

Patient Name : Mrs.SIMI FATIMA  
Age/Gender : 54 Y 9 M 15 D/F  
UHID/MR No : RIND.0000017394  
Visit ID : RINDOPV18127  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S34696

Collected : 08/Oct/2024 10:07AM  
Received : 08/Oct/2024 10:23AM  
Reported : 08/Oct/2024 12:07PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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



**Dr.Kritika Jain**  
**M.B.B.S,M.D(Pathology)**  
**Consultant Pathologist**

SIN No:BED240236466

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	36.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3770	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2275	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	195	Cells/cu.mm	20-500	Calculated
MONOCYTES	260	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	205000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




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Patient Name : Mrs.SIMI FATIMA	Collected : 08/Oct/2024 02:26PM
Age/Gender : 54 Y 9 M 15 D/F	Received : 08/Oct/2024 02:36PM
UHID/MR No : RIND.0000017394	Reported : 08/Oct/2024 04:46PM
Visit ID : RINDOPV18127	Status : Final Report
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

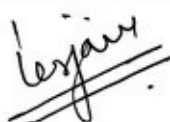
**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	118	mg/dL	70-140	GOD - POD

**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.



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UHID/MR No : RIND.0000017394	Reported : 08/Oct/2024 01:30PM
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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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated


**Comment:**


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

REFERENCE GROUP	HBA1C %
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)

  
 Dr.Manju Kumari  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist.

  
 Dr.Tanish Mandal  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

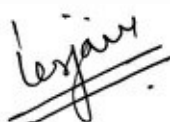
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	234	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	102	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	57	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	157.15	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



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SIN No: SE04833741

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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. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.63	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.05	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.8</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	79.31	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>6.16</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.23	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>1.93</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.19</b>		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

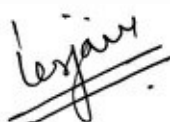
1. Hepatocellular Injury:

\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

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



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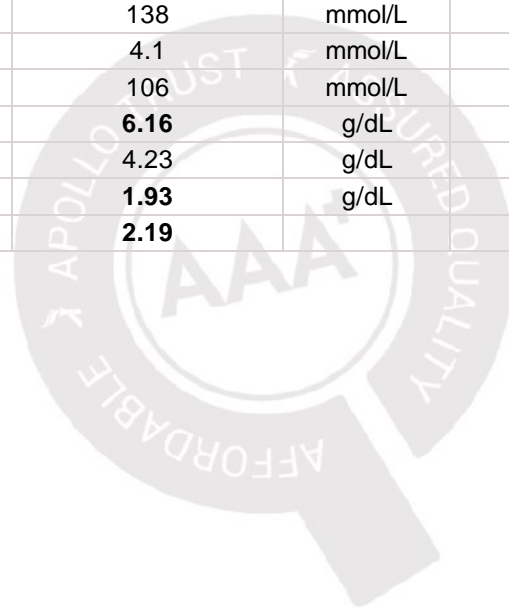
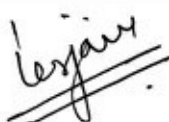


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.62	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	25.38	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.67	mg/dL	2.6-6	Uricase
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.97	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>6.16</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.23	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>1.93</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.19</b>		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	34.88	U/L	12-43	Glycylglycine Nitoranalide




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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. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.610	µIU/mL	0.38-5.33	CLIA


Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

  
 Dr. Shivangi Chauhan  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist

  
 Dr. Tanish Mandal  
 M.B.B.S, M.D(Pathology)  
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Dr. Shivangi Chauhan  
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Consultant Pathologist



Dr. Tanish Mandal  
M.B.B.S, M.D(Pathology)  
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Patient Name : Mrs.SIMI FATIMA	Collected : 08/Oct/2024 02:10PM
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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. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 12 of 13



**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**

SIN No: UR2415813

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



Patient Name : Mrs.SIMI FATIMA	Collected : 08/Oct/2024 02:10PM
Age/Gender : 54 Y 9 M 15 D/F	Received : 08/Oct/2024 02:27PM
UHID/MR No : RIND.0000017394	Reported : 08/Oct/2024 04:46PM
Visit ID : RINDOPV18127	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34696	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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




**Dr. Kritika Jain**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**

SIN No: UF012130

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



Patient Name : Mrs.SIMI FATIMA  
Age/Gender : 54 Y 9 M 15 D/F  
UHID/MR No : RIND.0000017394  
Visit ID : RINDOPV18127  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S34696

Collected : 08/Oct/2024 02:10PM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr.Kritika Jain  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UF012130

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

**Apollo Health and Lifestyle Limited**

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

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs - Simi Fatima on 10/10/24

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

Dr. SHAILENDRA KUMAR, (Physician)

Regd. No. DMC-  
Apollo Cradle and Children's Hospital  
NH-1, Shakti Khand-2, Indrapuram  
Ghaziabad; Uttar Pradesh-201014

  
Dr. \_\_\_\_\_  
Medical Officer

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

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh – 201014.  
Ph No: +91 88106 85179, 1860 500 4424

**Apollo Specialty Hospitals Private Limited**

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7<sup>th</sup> Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.  
Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

## APOLLO CRADLE- INDRAPURAM

### DIET CHART

NAME: *Sini*

DATE: 10/10/24

AGE:

UHID: *Avoid maida, Refined foods / junk food*

#### DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 - 4

small sneaks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

#### FOOD TO BE AVOIDED *Avoid*

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pckeles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.



KINDLY NOTE: FITNESS BY GENERAL PHYSICIAN PENDING

KINDLY NOTE: DENTAL AND GYNAECOLOGY CONSULTATION, X-RAY CHEST PA, TMT , ENT CONSULTATION, LBC PAP TEST, OPHTHAL BY  
GENERAL PHYSICIAN TEST DENIED  
BY PATIENT



सरकार भारत  
Government of India



सिमि फतिमा  
Simi Fatima  
आधार क्र./DOB: 24121969  
लिंग/ FEMALE

4185 1452 6987

UID: 2156 6828 3893 5765

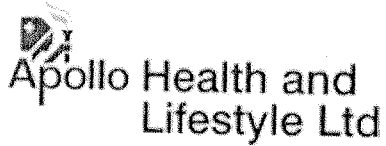
आधार कार्ड, भारत



## FO Cradle

---

**From:** noreply@apolloclinics.info  
**Sent:** 05 October 2024 12:02  
**To:** shamshadahmad@bankofbaroda.com  
**Cc:** fo.indira@apollocradle.com  
**Subject:** Your appointment is confirmed



**Dear Simi fatima,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo Cradle & Children's Hospital Indrapuram clinic** on **2024-10-07** at **08:00-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**Note:** Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

**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.



Date : 08-10-2024  
 MR NO : RIND.0000017394  
 Name : Mrs. Simi Fatima  
 Age/ Gender : 54 Y / Female

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :



Consultation Timing: 09:41

Height : 162.8	Weight 68/09	BMI : 25.9 kg/m <sup>2</sup>	Waist Circum :
Temp : 98.2 F	Pulse 82	Resp : 18	B.P : 118/57

General Examination/Allergies  
 History

Cinical Diagnosis & Management Plan

*PC  
 unresolves home,  
 After Carney + in  
 2000*

Follow up date

Doctor Signature

OUR NETWORK: AMRITSAR | BENGALURU | CHENNAI | HYDERABAD | DELHI NCR

Visit us: [www.apollocradle.com](http://www.apollocradle.com) \* Write to us: [contactus@apollocradle.com](mailto:contactus@apollocradle.com)

1860 500 4424

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A unit of Apollo Specialty Hospitals Pvt. Ltd.

ID: 16916

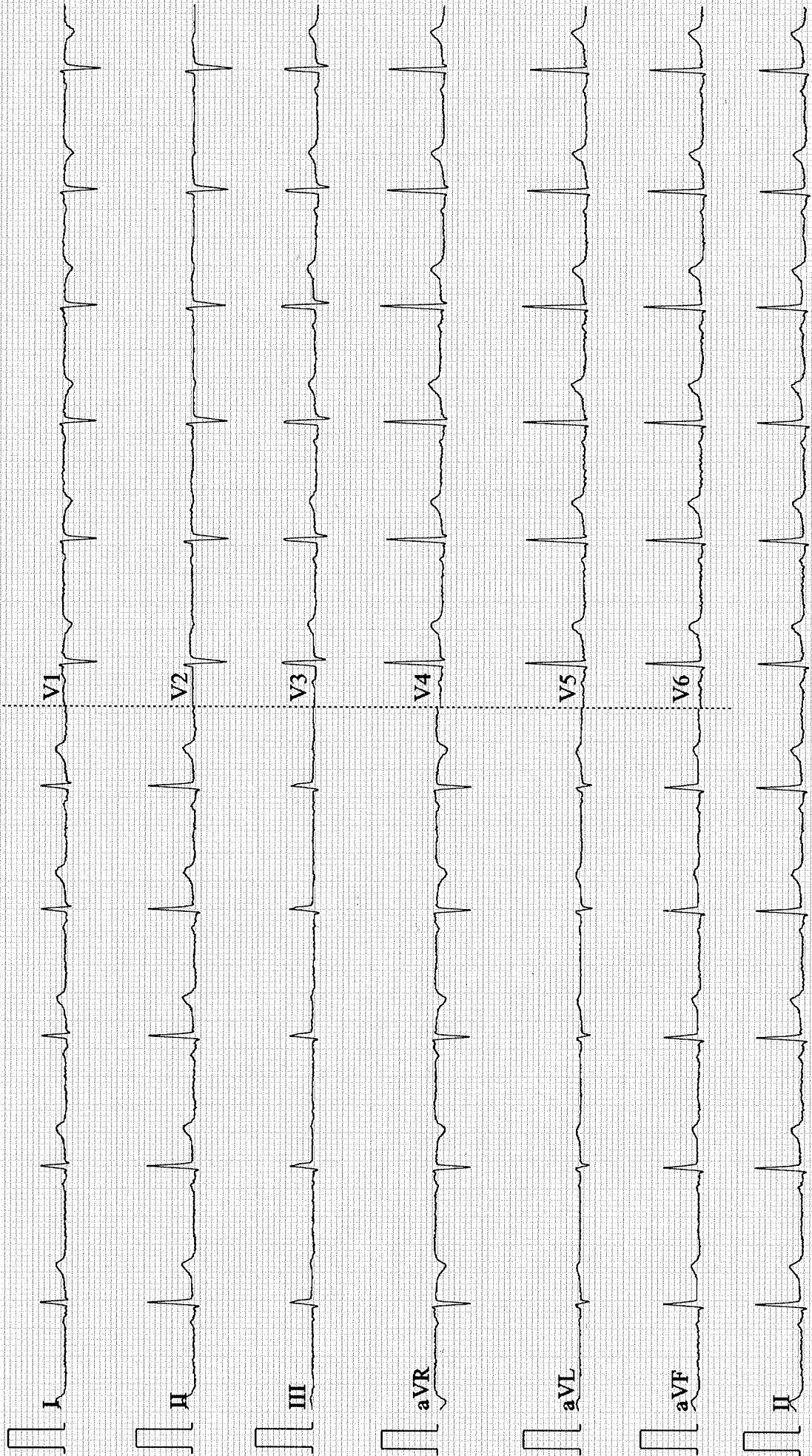
08-10-2024 10:17:30

HR : 69 bpm  
 P : 85 ms  
 PR : 144 ms  
 QRS : 70 ms  
 QT/QTcBz : 389/417 ms  
 P/QRS/T : 14/56/37 °  
 RV5/SV1 : 1.075/0.605 mV

Diagnosis Information:

mus sinu°

Unconfirmed Report.





## Apollo Cradle CONSENT FORM

Patient Name: MRS. SIMI FATIMA Age: 54 / F  
UHID Number: 17394 Company Name: ARCOFEMI

I Mr/Mrs/Ms MRS. SIMI FATIMA Employee of ARCOFEMI

(Company) Want to inform you that I am not interested in getting DENTAL, X-RAY, TMT, ENT  
Tests done which is a part of my routine health check package. CBC-PAP, OPHTHAL,

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 08/10/24

<b>Patient Name</b>	: Mrs. Simi Fatima	<b>Age/Gender</b>	: 54 Y/F
<b>UHID/MR No.</b>	: RIND.0000017394	<b>OP Visit No</b>	: RINDOPV18127
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-10-2024 12:55
<b>LRN#</b>	: RAD2423924	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S34696		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**Real time B–Mode USG of both breasts:**

**Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.**

**No evidence of focal, solid or cystic lesion.**

**No obvious asymmetry or distortion is noted.**

**No abnormal axillary lymphadenopathy is detected.**

**CONCLUSION:**

**No significant abnormality is seen in this study.**

**Consultant Radiologist.**

(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. SANGEETA AGGARWAL**  
**MBBS, MD**  
Radiology



<b>Patient Name</b>	: Mrs. Simi Fatima	<b>Age/Gender</b>	: 54 Y/F
<b>UHID/MR No.</b>	: RIND.0000017394	<b>OP Visit No</b>	: RINDOPV18127
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-10-2024 12:44
<b>LRN#</b>	: RAD2423924	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S34696		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Liver is enlarged in size (18.3cm) and the parenchymal echotexture shows grade-2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

**GALL BLADDER** : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

**PANCREAS** : Pancreas is normal in size and echopattern.

**SPLEEN** : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

**KIDNEYS** : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

**URINARY BLADDER** : Urinary bladder is normal in wall thickness with clear contents. No obvious focal lesion seen.

**UTERUS** : Is retroverted, normal in size and echotexture. The myometrial echogenicity appears uniform. Endometrium is central and of normal thickness (6 mm).

**OVARIES** : Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac.

**3.2 cm sized defect seen in anterior abdominal wall at the site of local swelling over umbilicus.**

**IMPRESSION:**

- 1. Hepatomegaly with grade 2 Fatty infiltration of the liver.**
- 2. 3.2 cm sized defect in anterior abdominal wall at the site of local swelling over umbilicus - suggest hernia.**

**SUGGEST CLINICAL CORRELATION**

**Patient Name** : Mrs. Simi Fatima

**Age/Gender**

: 54 Y/F

(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. SANGEETA AGGARWAL**  
MBBS, MD  
Radiology