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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

Of Mrs. Shantabai Randive on 30/10/2023

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are Impediments to the job. 1..... 2..... 3..... However the employee should follow the advice/medication that has been Communicated to him/her. Review after_____	
• Currently Unfit. Review after _____recommended	
• Unfit	

Dr. Anamdar
Medical Officer
Apollo Clinic, (NIGDI)

Dr. Aslam A. A. Inamdar
MBBS
Reg. No. 2021/06/6236

This certificate is not meant for medico-legal purposes

Patient Name	: Mrs.SHANTABAI MAHADEV RANDIVE	Collected	: 28/Oct/2023 02:06PM
Age/Gender	: 59 Y 2 M 9 D/F	Received	: 28/Oct/2023 06:16PM
UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 07:17PM
Visit ID	: CPIMOPV151670	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0.0..00.		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**11.9**	g/dL	12-15	Spectrophotometer
PCV	**34.60**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.36	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**79.3**	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	**15.5**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,940	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4268.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2088.94	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	499.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.88	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	162000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC ANISOCYTOSIS , MICROCYTIC HYPOCHROMIC +
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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SIN No:BE0230264658
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab
APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar (Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)
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Certificate No: MC-5697

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DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC ANISOCYTOSIS , MICROCYTIC HYPOCHROMIC +
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

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Patient Name	: Mrs.SHANTABAI MAHADEV RANDIVE	Collected	: 28/Oct/2023 02:06PM
Age/Gender	: 59 Y 2 M 9 D/F	Received	: 28/Oct/2023 06:22PM
UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 07:10PM
Visit ID	: CPIMOPV151670	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0.0..00.		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	83	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.

SIN No:PI0204257

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

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UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 07:15PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	88	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.

HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD EDTA*	**6.4**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD EDTA*	137	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)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method

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Patient Name	: Mrs.SHANTABAI MAHADEV RANDIVE	Collected	: 28/Oct/2023 02:06PM
Age/Gender	: 59 Y 2 M 9 D/F	Received	: 28/Oct/2023 06:26PM
UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 07:45PM
Visit ID	: CPIMOPV151670	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**202**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	107	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**63**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**139**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**117.46**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.19		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.92	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	90.36	U/L	30-120	IFCC
PROTEIN, TOTAL	**6.54**	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.

• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. **Synthetic function impairment:**

• Albumin- Liver disease reduces albumin levels.

• Correlation with PT (Prothrombin Time) helps.

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UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 07:25PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.70	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	32.33	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	15.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.81	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	144.14	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107.37	mmol/L	101–109	ISE (Indirect)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	17.94	U/L	<38	IFCC

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Patient Name	: Mrs.SHANTABAI MAHADEV RANDIVE	Collected	: 28/Oct/2023 02:06PM
Age/Gender	: 59 Y 2 M 9 D/F	Received	: 28/Oct/2023 06:24PM
UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 07:16PM
Visit ID	: CPIMOPV151670	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0.0..00.		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.00	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.100	µIU/mL	0.35-4.94	CMIA

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

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

SIN No:SPL23153492

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

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Certificate No: MC-5697

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Patient Name	: Mrs.SHANTABAI MAHADEV RANDIVE	Collected	: 28/Oct/2023 02:06PM
Age/Gender	: 59 Y 2 M 9 D/F	Received	: 28/Oct/2023 08:05PM
UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 08:34PM
Visit ID	: CPIMOPV151670	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0.0..00.		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	2 - 3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Patient Name	: Mrs.SHANTABAI MAHADEV RANDIVE	Collected	: 28/Oct/2023 02:06PM
Age/Gender	: 59 Y 2 M 9 D/F	Received	: 28/Oct/2023 08:05PM
UHID/MR No	: CPIM.0000113971	Reported	: 28/Oct/2023 08:33PM
Visit ID	: CPIMOPV151670	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0.0..00.		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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), BLOOD GROUP ABO AND RH FACTOR

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

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

SIN:IS0CIS2015695101E009700
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab
0 7788

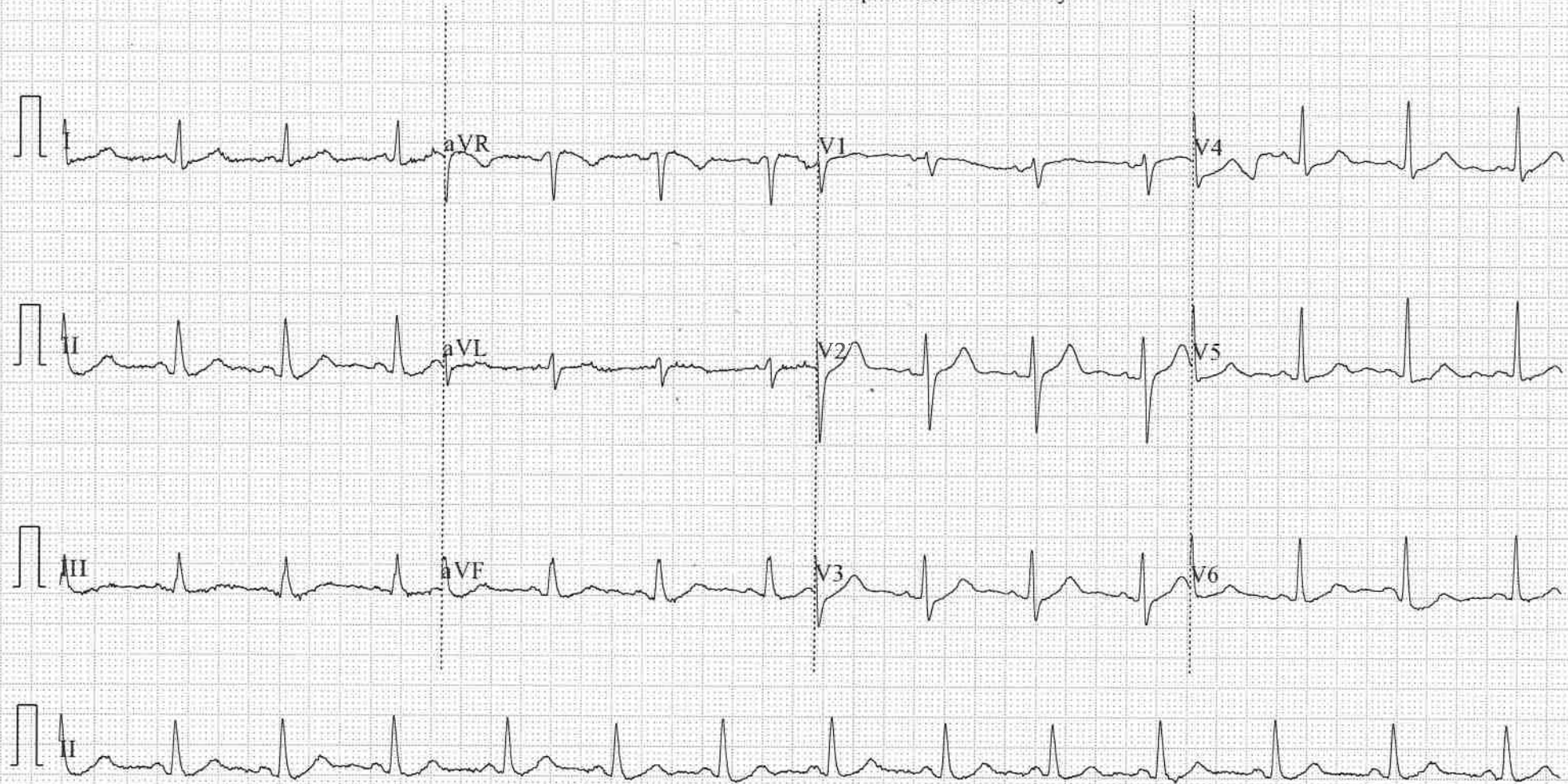
ID: 51
SHANTABAI RANDIVE
Female 59Years

28-10-2023 11:22:08 AM
HR : 80 bpm
P : 111 ms
PR : 140 ms
QRS : 106 ms
QT/QTc : 392/455 ms
P/QRS/T : 48/66/59 °
RV5/SV1 : 1.181/0.373 mV

Diagnosis Information:
Sinus Rhythm
ST-T Abnormality(II)
Inverted T Wave(aVF)

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♥80 V1.91 SEMIP V1.6 APOLO CLINIC NIGDI

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Patient Name	: Mrs. SHANTABAI MAHADEV RANDIVE	Age	: 59 Y F
UHID	: CPIM.0000113971	OP Visit No	: CPIMOPV151670
Reported on	: 28-10-2023 15:49	Printed on	: 28-10-2023 18:58
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Scoliosis with convexity towards right side noted of thoracic spine.

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:28-10-2023 15:49 ---End of the Report---

Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Apollo Clinic
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Patient Name	: Mrs. SHANTABAI MAHADEV RANDIVE	Age	: 59 Y F
UHID	: CPIM.0000113971	OP Visit No	: CPIMOPV151670
Reported on	: 30-10-2023 19:12	Printed on	: 30-10-2023 19:18
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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 well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

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

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

Uterus and Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

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.

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Patient Name	: Mrs. SHANTABAI MAHADEV RANDIVE	Age	: 59 Y F
UHID	: CPIM.0000113971	OP Visit No	: CPIMOPV151670
Reported on	: 30-10-2023 19:12	Printed on	: 30-10-2023 19:18
Adm/Consult Doctor	:	Ref Doctor	: SELF

Printed on:30-10-2023 19:12 ---End of the Report---

Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Apollo Clinic
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Patient Name	: Mrs. SHANTABAI MAHADEV RANDIVE	Age	: 59 Y F
UHID	: CPIM.0000113971	OP Visit No	: CPIMOPV151670
Reported on	: 30-10-2023 19:12	Printed on	: 30-10-2023 19:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

USG OF BOTH BREASTS

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.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

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Patient Name	: Mrs. SHANTABAI MAHADEV RANDIVE	Age	: 59 Y F
UHID	: CPIM.0000113971	OP Visit No	: CPIMOPV151670
Reported on	: 30-10-2023 19:12	Printed on	: 30-10-2023 19:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

Printed on:30-10-2023 19:12 ---End of the Report---

Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Apollo Clinic
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2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. SHANTABAI RANDIVE	*Age/Sex: 59/ F*
Ref: ARCOFEMI	*Date: 28/10/2023*

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. **All cardiac chambers are normal in dimensions**
2. **No LV regional wall motion abnormalities at rest**
3. **LVEF = 60 %**
4. **Good RV function**
5. **All cardiac valves structurally normal**
6. **IAS / IVS intact**
7. **No clots / vegetation/ pericardial effusion seen on TTE**
8. **Great arteries are normally related & appear normal**
9. **IVC is normal in size & collapsing well with respiration**

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. **Normal transvalvular pressure gradients, No AR, Mild MR, Mild TR**
2. **No LV diastolic dysfunction**
3. **No pulmonary hypertension**
4. **No intracardiac or extracardiac shunt noted**

DIMENSIONS (M-MODE) :

Left Atrium	34.0 mm	**Aortic Root**	27.0 mm
IVS (d)	10.0 mm	**IVS (s)**	15.0 mm
LVID (d)	43.0 mm	**LVID (s)**	28.0 mm
LVPW(d)	10.0 mm	**LVPW(s)**	15.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR/TR

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN
MD (MEDICINE), DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST

Apollo Clinic
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Apollo Clinic,
Nigdi, Pune – 411044.

Date - 28/10/23

Patient Name Shantabai Randive

UHID:

Age / Sex: 59 Yrs/F

EYE CHECK UP COMPLETE PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	VHC 6/6P	6/6P
Near Vision	glasses N.6	N.6
Anterior Segment Pupil	NSRL	NSRL
Color Vision	NAD	NAD
Family History/Medical History	-	-

IMPRESSION: -

OPTOMETRIST

Apollo HOSPITALS

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Shantabai Randive
59y m

28/10/23

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

General Examination / Allergies History	Clinical Diagnosis & Management Plan
Postmenopausal	C/o - itching at PP
Para I: - FTCS (F)	No ante cyne
Not on any medication	problem now
P/A Soft +	
L/E - Hypopigmentation at vulva ++	
P/S:- Cx-Vg atrophic	
Adv	
Skin opinion for local hypopigmentation	
Yearly Screening	

Follow up date:

Dr. Archana Chande MBBS, DGO Reg. No. 73033

Doctor Signature

Apollo HOSPITALS

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CPJm. 000011397 1

mrs. Shantabai Randive

Height : 145	Weight : 65	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 150/100

General Examination / Allergies History

Mix Diet.

Clinical Diagnosis & Management Plan

S/E

CVS: S_1S_2 (+)

RS: AEBE

CNS: NAD.

PA: NAD.

No known allergy -

No past Hx

Dr. Anam A A. Inamdar
MBBS
Reg. No. 2021/06/6236

Follow up date:

Doctor Signature

Apollo Clinic, Nigdi (Pimpri)
Shop No: 14 to 20, City Pride Building, Sector - 25, Next to BHEL Chowk,
Nigdi Pradhikaran, Pune -411004 | Phone: (020) 27653312 /13
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51

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Name : Mrs. SHANTABAI MAHADEV RANDIVE
Age: 59 Y
Sex: F

Address : LAL TOPI NAGAR MOR WADI PIMPRI

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

UHID:CPIM.0000113971

OP Number:CPIMOPV151670

Bill No :CPIM-OCR-73150

Date : 28.10.2023 10:33

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

Physio
Audio