

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of vandana choudhary on 15/09/2023

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

Dr. Archana V.
Medical Officer **Dr. Archana V. MBBS**
The Apollo Clinic, (India) **Registration No. 103429**

This certificate is not meant for medico-legal purposes

Date : 15-09-2023

Department : GENERAL

MR NO : CVIM.0000230280

Doctor :

Name : Mrs. VANDANA CHOUDHARY

Registration No :

Age/ Gender : 44 Y / Female

Qualification :

Consultation Timing: 10:30

Height : 152	Weight : 57	BMI : 25	Waist Circum : 82
Temp : 97	Pulse : 80	Resp : 18	B.P : 110/70

HOME SAMPLE COLLECTION

PH.: 7775870014

:020-26634331/32/34

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

RICID RA

No significant hx of headache

Advise
VITB12
- Ison

FREE CHECK UP
- PHYSIOTHERAPY
- DENTAL
- AUDIO (HEARING)
- OPHTHAL (EYE)

Follow up date:

Doctor Signature

Apollo Clinic, Viman Nagar

Nyati Millenium Premises, Cooperative Society Limited, Shop No. 51 & Stilt Floor,
Building "C", Viman Nagar, Pin: 411014 | Phone: (020) 2663 4331/32/34

Follow us  /ApolloClinicIndia  /ApolloClinics

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

EYE EXAMINATION

DATE:-

15/9/20

NAME:-

Vandana Chakras

AGE:-

CORPORATE:-

Arcopari

MO :-

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Normal Eye Check Up

Impression – Normal Eye Check Up.

2

(Ophthalmology)



The Apollo Clinic
DR. B. D. ALAVAND
MBBS, D.O.M.S.,
Consulting Eye Surgeon
Reg. No.: 36319

Vandana Choudhary

44yr

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

General Examination / Allergies
History

15/9/23

2
Lbc - for
cytology

Clinical Diagnosis & Management Plan

44 yr. Post 2nd lady.
cycles regular (2x no mat delivered)
LMP - 5/9/23

Post - no asthma
no familial cancer

OLE - no pain

DIA - soft
non

PIS - cervix
non



Follow up date:

Doctor Signature

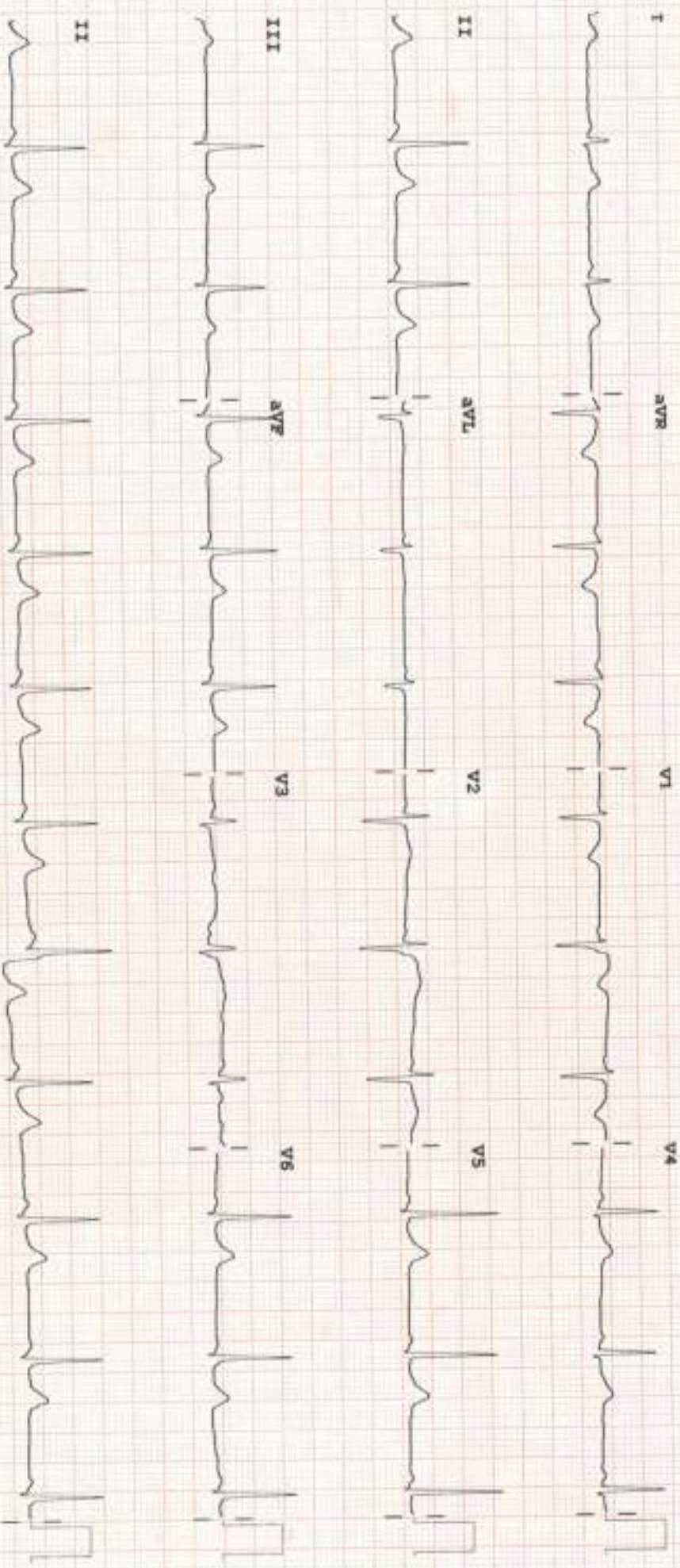
VANDANA CHODHARY
44 Years Female

15-Sep-23 12:54:33 PM

Rate 67 sinus rhythm
PR 111 Borderline short PR interval
QRSD 77 Artifact in lead(s) I
QT 397
QTc 419

--AXIS--
P 35
QRS 71
T 52
12 Lead: Standard Placement

- OTHERWISE NORMAL ECG -
Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec
Limb: 10 mm/mV
Chest: 10.0 mm/mV

F 50-0.50-40 Hz W

PH100B CL P7

PHILIPS

NECOSHIELD VERANDA

Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:26PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 01:40PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:26PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 01:40PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	39.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.64	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,430	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	47.6	%	40-80	Electrical Impedance
LYMPHOCYTES	38.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2584.68	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2085.12	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	276.93	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	434.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	48.87	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	196000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	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.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:26PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 02:04PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230223513

Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:27PM
UHID/IR No : CVIM.0000230280	Reported : 15/Sep/2023 03:13PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	81	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.

Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:27PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 03:13PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	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.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:41PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 02:10PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	201	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	59	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.42		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mrs.VANDANA CHOUDHARY
Age/Gender : 44 Y 8 M 18 D/F
UHID/IR No : CVIM.0000230280
Visit ID : CVIMOPV562080
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 458261

Collected : 15/Sep/2023 10:34AM
Received : 15/Sep/2023 12:41PM
Reported : 15/Sep/2023 02:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------



Patient Name	: Mrs.VANDANA CHOUDHARY	Collected	: 15/Sep/2023 10:34AM
Age/Gender	: 44 Y 8 M 18 D/F	Received	: 15/Sep/2023 12:41PM
UHID/MR No	: CVIM.0000230280	Reported	: 15/Sep/2023 02:10PM
Visit ID	: CVIMOPV562080	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 458261		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.49	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.31	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	68.22	U/L	30-120	IFCC
PROTEIN, TOTAL	6.94	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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.
- Correlation with PT (Prothrombin Time) helps.

Patient Name : Mrs.VANDANA CHOUDHARY
 Age/Gender : 44 Y 8 M 18 D/F
 UHID/MR No : CVIM.0000230280
 Visit ID : CVIMOPV562080
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 458261

Collected : 15/Sep/2023 10:34AM
 Received : 15/Sep/2023 12:41PM
 Reported : 15/Sep/2023 02:10PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------



Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:41PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 02:10PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

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

CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinet
UREA	18.56	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.06	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.94	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.33	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.19	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:41PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 02:10PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.53	U/L	<38	IFCC



Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:42PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 01:47PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	1.53	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.937	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 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.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:42PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 01:47PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------



Patient Name : Mrs.VANDANA CHOUDHARY	Collected : 15/Sep/2023 10:34AM
Age/Gender : 44 Y 8 M 18 D/F	Received : 15/Sep/2023 12:41PM
UHID/MR No : CVIM.0000230280	Reported : 15/Sep/2023 01:04PM
Visit ID : CVIMOPV562080	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 458261	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR C INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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

***** 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



Patient Name	: Mrs. VANDANA CHOUDHARY	Age	: 44 Y F
UHID	: CVIM.0000230280	OP Visit No	: CVIMOPV562080
Reported on	: 15-09-2023 10:56	Printed on	: 15-09-2023 14:53
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 appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.9 mm.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

No significant abnormality detected.

Patient Name	: Mrs. VANDANA CHOUDHARY	Age	: 44 Y F
UHID	: CVIM.0000230280	OP Visit No	: CVIMOPV562080
Reported on	: 15-09-2023 10:56	Printed on	: 15-09-2023 14:53
Adm/Consult Doctor	:	Ref Doctor	: SELF

(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.

Printed on:15-09-2023 10:56 - ---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Name : Mrs. VANDANA CHOUDHARY

Age: 44 Y

Sex: F

0000230280



CVIMGPV562080

1-OCR-59658

1.2023 10:31

Address : pune

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CUMULATIVE
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH CHECK UP - PAN DEPT	
✓ 2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 3	HbA1c, GLYCATED HEMOGLOBIN	
✓ 4	LIVER FUNCTION TEST (LFT)	
✓ 5	GLUCOSE, FASTING	
✓ 6	HEMOGRAM + PERIPHERAL SMEAR	
✓ 7	ENT CONSULTATION	
✓ 8	FITNESS BY GENERAL PHYSICIAN	
✓ 9	Gynaecology CONSULTATION	
✓ 10	DIET CONSULTATION	
✓ 11	COMPLETE URINE EXAMINATION	
✓ 12	PERIPHERAL SMEAR	
✓ 13	ECG	
✓ 14	BLOOD GROUP ABO AND RH FACTOR	
✓ 15	LIPID PROFILE	
✓ 16	BODY MASS INDEX (BMI)	
✓ 17	LHC PAP TEST- PAPSURE	
✓ 18	OPHTHAL BY GENERAL PHYSICIAN	
✓ 19	RENAL PROFILE/RENAL FUNCTION TEST (RFT)	
✓ 20	ULTRASOUND - WHOLE ABDOMEN	
✓ 21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓ 22	DENTAL CONSULTATION	