

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Priyanka Patil on 25/09/2023

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

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

This certificate is not meant for medico-legal purposes

Date : 23-09-2023
MR NO : CWAN.0000052696

Department : GENERAL *Dr Priyanka Pathare*
Doctor : *Dr-3518*

Name : Mrs. PRIYANKA R PATHARE
Age/ Gender : 36 Y / Female

Registration No :
Qualification :

Consultation Timing: 08:07

WSP-101

Height : <i>152</i>	Weight : <i>53</i>	BMI : <i>22</i>	Waist Circum : <i>94</i>
Temp :	Pulse : <i>75</i>	Resp :	B.P : <i>105/68</i>

General Examination / Allergies History

Adv. :-
- NIRAMAI Breast Ca. Screening

Clinical Diagnosis & Management Plan

Present complains - NO
Comorbidity - None other than Hypothyroid since last 5 years ↓ &
Allergies - Nil
Surgical H/O - L.S.C.S. in y. 2019
Family H/O - Mother: Hypothyroid HTN
Addiction - Nil
Veg. diet
OE }
CVS- }
CNS- } NAD
P/A- }
Chest- }
H/O covid infection - NO
Vaccinated with - 2 doses

Follow up date:

[Signature]
Doctor Signature

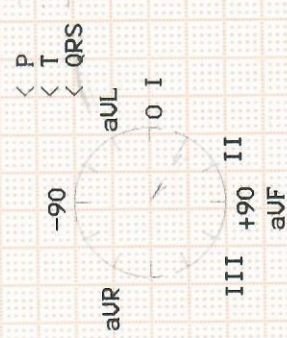
GE MAC1200 ST PATHARE, RIYANKA ; APOLLO CLINIC KHARADI

HR 86 bpm

AGE: 36

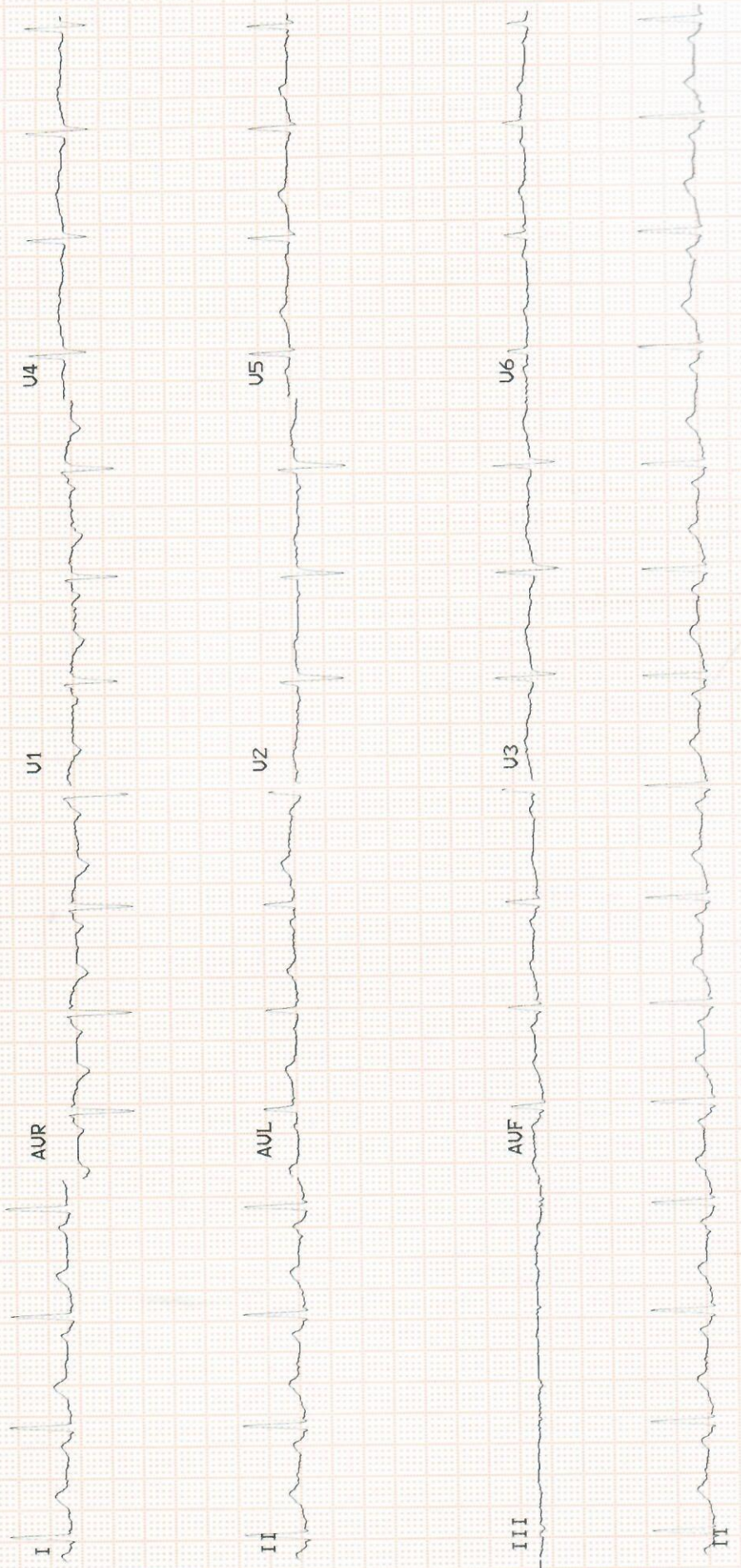
Measurement Results:

QRS : 82 ms
 QT/QTcB : 384 / 459 ms
 PR : 142 ms
 P : 110 ms
 P/RS/T : 40/ 30/ 34 degrees



Interpretation:

WILSON'S T WAVE



POWER PRESCRIPTION

NAME: *Mrs. Priyanka R. Pathare* GENDER: M/F

DATE: *23/09/22*

AGE: *36*

UHID: *52696*

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>N/6</i>
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>N/6</i>
NEAR				

INSTRUCTIONS: *WNL*


SIGNATURE

Patient Name	: Mrs. PRIYANKA R PATHARE	Age	: 36 Y F
UHID	: CWAN.0000052696	OP Visit No	: CKHAOPV102771
Reported on	: 23-09-2023 16:17	Printed on	: 25-09-2023 12:46
Adm/Consult Doctor	:	Ref Doctor	: SELF

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 .

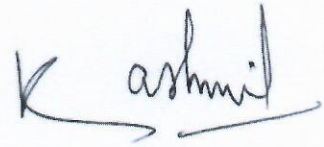
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:23-09-2023 16:17

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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)

TO BOOK AN APPOINTMENT

1860 500 7

Patient Name : Mrs. PRIYANKA R PATHARE
UHID : CWAN.0000052696
Reported on : 23-09-2023 14:11
Adm/Consult Doctor :
Age : 36 Y F
OP Visit No : CKHAOPV102771
Printed on : 25-09-2023 12:46
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows normal 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 9.4 x 4.0 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 9.0 x 4.1 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 well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: is anteverted, and measures 8.1 x 3.4 x 5.5 cms. No focal lesion seen.
Endometrial thickness is 6.5 mm.

Right ovary: measures 2.6 x 1.9 cms.

Left ovary: measures 2.3 x 1.5 cms.

Both ovaries: appears normal in size and echotexture.

Visualised bowel loops appear normal.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY

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.



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदणी क्रमांक/Enrolment No.: 1218/17329/00920

To: Priyanka Ramesh Pathare

(प्रियंका रमेश पाथरे)

D/O Ramesh Pathare

WARD NO. 4

MU. PO. DHRNI TQ.

Dharni

Amravati

Maharashtra - 444702

Date: 29/06/2011



EY 10640934 3 IN

Ref. No.: 29062011-03872

आपला आधार क्रमांक / Your Aadhaar No. :

6647 6563 6122

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
GOVERNMENT OF INDIA

प्रियंका रमेश पाथरे
Priyanka Ramesh Pathare



जन्म वर्ष / Year of Birth : 1987
स्त्री / Female

6647 6563 6122



आधार - सामान्य माणसाचा अधिकार

Mob. No. 9511684392
→ 7875806651
→ 9158316035

Kharadi Apollo Clinic

Subject:

FW: Health Checkup Booking No. 2 Annual

Thanks & Regards,

Anvesh M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sent: 22 September 2023 14:31

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Checkup Booking No. 2 Annual

Dear Team

Please find the attached health checkup booking file and confirm the same.

S.NO.	Company Name	PACKAGE NAME	Booking	EMP-NAME	AGE	GENDER	EMAIL
1	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)	bobE46796	MR. THAKARE RAHUL BHAURAO	38	male	rthakare91@gmail.com
2	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobS46797	Priyanka Pathare	36	female	rthakare91@gmail.com

Thanks & Regards



Mediwheel
...Your wellness partner

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

Apollo Health and Lifestyle Ltd.

Partnerships for H

Patient Name	: Mrs. PRIYANKA R PATHARE	Age/Gender	: 36 Y/F
UHID/MR No.	: CWAN.0000052696	OP Visit No	: CKHAOPV102771
Sample Collected on	:	Reported on	: 23-09-2023 14:13
LRN#	: RAD2106104	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS46797		

DEPARTMENT OF RADIOLOGY

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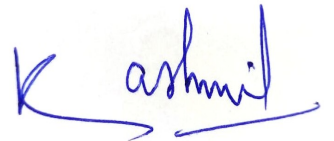
Visualised bowel loops appear normal.

IMPRESSION :

- NO SIGNIFICANT ABNORMALITY

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.



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Radiology

Patient Name : Mrs. PRIYANKA R PATHARE

Age/Gender : 36 Y/F

UHID/MR No. : CWAN.0000052696

OP Visit No : CKHAOPV102771

Sample Collected on :

Reported on : 23-09-2023 16:17

LRN# : RAD2106104

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS46797

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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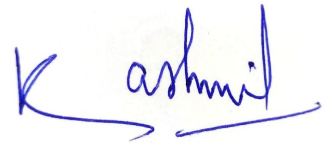
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



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MBBS DMRE
Radiology

Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
Age/Gender : 36 Y 4 M 13 D/F	Received : 23/Sep/2023 01:40PM
UHID/MR No : CWAN.0000052696	Reported : 23/Sep/2023 02:41PM
Visit ID : CKHAOPV102771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS46797	

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	13.2	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89.2	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,360	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	58.5	%	40-80	Electrical Impedence
LYMPHOCYTES	32.7	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	6.6	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3135.6	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1752.72	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	96.48	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	353.76	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	21.44	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	284000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS
 PLATELETS ARE ADEQUATE ON SMEAR
 NO HEMOPARASITES SEEN



Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
Age/Gender : 36 Y 4 M 13 D/F	Received : 23/Sep/2023 01:40PM
UHID/MR No : CWAN.0000052696	Reported : 23/Sep/2023 03:33PM
Visit ID : CKHAOPV102771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS46797	

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
Age/Gender : 36 Y 4 M 13 D/F	Received : 23/Sep/2023 01:43PM
UHID/MR No : CWAN.0000052696	Reported : 23/Sep/2023 03:36PM
Visit ID : CKHAOPV102771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS46797	

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	83	mg/dL	70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	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.

Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
Age/Gender : 36 Y 4 M 13 D/F	Received : 23/Sep/2023 01:36PM
UHID/MR No : CWAN.0000052696	Reported : 23/Sep/2023 04:20PM
Visit ID : CKHAOPV102771	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	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.54	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.06	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.90		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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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	0.46	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.71	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.7	U/L	<35	IFCC
ALKALINE PHOSPHATASE	58.88	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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.
- Bilirubin may be elevated.
- 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.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.47	U/L	<38	IFCC



Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
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Visit ID : CKHAOPV102771	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.69	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.620	µIU/mL	0.34-5.60	CLIA

Comment:

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

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
Age/Gender : 36 Y 4 M 13 D/F	Received : 23/Sep/2023 01:37PM
UHID/MR No : CWAN.0000052696	Reported : 23/Sep/2023 02:54PM
Visit ID : CKHAOPV102771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS46797	

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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Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
Age/Gender : 36 Y 4 M 13 D/F	Received : 23/Sep/2023 03:37PM
UHID/MR No : CWAN.0000052696	Reported : 23/Sep/2023 04:59PM
Visit ID : CKHAOPV102771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS46797	

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	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.PRIYANKA R PATHARE	Collected : 23/Sep/2023 08:20AM
Age/Gender : 36 Y 4 M 13 D/F	Received : 23/Sep/2023 03:38PM
UHID/MR No : CWAN.0000052696	Reported : 23/Sep/2023 05:19PM
Visit ID : CKHAOPV102771	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS46797	

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 ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist


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

