

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Anita Dhyani on 09/11/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>UTI</u></p> <p>2. _____</p> <p>3. _____</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

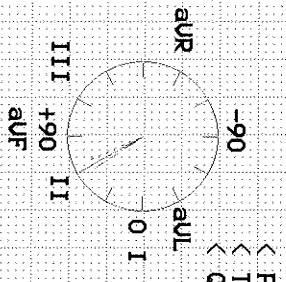
A Patil  
Dr. Aradhana A. Patil  
MBBS  
Reg. No: 2024/07/5675

Dr. Aradhana Patil  
Medical Officer  
Apollo Clinic, (Aundh, Pune)

*This certificate is not meant for medico-legal purposes*

Measurement Results:

QRS	84 ms
QT/QTcB	372 / 415 ms
PR	112 ms
P	90 ms
PP/PP	802 / 785 ms
P/QRS/T	65 / 60 / 55 degrees
QTd/QTcBd	42 / 47 ms
Sokolow	1.8 mV
NK	10



Interpretation:  
 Short PR interval  
 probably normal ECG

Ⓢ Sinus rhythm

Dr. Aradhana A. Patil

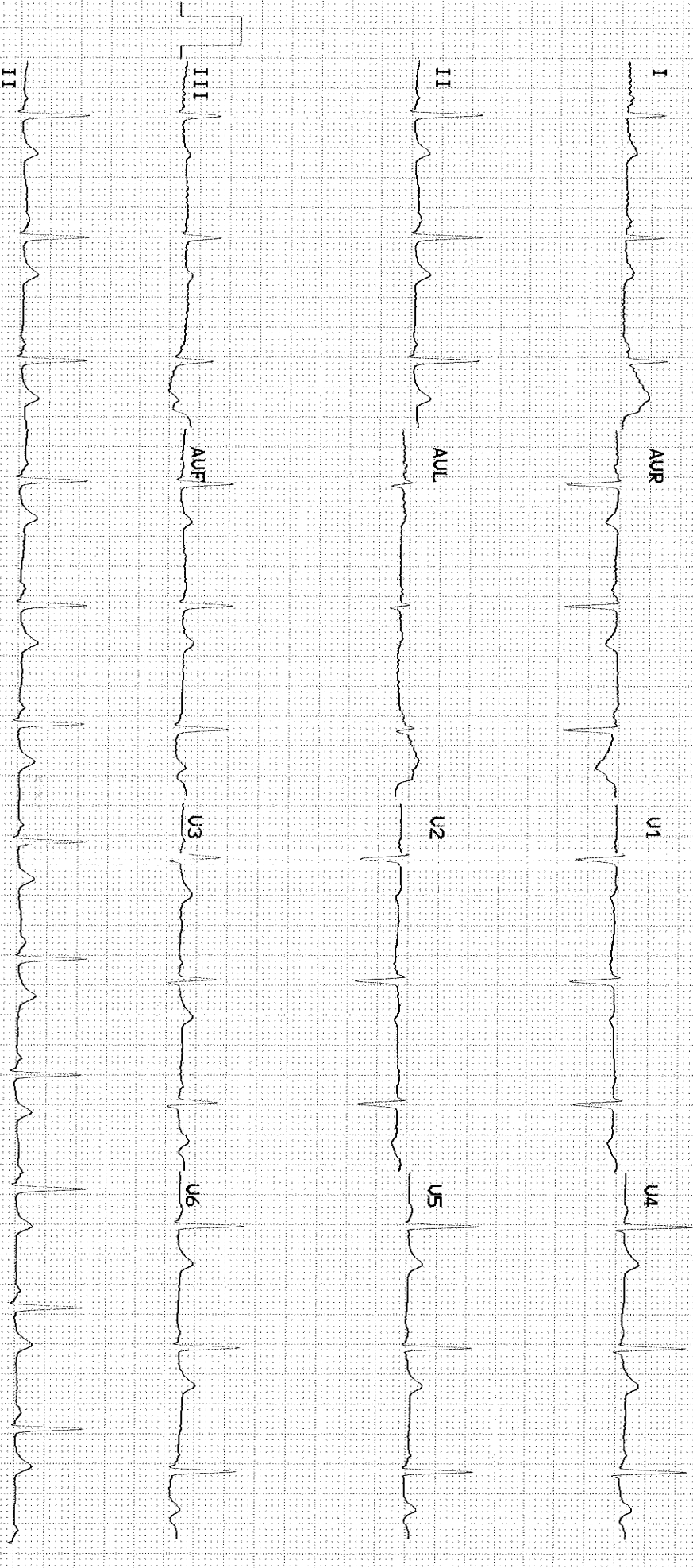
Reg. No. 2024/07/5675

Unconfirmed report.

HR 74 bpm

Aradhana A. Patil

MBBS



Patient Name	: Ms. Anita Dhyani	Age	: 52Yrs 10Mths 2Days
UHID	: FTFV.0000018068	OP Visit No.	: CAUNOPV179217
Printed On	: 09-11-2024 02:52 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S37333		

---

**DEPARTMENT OF CARDIOLOGY**

---

**2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT**

**Mitral Valve : Normal.**

**Aortic Valve : Normal.**

**Tricuspid Valve : Normal.**

**Pulmonary Valve : Normal.**

**RWMA: Absent.**

**RA : Normal**

**RV : Normal**

**IVS : Intact**

**IAS : Intact**

**Pericardial effusion : No**

**IVC : Normal.**

**AO – 19 mm, LA – 27 mm, LVIDd – 43 mm, LVISd – 23 mm, IVS – mm, PW – mm.**

**CONCLUSION:**

**Normal size cardiac chambers.**

**No RWMA.**

**Good LV systolic function LVEF–60%.**

**Grade I diastolic dysfunction.**

**No AR/MR/TR No PAH.**

**No e/o clot, thrombus, vegetation or pericardial effusion.**

**P/S : Normal echo does not rule out coronary artery disease.**

---End Of The Report---



**Dr. SATYAJEET SURYAWANSHI**  
**MBBS, D.N.B. (CARDIOLOGY)**  
**2005/05/2798**

Patient Name	: Ms. Anita Dhyani	Age	: 52Yrs 10Mths 2Days
UHID	: FTFV.0000018068	OP Visit No.	: CAUNOPV179217
Printed On	: 09-11-2024 03:39 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S37333		

## DEPARTMENT OF RADIOLOGY

### USG ABDOMEN & PELVIS

**Liver** appears normal in size, shape and shows enhanced in echotexture.

No focal lesion is seen. PV and CBD are normal. No dilatation of the intrahepatic biliary radicals.

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

**Spleen** appears normal. No focal lesion seen. Spleenic vein appears normal.

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

Both **the kidneys** appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 10.6x 4.6 cm.

Left kidney - 9.6 x 5.0 cm.

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

**Uterus** is post menopausal status.

Endometrium is thin.

Both ovaries are not visualised (atrophic.)

No obvious free fluid or lymphadenopathy is noted in the abdomen .

**IMPRESSION :-**

Grade I fatty liver.

No other significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, not valid for medico legal purpose.

---End Of The Report---



Dr.SUHAS KATHURIA  
MBBS,DMRE  
2015/04/2158  
Radiology

Patient Name : Ms. Anita Dhyani Age : 52Yrs 10Mths 2Days  
UHID : FTFV.0000018068 OP Visit No. : CAUNOPV179217  
Printed On : 09-11-2024 03:58 PM Advised/Pres Doctor : --  
Department : Radiology Qualification : --  
Referred By : Self Registration No. : --  
Employee Id : 22S37333

**DEPARTMENT OF RADIOLOGY**

**USG BOTH BREASTS**

Breast parenchyma appears normal bilaterally.

There is no evidence of spiculated mass lesion, micro calcification or architectural distortion.

There is no axillary lymphadenopathy on either side.

No obvious chest wall lesion is seen on either side.

No abnormality is detected in the retro mammary fat.


**IMPRESSION:**

**No significant abnormality detected.**

**Suggest clinical correlation and follow-up**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



**Dr.SUHAS KATHURIA**  
MBBS,DMRE  
2015/04/2158  
Radiology

**O/E: - BREST EXAMINATION**

(R) BREST - LUMP - nil (L) BREST - LUMP - nil

SKIN - nil SKIN - nil

NIPPLE DISCHARGE nil NIPPLE DISCHARGE - nil

(R) AXILLA - nil (L) AXILLA - nil

P/S - CX - healthy  
VG → no disch  
P/V - UT - → w/ Av & clea

APOLLO CLINIC-AUNDH  
Dr. Alka Karwad  
MBBS, DGO  
Obstetrics & Gynecologist  
Reg No. 2007051315

Patient Name : MRS. Anita Dhyani Date : 09/11/24  
 AGE/Sex : 52/F UHID/ MR NO :                     

	RIGHT EYE	LEFT EYE
FAR VISION	6/6	6/6
NEAR VISION	N6 (A)	N6 (A)
ANTERIOR SEGMENT PUPIL	Normal	Normal
COLOUR VISION	Normal	Normal
FAMILY / MEDICAL HISTORY	No	No

Impression:                       
                      
                      
                    

Adv.: -

Optometrist: -  
 Mr. Yogesh Avaghad  
 Apollo Clinic – Aundh Pune



Information to be filled by patient.

Date: / /

Name: Anita Dhegari Age: 52 Sex: M/F

Contact No.: \_\_\_\_\_ Area of Residence: Aundh

Occupation: Company Name \_\_\_\_\_

Desk Work  Active / On the Move  Stay-at-Home Parent  Retired

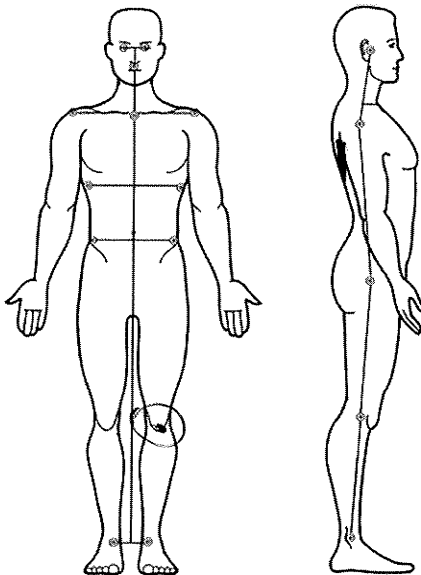
Have you recently felt any physical pain or discomfort?  YES  NO

If yes, please indicate your area of pain:  Neck  Upper / Midback

Lower Back / Buttock  Shoulder  Elbow  Wrist / Hand

Hip  Knee  Legs  Ankle / Foot

**Postural Analysis :**



**Mobility Tests :**

Toe Touch : \_\_\_\_\_ / \_\_\_\_\_ cm

Appley Scratch : \_\_\_\_\_ / \_\_\_\_\_ cm

Cervical Mobility : \_\_\_\_\_ / 6

Diagnosis : knee pain

Recommended Treatments : Overhead Avoid, finger ladder ex's,  
Regular ex's, Diet.

Posture Correction (Normal)  Mobility Routine

Condition Specific : \_\_\_\_\_

## Dietary Modification for Healthy Life

FOOD GROUP	ALLOWED	RESTRICTED/ IN MODERATION
GRAINS	Any brown rice, red rice, black rice, unpolished white rice, millets or organic wheat, oats, quinoa etc.	Refined flours, white rice, breads, cookies, refined flour noodles, biscuits, cakes etc.
DAL	Moong dal, urad dal, masoor dal, chana dal (red gram dal) etc.	Rajma, Kabuli chana, lobia, soyabean [ in moderation]
VEGETABLES	All gourd vegetables [ bottle gourd, bitter gourd, ash gourd, sponge gourd, pointed gourd, carrots, beans, capsicum bell peppers etc.] + Green leafy vegetables [spinach, mustard leaf, drumstick, bathua red amaranth etc.].	Root vegetables (potato, yam, arbi, Colocasia, turnip, beetroot) in moderation.
FRUITS	All low GI fruits like apple, pear, guava, cherry, Berries, plum, kiwi, papaya, orange sweet lime etc.	Banana, mango, sapota, custard-apple, grapes, jackfruit etc.
MILK AND MILK BASED PRODUCTS	Plant based milk like [ oats, almond, soy, coconut milk]. Yoghurt, curd, tofu, homemade pure ghee in moderation.	Animal milk [cow, buffalo] butter, cheese, paneer, processed ghee etc.
NON-VEG	Egg, chicken, fish [ below 2.5 kg], small fish, sea fish, lean meat etc. Better to have weekly 3-4 times.	Red meat [mutton. Pork, beef etc.], fatty fish, crab, lobster etc.
SWEET	Jaggery, dates, raisins, figs, dried apricots in moderation. Organic stevia sweetener, Monk fruit sweetener, maple syrup.	Refined sugar, honey, brown sugar, jam jelly.
OIL	Cold pressed/wood pressed unrefined mustard oil, coconut oil, ground nut oil, sesame oil, extra virgin olive oil, home made pure cow ghee in moderation.	Refined sunflower, soya bean, safflower oil, processed ghee, butter, margarine etc.

### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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


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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 11/9/2024 Department : ENT  
 Patient Name : Ms. Anita Dhyani Doctor : Dr. ARPITA KRISHNA  
 UHID : FTFV.0000018068 Registration No. : 2018052235  
 Age / Gender : 52Yrs 10Mths 2Days/  
 Female Qualification : MBBS, MS (ENT)  
 Consultation Timing : 8:28 AM

Height : 150	Weight : 55	BMI :	Waist Circum : 84
Temp :	Pulse : 74	Resp :	B.P : 110/80

**General Examination / Allergies  
History**

**Clinical Diagnosis & Management Plan**

**Present complains -**

**Comorbidity -**

**Allergies -**

**Surgical H/O**

**Family H/O**

**Addiction -**

**OE**

**CVS-**

**CNS-**

**P/A-**

**Chest-**

**Follow up date:**

**Doctor Signature**

Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 08:41AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 02:38PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 02:56PM
Visit ID	: CAUNOPV179217	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37333		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14	g/dL	12-15	Spectrophotometer
PCV	42.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	5	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.3	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,460	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	45.2	%	40-80	Electrical Impedance
LYMPHOCYTES	42.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2919.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2758.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	529.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.06		0.78- 3.53	Calculated
PLATELET COUNT	286000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:AUH241100402

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






Certificate No: MC-5697

Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 08:41AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 02:38PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 02:56PM
Visit ID	: CAUNOPV179217	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37333		

## DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Page 2 of 14

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:AUH241100402

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 02:38PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 04:05PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:AUH241100402

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 10:51AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 02:08PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 02:36PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:AUH241100614

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 02:37PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 03:50PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)



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

SIN No:AUH241100403

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





Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 04:29PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 07:23PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	239	mg/dL	<200	CHO-POD
TRIGLYCERIDES	131	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	186	mg/dL	<130	Calculated
LDL CHOLESTEROL	159.61	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.25	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.53		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<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



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

SIN No:AUH241100405

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 04:29PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 07:23PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.07	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.1	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	78.03	U/L	30-120	IFCC
PROTEIN, TOTAL	7.71	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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 Patten:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No:AUH241100405

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 04:29PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 07:23PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.57	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.51	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>133.8</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>98.13</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.71	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



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

SIN No:AUH241100405

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 04:29PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 07:23PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.89	U/L	<38	IFCC



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

SIN No:AUH241100405

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 02:34PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 03:17PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.45	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.209	µIU/mL	0.34-5.60	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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: AUH241100408

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



Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 08:41AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 02:34PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 03:17PM
Visit ID	: CAUNOPV179217	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37333		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



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

SIN No:AUH241100408

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 01:39PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 02:28PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF CLINICAL PATHOLOGY

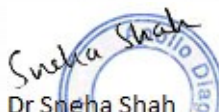
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	HAZY		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	POSITIVE++		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	12 - 15	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	7 - 8	/hpf	< 10	Automated Image based microscopy
RBC	1 - 2	/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 14



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:AUH241100401


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



Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 08:41AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 01:39PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 02:28PM
Visit ID	: CAUNOPV179217	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37333		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:AUH241100401

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





Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 08:41AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 01:39PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 02:22PM
Visit ID	: CAUNOPV179217	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37333		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

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

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
LBC PAP SMEAR

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:AUH241100407

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



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 10:18AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 02:54PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 03:57PM
Visit ID : CAUNOPV179232	Status : Final Report
Ref Doctor : Self	Centre Name : ONEHUB AUNDH

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	30.18	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

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

**Increased levels:-** Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	258	pg/mL	120-914	CLIA

Comment:

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



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

SIN No:AUH241100589

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



Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 10:18AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 02:54PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 03:57PM
Visit ID	: CAUNOPV179232	Status	: Final Report
Ref Doctor	: Self	Centre Name	: ONEHUB AUNDH

### DEPARTMENT OF IMMUNOLOGY

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

\*\*\* End Of Report \*\*\*

Page 2 of 2



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

SIN No:AUH241100589

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

Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 10:18AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 02:54PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 03:57PM
Visit ID	: CAUNOPV179232	Status	: Final Report
Ref Doctor	: Self	Centre Name	: ONEHUB AUNDH

### TERMS AND CONDITIONS GOVERNING THIS REPORT

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



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



SIN No: AUH241100589

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 CLINICS NETWORK

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

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road,  
Aundh, Pune, Maharashtra, India - 411007

**1860 500 7788**  
www.apolloclinic.com