

Patient Name : Mrs.ANUJA GHADGE	Collected : 31/Aug/2024 09:21AM
Age/Gender : 39 Y 1 M 24 D/F	Received : 31/Aug/2024 11:54AM
UHID/MR No : SPUN.0000049204	Reported : 31/Aug/2024 12:42PM
Visit ID : SPUNOPV66527	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7987946	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- 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	36.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,280	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65.9	%	40-80	Electrical Impedance
LYMPHOCYTES	25.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6115.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2329.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	343.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	464	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.63		0.78- 3.53	Calculated
PLATELET COUNT	310000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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



SIN No: BED240221599

Apollo Speciality Hospitals Private Limited
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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
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Certificate No: MC-5697

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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:BED240221599



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Patient Name : Mrs.ANUJA GHADGE	Collected : 31/Aug/2024 12:38PM
Age/Gender : 39 Y 1 M 24 D/F	Received : 31/Aug/2024 01:11PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	133	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)	140	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:PLP1484584



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ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	93	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.55	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Consultant Pathologist

SIN No:SE04818531



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ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.15	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.93	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.92	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.2	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	67.46	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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, Wilson's'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.



Dr Sneha Shah
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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

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

SIN No:SE04818531



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	23.12	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.53	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.28	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.18	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.3	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated


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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	67.46	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.28	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

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Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	17.27	mg/L	<5	IMMUNO-TURBIDIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
ELECTROLYTES - SERUM , SERUM				
SODIUM	136.18	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.3	mmol/L	101-109	ISE (Indirect)


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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	34.80	U/L	<38	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
PHOSPHORUS, INORGANIC , SERUM	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- 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)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	15.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.877	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

Page 12 of 17


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24136885

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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

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





Certificate No: MC-5697

Patient Name : Mrs.ANUJA GHADGE	Collected : 31/Aug/2024 09:21AM
Age/Gender : 39 Y 1 M 24 D/F	Received : 31/Aug/2024 12:19PM
UHID/MR No : SPUN.0000049204	Reported : 31/Aug/2024 01:31PM
Visit ID : SPUNOPV66527	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7987946	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

SIN No:SPL24136885



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

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

Patient Name : Mrs.ANUJA GHADGE	Collected : 31/Aug/2024 09:21AM
Age/Gender : 39 Y 1 M 24 D/F	Received : 31/Aug/2024 12:19PM
UHID/MR No : SPUN.0000049204	Reported : 31/Aug/2024 01:33PM
Visit ID : SPUNOPV66527	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7987946	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	9.9	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.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24136885



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Patient Name : Mrs.ANUJA GHADGE	Collected : 31/Aug/2024 09:21AM
Age/Gender : 39 Y 1 M 24 D/F	Received : 31/Aug/2024 12:19PM
UHID/MR No : SPUN.0000049204	Reported : 31/Aug/2024 03:43PM
Visit ID : SPUNOPV66527	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7987946	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	150	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.

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.



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



SIN No: SPL24136885

Apollo Speciality Hospitals Private Limited
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Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.0000049204
Visit ID : SPUNOPV66527
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7987946

Collected : 31/Aug/2024 09:21AM
Received : 31/Aug/2024 12:55PM
Reported : 31/Aug/2024 01:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- 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	HAZY		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Refractometric
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	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	15 - 18	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5 - 6	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2409322



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

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

Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.0000049204
Visit ID : SPUNOPV66527
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7987946

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Received : 31/Aug/2024 12:55PM
Reported : 31/Aug/2024 01:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012079



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Pune, Maharashtra

Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.0000049204
Visit ID : SPUNOPV66527
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7987946

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Reported : 31/Aug/2024 01:35PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012079

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



Customer Pending Tests- Dental Consultation not done because client not interested
LBC PAPSURE report will be released after 2-3 days

Name : Mrs. Anuja Ghadge Address : Sahakarnagar, Pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 39 Y Sex : F	UHID :SPUN.0000049204  OP Number :SPUNOPV66527 Bill No :SPUN-OCR-11467 Date : 31.08.2024 09:17
--	---	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 2D ECHO	
<input checked="" type="checkbox"/>	3 CALCIUM, SERUM	
<input checked="" type="checkbox"/>	4 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	6 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	8 PULMONARY FUNCTION TEST	
<input checked="" type="checkbox"/>	9 DIET CONSULTATION	
<input checked="" type="checkbox"/>	10 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	11 URINE GLUCOSE(POST PRANDIAL) 11:55 Am	
<input checked="" type="checkbox"/>	12 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	13 ECG	
<input checked="" type="checkbox"/>	14 LBC PAP TEST- PAPSURE	
<input checked="" type="checkbox"/>	15 ELECTROLYTES - SERUM	
<input checked="" type="checkbox"/>	16 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	17 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	18 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:55 Am	
<input checked="" type="checkbox"/>	19 VITAMIN D - 25 HYDROXY (D2+D3)	
<input checked="" type="checkbox"/>	20 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	21 PHOSPHORUS, INORGANIC - SERUM	
<input checked="" type="checkbox"/>	22 SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	23 C-REACTIVE PROTEIN CRP (QUANTITATIVE)	
<input checked="" type="checkbox"/>	24 ALKALINE PHOSPHATASE - SERUM/PLASMA	
<input checked="" type="checkbox"/>	25 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	26 ENT CONSULTATION	
<input checked="" type="checkbox"/>	27 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	28 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	29 VITAMIN B12	
<input checked="" type="checkbox"/>	30 LIPID PROFILE	
<input checked="" type="checkbox"/>	31 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	32 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	33 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	34 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Anuja Ghadge on 31/08/2024

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 checked="" 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> <p>1.....</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">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 31/08/2024
MRNO :
Name : Anuja Ghadge
Age/Gender :
Mobile No : 391F

Department
Consultant
Reg. No
Qualification

Gen. Phy.
Dr. Samrat Shah

Consultation Timing :

902-981

Pulse : 70/40	B. P. : 139/98	Resp : 10/4	Temp : 98.1
Weight : 69.4 kg	Height : 178 cm	BMI : 27.0 kg/m ²	Waist Circum :

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

Kidney stone on R

Adv

129 AD PAs needed - (5)

Kidney D360K needed - (12)

found fit to join duty

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Follow up date:

Doctor Signature

Date : 31.08.2024
MRNO :
Name : Anuja Ghadge
Age/Gender :
Mobile No : 391F

Department : ENT
Consultant : Dr. Amruta
Reg. No : Ambekar.
Qualification :
Consultation Timing :

Temp - 98.1

Pulse : 78	B. P. : 139/98	Resp : 18w	Temp : SpO2 - 98%
Weight : 69.4 kg	Height : 158cm	BMI : 27.8	Waist Circum :

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

ENT Health Check.
NO ENT complaints
E / NAD
7 /

Adde

Follow up date:

Doctor Signature

Date : 31/08/2024
MRNO :
Name : Anuja Ghadge
Age/Gender :
Mobile No : 39/F

Department : Gynecology
Consultant :
Reg. No : DR. RUCHA TEJE
Qualification : MBBS, MS
Consultation Timing :

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

General Examination / Allergias
History

30yrs. Clo irregular intermenstrual spotting
pain before beginning of menses. CuT insertion: 2yr
MH: PMC 3-4d / 25-28d / RmPL
LMP- 10/8/24

OH: P2L2 USG. CuT insertion 2yrs back

PH: H/O H+V on treatment

USG: 8/8/24: NAD Small umb hernia 1.5cm
fat herniation
Normal SOAO
mamms.

O/E: vitals stable

PA - Soft NT
umbilical hernia ⊕

PS - Vaginitis ⊕ bleed on touch
thread seen / paptaken

Follow up date:

Doctor Signature



Apollo Clinic

CONSENT FORM

Patient Name: Anuja Guadga Age: 39 yrs.

UHID Number: Company Name:

I Mr/Mrs/Ms Anuja Guadga Employee of JM Mutual fund.

(Company) Want to inform you that I am not interested in getting Dental consultation

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 31st Aug. 2024.

Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.000049204
Visit ID : SPUNOPV66527
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7987946

Collected : 31/Aug/2024 09:21AM
Received : 31/Aug/2024 11:54AM
Reported : 31/Aug/2024 12:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLATINUM PLUS ADVANCED- 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	36.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	79	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,280	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65.9	%	40-80	Electrical Impedence
LYMPHOCYTES	25.1	%	20-40	Electrical Impedence
EOSINOPHILS	3.7	%	1-6	Electrical Impedence
MONOCYTES	5	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6115.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2329.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	343.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	464	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.63		0.78- 3.53	Calculated
PLATELET COUNT	310000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC's Microcytes+, Elliptocytes+

WBC's are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 17



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



SIN No:BED240221599

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

Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.0000049204
Visit ID : SPUNOPV66527
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324



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

SIN No:BED240221599

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- 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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240221599

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



Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.0000049204
Visit ID : SPUNOPV66527
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7987946

Collected : 31/Aug/2024 12:38PM
Received : 31/Aug/2024 01:11PM
Reported : 31/Aug/2024 01:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	133	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:

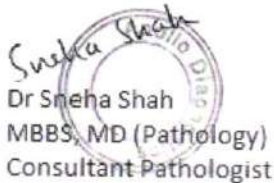
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	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:PLP1484584

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



Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.0000049204
Visit ID : SPUNOPV66527
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7987946

Collected : 31/Aug/2024 09:21AM
Received : 31/Aug/2024 12:20PM
Reported : 31/Aug/2024 01:16PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	93	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.55	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.06		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04818531

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



Patient Name	: Mrs.ANUJA GHADGE	Collected	: 31/Aug/2024 09:21AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.15	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.93	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.92	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.2	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	67.46	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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, Wilson'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.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:SE04818531

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04818531

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	23.12	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.53	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.28	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.18	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.3	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04818531

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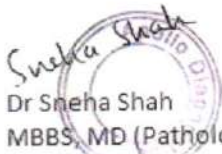
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	67.46	U/L	30-120	IFCC
Test Name	Result	Unit	Bio. Ref. Interval	Method
CALCIUM , SERUM	9.28	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:SE04818531



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	17.27	mg/L	<5	IMMUNO-TURBIDIMETRY

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

Test Name	Result	Unit	Bio. Ref. Interval	Method
ELECTROLYTES - SERUM , SERUM				
SODIUM	136.18	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.3	mmol/L	101-109	ISE (Indirect)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04818531

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	34.80	U/L	<38	IFCC
Test Name	Result	Unit	Bio. Ref. Interval	Method
PHOSPHORUS, INORGANIC , <i>SERUM</i>	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex


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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- 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)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	15.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.877	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24136885

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

Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
UHID/MR No : SPUN.0000049204
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24136885

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



Patient Name : Mrs.ANUJA GHADGE
Age/Gender : 39 Y 1 M 24 D/F
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	9.9	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.

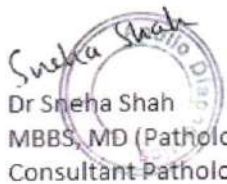
Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24136885

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Visit ID	: SPUNOPV66527	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	150	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.

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.



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

SIN No:SPL24136885

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 PLATINUM PLUS ADVANCED- 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	HAZY		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Refractometric
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	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	15 - 18	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5 - 6	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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:UR2409322

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 PLATINUM PLUS ADVANCED- FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
 LBC PAP SMEAR



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:UF012079

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

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. 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. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012079

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



Patient Name:	MRS.ANUJA GHADGE 39Y	MR No:	SPUN.00049204
Age:	39 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	F	Physician:	SELF
Image Count:	1	Date of Exam:	31-Aug-2024
Arrival Time:	31-Aug-2024 10:11	Date of Report:	31-Aug-2024 10:48

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



Dr. Santhosh Kumar DMRD, DNB
Consultant Radiologist
Reg.No: 59248

CONFIDENTIALITY:

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

PLEASE NOTE:

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

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

Apollo Specialty Hospital Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

2D ECHO / COLOUR DOPPLER

Name : Mrs. Anuja Ghadge
Ref by : Dr. Samrat Shah

Age :39Y/ F
Date : 31/08/2024

LA – 32 AO – 26 IVS – 10 PW – 10

LVIDD – 37 LVIDS - 25
EF 55 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 55 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

EYE REPORT

Name: Mrs. Anuja Ghadge

Date: 31/8/2024

Age/Sex: 39 yrs, F

Ref No.:

Complaint: Using glasses for distance

Examination

Vision $\left\{ \begin{array}{l} R \ 6/6, N6 \\ L \ 6/6, N6 \end{array} \right\}$ unaided

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

* Slit lamp exam

* Colour vision

} WML

PGP $\left\{ \begin{array}{l} R \\ L \end{array} \right.$

Medications:

Trade Name	Frequency	Duration

Follow up: After one year

Consultant: Dr. A.C. Bhargav
M.B.B.S, D.D.M.S,

Apollo Spectra Hospitals

Patient's Name :- Mrs. Anuja Ghadge
Ref. Doctor :- Healthcheckup.

AGE : 39Yrs / F.
DATE : 31/8/2024

USG ABDOMEN & PELVIS

Liver : appears normal in size but shows increased echogenicity due to fatty infiltration. No focal lesion is seen. PV and CBD 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. 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.
Right kidney-10.0 X 4.5 cms. Left kidney – 11.4X 4.9 cms

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 : appears normal in size measuring 8.2x4.0x5.7 cms. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm. Cu T noted in situ

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

Small umbilical hernia is seen, defect size 1.4 cm through which fat seen herniating.

IMPRESSION :-

Grade I fatty liver.

Umbilical hernia.


Dr. Rajce Munot, M.D

Consultant Radiologist.

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Ph No: 040 - 4904 7777 | www.apollohl.com

Patient's Name :- Mrs. Anuja Ghadge
Ref. Doctor :- Healthcheckup.

AGE : 39 Yrs / F.
DATE : 31/8/2024

USG OF BOTH BREASTS AND BOTH AXILLAE

- Both breasts show normal mixed fatty and fibroglandular parenchyma.
- There is no evidence of any solid or cystic focal lesion seen.
- Subareolar gland is normal.
- There is no ductal dilatation.
- No architectural distortion.
- Both axillary tails look normal. No evidence of axillary node enlargement.
-

CONCLUSION :

Normal sono mammography


Dr. Rajceer Munot, M.D

Consultant Radiologist.

Apollo Spectra pune

Saras Baug Rd, opp. Sanas Play Ground, Vijayanagar Colony, Sadashiv Peth, Pune

Patient: Mrs Anuja Ghadge

Refd.By: Self

Pred.Eqns: RECORDERS

Date : 31-Aug-2024 10:43 AM

Age : 39 Yrs

Height : 157 Cms

Weight : 69 Kgs

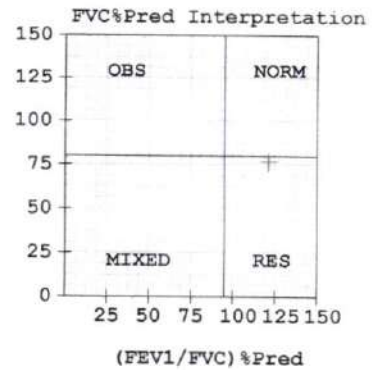
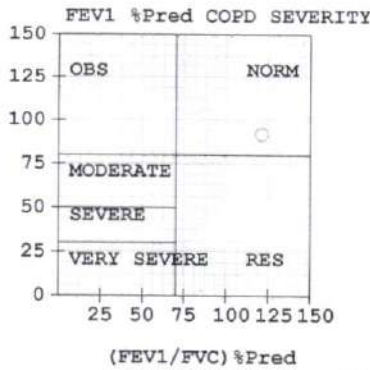
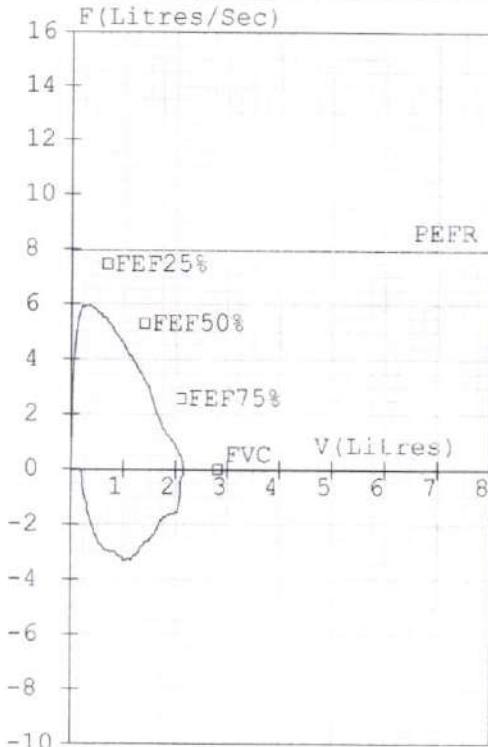
ID : SPUN0000049204

Gender : Male

Smoker : No

Eth. Corr: 100

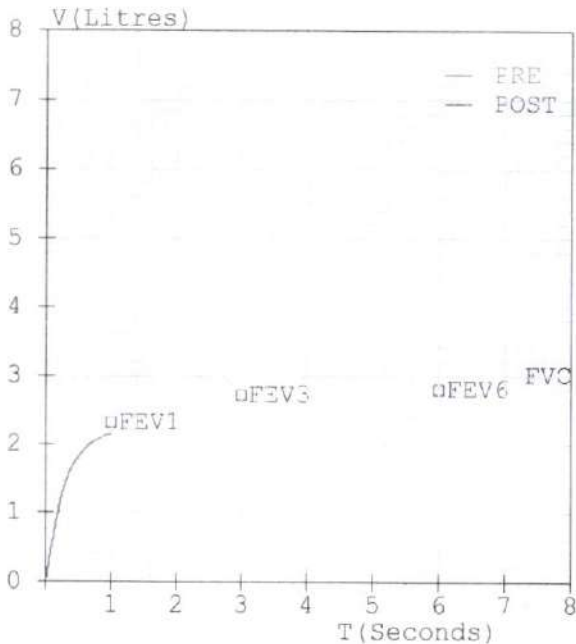
Temp : 37°C



FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	02.81	02.15	077	-----	---	---
FEV1 (L)	02.33	02.15	092	-----	---	---
FEV1/FVC (%)	82.92	100.00	121	-----	---	---
FEF25-75 (L/s)	03.74	03.94	105	-----	---	---
PEFR (L/s)	07.96	05.91	074	-----	---	---
FIVC (L)	-----	01.96	---	-----	---	---
FEV.5 (L)	-----	01.83	---	-----	---	---
FEV3 (L)	02.73	02.15	079	-----	---	---
PIFR (L/s)	-----	03.30	---	-----	---	---
FEF75-85 (L/s)	-----	01.59	---	-----	---	---
FEF.2-1.2 (L/s)	06.30	05.03	080	-----	---	---
FEF 25% (L/s)	07.44	05.60	075	-----	---	---
FEF 50% (L/s)	05.31	04.26	080	-----	---	---
FEF 75% (L/s)	02.58	02.14	083	-----	---	---
FEV.5/FVC (%)	-----	85.12	---	-----	---	---
FEV3/FVC (%)	97.15	100.00	103	-----	---	---
FET (Sec)	-----	00.99	---	-----	---	---
ExplTime (Sec)	-----	00.04	---	-----	---	---
Lung Age (Yrs)	039	042	108	-----	---	---
FEV6 (L)	02.81	-----	082	-----	---	---
FIF25% (L/s)	-----	01.65	---	-----	---	---
FIF50% (L/s)	-----	02.78	---	-----	---	---
FIF75% (L/s)	-----	-----	---	-----	---	---
Pre-Test COPD Severity	03.06	---	---	-----	---	---

Test within normal limits



Pre Medication Report Indicates
Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80

Dr.Samrat Shah

31.08.2024 10:39:00
APOLLO SPECTRA HOSPITAL
SADASHIV PETH
PUNE-411030

Miss. Anuja Ghadge
F-3948

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

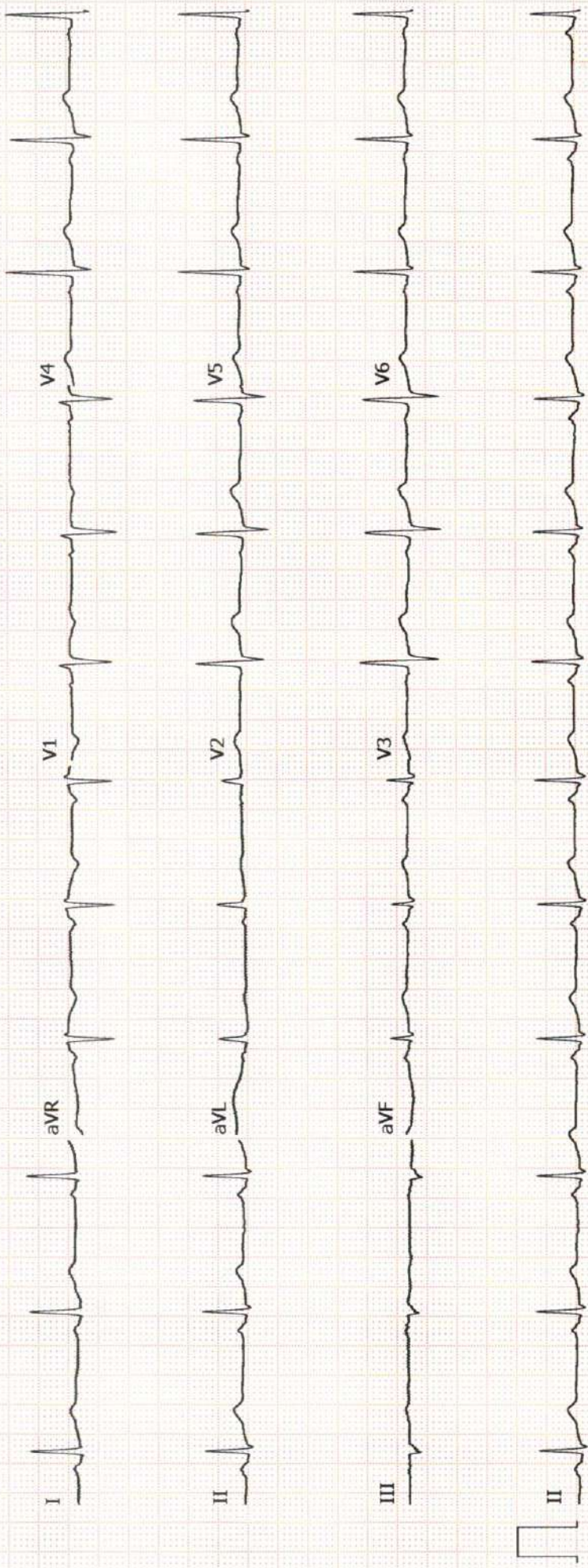
QRS : 82 ms
QT / QTcBaz : 406 / 431 ms
PR : 130 ms
P : 96 ms
RR / PP : 876 / 882 ms
P / QRS / T : 45 / 20 / 43 degrees

Normal sinus rhythm
Normal ECG

Location:
Order Number:
Visit:
Indication 1:
Medication 2:
Medication 3:

68 bpm
-- / -- mmHg

Room:



278509	BAJAJ AUTO CREDIT LIMITED	Rahul Suresh Gosavi	rgosavi@bajajautocredit.com	9325614539	BAJAJ AUTO CREDIT LIMITED
277903	JIANGYIN UNIPOL VACUUM CASTING	Mayur Deshmukh	shradha.dudhane@uni-pol.com	7020226082	JIANGYIN UNIPOL VACUUM CAS
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277416	ARCOFEMI HEALTHCARE LIMITED	Anuja Ghadge	anuja.ghadge@jmfli.com	9923932277	ARCOFEMI MEDIWHEEL FEMALI
276681	AAYUV TECHNOLOGIES PRIVATE LIM...	Sagar saware	reports@ekincare.com	7020879895	AAYUV TECHNOLOGIES EKPTH AAYUV TECHNOLOGIES EK-NP1
276375	INDIAN HEALTH ORGANISATION PRI...	Gaurav Gujar	carewellness@medibuddy.in	7507932924	INDIAN HEALTH ORGANISATIOF
275370	PHASORZ TECHNOLOGIES PRIVATE L...	Prasad Kulkarni	prasad.kulkarni1@amdocs.com	9168907866	PHASORZ MEDIBUDDY STANDAI PHASORZ INDIVIDUAL TEST 2 (
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भारत सरकार
GOVERNMENT OF INDIA



अनुजा घाडगे
Anuja Ghadge
जन्म तारीख/DOB: 07/07/1985
महिला/ FEMALE

6906 7744 5988

VID : 9195 5572 5090 0492



माझे आधार, माझी ओळख



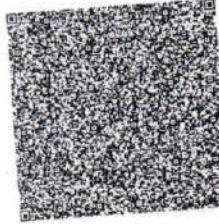
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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नगर, मुक्तकान पोस्ट पुणे तालुका पुणे, पुणे शहर, पुणे,
महाराष्ट्र - 411009

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