

Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 10:43AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:07PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.3</b>	g/dL	12-15	Spectrophotometer
PCV	<b>31.10</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.02	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>77</b>	fL	83-101	Calculated
MCH	<b>25.5</b>	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,600	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	77	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>19</b>	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	02	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	<b>7392</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1824	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	192	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>192</b>	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	<b>4.05</b>		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	368000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	06	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC -HYPOCHROMIA +, MICROCYTOSIS +, ANISOCYTOSIS + WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

Page 1 of 14



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240229109



**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
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Ujagar Compound, Opp. Deonar Bus Depot Main Gate,  
Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600

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**DEPARTMENT OF HAEMATOLOGY**

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

  
**DR. APARNA NAIK**  
MBBS DPB  
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**DEPARTMENT OF HAEMATOLOGY**

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



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SIN No:BED240229109



Patient Name : Mrs.PREETI PRAKASH SHIRKE	Collected : 18/Sep/2024 11:14AM
Age/Gender : 52 Y 2 M 28 D/F	Received : 18/Sep/2024 11:36AM
UHID/MR No : SCHE.0000088203	Reported : 18/Sep/2024 12:08PM
Visit ID : SCHEOPV105956	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	107	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	147	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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SIN No:PLP1485833



Patient Name : Mrs.PRETI PRAKASH SHIRKE	Collected : 18/Sep/2024 08:28AM
Age/Gender : 52 Y 2 M 28 D/F	Received : 18/Sep/2024 02:17PM
UHID/MR No : SCHE.0000088203	Reported : 18/Sep/2024 03:59PM
Visit ID : SCHEOPV105956	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32991	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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)



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SIN No:EDT240090827

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UHID/MR No : SCHE.0000088203	Reported : 18/Sep/2024 12:09PM
Visit ID : SCHEOPV105956	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32991	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	66	mg/dL	<150	
HDL CHOLESTEROL	66	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>109.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

**Comment:**

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

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

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

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



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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. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.4</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	91.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.



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**DEPARTMENT OF BIOCHEMISTRY**

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

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

  
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.40	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	17.12	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.0-5.5	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated



**DR. APARNA NAIK**  
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 CONSULTANT PATHOLOGIST

SIN No:SE04826208



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	31.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.87	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.909</b>	µIU/mL	0.38-5.33	CLIA

**Comment:**

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

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

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

Page 11 of 14



**Dr. Sandip Kumar Banerjee**  
M.B.B.S, M.D(PATHOLOGY), D.P.B  
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SIN No: SPL24140015

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



**Dr. Sandip Kumar Banerjee**  
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 Consultant Pathologist

SIN No: SPL24140015



Patient Name : Mrs.PREETI PRAKASH SHIRKE	Collected : 18/Sep/2024 08:28AM
Age/Gender : 52 Y 2 M 28 D/F	Received : 18/Sep/2024 12:03PM
UHID/MR No : SCHE.0000088203	Reported : 18/Sep/2024 12:53PM
Visit ID : SCHEOPV105956	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	1-2	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 13 of 14



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2412630



Patient Name : Mrs.PREETI PRAKASH SHIRKE	Collected : 18/Sep/2024 12:35PM
Age/Gender : 52 Y 2 M 28 D/F	Received : 19/Sep/2024 06:03PM
UHID/MR No : SCHE.0000088203	Reported : 22/Sep/2024 07:23PM
Visit ID : SCHEOPV105956	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32991	

**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	20656/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology with few parabasal cells,  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

  
Dr.A. Kalyan Rao  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:CS085314

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Patient Name : Mrs.PREETI PRAKASH SHIRKE  
Age/Gender : 52 Y 2 M 28 D/F  
UHID/MR No : SCHE.0000088203  
Visit ID : SCHEOPV105956  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S32991

Collected : 18/Sep/2024 12:35PM  
Received : 19/Sep/2024 06:03PM  
Reported : 22/Sep/2024 07:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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

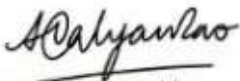
Laboratories not be responsible for any interpretation whatsoever.

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

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

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

This report is not valid for medico legal purposes.



Dr.A. Kalyan Rao  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:CS085314

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

#### Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)


CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

#### Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,  
Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600

*Thyroid*

<b>Name</b> : Mrs. Preeti Prakash Shirke  <b>Address</b> : Bhatwadi, Ghatkopar (West)  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 52 Y  <b>Sex</b> : F	<b>UHID</b> :SCHE.0000088203  <b>OP Number</b> :SCHEOPV105956 <b>Bill No</b> :SCHE-OCR-24926 <b>Date</b> : 18.09.2024 08:17
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	6 GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 LBC PAP TEST- PAPSURE	
<input checked="" type="checkbox"/>	13 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	14 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>09:15</i>	<i>11:15</i>
<input checked="" type="checkbox"/>	16 URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	17 SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	18 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	19 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	20 DENT CONSULTATION <i>- Dr. Rashmi Nambiar.</i>	
<input checked="" type="checkbox"/>	21 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	22 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	23 LIPID PROFILE	
<input checked="" type="checkbox"/>	24 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	25 OPHTHAL BY GENERAL PHYSICIAN <i>Dr. N. Sharma</i>	
<input checked="" type="checkbox"/>	26 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	27 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 10:43AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:07PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

**DEPARTMENT OF HAEMATOLOGY**


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.3</b>	g/dL	12-15	Spectrophotometer
PCV	<b>31.10</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.02	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77	fL	83-101	Calculated
MCH	25.5	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	77	%	40-80	Electrical Impedance
LYMPHOCYTES	19	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	02	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	7392	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1824	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	192	Cells/cu.mm	20-500	Calculated
MONOCYTES	192	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	4.05		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	368000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	06	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

RBC -HYPOCHROMIA +, MICROCYTOSIS +, ANISOCYTOSIS +  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN

Page 1 of 14



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240229109








Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 10:43AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:07PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

DEPARTMENT OF HAEMATOLOGY

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

  
DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240229109





Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 10:43AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:07PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

**DEPARTMENT OF HAEMATOLOGY**

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

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

*Aparna Naik*  
**DR. APARNA NAIK**  
 MBBS DPB  
 CONSULTANT PATHOLOGIST

SIN No:BED240229109



Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 11:14AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 11:36AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:08PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	107	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	147	mg/dL	70-140	GOD - POD

**Comment:**

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

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

  
DR. APARNA NAIK  
MBBS DPM  
CONSULTANT PATHOLOGIST  
SIN No:PLP1485833





Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 02:17PM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 03:59PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Sandip Kumar Banerjee  
M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist

SIN No:EDT240090827



Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 11:36AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:09PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	66	mg/dL	<150	
HDL CHOLESTEROL	66	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>109.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

**Comment:**

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

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

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

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

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:SE04826208





TOUCHING LIVES

Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 11:36AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:09PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	91.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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


2. Cholestatic Pattern:

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

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

Page 7 of 14

  
**DR. APARNA NAIK**  
 MBBS DPM  
 CONSULTANT PATHOLOGIST



SIN No:SE04826208

Patient Name : Mrs.PREETI PRAKASH SHIRKE  
Age/Gender : 52 Y 2 M 28 D/F  
UHID/MR No : SCHE.0000088203  
Visit ID : SCHEOPV105956  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S32991

Collected : 18/Sep/2024 08:28AM  
Received : 18/Sep/2024 11:36AM  
Reported : 18/Sep/2024 12:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

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



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04826208



Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 11:36AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:09PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.40	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	17.12	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.0-5.5	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

Page 9 of 14

  
DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:SE04826208





Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 11:36AM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 12:09PM
Visit ID	: SCHEOPV105956	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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	31.00	U/L	16-73	Glycylglycine Kinetic method

*Aparna Naik*  
 DR. APARNA NAIK  
 MBBS DPB  
 CONSULTANT PATHOLOGIST  
 SIN No:SE04826208





Patient Name	: Mrs.PREETI PRAKASH SHIRKE	Collected	: 18/Sep/2024 08:28AM
Age/Gender	: 52 Y 2 M 28 D/F	Received	: 18/Sep/2024 02:17PM
UHID/MR No	: SCHE.0000088203	Reported	: 18/Sep/2024 04:58PM
Visit ID	: SCHEOPV105956	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S32991		

DEPARTMENT OF IMMUNOLOGY

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

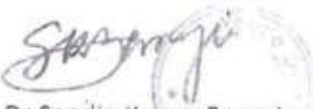
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.87	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.909</b>	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

  
 Dr.Sandip Kumar Banerjee  
 M.B.B.S,M.D(PATHOLOGY),D.P.B  
 Consultant Pathologist



SIN No:SPL24140015

TOUCHING LIVES

Patient Name : Mrs.PREETI PRAKASH SHIRKE  
 Age/Gender : 52 Y 2 M 28 D/F  
 UHID/MR No : SCHE.0000088203  
 Visit ID : SCHEOPV105956  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22S32991

Collected : 18/Sep/2024 08:28AM  
 Received : 18/Sep/2024 02:17PM  
 Reported : 18/Sep/2024 04:58PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Expertise. Empowering you.

DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr.Sandip Kumar Banerjee  
 M.B.B.S,M.D(PATHOLOGY),D.P.B  
 Consultant Pathologist

SIN No:SPL24140015



Patient Name : Mrs.PREETI PRAKASH SHIRKE	Collected : 18/Sep/2024 08:28AM
Age/Gender : 52 Y 2 M 28 D/F	Received : 18/Sep/2024 12:03PM
UHID/MR No : SCHE.0000088203	Reported : 18/Sep/2024 12:53PM
Visit ID : SCHEOPV105956	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32991	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	Microscopy
RBC	1-2	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy


**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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

Page 13 of 14

  
**DR. APARNA NAIK**  
MBBS DFB  
CONSULTANT PATHOLOGIST  
SIN No:UR2412630







TOUCHING LIVES

Patient Name : Mrs.PREETI PRAKASH SHIRKE  
Age/Gender : 52 Y 2 M 28 D/F  
UHID/MR No : SCHE.0000088203  
Visit ID : SCHEOPV105956  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S32991

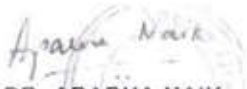
Collected : 18/Sep/2024 08:28AM  
Received : 18/Sep/2024 12:03PM  
Reported : 18/Sep/2024 12:53PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:  
LBC PAP SMEAR.

Page 14 of 14

  
DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:UR2412630

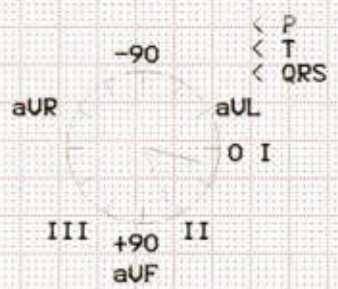




AGE: 52

Measurement Results

QRS	:	100 ms
QT/QTcB	:	374 / 451 ms
PR	:	130 ms
P	:	96 ms
RR/PP	:	688 / 690 ms
P/QRS/T	:	65 / 15 / 15 degrees
QTd/QTcBd	:	44 / 53 ms
Sokolow	:	1.0 mV
NK	:	12



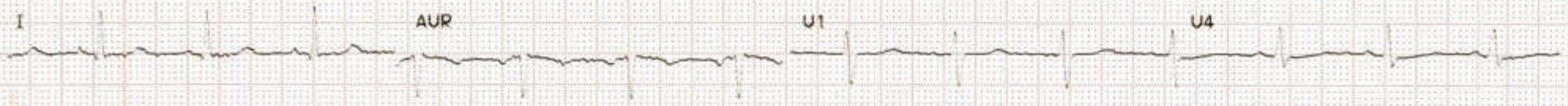
Interpretation

slightly depressed ST segment (lateral)  
 T-wave near baseline (lateral)  
 low QRS amplitudes  
 probably abnormal ECG

*Normal Alex*  
*A*



Unconfirmed report.







Patient Name : Mrs. Preeti Shirke  
Age / Sex : 52 yrs / Female.  
Ref Doctor : Health Check

Bill No : SCHE -OCR-24926  
UHID NO : SCHE.0000088207  
Report Date : 18 / 09 / 2024

## **2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.**

### **Interpretation Summary :**

1. NORMAL LV SYSTOLIC FUNCTION (EF : 70% ). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

### **Left Ventricle.**

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

### **Right Ventricle.**

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

### **Atria.**

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

### **Mitral Valve.**

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

### **Aortic Valve.**

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.





**Pulmonic Valve.**

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

**Great Vessels.**

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

**Pericardium/Pleural.**

There is no Pericardial effusion.

**M MODE/2D MEASUREMENTS & CALCULATIONS.**

AO (mm) : 25  
IVSd (mm) : 11  
IVSs (mm) : 15  
LVPWd (mm) : 11  
EF(Teich)(mm) : 70%

LA (mm) : 30  
LVIDd (mm) : 43  
LVIDs (mm) : 25  
LVPWs (mm) : 15

**Dr. AMIT SHOBHAVAT**  
**M.B.B.S**  
**DNB ( INTERNAL MEDICINE)**






Patient Name : Mrs. Preeti Prakash Shirke Age : 52 Y F  
UHID : SCHE.0000088203 OP Visit No : SCHEOPV105956  
Reported on : 18-09-2024 12:38 Printed on : 18-09-2024 12:38  
Adm/Consult Doctor : Ref Doctor : SELF

### **SONOLOGIC STUDY OF BOTH BREAST**

- Both the breast shows normal parenchymal and stromal echotexture.
- Retroareolar area is normal of both sides.
- The subcutaneous area appears normal.
- The mammary lobules, surrounding connective tissue and ducts are normal.
- No evidence of axillary lymphadenopathy on either side.

**IMPRESSION: NORMAL SONOLOGIC STUDY OF BOTH THE BREAST [ BIRADS CAT I ].**

  
DR JAVED SIKANDER TADVI  
RADIOLOGIST



Patient Name	: Mrs. Preeti Prakash Shirke	Age	: 52 Y F
UHID	: SCHE.0000088203	OP Visit No	: SCHEOPV105956
Reported on	: 18-09-2024 12:32	Printed on	: 18-09-2024 12:58
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

### CONCLUSION :

No obvious abnormality seen

Printed on:18-09-2024 12:32

---End of the Report---

**Dr. JAVED SIKANDAR TADVI**  
MBBS, DMRD, Radiologist  
Radiology



## DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds)** 2 tsp- roasted: whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar:** Consumption of sugar, jaggery, honey and its products like Jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2cups of Green tea per day.
- **Fruits:** 1-2 fruits (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**

- Oils to be used for cooking prefer e.g....Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

**VEGETABLE EXCHANGE LIST:**

A	B	C
<b>Low Kcal(Consume Liberally)</b>	<b>40 kcal (Less amts)</b>	<b>100 kcal (Restrict)</b>
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc	Jackfruit ( raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

**FRUIT SERVING SIZE:**

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	<b>Fruit Juice</b>	<b>NO</b>
Pineapple, Papaya	2 thin boat slice	<b>Sugarcane Juice</b>	<b>NO</b>
Raspberries, Strawberries	150gm	<b>Coconut water</b>	<b>NO</b>
Fresh Figs	1 big/ 2 small		

Susan Thomas

Executive Dietician

E: [diet.cbr@apollospectra.com](mailto:diet.cbr@apollospectra.com)





**OUT-PATIENT RECORD**

Date : 18/09/24 Department : **M.B.D.N.B.(General Medicine)**  
 MRNO : 88203 Consultant : **Dr. Amit Shobhavat**  
 Name :- Preeti Pralokh Shirke Reg. No : 2001/09/3124  
 Age / Gender : 52 (m) Qualification : **F.C.C.M, Dip. Diabetology**  
 Mobile No:- \_\_\_\_\_

Pulse : <u>96/min</u>	B.P : <u>130/80</u>	Resp : <u>16</u>	Temp : <u>97.8</u>
Weight : <u>55-5</u>	Height : <u>150</u>	BMI : <u>24.2</u>	Waist Circum : <u>76/94</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

SpO2 :- 98%  
Chest :- 88/92

no Anomalous coronary  
 NO Surgical illness  
 no addendum  
 WNL P  
 R/L  
 L

Physically fit

Follow up date:

Doctor Signature



**OUT- PATIENT RECORD**

Date : 18/9/24.  
 MRNO : SCHE.00000  
 Name :- Pooja Shinde  
 Age / Gender : 52 yr  
 Mobile No:- \_\_\_\_\_

Department : **Gynaecology**  
 Consultant **Dr. Ila Tyagi**  
 Reg. No : **66818**  
 Qualification : **Consultant Gynaecology**

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

M.S. 31 yr.  
 H. OK. Pugh  $\left\{ \begin{array}{l} 3R - 25 yr \\ 1M - 20 yr. \end{array} \right.$   
 all NS.  
 LMP: ~~at~~ menopaesal  
 since 3-4 yrs.  
 P/B - disch &  
 Cx N.  
 P/U -  
 ul - AW NS  
 Am for see -

No sig +10  
Pap smear

PUC c left -

Follow up date:

Doctor Signature



**OUT- PATIENT RECORD**

Date : 18.09.2024.  
MRNO :  
Name :- Preeti Prakash Shirke  
Age / Gender : 52y / F  
Mobile No:-

Department : Consultant ENT Surgeon  
Consultant : Dr. Roshni Nambiar  
Reg. No : 2006/02/1129  
Qualification : M.B.B.S., DNB. Othorhinolaryngology

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

HO neck pain  
? after chiropractors  
&  
occasional throat  
infection  
? tonsillitis  
HO hypothyroidism  
- currently not on  
medication.

OR  
Throat - mucosa normal  
no visible tonsillitis / warts / swelling  
Neck lymph - NAD  
NOE pale mucosa  
Ears (R) (+) (L) (+)  
RTL intact TM  
Nose (+) (+)  
Nebulizer ↔

Adv  
- Orthopaedic opinion for neck pain  
- Thyroid function test.

&  
- Adequate hydration  
- Gargle after meals

Follow up date:

Doctor Signature





OUT-PATIENT RECORD

Date : 18/9/24 Department : **OPHTHALMOLOGY**  
 MRNO : \_\_\_\_\_ Consultant : **Dr. Neeta Sharma**  
 Name :- Mrs. Preeti P. Shirke Reg. No : **68446**  
 Age / Gender : 52 y/f. Qualification : **MBBS, DIP. Ophthal, DNB (Ophthal)**  
 Mobile No:- \_\_\_\_\_

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

General Examination / Allergies History

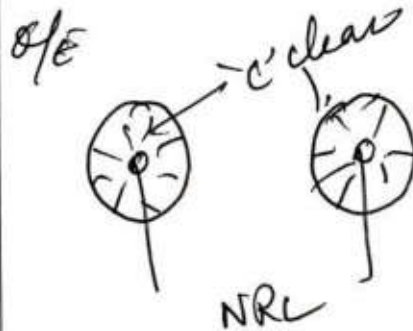
*h/o Both TMJ jk  
click while  
eating +ve*

Clinical Diagnosis & Management Plan

*for me.*

*Bev Normal*

*V/A Rt 6/9  
Lt 6/9*



*V/A Rt 6/6p  
Lt. 6/6p*

*V/A Rt N15  
Lt N15  
further*

*Follow up x 7 day*

Follow up date:

Doctor Signature

Date: - 18/09/24



Patient name: - Preeti Shirke

Phone No: - 9900166413

**Apollo Spectra**  
HOSPITALS  
Specialists in Surgery

- ILF - Generalized attrition present .
- TMJ pain & clicking present .
  - Bruxism Habit present .

Rx advised

- Night guard followed by TMD treatment & Exercise.

Rx Done - —

- Dr. Sayali D  
MDS prosthodontist.

**Apollo Spectra Hospitals:** Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088  
Ph No: 022 - 4334 4600 | [www.apollospectra.com](http://www.apollospectra.com)

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)





मास्टर कार्ड



प्रीती प्रकाश शिर्के  
Preeti Prakash Shirke  
जन्म तारीख/ DOB:  
20/06/1972  
महिला / FEMALE



8522 4898 8788

आधार-सामान्य माणसाचा अधिकार

*(Handwritten signature)*

Customer Pending Tests  
lbc report pending

## Ccf Team

---

**From:** noreply@apolloclinics.info  
**Sent:** 10 September 2024 17:23  
**To:** prakashshirke2110@gmail.com  
**Cc:** cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;  
foincharge.cbr@apollospectra.com  
**Subject:** Your appointment is confirmed



**Dear Preeti Prakash Shirke,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR clinic** on **2024-09-16** at **08:15-08:30**.

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

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

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

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

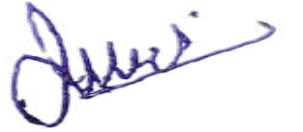
**Instructions to be followed for a health check:**

<b>Patient Name</b>	: Mrs. Preeti Prakash Shirke	<b>Age/Gender</b>	: 52 Y/F
<b>UHID/MR No.</b>	: SCHE.0000088203	<b>OP Visit No</b>	: SCHEOPV105956
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-09-2024 12:38
<b>LRN#</b>	: RAD2417180	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S32991		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver:** Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.  
**Gall Bladder:** Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.  
**Pancreas :** Normal in size and echopattern.  
**Spleen :** Normal in size, echopattern  
**Kidneys:** Both the kidneys are normal in size, shape and position. Corticomedullary differentiation grossly maintained. No obvious calculus/hydronephrosis seen.  
RK: 8.9 X 4.2 cm.  
LK: 9.9 X 4.6 cm.  
No obvious mass/collection seen at the time of scan.  
No fluid seen in the peritoneal cavity.  
**Urinary bladder:** Well distended with clear contents. Wall thickness is within normal limits.  
**Uterus:** Appears atrophic in size consistent with post menopause status.  
No e/o any adnexa lesion  
**IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.**



**Dr. JAVED SIKANDAR TADVI**  
**MBBS, DMRD, Radiologist**  
Radiology



<b>Patient Name</b>	: Mrs. Preeti Prakash Shirke	<b>Age/Gender</b>	: 52 Y/F
<b>UHID/MR No.</b>	: SCHE.0000088203	<b>OP Visit No</b>	: SCHEOPV105956
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-09-2024 12:32
<b>LRN#</b>	: RAD2417180	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S32991		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

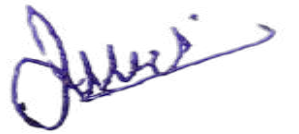
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. JAVED SIKANDAR TADVI**  
**MBBS, DMRD, Radiologist**  
Radiology