

Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:50AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 12:43PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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

HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	<b>35.90</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.4	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,670	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	56.1	%	40-80	Electrical Impedence
LYMPHOCYTES	34.3	%	20-40	Electrical Impedence
EOSINOPHILS	2.1	%	1-6	Electrical Impedence
MONOCYTES	7.2	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2619.87	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1601.81	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	98.07	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	336.24	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	14.01	Cells/cu.mm	0-100	Electrical Impedence

**PLATELET COUNT**

PLATELET COUNT	193000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
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**PERIPHERAL SMEAR**

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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Visit ID : SPUNOPV57812	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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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 : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:50AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 02:54PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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<b>GLUCOSE, FASTING , NAF PLASMA</b>	91	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	97	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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> <i>WHOLE BLOOD EDTA</i>	5.2	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD EDTA</i>	103	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:58AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:40PM
Visit ID : SPUNOPV57812	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	<b>204</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>62</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>142</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>125.33</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.29		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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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.28	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	105.61	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.62	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	20.88	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.13	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.44	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.7	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.26	mmol/L	101-109	ISE (Indirect)



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.78	U/L	<38	IFCC



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UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:07PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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)	1.15	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.81	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.484	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

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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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.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:19AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 12:47PM
Visit ID : SPUNOPV57812	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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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	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	12 - 15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.



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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



Name :- Mr. Anita Nanivadekar  
Test Pending :- Dental Consultation  
Reason :- Services not available

Name : Mrs. Anita Subas Nanivadekar

Age: 54 Y

UHID:SPUN.0000044402

Address : Pune Kothrud

Sex: F



OP Number:SPUNOPV57812

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :SPUN-OCR-9569

Date : 21.08.2023 09:20

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
✓ 2	URINE GLUCOSE(FASTING)	
✓ 3	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 4	SONO MAMOGRAPHY - SCREENING	
✓ 5	HbA1c, GLYCATED HEMOGLOBIN	
✓ 6	LIVER FUNCTION TEST (LFT)	
✓ 7	X-RAY CHEST PA	
✓ 8	GLUCOSE, FASTING	
✓ 9	HEMOGRAM + PERIPHERAL SMEAR	
✓ 10	ENT CONSULTATION	
✓ 11	CARDIAC STRESS TEST(TMT)	
✓ 12	FITNESS BY GENERAL PHYSICIAN	
✓ 13	GYNAECOLOGY CONSULTATION	
✓ 14	DIET CONSULTATION	
✓ 15	COMPLETE URINE EXAMINATION	
✓ 16	URINE GLUCOSE(POST PRANDIAL)	
✓ 17	PERIPHERAL SMEAR	
✓ 18	ECG	
✓ 19	BLOOD GROUP ABO AND RH FACTOR	
✓ 20	LIPID PROFILE	
✓ 21	BODY MASS INDEX (BMI)	
✓ 22	LBC PAP TEST- PAPSURE	
✓ 23	OPHTHAL BY GENERAL PHYSICIAN	
✓ 24	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓ 25	ULTRASOUND - WHOLE ABDOMEN	
✓ 26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓ 27	DENTAL CONSULTATION	
✓ 28	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12.00 pm	



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Anita. S. Namivadekar on 21/8/2022

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

Dr. Samrat Inah  
General Physician  
Apollo Spectra Hospital Pune

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

Date : 21/08/23  
MRNO : SPUN. 44402  
Name : Mr. Anita. S. Nanivadekar  
Age/Gender : 54/F  
Mobile No :

Department : G.P  
Consultant : Dr. Samrat Shah  
Reg. No :  
Qualification :

Consultation Timing :

Spot 1007.

Pulse : 72/min	B.P : 130/70	Resp : 18/min	Temp : 98°K
Weight : 63.8kg	Height : 157cm	BMI : 25.8	Waist Circum : -

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

for Routine health checkup.

All reports Noted

Cholelithiasis ⊕

Tab <sup>Alu</sup> Udiciv 300  
1 → 1 × (30)

Follow up date:

Doctor Signature

Date : 21/08/23  
MRNO : SPUN-0000044402  
Name : Mr. Anita Nanivadekar  
Age/Gender : 51 F  
Mobile No :

Department : ENT  
Consultant : Dr. Sushrut Deshmukh  
Reg. No :  
Qualification :  
Consultation Timing :

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

21/8/23

S/B DR. SUSHRUT  
DESHMUKH

MS (ENT)

Pt for Routine Health  
check up

O/E

Ears - B/L TM (N)

Nose - DNS to Right

Throat - NAD

Imp - ENT NAD

  
Doctor Signature

Follow up date:

Date : 21/08/23  
MRNO : SPUN.0000044402  
Name : Mrs. Anita Nanivadekar  
Age/Gender : 54/F  
Mobile No :

Department : Gynec + Obs  
Consultant : Dr. Vinita Joshi  
Reg. No :  
Qualification :

Consultation Timing :

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

21/8/23

A - Atrophic vaginitis.

P/S Cp / (h)  
vg

No discharge.

P/V - Ut (h) sine, AV.

Fr clear, no tenderness.

*Vinita Joshi*

Follow up date:

Doctor Signature

<b>Patient Name:</b>	MRS.ANITA NANIVADEKAR	<b>MR No:</b>	SPUN.000044402
<b>Age:</b>	54 Years	<b>Location:</b>	Apollo Spectra Hospital Pune (Swargate)
<b>Gender:</b>	F	<b>Physician:</b>	SELF
<b>Image Count:</b>	1	<b>Date of Exam:</b>	21-Aug-2023
<b>Arrival Time:</b>	21-Aug-2023 11:23	<b>Date of Report:</b>	21-Aug-2023 11:29

**X-RAY CHEST PA VIEW**

**HISTORY:** Health check up

**FINDINGS**

Normal mediastinum.

No hilar or mediastinal lymphadenopathy.

Cardia normal in size

No focal lesion. No collapse . No consolidation.

The apices, costo and cardiophrenic angles are free.

No pleural or pericardial effusion.

No destructive osseous pathology is evident.

**IMPRESSION:**

No significant abnormality seen.



**Dr.V.Pavan Kumar.MBBS,DMRD.**  
**Consultant Radiologist**  
**Reg.No : 57017**

**CONFIDENTIALITY:**

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

**PLEASE NOTE:**

Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:50AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 12:43PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	<b>35.90</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.4	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,670	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	56.1	%	40-80	Electrical Impedance
LYMPHOCYTES	34.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2619.87	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1601.81	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	98.07	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	336.24	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	14.01	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	193000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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



Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:50AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:34PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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



TOUCHING LIVES Patient Name : Mrs.ANITA SUHAS NANIVADEKAR Age/Gender : 54 Y 10 M 12 D/F UHID/MR No : SPUN.0000044402 Visit ID : SPUNOPV57812 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8418512	Collected : 21/Aug/2023 09:32AM Received : 21/Aug/2023 11:50AM Reported : 21/Aug/2023 02:54PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	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 ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

- 1.HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2.Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3.Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic),Liver Disorders,Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4.Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age.HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5.In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
  - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

TOUCHING LIVES

Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:50AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 02:54PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:58AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:40PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

TOTAL CHOLESTEROL	204	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.33	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.29		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.

Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:58AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.28	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	105.61	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



TOUCHING LIVES

Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:58AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:40PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.62	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	20.88	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.13	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.44	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.7	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.26	mmol/L	101-109	ISE (Indirect)



TOUCHING LIVES

Patient Name : Mrs.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:58AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:40PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.78	U/L	<38	IFCC



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Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:58AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:07PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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)	1.15	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.81	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.484	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

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



TOUCHING LIVES

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UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 01:07PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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.ANITA SUHAS NANIVADEKAR	Collected : 21/Aug/2023 09:32AM
Age/Gender : 54 Y 10 M 12 D/F	Received : 21/Aug/2023 11:19AM
UHID/MR No : SPUN.0000044402	Reported : 21/Aug/2023 12:47PM
Visit ID : SPUNOPV57812	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8418512	

**DEPARTMENT OF CLINICAL PATHOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	12 - 15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.



TOUCHING LIVES

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**DEPARTMENT OF CLINICAL PATHOLOGY**

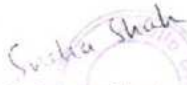
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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 Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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



Nanivadekar, Anita

ARROW CE

21.08.2023 10:40:03 AM

Apollo Spectra Hospital  
SWARGATE  
PUNE-4110

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

Room:

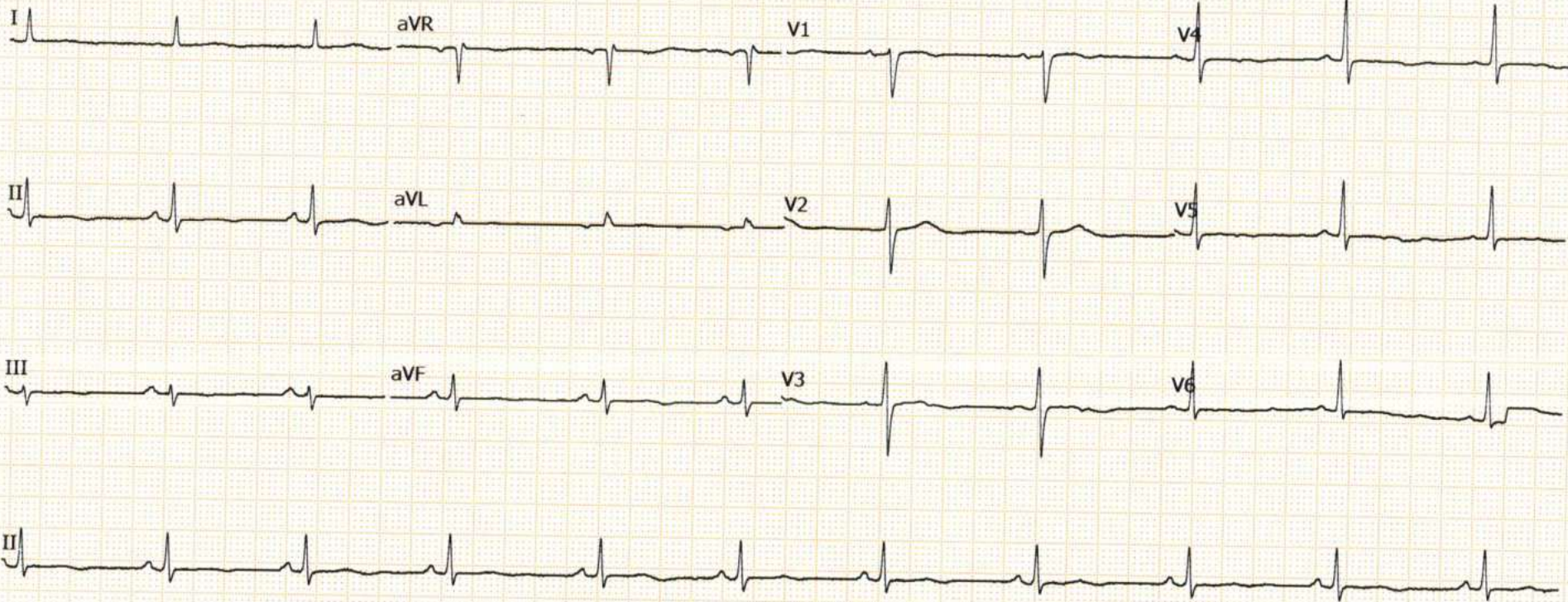
64 bpm  
-- / -- mmHg

157 cm Female  
63.0 kg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 364 / 375 ms  
PR : 140 ms  
P : 78 ms  
RR / PP : 940 / 937 ms  
P / QRS / T : 78 / 28 / 33 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG



## Apollo Clinic

### CONSENT FORM

Patient Name: Anita Nanivadekar Age: 54

UHID Number: ..... Company Name: Bank of Baroda

I  Mr/ Mrs/ Ms Anita Nanivadekar Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting Dental Treatment & ENT

Tests done which is a part of my routine health check package. Service Not available

And I claim the above statement in my full consciousness.

Patient Signature: Asm

Date: 21/08/2023

# EYE REPORT

ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Amita Nanivadekar

Date: 21/08/23

Age / Sex: 54 y / F

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

Spectacle Rx

Uncided Vision  
R 6/6 N<sub>12</sub>  
L 6/6 N<sub>12</sub>

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	Plano	—	—	6/6	Plano	—	—
Add Near →	+2.50	—	—	N <sub>6</sub>	+2.50	—	—	N <sub>6</sub>
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP  
only Near  
R + 2.50 (BE)  
L

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yrs

Consultant:



TABULAR SUMMARY REPORT

naniyadekar, anita  
ID: 000044402

21-Aug-2023 11:38:11  
54years 63cm  
Meds: no

Asian Female

BRUCE

Max HR: 160bpm 96% of max  
Max BP: 150/80  
Reason for Termination:  
Comments:

Total Exercise time: 7:09  
predicted 166bpm  
Maximum workload: 8.7METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: self  
Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:02	***	***	1.0	73	130/80	95
	STANDING	1:02	***	***	1.0	74	130/80	96
	HYPERVENT	1:13	***	***	1.0	77	130/80	100
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	120	130/80	156
	STAGE 2	3:00	2.5	12.0	7.0	131	140/80	183
	STAGE 3	1:09	3.4	14.0	8.7	143	150/80	215
RECOVERY	Post	0:41	1.7	0.0	6.6	131	150/80	197

**Patient's Name :- Mrs. Anita Suhas Nanivadekar** **AGE : 54 Yrs / F.**  
**MRN : SPUN.0000044402**

**Ref. Doctor :- Health Checkup**

**DATE : 21/08/2023**

## **USG ABDOMEN & PELVIS**

**Liver** : appears normal in size and echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals is seen.

**Gall bladder** : is well distended. Caclulus of size 3.5 mm is seen in the lumen.. 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 lesion/calcification. Pancreatic duct appears normal.

**Both the kidneys** : appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

**Uterus** : appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6.5 mm.

**Both ovaries** :- appear normal in size, shape and echo pattern . No e/o any lesion noted in the adnexa. No free fluid is seen in POD.

No obvious free fluid or lymphadenopathy is noted in the abdomen.

### **IMPRESSION :-**

**Cholelithiasis. No signs of cholecystitis.**



**Dr. Prashant Lagdive**  
Consultant Radiologist.



**Patient's Name :- Mrs. Anita Suhas Nanivadekar AGE : 54 Yrs / F.**  
**MRN : SPUN.0000044402**

**Ref. Doctor :- Health checkup**

**DATE :21/08/2023**

**USG OF BOTH BREASTS AND BOTH AXILLAE**

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

**CONCLUSION :**

**Normal sono mammography**

  
**Dr. Prashant Lagdive**  
**Consultant Radiologist.**

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सरकार



अनीता सुहास नानिवडेकर  
Anita Suhas Nanivadekar  
जन्म तारीख/DOB: 09/10/1968  
महिला/ FEMALE



2522 6894 0777

माझे आधार, माझी ओळख