

Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 01:08PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	90.1	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,010	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	67.1	%	40-80	Electrical Impedence
LYMPHOCYTES	23.8	%	20-40	Electrical Impedence
EOSINOPHILS	2.5	%	1-6	Electrical Impedence
MONOCYTES	6.1	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5374.71	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1906.38	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	200.25	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	488.61	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	40.05	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	377000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

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



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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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UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 03:16PM
Visit ID : SPUNOPV58329	Status : Final Report
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Emp/Auth/TPA ID : 48152	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	91	mg/dL		Calculated

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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)



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	227	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	164.96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.67	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.94		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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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.84	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.85	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	38.08	U/L	30-120	IFCC
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.

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- Correlation with PT (Prothrombin Time) helps.



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.74	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.35	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.42	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.44	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	132.96	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.45	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.93	U/L	<38	IFCC



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UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 12:37PM
Visit ID : SPUNOPV58329	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.981	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

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

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

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

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Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:07AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 11:25AM
Visit ID : SPUNOPV58329	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	5 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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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 :- Rujuta Phatak
Test Pending :- LBC- PAP PASURE
Reason :- Nil

Name : Mrs. Rujuta Phatak

Age: 37 Y

Sex: F

UHID:SPUN.0000044685



OP Number:SPUNOPV58329

Bill No :SPUN-OCR-9657

Date : 23.09.2023 09:04

Address : Pune Vadgaon Bk

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

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

After reviewing the medical history and on clinical examination it has been found that he/she is

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

Dr. Suman Ashok
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

Date : 23-09-23
MRNO : SPUN.00000 44885
Name : Ms. Rujuta Phatak
Age/Gender : 37F
Mobile No :

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

Consultation Timing :

SpO2 - 100%

Pulse : 84/m	B.P : 134/82	Resp : 18/m	Temp : 98.6
Weight : 49.5 kg	Height : 150 cm	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

All reports noted: Normal

found fit to join duty

Follow up date:

Doctor Signature

Date : 23-09-23
MRNO : SPUN. 44885
Name : Ms. Rejita Phatak
Age/Gender : 37F
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

S/B DR. SUSHRUT
DESHMUKH
MS (ENT)

O/E
EAR - B/L T M (N)
NOSE - NAD
THROAT - NAD
ENT - NAD



Follow up date:

Doctor Signature

Date : 23-09-23
MRNO : SPUN.0000044685
Name : Mrs. Rujara Phatak
Age/Gender : 37/F
Mobile No :

Department : Gynaec + 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

GC fair
Afebrile.
Temp. WNL.
CNS / NAD.
WNL
PIA - 80 Pt.

Bil. Breast Exam. - Galactorrhoea
No lump ⊕ ⊕
Tenderness

MH - 34 / 28-30
RMF.

Lump - 3rd day of menses.
21/9/23.

PLS / not done.
PIU /

OH - P₄A₂
→ FTND
11 yrs

Follow up date:

Vinita Joshi

Doctor Signature

AetV
or prolactin.

Patient Name:
Age:

MRS. RUJUTA PHATAK 37Y
37 Years

MR No:
Location:

SPUN.000044685
Apollo Spectra Hospital Pune
(Swargate)

Gender:
Image Count:
Arrival Time:

F
1
23-Sep-2023 10:39

Physician:
Date of Exam:
Date of Report:

SELF
23-Sep-2023
23-Sep-2023 11:01

X-RAY CHEST P.A VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum.

Normal heart.

No focal mass lesion. No collapse or consolidation.


The apices and cardiophrenic angles are free. No pleural or Pericardial effusion

No hilar or mediastinal lymphadenopathy is demonstrated.

No destructive osseous pathology is evident.

IMPRESSION:

Normal study



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:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 01:08PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	90.1	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,010	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	67.1	%	40-80	Electrical Impedence
LYMPHOCYTES	23.8	%	20-40	Electrical Impedence
EOSINOPHILS	2.5	%	1-6	Electrical Impedence
MONOCYTES	6.1	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5374.71	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1906.38	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	200.25	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	488.61	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	40.05	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	377000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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



Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 01:34PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF HAEMATOLOGY

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

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



Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 03:16PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	mg/dL	70-140	HEXOKINASE
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Comment:

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

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

Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 03:16PM
Visit ID : SPUNOPV58329	Status : Final Report
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Emp/Auth/TPA ID : 48152	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	91	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)

Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 03:16PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:47AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 12:37PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.981	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

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

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

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

Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:47AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 12:37PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:07AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 11:25AM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	5 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:07AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 11:25AM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

DEPARTMENT OF CLINICAL PATHOLOGY


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

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

*** End Of Report ***

Result/s to Follow:

LIPID PROFILE, RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), GAMMA GLUTAMYL TRANSFERASE (GGT), LBC PAP TEST (PAPSURE), LIVER FUNCTION TEST (LFT), GLUCOSE (POST PRANDIAL) - URINE



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



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



EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Date: 23/09/23

Name: Mrs. Rutuja Phatak

Age / Sex: 37 y / F

Ref No.:

Complaint: No complaints

Examination
No DM
No HTN

Vision
Unaided
 R 6/6 N8
 L 6/6 N8

Spectacle Rx

Add

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	+0.50	—	—	6/6	+0.50	—	—
Read	+1.00	—	—	N6	+1.00	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R
 L

Medications: ∴ BE colour vision Normal

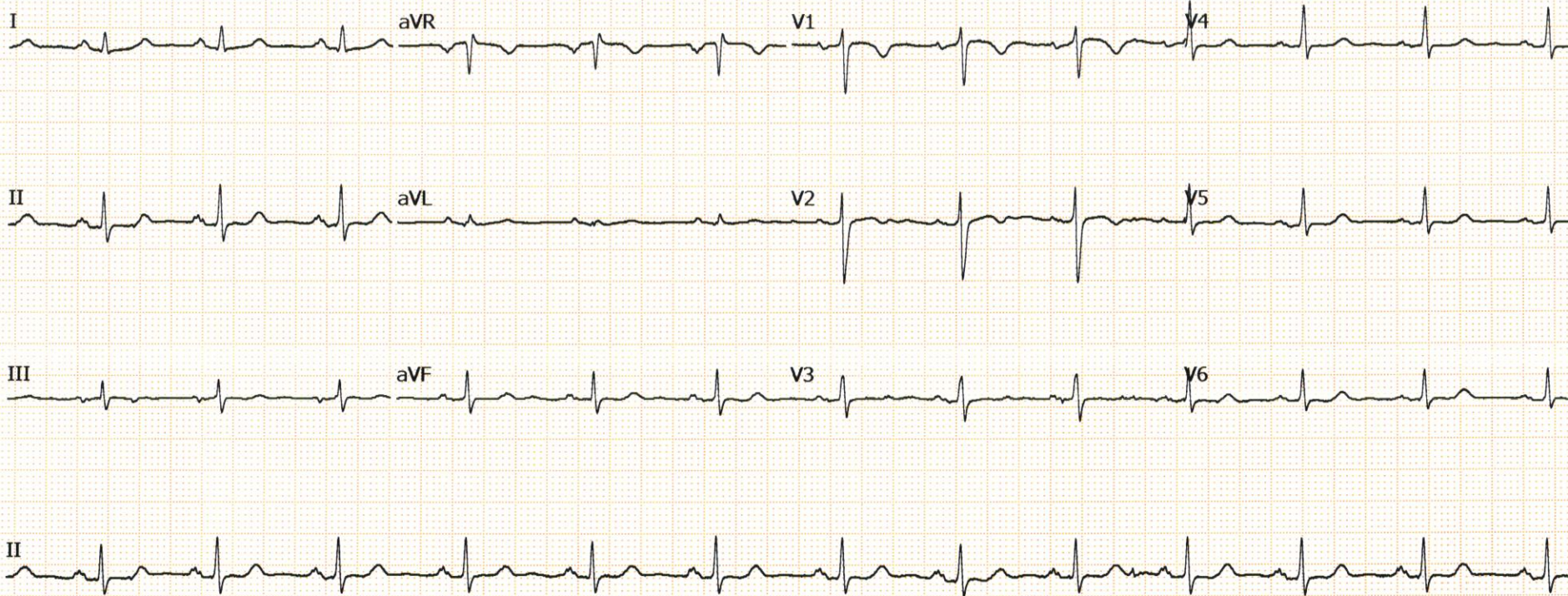
Trade Name	Frequency	Duration
Refresh Tear / Tear drop	Twice in a day	x 15 days

Follow up: 1 yr

Consultant:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	84 ms	Normal sinus rhythm
QT / QTcBaz :	376 / 428 ms	Normal ECG
PR :	148 ms	
P :	94 ms	
RR / PP :	766 / 769 ms	
P / QRS / T :	33 / 51 / 35 degrees	



Corporate HC Auto Appointments

UHID	Booked Date	Rescheduled From	Appointment Date	Slot Time	Agreement & Package Name	Patient Name	Mobile Number	Status	Reschedule	Booked By
	22/09/2023		23/09/2023	08:50-08:55	VISIT HEALTH NB DIAGNOSTICS TESTS PACK 1 TO 6 CREDIT PAN INDIA OP AGREEMENT & [VISIT HEALTH - NB DIAGNOSTIC TESTS PACK 5 - PAN INDIA - FY2324]	Mr. Ritesh Darda	9923364567	Scheduled	_____	
	22/09/2023		23/09/2023	08:15-08:20	EMERSON INNOVATION CENTER PMC CREDIT PAN INDIA OP AGREEMENT & [EMERSON INNOVATION CENTER - PMC - PAN INDIA - FY2324]	PRADNYA GAIKWAD	9623450063	Scheduled	_____	
	21/09/2023		23/09/2023	08:50-08:55	BAJAJ FINSERVE PREVENTIVE HC HPR CREDIT PAN INDIA OP AGREEMENT & [BAJAJ FINSERVE - HPR PREVENTIVE HC - PAN INDIA - FY2223]	Pramod k Kulkarni	9960039983	Scheduled	_____	
	25/08/2023		23/09/2023	08:20-08:25	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT & ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	MS. PATHAK RUJUTA ✓	9766361376	Scheduled	_____	
	25/08/2023		23/09/2023	08:20-08:25	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT & ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	Mayuresh Phatak	9766361376	Scheduled	_____	

2D ECHO / COLOUR DOPPLER

Name : Mrs. Rujuta Phatak
Ref by : HEALTH CHECKUP

Age : 37 YRS / M
Date : 23/09/2023

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Patient Name : MRS. RUJUTA M. PHATAK(37 Years / Female)
Registration No : 1330923041
Referred By : Dr.APOLLO SPECTRA HOSPITAL

Registered On : 23 Sep 2023 12:25
Printed On : 9/23/2023 01:14pm

ULTRASONOGRAPHY ABDOMEN & PELVIS

Liver: Normal in size and echotexture. No focal hepatic lesion.
The portal vein appears normal.

Gall bladder: Distended and shows smooth thin wall. There is evidence of a tiny echo reflective focus within the gall bladder, measuring 4.5 mm, suggestive of ? sludge ? calculus. No CBD or IHBR dilatation.

Pancreas: shows normal appearance. No evidence of pancreatitis, calcification or mass lesion.

Spleen: Normal in size and echotexture. No focal lesion is seen.

Right kidney: Normal in size and echotexture (measures 9.5 x 3.9 cms).
CMD is well maintained. No evidence of hydronephrosis. No calculus / focal lesion is seen

Left kidney: Normal in size and echotexture (measures 10.7 x 4.5 cms).
CMD is well maintained. No evidence of hydronephrosis. No calculus / focal lesion is seen

Urinary bladder: Urinary bladder is well distended and shows normal appearance.

Uterus : Normal in size and measures 9.1 x 4.9 x 5.7 cms. **Endometrium** is central and measures 6 mm. **IUCD in situ.** No obvious focal definable lesion noted.

Left ovary shows a follicle measuring 20 mm.
Right ovary appears normal.

Aorta and para-aortic regions appear normal. There is no evidence of lymphadenopathy
Bowel loops show normal peristalsis.

IMPRESSION:

*** ? Sludge ? gall bladder calculus as described.**



DR. NAINNA BHURRAT
Consultant Radiologist

Printed By : NIKHIL SATHE

ALPHA MULTI SPECIALITY DIAGNO CENTRE & CLINIC PVT. LTD.

Patient

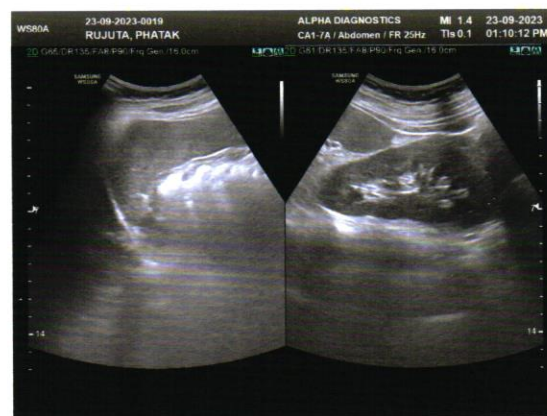
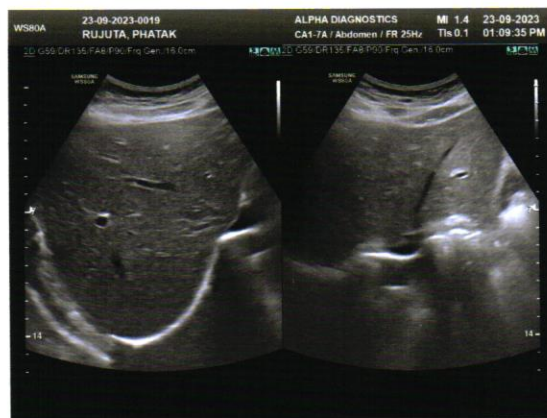
Exam

ID
Name
Birth Date
Gender

23-09-2023-0019
RUJUTA, PHATAK

Accession #
Exam Date
Description
Sonographer

23092023





सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1190/10085/00109

To,
ऋजुता मयुरेश फाटक
Rujuta Mayuresh Phatak
Flat No. 13, Wing-D, Samarthnagar Apartments, SN.56/3,
Behind Ashirwad Hotel,
Vadgaon Budruk
Vadgaon Budruk Pune
Maharashtra 411041

19/12/2011

Ref: 75 / 02C / 149560 / 149625 / P



UE1238167611N



आपला आधार क्रमांक / Your Aadhaar No. :

3703 7909 5960

आधार – सामान्य माणसाचा अधिकार



भारत सरकार
GOVERNMENT OF INDIA



ऋजुता मयुरेश फाटक
Rujuta Mayuresh Phatak
जन्म वर्ष / Year of Birth : 1985
स्त्री / Female



3703 7909 5960

आधार – सामान्य माणसाचा अधिकार



Certificate No: MC-5697

Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 01:08PM
Visit ID : SPUNOPV58329	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 48152	

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

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

HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.1	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,010	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	67.1	%	40-80	Electrical Impedance
LYMPHOCYTES	23.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5374.71	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1906.38	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	200.25	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	488.61	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	40.05	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	377000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR
RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN.





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UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 01:34PM
Visit ID : SPUNOPV58329	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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 : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:54AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 03:16PM
Visit ID : SPUNOPV58329	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. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	87	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	98	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.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	91	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
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Certificate No: MC-5697

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UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 03:50PM
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	227	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	164.96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.67	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.94		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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Test Name	Result	Unit	Bio. Ref. Range	Method





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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.84	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.85	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	38.08	U/L	30-120	IFCC
PROTEIN, TOTAL	7.61	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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- Correlation with PT (Prothrombin Time) helps.





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DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.74	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.35	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.42	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.44	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	132.96	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.45	mmol/L	101-109	ISE (Indirect)





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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.93	U/L	<38	IFCC





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UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 12:37PM
Visit ID : SPUNOPV58329	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.981	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

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

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

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mrs.RUJUTA PHATAK	Collected : 23/Sep/2023 09:09AM
Age/Gender : 37 Y 8 M 28 D/F	Received : 23/Sep/2023 11:07AM
UHID/MR No : SPUN.0000044685	Reported : 23/Sep/2023 11:25AM
Visit ID : SPUNOPV58329	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	5 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





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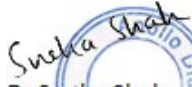
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

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

