





Patient Name : Ms.SHILPA PRADHAN	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 10 M 29 D/F	Received : 26/Oct/2024 01:50PM
UHID/MR No : CVIM.0000246333	Reported : 26/Oct/2024 02:26PM
Visit ID : CVIMOPV636827	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34291	

**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:VIR241003176

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



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Age/Gender : 35 Y 10 M 29 D/F	Received : 26/Oct/2024 01:50PM
UHID/MR No : CVIM.0000246333	Reported : 26/Oct/2024 03:03PM
Visit ID : CVIMOPV636827	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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



*Sneha Shah*  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:VIR241003176  
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Ms.SHILPA PRADHAN	Collected : 26/Oct/2024 11:40AM
Age/Gender : 35 Y 10 M 29 D/F	Received : 26/Oct/2024 03:28PM
UHID/MR No : CVIM.0000246333	Reported : 26/Oct/2024 05:22PM
Visit ID : CVIMOPV636827	Status : Final Report
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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	81	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)	80	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.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:VIR241003293

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UHID/MR No : CVIM.0000246333	Reported : 26/Oct/2024 04:13PM
Visit ID : CVIMOPV636827	Status : Final Report
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>206</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>158</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>144.72</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		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:VIR241003175

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.6</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	62.87	U/L	30-120	IFCC
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	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 Patten:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

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

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

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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.69	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	19.01	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.33	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.57	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.44	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.42	mmol/L	136-146	ISE (Indirect)
POTASSIUM	<b>5.4</b>	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.18	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

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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
<b>ALKALINE PHOSPHATASE , SERUM</b>	62.87	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>CALCIUM , SERUM</b>	9.57	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. Sanjay Ingle**  
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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**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	9.86	U/L	<38	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>PHOSPHORUS, INORGANIC , SERUM</b>	3.44	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.15	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.025	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

- 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

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

SIN No: VIR241003179

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Patient Name : Ms.SHILPA PRADHAN	Collected : 26/Oct/2024 09:14AM
Age/Gender : 35 Y 10 M 29 D/F	Received : 26/Oct/2024 01:11PM
UHID/MR No : CVIM.0000246333	Reported : 26/Oct/2024 02:10PM
Visit ID : CVIMOPV636827	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>VITAMIN D (25 - OH VITAMIN D) , SERUM</b>	16.14	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.Sanjay Ingle  
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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	178	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

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**DEPARTMENT OF CLINICAL PATHOLOGY**

**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:VIR241003177

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Age/Gender : 35 Y 10 M 29 D/F	Received : 26/Oct/2024 03:10PM
UHID/MR No : CVIM.0000246333	Reported : 26/Oct/2024 03:30PM
Visit ID : CVIMOPV636827	Status : Final Report
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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(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

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

SIN No:VIR241003178

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UHID	: CVIM.0000246333	OP Visit No.	: CVIMOPV636827
Printed On	: 26-10-2024 05:42 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E34291		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

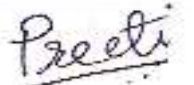
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

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Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34291		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND ABDOMEN AND PELVIS

**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 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 mid pole shows calculi concretions.

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

**Uterus** appears retroverted and normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9.8 mm.

**Right ovary** appears normal in size, shape and echotexture.

**Left ovary** show a complex cyst with thick septi and echogenic foci measuring 4.2 x 4.56 cm.

Free fluid noted in POD. No evidence of any adnexal pathology noted.

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**Bowel loops and Retroperitoneum** appear normal. Aorta and IVC appear normal.  
No abnormal lymphadenopathy noted.

**IMPRESSION:-**

**Right kidney mid pole shows calcular concretions.**

**Left ovary show a complex cyst with thick septi and echogenic foci**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---



Dr. PREETI P KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

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Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34291		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

**Right and left axilla:** No significant lymphadenopathy .

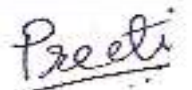
### IMPRESSION :

**No significant pathology noted in bilateral breast parenchyma. BIRAD –I**

**Follow up after a year is recommended.**

NOTE: The science of the radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal structures. Hence the report represents only some of the various possibilities and a number of variables, known and unknown does exist.

---End Of The Report---



Dr. PREETI P KATHE



---

DMRE, MD, DNB  
2003/04/1886  
Radiology






## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shilpa Pradhan on \_\_\_\_\_

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

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

  
Dr. Anil Kumar No. 20190050  
Medical Officer  
The Apollo Clinic, (Location)

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



Date : 10/26/2024 Department : General Practice  
 Patient Name : Ms. SHILPA PRADHAN Doctor : Dr. ALIA FATHIMA  
 UHID : CVIM.0000246333 Registration No. : 9050  
 Age / Gender : 35Yrs 10Mths 30Days / Female Qualification : MBBS  
 Consultation Timing : 9:06 AM

Height : 164	Weight : 61	BMI : 22	Waist Circum : 90
Temp : 97	Pulse : 90	Resp : 18	B.P : 110/70

General Examination / Allergies History

Clinical Diagnosis & Management Plan

O/E: conscious oriented

AHC

no c/o at present

Past h/o: nil

Sx h/o: nil

Fam h/o: Parents: S. H TN

no addiction

Diet: non veg

no allergies

RS  
CVS  
P/a  
CAS } NAD

Adv → Post-req consultation  
 - HPV vaccination

**Dr. Alia Fathima**

Registration No. 2023/1/9050  
 Doctor Signature

Follow up date:

Date	: 10/26/2024	Department	: ENT
Patient Name	: Ms. SHILPA PRADHAN	Doctor	: Dr. SHIRISH S SHELKE
UHID	: CVIM.0000246333	Registration No.	: 2006020512
Age / Gender	: 35Yrs 10Mths 30Days / Female	Qualification	: MBBS, DLO (ENT)
Consulation Timing	: 9:06 AM		

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

*[Handwritten Signature]*  
ENT NAD

*[Handwritten Note]*

Follow up date:

Doctor Signature

Date	: 10/26/2024	Department	: General Practice
Patient Name	: Ms. SHILPA PRADILAN	Doctor	: Dr. ALIA FAHIMA
UHID	: CV1M.0000246333	Registration No.	: 9050
Age / Gender	: 35Yrs 10Mths 30Days / Female	Qualification	: MBBS
Consulation Timing	: 9:07 AM		

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Miss Shilpa Pradhan

Unmarried 35-yr.

not sexually active

only LMP - 8/10/24

4-5/28-30

PIS - PAP not taken

Adh

- AMH

- Egg freezing

Adh PAP

**DR. DEEPAI AMOL GALGE**

M.B.B.S., D.G.O., D.N.B.

OBSTETRICIAN & GYNAECOLOGIST

Reg.No.: 2003083495

7875950921





EYE EXAMINATION

DATE:-

26/10/20

NAME:-

SAILPA Pradha

AGE:-

35

CORPORATE:-

Arcofen

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/5	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Normal Eye Check Up

Impression - Normal Eye Check Up.

(Ophthalmology)



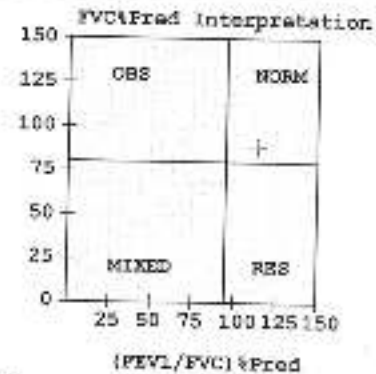
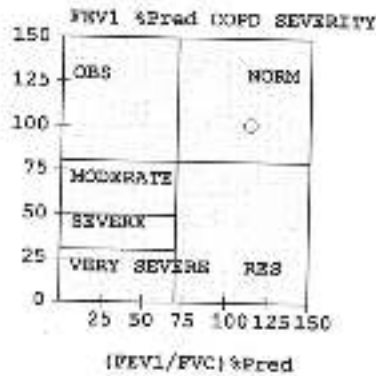
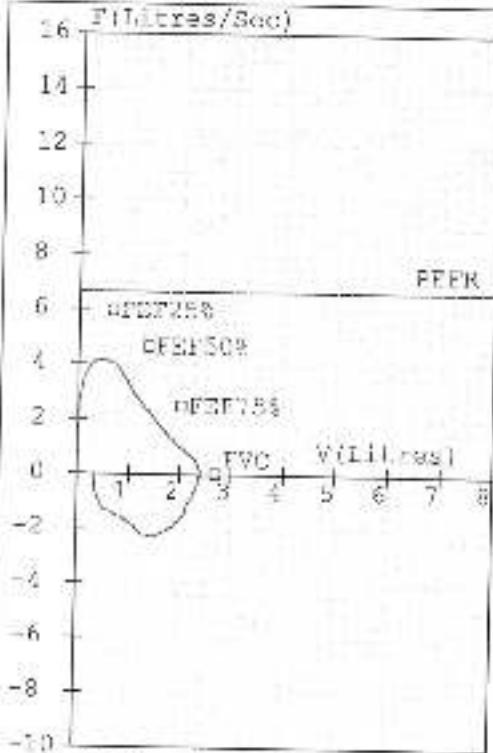
# Apollo Clinic Viman Nagar

Ground Nyati Millenium Premises S1 Datta Mandir Chowk, Viman Nagar, Pune,

Patient: SHILPA PRADHAN  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 26-Oct-2024 10:15 AM

Age : 35 Yrs  
 Height : 165 Cms  
 Weight : 61 Kgs  
 ID : 246333

Gender : Female  
 Smoker : No  
 Eth. Corr: 100  
 Temp : 36°C



### FVC Results

Parameter	Pred	M.Pre %Pred	M.Post %Pred	%Imp
FVC (L)	02.68	02.39	089	---
FEV1 (L)	02.12	02.15	101	---
FEV1/FVC (%)	79.10	89.96	114	---
PEF25-75 (L/s)	02.90	02.40	083	---
PEFR (L/s)	06.64	04.10	062	---
FIVC (L)	----	02.05	---	---
FEV.5 (L)	----	01.58	---	---
FEV3 (L)	02.60	02.39	092	---
PIFR (L/s)	----	02.26	---	---
PEF75-85 (L/s)	----	01.06	---	---
PEF.2-1.2 (L/s)	05.26	03.57	068	---
PEF 25% (L/s)	05.94	04.03	068	---
PEF 50% (L/s)	04.62	02.63	057	---
PEF 75% (L/s)	02.48	01.35	054	---
FEV.5/FVC (%)	----	66.11	---	---
FEV3/FVC (%)	97.01	100.00	103	---
FET (Sec)	----	01.67	---	---
Exptime (Sec)	----	00.09	---	---
Lung Age (Yrs)	035	035	100	---
FEV6 (L)	02.68	----	---	---
PIF25% (L/s)	----	00.86	---	---
PIF50% (L/s)	02.08	----	---	---
PEF75% min (L/s)	02.13	----	---	---

Pre Medication Report Indicates  
 Early Small Airway Obstruction as PEF 25-75 %Pred or PEFR %Pred < 70  
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80



35 Years

Phillip Pradhan  
Female

26-Oct-24 10:15:11 AM

Rate	92
PR	140
QRSD	85
QT	344
QTc	426

Stimulus rhythm  
 RSR' in V1 or V2, right VCD or RVB  
 Normal P axis, V-rate 50-59  
 QRS area positive & R' V1/V2

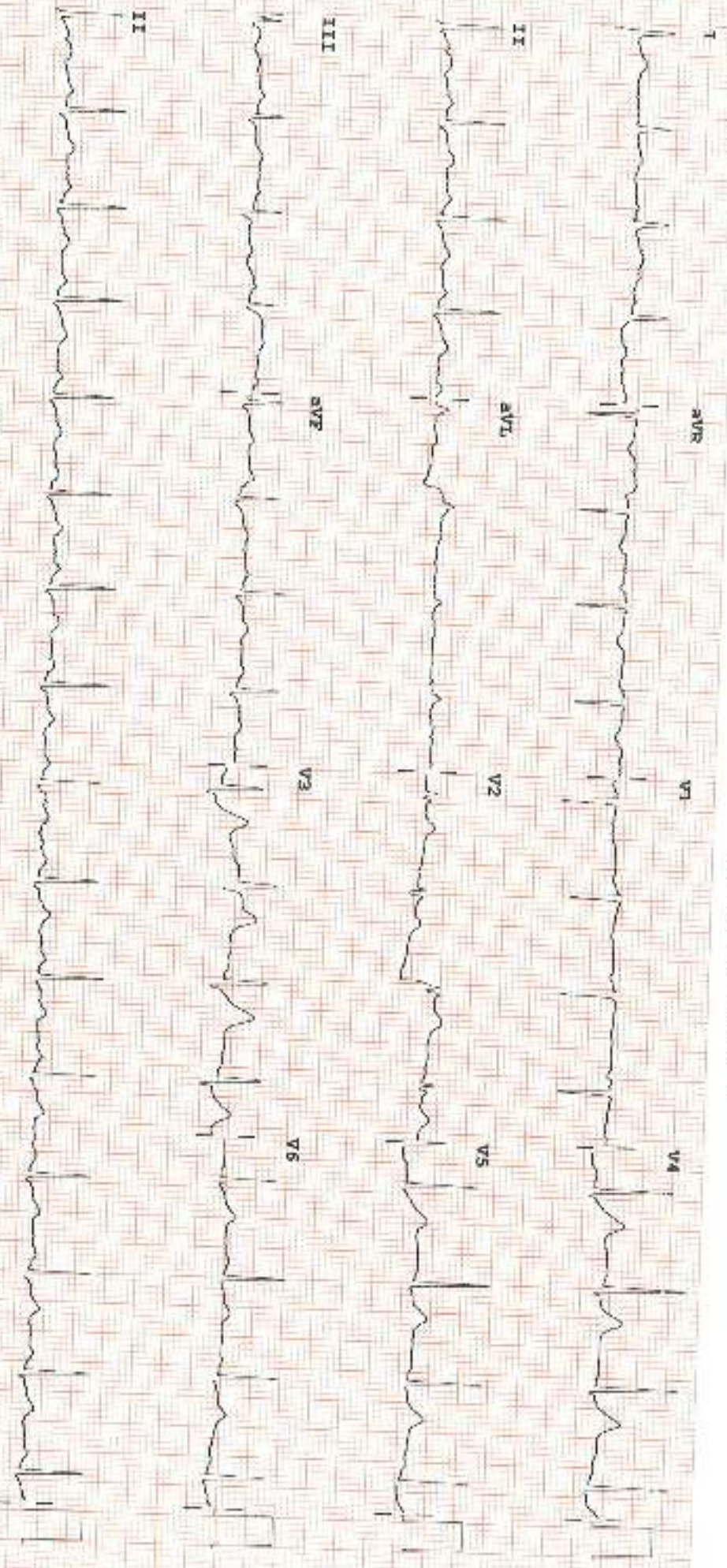
--AXIS--

P	61
QRS	49
T	47

12 Lead, standard placement

OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec  
 Limb: 10 mm/mV  
 Chest: 10.0 mm/mV

PHILIPS

F 50~ 0.50~ 40 Hz W

PH100B CU

P2

SHIMADZU K3073A



Certificate No: MC-5657

Patient Name	: Ms SHILPA PRADHAN	Collected	: 25/Oct/2024 09:14AM
Age/Gender	: 35 Y 10 M 29 D/F	Received	: 25/Oct/2024 01:50PM
UH/IDMR No	: CVIM.0000246333	Reported	: 25/Oct/2024 02:26PM
Visit ID	: CVIMOPV638827	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34291		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes+  
 WBC's are normal in number and morphology  
 Platelets are Adequate  
 No Abnormal cells seen  
 Impression: Microcytic hypochromic Anemia



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

SIN No: VIR241005176

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









Patient Name	: Ms. SHILPA PRADHAN	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 10 M 29 D/F	Received	: 26/Oct/2024 01:50PM
UHID/MR No	: CVIM.0000248333	Reported	: 26/Oct/2024 03:03PM
Visit ID	: CVIMOPV636827	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34291		

DEPARTMENT OF HAEMATOLOGY

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

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



*Swaha Shah*  
**Dr Swaha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No. VIR241003176

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







Patient Name	: Ms. SHILPA PRADHAN	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 10 M 29 D/F	Received	: 26/Oct/2024 03:22PM
UHID/MR No	: CVIM.0000246333	Reported	: 26/Oct/2024 04:13PM
Visit ID	: CVIMOPV636827	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Aut/VT/PA ID	: 22E34291		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>206</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>158</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>144.72</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		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-VTR241003175

This test has been performed at Apollo Health and Lifestyle Pvt. Sadaashiv Peeth Pune, Diagnostics Lab













Patient Name	: Ms.SHILPA PRADHAN	Collected	: 26/Oct/2024 08:14AM
Age/Gender	: 35 Y 10 M 29 D/F	Received	: 26/Oct/2024 03:22PM
UHID/MR No	: CVIM.0000248333	Reported	: 26/Oct/2024 04:13PM
Visit ID	: CVIMOPV636827	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34291		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM</b>	<b>40.03</b>	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
<b>ELECTROLYTES - SERUM , SERUM</b>				
SODIUM	139.42	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.18	mmol/L	101-109	ISE (Indirect)



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

SIN No:VIR241003175

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













Certificate No. MC-5697

Patient Name : Ms. SHILPA PRADHAN  
Age/Gender : 35 Y 10 M 29 D/F  
UHID/MR No : CVIM.0000246333  
Visit ID : CVIMOPV636827  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E34291

Collected : 26/Oct/2024 09:14AM  
Received : 26/Oct/2024 01:11PM  
Reported : 26/Oct/2024 02:10PM  
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	16.14	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.

*Sanjay Ingle*

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

SIN No: VIR241003179

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



Patient Name	: Ms.SHILPA PRADHAN	Collected	: 26/Oct/2024 09:14AM
Age/Gender	: 35 Y 10 M 29 D/F	Received	: 26/Oct/2024 01:11PM
UHID/MR No	: CVIM.0000246333	Reported	: 26/Oct/2024 02:06PM
Visit ID	: CVIMOPV636827	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34291		

**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	178	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: VIR241003179

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







Patient Name : Ms.SHILPA PRADHAN  
 Age/Gender : 35 Y 10 M 29 D/F  
 UHID/MR No : CVIM.0000248333  
 Visit ID : CVIMOPV636827  
 Ref Doctor : Self  
 Emp/Auh/TPA ID : 22E34291

Collected : 26/Oct/2024 09:14AM  
 Received : 26/Oct/2024 03:34PM  
 Reported : 26/Oct/2024 04:09PM  
 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**

Page: 17 of 19



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

SIN No: VIK241005177

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

**Apollo Health and Lifestyle Limited** (CIN: U85110TG300090115819)  
 Regd. Office: 110/15/2, Ashoka Rajyapathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
[www.apollohli.com](http://www.apollohli.com) | Email ID: [cs@apollohli.com](mailto:cs@apollohli.com), [hr@apollohli.com](mailto:hr@apollohli.com), [ph@apollohli.com](mailto:ph@apollohli.com), [fo@apollohli.com](mailto:fo@apollohli.com)

Hyderabad: Apollo Health and Lifestyle Ltd., 110/15/2, Ashoka Rajyapathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 Pune: Apollo Health and Lifestyle Ltd., Shop No. 51 & 52, 5th Floor, Building 'C', Vastu Nagar, Pune, Maharashtra, India - 411014



**1860 500 778**

[www.apolloclinic.com](http://www.apolloclinic.com)









Patient Name	: Ms. SHEPA PRADHAN	Age	: 35Yrs 11mths
UHID	: CVIM.0000246333	OP Visit No.	: CVIMOPV636827
Printed On	: 26-10-2024 06:00 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34291		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND ABDOMEN AND PELVIS

**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 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 mid pole shows calculi concretions.

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

**Uterus** appears retroverted and normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9.8 mm.

**Right ovary** appears normal in size, shape and echotexture.

**Left ovary** show a complex cyst with thick septi and echogenic foci measuring 4.2 x 4.56 cm.

Free fluid noted in POD. No evidence of any adnexal pathology noted.



Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal.  
No abnormal lymphadenopathy noted.

**IMPRESSION:-**

Right kidney mid pole shows calculi concretions.

Left ovary show a complex cyst with thick septi and echogenic foci

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---

*Preeti*

Dr. PREETIP KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology

Patient Name	: Ms. SHILPA PRADHAN	Age	: 35Yrs 11Mths
UHID	: CVIM.0000248333	OP Visit No.	: CVIMOPV635827
Printed On	: 25-10-2024 06:50 AM	Advised/ Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34291		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND OF BOTH BREASTS**

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

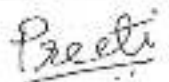
Right and left axilla: No significant lymphadenopathy.

**IMPRESSION :**

No significant pathology noted in bilateral breast parenchyma. BIRAD -I  
Follow up after a year is recommended.

NOTE: The science of the radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal structures. Hence the report represents only some of the various possibilities and a number of variables, known and unknown does exist.

---End Of The Report---



Dr. PREETI P KATHE

DMRE, MD, DNB

2003/04/1886

Radiology

---

Patient Name	: Ms. SHILPA PRADHAN	Age	: 35Yrs 11Mths
UHID	: CVM.0000246333	OP Visit No.	: CVMOPV635827
Printed On	: 25-10-2024 05:42 AM	Advised/ Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
EmployeeId	: 22E34231		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

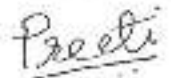
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

---End Of The Report---



Dr. PREETIP KATHE  
DMRE, MD, DNB  
2003/04/1886  
Radiology





## 2D ECHO/COLOUR DOPPLER

<b>NAME</b>	SHILPA PRADHAN
<b>AGE &amp; SEX</b>	35 / FEMALE
<b>DATE</b>	26/10/2024
<b>REF:</b>	

AO-22 mm; LA-28 mm; IVS- 09mm; LVIDd-39 mm; PW-07 mm; LVIDS: 26mm; LVEF-60%.

**MITRAL VALVE:** Normal leaflets.No MR

**AORTIC VALVE:** Normal leaflets.

**TRICUSPID VALVE:** Normal tricuspid leaflets. No tricuspid regurgitation.

**PULMONARY VALVE:** Normal leaflets. Normal gradients. No Pulmonary Regurgitation.

**LEFT VENTRICLE:** ; Normal LV size & normal wall thickness.Uniform contractility.Normal LV Systolic Function,LVEF-60%.

**PERICARDIUM:** Normal

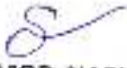
**RA & RV:** Normal .

**IVS & IAS:** Intact IAS. No flow seen across it.

### IMPRESSION:

NORMAL LV SYSTOLICFUNCTION..LVEF-60%.

NO PAH

  
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