

shitaltilekar@gmail.com
shitaltilekar.dena@gmail.com
vijaykorde.tech@gmail.com

Name : Mrs. SHITAL TILEKAR
Address : Kondhwa Bk Pune Maharashtra INDIA 411048
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

Age : 36Y 7M 28D
sex : Female

UHID : CWAN.0000073886



CWAN.0000073886

OP No: CWANOPV243181
Bill No: CWAN-OCR-52549
Date: Nov 9th, 2024, 10:34 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		
✓ 1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
2	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
✓ 3	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
✓ 4	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
✓ 5	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
6	GYNAECOLOGY CONSULTATION	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
✓ 9	ECG	Cardiology	<input type="checkbox"/>
✓ 10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
✓ 11	2 D ECHO	Cardiology	<input type="checkbox"/>
✓ 12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
✓ 13	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
✓ 14	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
✓ 15	LBC PAP TEST- PAPSURE	Histopathology	<input type="checkbox"/>
16	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
✓ 18	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
19	ENT CONSULTATION	Consultation	<input type="checkbox"/>
✓ 20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
✓ 22	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
✓ 23	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
✓ 24	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
✓ 25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
✓ 26	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>

w.t - 61 Kg.
Ht - 157 cm
BP - 110/70 mm/Hg

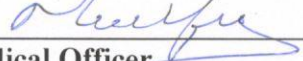
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Shital Tilekar on 11/11/2024

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none">1. <u>Microcytic Anaemia</u>2. <u>Mildly low level of Sodium</u>3. <u>Low Vit. D3 & B12 levels</u> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. 
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Name:- Mrs. Shital Filekar
Age:- 36 yrs
Date: 9/11/2024

Height : 157cm.	Weight : 61kg.	BMI :	Waist Circum : 20
Temp :	Pulse :	Resp :	B.P : 110/70 mmHg

General Examination / Allergies
History

FT & LFT - D.M.

Ado:-

Clinical Diagnosis & Management Plan

For AHC

Has mild pain in the Lt. dia
Jossa-on & off
O/c - Mild Palle.

CVS
INS
Resp. } 5 IAD.
Abd. }

Vit. B12 levels
& D3.

Follow up date:

Doctor Signature

GE MAC1200 ST TILEKAR, SHITAL 000073886, APOLLO CLINIC WANOWRIE
Female, 36 Years (12.03.1988)

HR 87 bpm

WNL

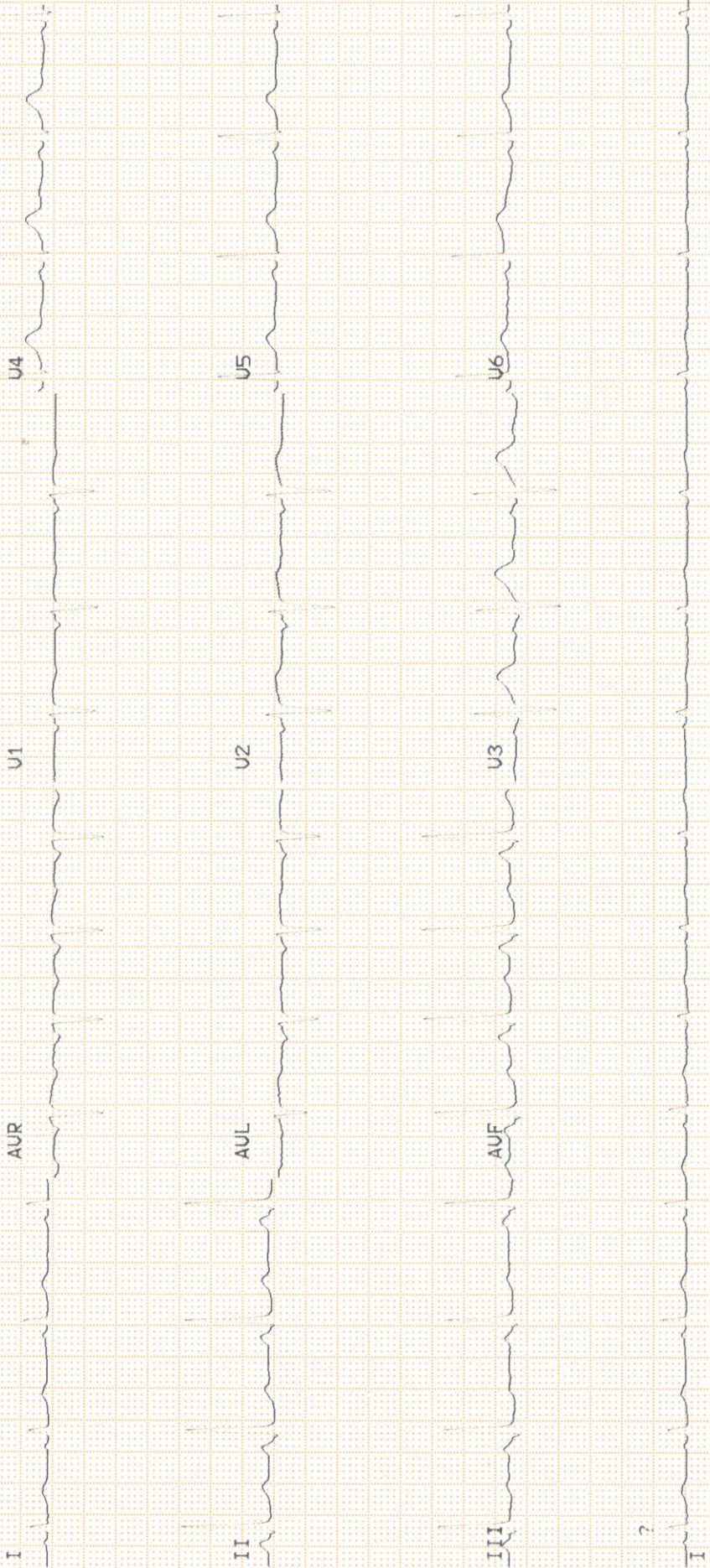
DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Interpretation:

normal ECG

Measurement Results:	< P	< T
QRS : 88 ms	< QRS	
QT/QTcB : 362 / 436 ms	aVL	
PR : 128 ms	0 I	
P : 104 ms	III	+90 II
RR/PP : 690 / 690 ms	aVF	
P/QRS/T : 90/ 85/ 90 degrees		
QT/QTcBD : 36 / 43 ms		
Sokolow : 1.6 mV		
NK : 9		

Unconfirmed report.



Patient Name	: Mrs. SHITAL TILEKAR	Age	: 36Yrs 7Mths 28Days
UHID	: CWAN.0000073886	OP Visit No.	: CWANOPV243181
Printed On	: 09-11-2024 01:02 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E38195		

DEPARTMENT OF RADIOLOGY

CHEST RADIOGRAPH PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

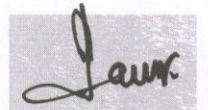
Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology

Name : MRS.SHITAL TILEKAR Age/Sex :36/F Date : 09/11/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – No LV Diastolic dysfunction.

Cardiac valves -

Mitral valve –Normal, minimal mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –09mm Hg

Tricuspid valve –minimal tricuspid regurgitation.

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

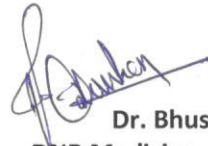
Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
28	31	09	09	37	30	60%

Conclusion:-

No RWMA, normal LV systolic function, LVEF – 60%

No LV Diastolic dysfunction.

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. SHITAL TILEKAR	Age	: 36Yrs 7Mths 28Days
UHID	: CWAN.0000073886	OP Visit No.	: CWANOPV243181
Printed On	: 09-11-2024 12:58 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E38195		

DEPARTMENT OF RADIOLOGY

ULTRASOUND- WHOLE ABDOMEN

Liver- appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder- is distended. No evidence of calculus. Wall thickness appears normal. No evidence of focal lesion.

Spleen- appears normal. No focal lesion seen. Splenic 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 CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder- is distended and appears normal. No evidence of any wall thickening or focal lesion. No evidence of any intrinsic or extrinsic bladder abnormality.

Uterus- measures 6.1 x 4.6 x 5.8 cms retroflexed , normal in size , shape and echopattern. Endometrial echo-complex appears normal and measures 6.5 mm. No obvious focal myometrial lesion noted on TAS study.

Both ovaries- appear normal in size, shape and echotexture. No focal lesion noted.
Right ovary : 3.8 x 1.9 cms. Left ovary : 3.0 x 1.8 cms.
No evidence of any adnexal pathology.

No free fluid / retroperitoneal lymphadenopathy seen.

IMPRESSION:-

No 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.SATINDER LAMBA
MBBS, DMRE, MD (USAIM)

2004/02/386

Radiology

Patient Name	: Mrs.SHITAL TILEKAR	Collected	: 09/Nov/2024 10:47AM
Age/Gender	: 36 Y 7 M 28 D/F	Received	: 09/Nov/2024 03:43PM
UHID/MR No	: CWAN.0000073886	Reported	: 09/Nov/2024 04:28PM
Visit ID	: CWANOPV243181	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E38195		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Microcytic hypochromic anemia
Advice: Iron studies & Hb Electrophoresis.



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

SIN No:CWA241100287

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 |
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APOLLO CLINICS NETWORK

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

"AMBA VATICA", Plot No. B-1, Survey No. 16A/2,
Wanowrie, Khondawa Khurd, Wanouri, Pune,
Maharashtra, India - 411018

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



Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 10:47AM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 03:43PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 04:28PM
Visit ID : CWANOPV243181	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E38195	

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	9.2	g/dL	12-15	Spectrophotometer
PCV	28.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	63.6	fL	83-101	Calculated
MCH	20.2	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	17.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,980	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2599.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1957.14	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	139.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	278.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.33		0.78- 3.53	Calculated
PLATELET COUNT	465000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Microcytic hypochromic anemia



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

SIN No:CWA241100287

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



Patient Name	: Mrs.SHITAL TILEKAR	Collected	: 09/Nov/2024 10:47AM
Age/Gender	: 36 Y 7 M 28 D/F	Received	: 09/Nov/2024 03:43PM
UHID/MR No	: CWAN.0000073886	Reported	: 09/Nov/2024 04:28PM
Visit ID	: CWANOPV243181	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E38195		

DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.



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

SIN No:CWA241100287

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Wanowrie, Khondawa Khurd, Wanouri, Pune,
Maharashtra, India - 411018

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




Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 10:47AM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 03:43PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 04:59PM
Visit ID : CWANOPV243181	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E38195	

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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:CWA241100287

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



Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 10:47AM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 03:43PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 04:04PM
Visit ID : CWANOPV243181	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E38195	

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	79	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No:CWA241100286

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



Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 01:36PM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 03:42PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 05:10PM
Visit ID : CWANOPV243181	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E38195	

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)	82	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.

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

SIN No:CWA241100310

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



Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 10:47AM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 03:44PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 04:31PM
Visit ID : CWANOPV243181	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E38195	

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) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:CWA241100282

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



Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 10:47AM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 05:26PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 07:34PM
Visit ID : CWANOPV243181	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E38195	

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	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.26	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.37	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.13		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



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

SIN No:CWA241100288

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



Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 10:47AM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 05:26PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 07:34PM
Visit ID : CWANOPV243181	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E38195	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.31	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.3	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	50.92	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY 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) , SERUM				
CREATININE	0.60	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.37	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.55	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133.54	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98.21	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.90	U/L	<38	IFCC



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Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 05:26PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 06:07PM
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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				
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.171	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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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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Consultant Pathologist

SIN No:CWA241100284

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Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 10:47AM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 04:39PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	3 - 4	/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 14 of 17



DR.Sanjay Ingle
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SIN No:CWA241100283

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Patient Name	: Mrs.SHITAL TILEKAR	Collected	: 09/Nov/2024 10:47AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 15 of 17



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

SIN No:CWA241100283

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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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:CWA241100281

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



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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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR

Page 17 of 17



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

SIN No: CWA241100285

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



Patient Name	: Mrs.SHITAL TILEKAR	Collected	: 09/Nov/2024 10:47AM
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UHID/MR No	: CWAN.0000073886	Reported	: 09/Nov/2024 05:17PM
Visit ID	: CWANOPV243181	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E38195		

TERMS AND CONDITIONS GOVERNING THIS REPORT

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DR. Sanjay Ingle
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Consultant Pathologist



SIN No: CWA241100285

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name : Mrs.SHITAL TILEKAR	Collected : 09/Nov/2024 01:41PM
Age/Gender : 36 Y 7 M 28 D/F	Received : 09/Nov/2024 04:28PM
UHID/MR No : CWAN.0000073886	Reported : 09/Nov/2024 05:34PM
Visit ID : CWANOPV243210	Status : Final Report
Ref Doctor : Dr. MUSHFIYA BAHRAINWALA	Centre Name : ONEHUB WANOWRIE

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.88	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	144	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA241100311

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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 Sneha Shah
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SIN No:CWA241100311


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