





: Mrs.VANSHREE MARUTI FARANDE

Age/Gender

: 35 Y 9 M 25 D/F

UHID/MR No

: DMNJ.0000002203

Visit ID

: CKHAOPV123391

Ref Doctor

: Self

Emp/Auth/TPA ID

: 22E37335

Collected

: 09/Nov/2024 08:28AM

Received

: 09/Nov/2024 01:32PM

Reported

: 09/Nov/2024 02:24PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic WBC's Neutrophilic Leucocytosis Platelets are Adequate No hemoparasite seen.

Page 1 of 17



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

SIN No:KHA241100406









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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	12.5	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.9	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,390	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	72.3	%	40-80	Electrical Impedance
LYMPHOCYTES	18.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7511.97	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1922.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.53	Cells/cu.mm	20-500	Calculated
MONOCYTES	664.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.39	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.91		0.78- 3.53	Calculated
PLATELET COUNT	231000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

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Page 2 of 17



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

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DEPARTMENT OF HAEMATOLOGY

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

Page 3 of 17



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

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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 FAC	TOR , WHOLE BLOOD EDT.	4		
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:KHA241100406









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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
GLUCOSE, FASTING , NAF PLASMA	84	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.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:KHA241100412









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Visit ID

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Ref Doctor

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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, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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SIN No:KHA241100653

Apolio Heath and Lifestyle ltd- Sadashiv Peth Plume Diagnostics Lab

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

By Wing, Shops & Offices, KUL SCAPES, Opp. Reliance Mall, Kharadi, Pune-411014









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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
HBA1C (GLYCATED HEMOGLOBIN), WH	IOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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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SIN No:KHA241100413

Apolibi Mest has no emperted mental and Lifestyle ltd- Sadashiv Peth Pune Diagnostics Lab

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

Byth State Chambers of Consultation of









: Mrs.VANSHREE MARUTI FARANDE Patient Name

Age/Gender : 35 Y 9 M 25 D/F UHID/MR No : DMNJ.0000002203 Visit ID : CKHAOPV123391

Ref Doctor : Self

Emp/Auth/TPA ID : 22E37335

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Status : Final Report

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.39	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.45		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:KHA241100408









Patient Name : Mrs.VANSHREE MARUTI FARANDE

Age/Gender : 35 Y 9 M 25 D/F
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Visit ID : CKHAOPV123391

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DEPARTMENT OF BIOCHEMISTRY

Reported

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	0.76	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.7		<1.15	Calculated
ALKALINE PHOSPHATASE	70.73	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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 Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.68	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.82	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.39	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.38	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133.21	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100.12	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL	14.07	U/L	<38	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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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)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.7	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.319	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 12 of 17



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

SIN No:KHA241100411

th Pure Diagnostics Lab
Sr.No 83,91/1/Part, 1st Floor, OFFICE No. 102,
B Wing, Shops & Offices, KUL SCAPES, Opp. Reliance Mall,
Kharadi, Pune-411014







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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
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Page 13 of 17



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

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Pasult

lest Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		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 MO	OUNT AND MICROSCOP	Υ		
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	5 - 6	/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:KHA241100409

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

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







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Age/Gender UHID/MR No : 35 Y 9 M 25 D/F : DMNJ.0000002203

Visit ID

: CKHAOPV123391

Ref Doctor Emp/Auth/TPA ID : Self : 22E37335 Collected

: 09/Nov/2024 08:28AM

Received

: 09/Nov/2024 02:58PM : 09/Nov/2024 04:04PM

Reported 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 15 of 17



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:KHA241100409

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

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







: Mrs.VANSHREE MARUTI FARANDE

Age/Gender

: 35 Y 9 M 25 D/F : DMNJ.0000002203

UHID/MR No Visit ID

: CKHAOPV123391

Ref Doctor

Emp/Auth/TPA ID

: Self

: 22E37335

Collected

: 09/Nov/2024 08:28AM

Received : 09/Nov/2024 02:58PM

Reported

: 09/Nov/2024 04:24PM

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

*** End Of Report ***

Result/s to Follow: LBC PAP SMEAR

Page 16 of 17



Consultant Pathologist SIN No:KHA241100407

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









: Mrs.VANSHREE MARUTI FARANDE

Age/Gender UHID/MR No : 35 Y 9 M 25 D/F : DMNJ.0000002203

Visit ID

: CKHAOPV123392

Ref Doctor

: Self

Collected

: 09/Nov/2024 08:29AM

Received

: 09/Nov/2024 01:22PM

Reported

: 09/Nov/2024 02:28PM

Status

: Final Report

Centre Name

: ONEHUB KHARADI

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID STIMULATING HORMONE (TSH), SERUM	4.356	μIU/mL	0.34-5.60	CLIA

Comment:

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies.

It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

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

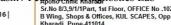
*** End Of Report ***

Page 17 of 17





SIN No:KHA241100414









: Mrs.VANSHREE MARUTI FARANDE

Age/Gender

: 35 Y 9 M 25 D/F

UHID/MR No Visit ID

: DMNJ.0000002203 : CKHAOPV123392

Ref Doctor

: Self

Collected

: 09/Nov/2024 08:29AM

Received

: 09/Nov/2024 01:22PM

Reported Status

: 09/Nov/2024 02:28PM

Centre Name

: Final Report

: ONEHUB KHARADI

TERMS AND CONDITIONS GOVERNING THIS REPORT

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

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

SIN No:KHA241100414









: Mrs. VANSHREE MARUTI FARANDE

Age

: 35Yrs 9Mths 25Days

UHID

: DMNJ.0000002203

OP Visit No.

: CKHAOPV123391

Printed On

: 09-11-2024 07:22 PM

Advised/Pres Doctor

Department

: Cardiology

Qualification

. ---

Reffered By

: Self

Registration No.

. --

Employeer Id

: 22E37335

DEPARTMENT OF CARDIOLOGY

2D ECHO/COLOUR DOPPLER

Doppler Values M - Mode values 25 PULMONARY VE(m/sec) 0.9 AORTIC ROOT (mm) PG (mmHg) LEFT ATRIUM (mm) 27 AORTIC VEL (m/sec) 1.2 PG (mmHg) 6.2 IVS - D (mm) 10 40 MITRAL E WAVE(m/sec) 0.9 LVIDD - D (mm) A WAVE (m/sec) 0.6 LVPW - D (mm) 10

REPORT:

Normal sized all cardiac chambers.

No regional wall motion abnormality.

Normal LV systolic function.

EJECTION FRACTION (%) 60%

Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.

Aortic valve normal. No aortic regurgitation/No Aortic stenosis.

Normal Tricuspid & pulmonary valve.

No tricuspid regurgitation.. No pulmonary hypertension.

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

Aortic arch appears normal

IMPRESSION:

Normal PA pressures.



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

---End Of The Report---

Dr.VIKRANT KHESE

MBBS, MD Medicine, DNB Medicine, DM Cardiology
2015/02/0627
Cardiology



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

or Mrs. Vanshree farande 11-11-24

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

	1
Medically Fit	1
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-	-
recommended	
Unfit	Г

Medical Officer No.: 2015/08/4500

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolioclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788





Vanshue forende

Aye = 35 :General Physician

Date

: 11/9/2024

: Mrs. VANSHREE MARUTI Doctor FARANDE

: Dr.SHIVAJI RATHOD

UHID

Height:

Temp:

: DMNJ.0000002203

Registration No.

: 2015084599

Age / Gender

Patient Name

: 35Yrs 9Mths 25Days/ Female

Qualification

Department

Consulation Timing

Pulse:

: MBBS

: 8:26 AM

Weight:

BMI:

Resp:

25

26

Waist Circum:

B.P: 107

General Examination / Allergies History

98.1

158

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity- HUO Thy Mid

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Doctor Signature

Follow up date:

#1112, B Wing, 1st Floor, Kul Scapes, Magarpatta Road, Opp. Reliance Smart, Kharadi,

Pune, Pin: 41 1014 | Phone: (020) 2701 3333/4444





POWER PRESCRIPTION

NAME: MB · Vanshsee fessende GENDER: M/E

DATE: 9/11/24

AGE: 354

UHID: 2203

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				6/s
NEAR [N16

LEFT EYE

SPH	CYL	AXIS	VISION
* (c			46
			NIG

INSTRUCTIONS: 6 NU



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



ID: 26	1-2024 12:55:2	A Liberty
vanashree farande	s : 86	Diagnosis Information:
Female 35Years	: 104	Sinus rhythm
	: 128	Normal ECG
	•	
	3z : 350/419 n	T)
	P/QRS/T : 68/80/69 °	
	. 1.32.3/0.323	Report Confirmed by:
I I may man man hamber		
		THE TOTAL THE
avR		- WA
- - - - -		
a VII.	mental properties of the second secon	W. Company of the second of th
aVF		V6.
0.67~35Hz AC50 25mm/s 10	0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 910	V1.47 Glasgow V28.6.7 APOLLO CLINIC KHARADI



: Mrs. VANSHREE MARUTI FARANDE

UHID

: DMNJ.0000002203

Printed On

: 09-11-2024 04:37 PM

Department

: Radiology

Referred By

: Self

Employeer Id

: 22E37335

Age

: 35Yrs 9Mths 25Days

: CKHAOPV123391

OP Visit No.

Advised/Pres Doctor : --

Qualification

Registration No.

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

For clinical correlation.

---End Of The Report---

Dr.SANKET KASLIWAL

MBBS DMRE 2014/01/0200

Radiology



: Mrs. VANSHREE MARUTI FARANDE

Age

: 35Yrs 9Mths 25Days

UHID

: DMNJ.0000002203

OP Visit No.

: CKHAOPV123391

Printed On

: 09-11-2024 02:16 PM

Advised/Pres Doctor : --

Department

: Radiology

Referred By

Qualification

: Self

Registration No.

Employeer Id

: 22E37335

DEPARTMENT OF RADIOLOGY

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

Liver: It appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is well distended. No calculus or sludge noted.

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

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

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

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

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

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

Uterus:is anteverted, and measures 7.5 x 3.6 x 5.5 cms. No focal lesion seen.

Endometrial thickness is 9.1 mm. Cervical nabothian cyst noted.

Right ovary: measures 2.6 x 2.1 cms. Left ovary: measures 2.8 x 1.9 cms.



Both ovaries: appears normal in size and echotexture.

Visualised bowel loops appear normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY.

Clinical correlation suggested.....

---End Of The Report---

Dr.SANKET KASLIWAL MBBS DMRE 2014/01/0200

Radiology



Kharadi Apollo Clinic

From:

noreply@apolloclinics.info

Sent:

Thursday, November 7, 2024 05:17 PM

To:

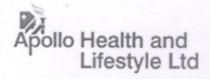
farandemaruti@gmail.com

Cc:

Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M

Subject:

Your appointment is confirmed



Dear MS. VANSHREE MARUTI FARANDE,

Greetings from Apollo Clinics.

Your corporate health check appointment is confirmed at KHARADI clinic on 2024-11-09 at 08:00-08:15.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

[&]quot;Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check: