


<b>Name</b> : Mrs. NEHA SAUNDRYA	<b>Age</b> : 35Y 7M 16D	<b>UHID</b> : CWAN.0000137961
<b>Address</b> : Kondhwa Bk Pune Maharashtra INDIA 411048	<b>sex</b> : Female	 CWAN.0000137961
<b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP No:</b> CWANOPV240000 <b>Bill No:</b> CWAN-OCR-52105 <b>Date:</b> Sep 16th, 2024, 8:41 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		
✓ 1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
✓ 2	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
✓ 3	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
✓ 4	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
✓ 5	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
6	GYNAECOLOGY CONSULTATION	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION	General	<input type="checkbox"/>
✓ 8	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
✓ 9	ECG	Cardiology	<input type="checkbox"/>
✓ 10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
✓ 11	2 D ECHO	Cardiology	<input type="checkbox"/>
✓ 12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
✓ 13	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
✓ 14	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
✓ 15	LBC PAP TEST- PAPSURE	Histopathology	<input type="checkbox"/>
16	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:30pm	Biochemistry	<input type="checkbox"/>
✓ 18	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
19	ENT CONSULTATION	Consultation	<input type="checkbox"/>
✓ 20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
✓ 22	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
✓ 23	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
✓ 24	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
✓ 25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
✓ 26	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>

BP - 100/70mmHg

HT - 152 Cm

WT - 63.6 kg



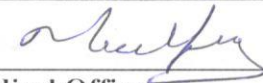
## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Neha Sundya on 17/9/2024

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

Dr.   
Medical Officer  
The Apollo Clinic, (Location)

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

**DR. MUSHFIYA BAHRAINWALA**  
M.B.B.S  
Reg. No.: 47527  
Apollo Clinic Wanowarie  
NIBM Road, Kondhwa.



Date : 9/16/2024 Department : General Physician  
 Patient Name : Mrs. NEHA SAUNDRYA Doctor : Dr. MUSHFIYA BAHRAINWALA  
 UHID : CWAN.0000137961 Registration No. : 2020010062  
 Age / Gender : 35Yrs 7Mths 16Days / Female Qualification : MBBS and PG in Hospital Management  
 Consultation Timing : 8:42 AM

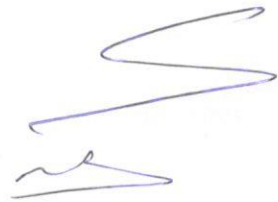
Height : 152cm.	Weight : 63.6kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70/70

**General Examination / Allergies History**

H/O :- Allergies

**Clinical Diagnosis & Management Plan**

For AHC  
 no lvs. at the moment  
 O/E :- CVS  
 CVS  
 Resp. } WAS  
 Abd. }  
 Flup & Reports




Follow up date:

Doctor Signature

**Apollo Clinic, Wanowrie**

"AMBA VATICA", Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Taluka Haveli, Pune, Pin: 411048 | Phone: (020) 2683 0291/95

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GE MAC1200 ST SAUNDRYA, NEHA 000137961, APOLLO CLINIC WANOWURIE

Female, 35 Years (31.01.1989)

HR 84 bpm

WNL

*WNL*

DR. MUSHFIYA BAHRAINWALA

M.B.B.S

Reg. No.: 47527

Apollo Clinic Wanowarie  
NIBM Road, Kondi wa.

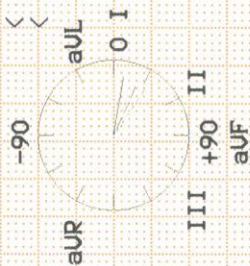
Measurement Results:

QRS : 84 ms  
 QT/QTcB : 366 / 436 ms  
 PR : 122 ms  
 P : 96 ms  
 RR/PP : 704 / 685 ms  
 P/QRS/T : 35/ 10/ 25 degrees  
 QTd/QTcBd : 24 / 29 ms  
 Sokolow : 1.3 mV  
 NK : 12

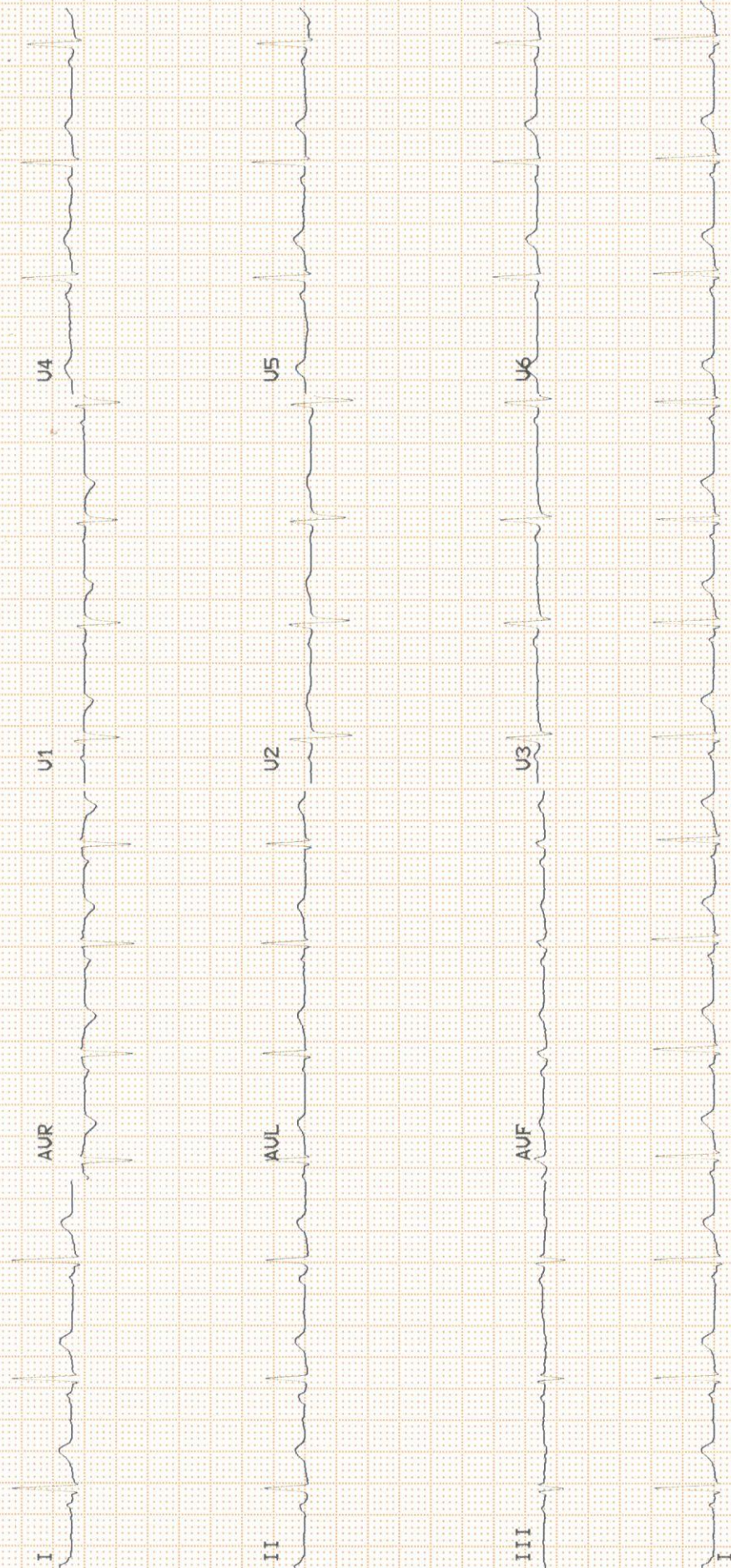
Interpretation:

low QRS amplitudes  
 probably abnormal ECG

< P  
 < T  
 < QRS



Unconfirmed report.





**The Apollo Clinic**

Wanowrie  
Pune-411048

PATIENT NAME :- Mrs. Neha Saundrya

DATE :- 16/9/24

AGE/SEX :- 35y/F

UHID : 137961

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 ✓	6/6 ✓
Near Vision	N/6 ✓	N/6 ✓
Anterior Segment Pupil	NORMAL ✓	NORMAL ✓
Fundus	NORMAL -	NORMAL -
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL ✓	NORMAL ✓
Family History/Medical History	-	-

IMPRESSION:- Both Eyes Normal vision

Advice :-

**Ophthalmologist**

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Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 16Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 01:19 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S33349		

**DEPARTMENT OF RADIOLOGY**

**Chest PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.

---End Of The Report---



Dr.SATINDER LAMBA  
MBBS, DMRE , MD ( USAIM )  
2004/02/386  
Radiology

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Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 16Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 01:19 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S33349		

**DEPARTMENT OF RADIOLOGY**

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No obvious abnormality seen.

---End Of The Report---



Dr.SATINDER LAMBA  
MBBS, DMRE , MD ( USAIM )  
2004/02/386  
Radiology

---





Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 16Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 12:57 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S33349		

### DEPARTMENT OF RADIOLOGY

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

Gall bladder is Contracted ( PP scan )

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

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

Uterus measures 8.1 x 3.2 x 4.3 cm is normal in size , shape and echo pattern. Endometrial echo-complex midline measures 6.6 mm. No focal lesion noted.

Both ovaries appear normal in size, shape and echotexture. No focal lesion noted. Right ovary measures 2.3 x 1.4 cm, Left ovary measures 2.7 x 1.2 cm. No evidence of any adnexal pathology.

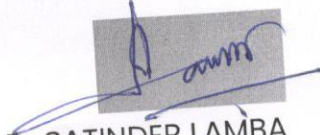
No free fluid / retroperitoneal lymphadenopathy seen.

**IMPRESSION:-**

No significant abnormality detected.  
Suggest - clinical correlation.

(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.

---End Of The Report---

  
Dr. SATINDER LAMBA  
MBBS, DMRE, MD ( USAIM )  
2004/02/386  
Radiology




Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:42PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:55PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900527

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



Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:42PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:55PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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	39.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.92</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>80.3</b>	fL	83-101	Calculated
MCH	<b>25.3</b>	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,290	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65.7	%	40-80	Electrical Impedance
LYMPHOCYTES	20.9	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5446.53	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1732.61	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	364.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	721.23	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.87	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.14		0.78- 3.53	Calculated
PLATELET COUNT	184000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC's Anisocytosis+, Microcytes+, WBC's are normal in number and morphology Platelets are Adequate No hemoparasite seen				



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900527

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





Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:42PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 02:36PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

**DEPARTMENT OF HAEMATOLOGY**

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

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



**Dr Sneha Shah**  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900527

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



Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:15PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:21PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	HEXOKINASE

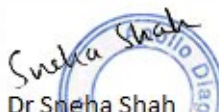
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 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.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900524

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





Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 12:45PM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 07:01PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 08:29PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

**DEPARTMENT OF BIOCHEMISTRY**


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	85	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist

SIN No:CWA240900554

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



Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:42PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 02:36PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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.

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)



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900525

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





Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:17PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 12:39PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	139	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>34</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	105	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.91	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.37	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.20</b>		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

SIN No:CWA240900526

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



Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:17PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 12:39PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>35.42</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	<b>130.78</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>8.47</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>4.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>0.8</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 > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's'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.



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

SIN No:CWA240900526

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





Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:17PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 12:39PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

DEPARTMENT OF BIOCHEMISTRY

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



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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. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	22.74	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.57	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.91	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.01	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.92	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>8.47</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>4.70</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>0.8</b>		0.9-2.0	Calculated



DR. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
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Visit ID : CWANOPV240000	Status : Final Report
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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. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	32.72	U/L	<38	IFCC



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Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:17PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:28PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.35	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.103	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:CWA240900530

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Patient Name	: Mrs.NEHA SAUNDRYA	Collected	: 16/Sep/2024 08:47AM
Age/Gender	: 35 Y 7 M 16 D/F	Received	: 16/Sep/2024 12:17PM
UHID/MR No	: CWAN.0000137961	Reported	: 16/Sep/2024 01:28PM
Visit ID	: CWANOPV240000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33349		

**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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*Sneha Shah*  
  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:CWA240900530

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





Patient Name	: Mrs.NEHA SAUNDRYA	Collected	: 16/Sep/2024 08:47AM
Age/Gender	: 35 Y 7 M 16 D/F	Received	: 16/Sep/2024 12:57PM
UHID/MR No	: CWAN.0000137961	Reported	: 16/Sep/2024 01:55PM
Visit ID	: CWANOPV240000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33349		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900529

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



Patient Name	: Mrs.NEHA SAUNDRYA	Collected	: 16/Sep/2024 08:47AM
Age/Gender	: 35 Y 7 M 16 D/F	Received	: 16/Sep/2024 03:47PM
UHID/MR No	: CWAN.0000137961	Reported	: 16/Sep/2024 04:01PM
Visit ID	: CWANOPV240000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33349		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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

SIN No:CWA240900531

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Patient Name	: Mrs.NEHA SAUNDRYA	Collected	: 16/Sep/2024 08:47AM
Age/Gender	: 35 Y 7 M 16 D/F	Received	: 16/Sep/2024 12:57PM
UHID/MR No	: CWAN.0000137961	Reported	: 16/Sep/2024 01:54PM
Visit ID	: CWANOPV240000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33349		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
LBC PAP SMEAR

Page 16 of 16



**Dr Sneha Shah**  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900528

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





Patient Name : Mrs.NEHA SAUNDRYA  
Age/Gender : 35 Y 7 M 16 D/F  
UHID/MR No : CWAN.0000137961  
Visit ID : CWANOPV240000  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22S33349

Collected : 16/Sep/2024 08:47AM  
Received : 16/Sep/2024 12:57PM  
Reported : 16/Sep/2024 01:54PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:CWA240900528

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

