

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms. Madhuri Borade on 08/07/2023

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. <u>Anemia</u>.....</p> <p>2. <u>Se Calcium ↓</u>.....</p> <p>3. <u>USG: Early changes in liver</u>.....</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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Samruddhi D. Jagdale
 MBBS
 Medical Officer
 Reg. No. 2021097453
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Name: Mrs. MADHURI BORADE
Age/ Sex: 31 yrs / F

Date: 08/07/2023

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	18	PULMONARY VE(m/sec)	0.8
LEFT ATRIUM (mm)	24	PG (mmHg)	2.8
		AORTIC VEL (m/sec)	1.4
IVS - D (mm)	8	PG (mmHg)	8.4
LVID - D (mm)	39	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	8		
EJECTION FRACTION (%)	60%		

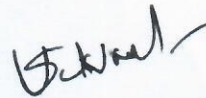
REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
NO tricuspid regurgitation.. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

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



DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 08-07-2023
MR NO : SKAN.0000099588

Department : GENERAL
Doctor :

Name : Mrs. MADHURI BORADE

Registration No :

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 08:30

HIP-80

Height : 148 cm	Weight : 58.6 kg	BMI : 22	Waist Circum : 72
Temp :	Pulse : 76/m	Resp :	B.P : 97/65 mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Adv. :-
- vit. B12
- vit. D3

Present complains - Nil

Comorbidity - Nil

Allergies - Nil

Surgical H/O : C.S. in y. 2018
Hemorrhoidectomy in y. 2022

Family H/O : Nil

Addiction - Nil

OE

CVS-

CNS-

P/A-

Chest-

NAD

H/O covid infection - Nil

Vaccinated with - 2 doses

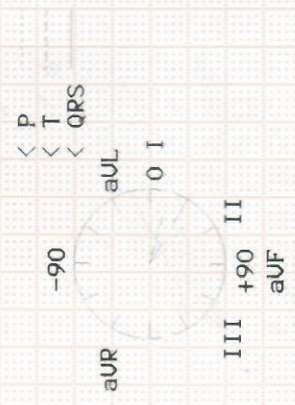
Follow up date:

Doctor Signature

HR 71 bpm

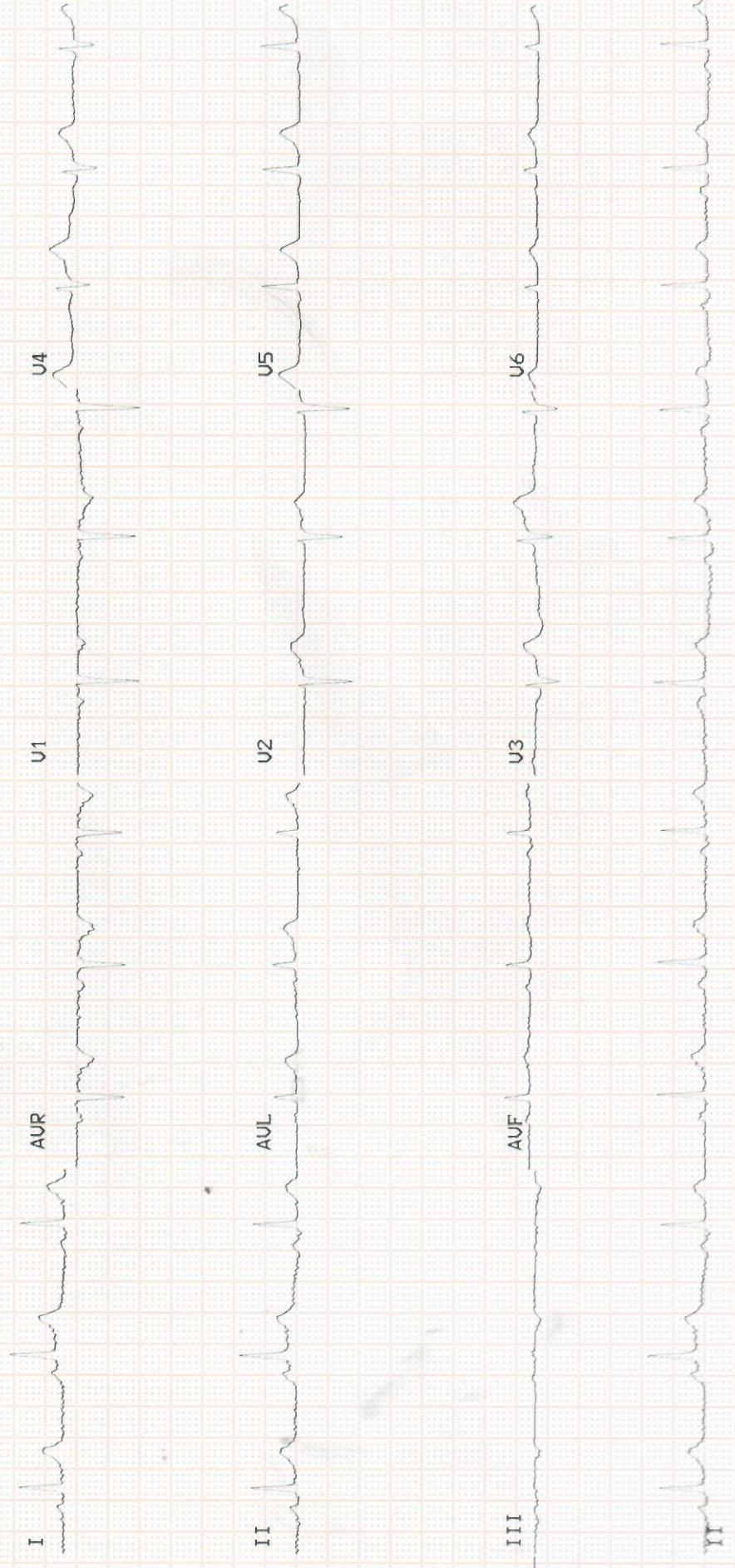
[Signature]

Interpretation:



AGE: 31
 Measurement Results:
 QRS : 86 ms
 QT/QTcB : 364 / 395 ms
 PR : 130 ms
 P : 84 ms
 P/ORS/T : 43/ 31/ 16 degrees

UNLIMITED REPORT



POWER PRESCRIPTION

NAME: *M-S Madhuri Borade*

GENDER: *M/F*

DATE: *8.7.23*

AGE: *31*

UHID: *99588*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.50</i>	<i>90°</i>	<i>4/6</i>
NEAR				

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.25</i>	<i>90°</i>	<i>4/6</i>
NEAR				

INSTRUCTIONS:

SIGNATURE 

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

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Apollo Clinic

CONSENT FORM

Patient Name: Madhuri Shrikant Beade Age: 32

UHID Number: Company Name: -

I Mr./Mrs./Ms -

Employee of

(Company) Want to inform you that I am **not interested / Postpone** in getting

1) LBC PAP TEST (Postpone)

2)

3)

4)

5)

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

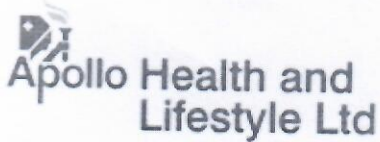
And I claim the above statement in my full consciousness.

Patient Signature: 

Date: 08/07/2023

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: 06 July 2023 04:24 PM
To: panduranga7798@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your Apollo order has been confirmed



Dear Madhuri shrikantborade,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **KHARADI clinic** on **2023-07-08** at **08:25-08:30**.

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

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

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

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

भारत सरकार
Government of India

माधुरी श्रीकांत बोराडे
Madhuri Shrikant Borade
जन्म तिथि/DOB: 21/07/1991
महिला FEMALE

Download Date: 12/08/2021

Issue Date: 20/08/2017

8897 1132 0312
VID : 9120 5770 5446 5220

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O श्रीकांत केशव बोराडे, लक्ष्मी नगर, माडवगण रोड,
श्रीगोंदा, अहमदनगर,
महाराष्ट्र - 413701

Address:
W/O Shrikant Keshav Borade, Laxmi nagar,
Mandavgaon road, Shrigonda, Ahmadnagar,
Maharashtra - 413701

8897 1132 0312
VID : 9120 5770 5446 5220

1947 | help@uidai.gov.in | www.uidai.gov.in

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	MADHURI SHRIKANTBORADE
DATE OF BIRTH	21-07-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-07-2023
BOOKING REFERENCE NO.	23S117869100063386S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BORADE SHRIKANT KESHAV
EMPLOYEE EC NO.	117869
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	BHIVARI
EMPLOYEE BIRTHDATE	21-02-1991

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 05-07-2023 till 31-03-2024. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 02:04PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE MICROCYTIC HYPOCHROMIC +,ANISOCYTOSIS +

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN.



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	10.1	g/dL	12-15	Spectrophotometer
PCV	30.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.23	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	71.7	fL	83-101	Calculated
MCH	23.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	19.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,090	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	57.7	%	40-80	Electrical Impedence
LYMPHOCYTES	33.9	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	5.2	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3513.93	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2064.51	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	188.79	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	316.68	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.09	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	280000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE MICROCYTIC HYPOCHROMIC +,ANISOCYTOSIS +

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN.



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Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 02:33PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 03:40PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	95	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
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Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD
TRIGLYCERIDES	67	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.09	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.44		0-4.97	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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8.2	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.9	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.69	U/L	30-120	IFCC
PROTEIN, TOTAL	6.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	10.59	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.28	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.51	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107.16	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.62	U/L	<38	IFCC



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
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UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 02:45PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.87	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.509	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 04:32PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 05:20PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 8	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 04:32PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 05:25PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


 Dr.Sanjay Ingle
 M.B.B.S,MD(Pathology)
 Consultant Pathologist



Patient Name : Mrs. MADHURI BORADE

Age/Gender : 31 Y/F

UHID/MR No. : SKAN.0000099588

OP Visit No : CKHAOPV99503

Sample Collected on :

Reported on : 08-07-2023 16:30

LRN# : RAD2041306

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 117869

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

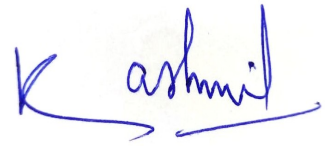
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name	: Mrs. MADHURI BORADE	Age/Gender	: 31 Y/F
UHID/MR No.	: SKAN.0000099588	OP Visit No	: CKHAOPV99503
Sample Collected on	:	Reported on	: 08-07-2023 09:15
LRN#	: RAD2041306	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 117869		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows **minimally raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

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

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

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

Right kidney : Normal in size ms 8.9 x 3.9 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 8.9 x 3.7 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

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

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

Uterus: is anteverted, and measures 7.1 x 2.9 x 4.3 cms. No focal lesion seen. Endometrial thickness is 6 mm.

Right ovary :not visualized PA

Left ovary : measures 2.6 x 1.8 cms.

Both ovaries: appears normal in size and echotexture.

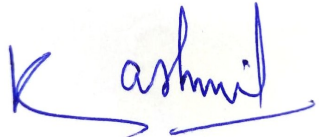
Visualised bowel loops appear normal.

IMPRESSION :

- **Early fatty changes in liver.**

Clinical correlation suggested.....

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



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 02:04PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE MICROCYTIC HYPOCHROMIC +,ANISOCYTOSIS +

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN.



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 02:04PM
Visit ID : CKHAOPV99503	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	10.1	g/dL	12-15	Spectrophotometer
PCV	30.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.23	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	71.7	fL	83-101	Calculated
MCH	23.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	19.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,090	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	57.7	%	40-80	Electrical Impedence
LYMPHOCYTES	33.9	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	5.2	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3513.93	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2064.51	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	188.79	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	316.68	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.09	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	280000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE MICROCYTIC HYPOCHROMIC +,ANISOCYTOSIS +

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN.



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 02:33PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 03:40PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	95	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:17PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 03:40PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:43PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 03:19PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD
TRIGLYCERIDES	67	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.09	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.44		0-4.97	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.



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:43PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8.2	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.9	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.69	U/L	30-120	IFCC
PROTEIN, TOTAL	6.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	10.59	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.28	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.51	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107.16	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.62	U/L	<38	IFCC



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 01:50PM
UHID/MR No : SKAN.0000099588	Reported : 08/Jul/2023 02:45PM
Visit ID : CKHAOPV99503	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117869	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.87	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.509	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
Age/Gender : 31 Y 11 M 18 D/F	Received : 08/Jul/2023 04:32PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 8	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.MADHURI BORADE	Collected : 08/Jul/2023 08:46AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


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 M.B.B.S, MD(Pathology)
 Consultant Pathologist

