow the advice/medication that has been communicated to him/her.
Review after
Currently Unfit. Review after recommender
Review afterrecommender
• Unfit

General Physician Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr Samrat Shah MBBS MD Reg No 1091097302 Consultant lanemal Medicine Apollo Speciality Hospital



Date

26-10-2024

MRNO Name Pratiksha pote

Age/Gender Mobile No

9311

Department

Internal Medicine

Consultant

Santania - Talahari

Reg. No

DR. SAMRAT SHAH

Qualification

MBBS, MD

Consultation Timing:

	A :					
Pulse:	8cb/m	B. P. :	108 [68 moto	Resp:	90pm	Temp: Afeloon 12
Weight:	56.9 kg	Height:	1280m	BMI:	2.9	Waist Circum : -

General Examination / Allergias History

Clinical Diagnosis & Management Plan

Spoz - 991.

tomo

Dr. Samrat Shah

MBBS MD

Follow up date:

Reg No. 2024097302 Consultant internal Medicine Apollo Speciality Hospital

Doctor Signature

Book YOUR APPOINTMENT TODAY I

Ph.: 020 6720 6500 Fax: 020 6720 6523 www.apollospectra.com

Opp. Sanas Sport Ground. Saras Baug. Sadashiv Peth, Pune, Maharashtra- 411030 **Specialists in Surgery**

992244712 Department

Date MRNO Praticisha Porte

Gynecology

Name Age/Gender

Mobile No

Consultant Reg. No

DR. SAYALI KARI BOGAM

Qualification MBBS, DNB

Consultation Timing:

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

General Examination / Allergias History

Clinical Diagnosis & Management Plan

ms: 10 yas. mly - Requilar Go scanty menses. cmp-22/10/24.

109-1805

P/A- 502+

pls-cx healthy

PV-NAD

Follow up date:

Doctor Signature

www.apollospectra.com





Apollo Clinic

CONSENT FORM

Patient Name: Parksha Sagar Pathage: 33 UHID Number: Company Name: Park of Barada
UHID Number: Company Name: Bank of Barada
IMr/Mrs/Ms Poatishe Lagar Potemployee of Bank of Baroda
(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Dental & ENT will be done on 02/1/1/2024
Patient Signature: Date: 26/10/2024









: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

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: SPUN.0000050109 : SPUNOPV68242

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

HEMOGRAM, WHOLE BLOOD EDTA HAEMOGLOBIN PCV	10.8 32.80	g/dL %	Bio. Ref. Interval	Method
PCV			12-15	
			12-10	1 m = = 4 = = - 1
DDC COUNT		7/0	36-46	Spectrophotometer
		70	30-40	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	76.5	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	16.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,940	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC	()			
NEUTROPHILS	57.1	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				Licetical impedance
NEUTROPHILS	3962.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2338.78	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	90.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	527.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR) ERIPHERAL SMEAR	18	mm at the end of 1 hour	0-20	Modified Westergren

RBC's Anisocytosis+, Microcytes+

WBC's are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 14



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

3IN No:BED240241808







: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

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

Page 2 of 14



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

SIN No:BED240241808







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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

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA **BLOOD GROUP TYPE**

В

Rh TYPE

Positive

Microplate Hemagglutination Microplate

Hemagglutination

Page 3 of 14



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

SIN No:BED240241808

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

www.apollodiagnostics.in







: Mrs.PRATIKSHA POTE

Age/Gender

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SPUNOPV68242 : Dr.SELF

Emp/Auth/TPA ID

98464

Collected

26/Oct/2024 11:41AM

Received

: 26/Oct/2024 12:21PM

Reported Status

: 26/Oct/2024 12:48PM

: Final Report

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	87	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	
N .	V. O.	

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)	88	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

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 4 of 14

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

SIN No:PLP1487522







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: Mrs.PRATIKSHA POTE

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name HBA1C (GLYCATED HEMOGLOBIN) , WHOL	Result	Unit	Bio. Ref. Interval	Method	
HBA1C, GLYCATED HEMOGLOBIN ESTIMATED AVERAGE GLUCOSE (eAG)	5.5 111	% mg/dL		HPLC Calculated	

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023
- 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)

Page 5 of 14

Cresta Shah Dr Sheha Shah MBBS MD (Pathology)

Consultant Pathologist

SIN No:EDT240093454







: Mrs.PRATIKSHA POTE

Age/Gender UHID/MR No

: 33 Y 7 M 3 D/F

Visit ID

: SPUN.0000050109

Ref Doctor

: SPUNOPV68242 : Dr.SELF

Emp/Auth/TPA ID

98464

Collected

: 26/Oct/2024 09:05AM

Received

: 26/Oct/2024 11:15AM

Reported

: 26/Oct/2024 01:41PM

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

Test Name	Result	Unit	Bio. Ref. Interval	Madhad
LIPID PROFILE, SERUM			Dio. Rei. iiitervar	Method
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.53		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	,g
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

Page 6 of 14



Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04839277







: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No Visit ID

: SPUN.0000050109

Ref Doctor

: SPUNOPV68242

Emp/Auth/TPA ID

: Dr.SELF

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Decul			
	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL		
ALANINE AMINOTRANSFERASE	32.28	0	0.0-1.1	Dual Wavelength
(ALT/SGPT)	52.20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.9	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	61.45	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	3.64	g/dL	3.5-5.2	
		g/dL	3.0-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.09	A774	0.9-2.0	Calculated
				o di odidiod

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.

Page 7 of 14



(vella Dr Sneha Shah MBBS, MD (Pathology)

Consultant Pathologist

Shah

SIN No:SE04839277







: Mrs.PRATIKSHA POTE

Age/Gender UHID/MR No

: 33 Y 7 M 3 D/F

OTTID/IVIT

: SPUN.0000050109

Visit ID Ref Doctor

SPUNOPV68242

Emp/Auth/TPA ID

: Dr.SELF : 98464 Collected

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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
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		Method
CREATININE	0.57	mg/dL	0.55-1.02	Modified leffe Kingtin
UREA	17.61	mg/dL	17-43	Modified Jaffe, Kinetic
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	GLDH, Kinetic Assay Calculated
URIC ACID	4.90	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.19	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.17	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	3.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.09		0.9-2.0	Calculated

Page 8 of 14



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

SIN No:SE04839277







: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No

: SPUN.0000050109

Visit ID Ref Doctor : SPUNOPV68242

Emp/Auth/TPA ID

: Dr.SELF : 98464

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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

GAMMA GLUTAMYL

TRANSPEPTIDASE (GGT), SERUM

14.51

U/L

<38

IFCC

Page 9 of 14



Suella Shah Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04839277

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

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







Patient	Name
Age/Ge	ender

Visit ID

: Mrs.PRATIKSHA POTE

UHID/MR No

: 33 Y 7 M 3 D/F : SPUN.0000050109

SPUNOPV68242

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 98464

Collected

: 26/Oct/2024 09:05AM

Received Reported 26/Oct/2024 11:15AM

Status

26/Oct/2024 12:10PM

Sponsor Name

: Final Report

: 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			1
TRI-IODOTHYRONINE (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.32	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.483	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 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 10 of 14



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

SIN No:SPL24144868







: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No

: SPUN.0000050109

Visit ID Ref Doctor : SPUNOPV68242

Emp/Auth/TPA ID

: Dr.SELF : 98464 Collected

: 26/Oct/2024 09:05AM

Received Reported : 26/Oct/2024 11:15AM : 26/Oct/2024 12:10PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

High

High

High

High

Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 11 of 14



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

SIN No:SPL24144868

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

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





: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No

: SPUN.0000050109

Visit ID Ref Doctor : SPUNOPV68242 : Dr.SELF

Emp/Auth/TPA ID

: 98464

Collected

: 26/Oct/2024 09:05AM

Received

: 26/Oct/2024 12:09PM

Reported Status

: 26/Oct/2024 12:43PM

Otatus

: 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
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				ooy.mor Blac
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 MO	DUNT AND MICROSCOP	Υ		
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	2 - 3	/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
Community				

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 12 of 14

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

SIN No:UR2417893





: Mrs.PRATIKSHA POTE

Age/Gender UHID/MR No

: 33 Y 7 M 3 D/F

Visit ID

: SPUN.0000050109

Ref Doctor

: SPUNOPV68242 : Dr.SELF

Emp/Auth/TPA ID

: 98464

Collected

: 26/Oct/2024 09:05AM

Received Reported : 26/Oct/2024 12:09PM : 26/Oct/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 13 of 14



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

SIN No:UR2417893





: Mrs.PRATIKSHA POTE

Age/Gender UHID/MR No

: 33 Y 7 M 3 D/F

Visit ID

: SPUN.0000050109

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: SPUNOPV68242 : Dr.SELF

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Status

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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

Test Name

URINE GLUCOSE(POST PRANDIAL)

Result **NEGATIVE** Unit

Bio. Ref. Interval **NEGATIVE**

Method

GOD-POD

Test Name

URINE GLUCOSE(FASTING)

Result **NEGATIVE**

Unit

Bio. Ref. Interval

Method

NEGATIVE

GOD-POD

*** End Of Report ***

Result/s to Follow: LBC PAP SMEAR

Page 14 of 14



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

SIN No:UF012137





: Mrs.PRATIKSHA POTE

Age/Gender

: 33 Y 7 M 3 D/F

UHID/MR No Visit ID

: SPUN.0000050109 : SPUNOPV68242

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: Dr.SELF : 98464 Collected

: 26/Oct/2024 09:05AM

Received

: 26/Oct/2024 12:09PM

Reported Status : 26/Oct/2024 12:43PM : 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 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.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:UF012137





MRS.PRATIKSHA POTE 33Y

33 Years

MR No: Location: SPUN.000 Apollo Spe

SELF 26-Oct-2024

26-Oct-2024 10:13

(Swargate)

Physician:

26-Oct-2024 09:46

Date of Report:

Date of Exam:

X-RAY CHEST PA VIEW

FINDINGS

Gender:

Image Count:

Arrival Time:

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

Dr.Santhosh Kumar DMRD,DNB Consultant Radiologist

Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



2D ECHO / COLOUR DOPPLER

Name : Mrs. Pratiksha Pote Ref by : Health Checkup Age: 33 YRS / F Date: 26/10/2024

LA - 32

AO - 26

IVS - 10

PW - 10

LVIDD - 37

LVIDS - 25

LVIDS

EF 55 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 55 %

No regional wall motion abnormality

Normal sized other cardiac chambers.

Mitral valve has thin leaflets with normal flow.

Aortic valve has three thin leaflets with normal structure and function. No aortic

regurgitation.No LVOT gradient

Normal Tricuspid & pulmonary valves.

No tricuspid regurgitation.

PA pressures Normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

IMPRESSION

NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.

NO RWMA. NO PULMONARY HTN

NO CLOTS/VEGETATIONS

DR.SAMRAT SHAH

MD, CONSULTANT PHYSICIAN

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com



Patient's Name :- Mrs. Pratiksha Pote

Ref. Doctor :- Healthcheckup.

AGE : 33Yrs / F.

DATE: 26/10/2024

USG ABDOMEN & PELVIS

<u>Liver</u>: appears normal in size and echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

<u>Gall bladder</u>: 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.

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

<u>Both the kidneys</u>: appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney- 10.1 X 4.1 cms. Left kidney – 9.2X 4.3 cms

<u>Urinary Bladder</u>: - is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

<u>Uterus</u>: appears normal in size measuring 8.1 x 4.2 x4.8 cms. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

<u>Both ovaries</u>:- appear normal in size, shape and echo pattern. No obvious free fluid or lymphadenopathy is noted in the abdomen.

IMPRESSION :-

No significant abnormality detected.

Dr. Rajcee Munot, M.D

Consultant Radiologist.

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com

EYE REPORT



	Name:	185.	Part	iksha	Po	te	SH/PUN/O Da	te: 26	10 2	1024
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Consultant: D.S. A. C. Bhayan. Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030 Ph: 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

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25 mm/s 10 mm/mV

ADS

0.56-40 Hz 50 Hz

Unconfirmed 4x2.5x3_25_R1

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7972	9970	9970	9881	8983	8625	77090	9081	93098	93098
uzma taj@getvisitapp.com	singale@allvuesystems.com	myhealthmeter operations@gmail.com	Swati-6. Patil-6@Cognizant. Com	kajal rawai@redcliffelabs.com	sarang dupare@kavant.com	info@connectandheal.com	info@indushealthplus com	Pratikshakalekar91@gmail.com	Pratikshakalekar91@gmail.com .
SHREYA RAMAKANT SATKAR.	Sanjay ingale.	Manohar Subhash Joshi	Swati Sanjeev Patil	Kiran Narayan Pawade	Sarang Nepalrao Dupare	Swapnaja Sanjay Mahadik	SMIT DESAI	MS POTE PRATIKSHA	MS POTE PRATIKSHA
VISIT HEALTH PRIVATE LIMITED .	ALLVUE SYSTEMS INDIA PRIVATE L	HEALTH METER SERVICES PRIVATE	PHASORZ TECHNOLOGIES PRIVATE L	REDCLIFFE LIFETECH PRIVATE LIM	BETACURA HEALTH SOLUTIONS PRIV.	CONNECT AND HEAL PRIMARY CARE	INDUS HEALTH PLUS PRIVATE LIMI	ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI HEALTHCARE LIMITED
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भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार Unique Identification Authority of India Government of India

नोंदणी क्रमांकः/ Enrolment No.: 0206/39809/01676

To प्रतीक्षा सागर पोटे Pratiksha Sagar Pote W/O Sagar Pote 1231/3 Milan Apartment Sadashiv Peth Near Perugate Police Chowki Pune City S.p. College Pune Maharashtra - 4111...) 8149414581





आपला आधार क्रमांक / Your Aadhaar No. :

4474 5560 3093

VID: 9153 9286 0310 8097

माझी ओळख



भारत सरकार Government of India



Pratiksha Sagar Pote जन्म तारीख/DOB: 23/03/1991 महिला/ FEMALE

4474 5560 3093

माझे आधार, माझी ओळख



30







सूचना

- आधार ओळखीचे प्रमाण आहे, नागरीकत्वेचे नाही.
- ओळखीचे प्रमाण ऑनलाइन ऑथेन्टीकेशन द्वारा प्राप्त करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.
- आधारला देशभरात मान्यता आहे
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- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



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