



: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:29PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.7	g/dL	12-15	Spectrophotometer
PCV	29.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	70.9	fL	83-101	Calculated
MCH	23.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3132	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2370	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	108	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	210000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+ WBC's are normal in number and morphology Platelets are Adequate

No hemoparasite seen.

Page 1 of 14



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

This Apollo Speciality of Papital a Private Limited - Sadashiv Peth Pune, Diagnostics Lab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported Status

: 09/Mar/2024 12:29PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

This ABOILO SAGGIALITE HO SPITTE A PARTY ARELLIEU TENDE AL-Sadashiv Peth Pune, Diagnostica Lab

(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

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

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Page 2 of 14





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 01:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240062842

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

(Formely 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: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:18PM

Reported

: 09/Mar/2024 12:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	90	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.

Page 4 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:PLF02121031

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

(Formely 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: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	105	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , ν	WHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.

Page 5 of 14



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

This Apollo Speciality of Apital Rearivate Lienite Rd-Sadashiv Peth Pune, Diagnostics Lab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth. Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

ND : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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.

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

Δ · HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 14



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

Consultant Pathologist

This Apollo Speciality Hospital Pariyate Lienite de Sadashiv Peth Pune, Diagnostico Lab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

'Additess(U P.No. 9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.21	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.96	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 7 of 14



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

SIN No:SE04655409

This Apollo Speciality Hospital Rariy atellimited de Sadashiv Peth Pune, Diagnostics Lab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

'Addressau P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method			
IVER FUNCTION TEST (LFT) , SERUM							
BILIRUBIN, TOTAL	0.63	mg/dL	0.3–1.2	DPD			
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD			
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46.43	U/L	<35	IFCC			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.5	U/L	<35	IFCC			
ALKALINE PHOSPHATASE	90.30	U/L	30-120	IFCC			
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret			
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN			
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.25		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.

Page 8 of 14



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

SIN No:SE04655409

This Apollo Speciality Hospital Rariyate Lienite Rd-Sadashiv Peth Pune, Diagnostics Lab

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016 'Addressau P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM							
CREATININE	0.46	mg/dL	0.55-1.02	Modified Jaffe, Kinetic			
UREA	8.33	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	3.9	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	4.08	mg/dL	2.6-6.0	Uricase PAP			
CALCIUM	10.11	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	137.35	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	103.86	mmol/L	101–109	ISE (Indirect)			
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret			
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN			
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.25		0.9-2.0	Calculated			

Page 9 of 14



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

This AROLLO Sangeirality of Applital a Pariyate Lienite Rd-Sadashiv Peth Pune, Diagnostica Lab

(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

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

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor

: Dr.SELF

: 851330 Emp/Auth/TPA ID

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	66.36	U/L	<38	IFCC

Page 10 of 14



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

This AROLLO Sangeirality of Applital a Pariyate Lienite Rd-Sadashiv Peth Pune, Diagnostica Lab

(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414

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

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

: SPUNOPV61925 Visit ID Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM

Received : 09/Mar/2024 12:13PM

Reported : 09/Mar/2024 01:25PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM			<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.2	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.510	μIU/mL	0.34-5.60	CLIA

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	Т3	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

Page 11 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24041704

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

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth. Pune, Maharashtra





Patient Name : Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:07PM

Reported

: 09/Mar/2024 12:41PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE		·	
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	2 - 4	/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

Page 12 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UR2301083

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

(Formely 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: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received Reported : 09/Mar/2024 12:07PM

Status

: 09/Mar/2024 12:39PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
Test Name	Result	Unit	Bio. Ref. Range	Method
rest name	Result	Ollit	Bio. Rei. Ralige	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

SIN No:UF011042

Dr Sneha Shah

MBBS, MD (Pathology) Consultant Pathologist

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

Page 13 of 14





: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID

: SPUNOPV61925

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 851330

Collected

: 09/Mar/2024 02:11PM

Received

: 10/Mar/2024 07:05PM

Reported Status

: 13/Mar/2024 11:58AM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

CPA	P TEST (PAPSURE) , CERVICAL BRUSH SAI	WPLE
	CYTOLOGY NO.	5393/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils.
		Negative for intraepithelial lesion/ malignancy
Ш	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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



This Associative tho spital a Private Limited, Global Reference Laboratory, Hyderabad

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



APOLLO SPECTRA HOSPITALS
Opp. Sanas Sports Ground, Saras Baug,
Sadashiv Peth, Pune, Maharashtra - 411 030.
Ph. No: 020 6720 6500 www.apoliospectra.com

Name : Mrs. Poonam Devi

Age: 39 Y

Sex: F

Address: pune

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000019900

OP Number: SPUNOPV61925 Bill No: SPUN-OCR-10431

Date + 09 03 2024 09:04

no	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEM	MALE - 2D ECHO - PAN INDIA - FY2324
-	1 GAMMA GLUTAMYL TRANFERASE (GGT)	
	2 D ECHO	
_	3 LIVER FUNCTION TEST (LFT)	
	4 GLUCOSE, FASTING	
	5 HEMOGRAM + PERIPHERAL SMEAR	
L	6 GYNAECOLOGY CONSULTATION	
V	7 DIET CONSULTATION	
	8 COMPLETE URINE EXAMINATION	
V	9 URINE GLUCOSE(POST PRANDIAL) \2100	
	OPERIPHERAL SMEAR	
1	TECG	
1	2 LBC PAP TEST- PAPSURE	
1	3 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
KI	4 DENTAL CONSULTATION	
U	SOLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12', 00	
	6 URINE GLUCOSE(FASTING)	
Y	7 HbA1c, GLYCATED HEMOGLOBIN	
	8 X-RAY CHEST PA	
1	9 ENT CONSULTATION	
12	OFITNESS BY GENERAL PHYSICIAN	
2	BLOOD GROUP ABO AND RH FACTOR	
2	2 LIPID PROFILE	
_	BODY MASS INDEX (BMI)	
	OPTHAL BY GENERAL PHYSICIAN	
2	SULTRASOUND - WHOLE ABDOMEN	
2	6 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Poonam Devi on 09/03/24
After reviewing the medical history and on clinical examination it has been found that he/she is
Tio
Medically Fit
Fit with restrictions/recommendations
Though following restrictions have been revealed, in my opinion, these are not 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 afterrecommended
• Unfit
Dr. Samon Leval Son

Apollo Spectra Hospital Pune medico-legal purposes

General Physician

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital



Specialists in Surgery

Date

MRNO

Name Age/Gender 09/03/24

Mobile No

Poonam Dexi

3915

Department:

Consultant :

Reg. No

Oualification:

Consultation Timing:

Pulse:	725 180	B.P: 120172	Resp: Qoblm	Temp: Afebore
Weight:	53.2kg	Height: 142cm	BMI: 26.7.	Waist Circum :
General I	Examination / Allerg	gies Clinical Diagnosis & Ma	anagement Plan	1001
		*		
		Anemia E		
		thy po thy n	noi dism	
		four fit	troom duty	
				Adr
	Tab .	Thy ronorm 12	1.5 Tab 6:0	o o x 90
	1 -	0 × 0	Juj Ne Once a	enjane im whe — (5) D3 Golc auste (12)
			Kchine	Dz Golc (12)

Smonth

Follow up date:

Opp. Sanas Sport Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra - 411030 BOOK YOUR APPOINTMENT TODAY!

Ph.: 020 6720 6500 Fax: 020 6720 6523 www.apollospectra.com



Specialists in Surgery

Date

09103124

MRNO

Name

Poonam Der:

Age/Gender

Mobile No

391 F

Department:

ENT

Consultant :

Reg. No

Dr. Shirprakash

Qualification:

Consultation Timing:

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Rest-NAD

MBBS, MS (ENT), Head & Neck Surgeon
NBBS, MS (ENT), Head & (MMC)
Reg. No. 2010030364 (MMC) Dr. Shiv Mehta Mob.: 9890250205

Follow up date:

Doctor Signature



Specialists in Surgery

Date

09/03/24

MRNO Name

Age/Gender :

Mobile No

Poonam Devi

3915

Department:

Gynze

Consultant :

Dr. Sayali

Oualification:

Reg. No

Kan' Bogum

Consultation Timing

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

29 yrs Female

m/H-3./25 days.

LMP- 15/2/24.

MS: 20185,

POLO - BOTH PTND.

presently no complaints.

USG - WNL

PA- 5074

Breasts - No temp defected.

Papsure Halcen

Planck healthy but avaemic

Plu - NAID

Doctor Signature

Follow up date:







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected Received

: 09/Mar/2024 09:20AM

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:29PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.7	g/dL	12-15	Spectrophotometer
PCV	29.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	70.9	fL	83-101	Calculated
MCH	23.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			Annual Control of the
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3132	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2370	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	108	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	210000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+ WBC's are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 13

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

SIN No:BED240062842

This test has been performed at Apollo Health and Lifestyle ltd-Sadashiv Peth Pe







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:29PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Page 2 of 13



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

SIN No:BED240062842







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received Reported : 09/Mar/2024 12:13PM

: 09/Mar/2024 01:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 13



MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240062842







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF

: 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:18PM

Reported

: 09/Mar/2024 12:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

As per American Diabetes Guidennes, 2025	
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.

Page 4 of 13



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:PLF02121031

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnostics.in







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	105	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE BLOOD EDTA	1		,
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.

Page 5 of 13



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

SIN No:EDT240028561







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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)

Page 6 of 13



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

SIN No:EDT240028561







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.21	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.96	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 7 of 13

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

SIN No:SE04655409







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported Status : 09/Mar/2024 02:17PM

. .

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46.43	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.5	U/L	<35	IFCC
ALKALINE PHOSPHATASE	90.30	U/L	30-120	IFCC
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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.

Page 8 of 13

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

SIN No:SE04655409







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.46	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	8.33	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	3.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.08	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.11	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.35	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.86	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated

Page 9 of 13



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

SIN No:SE04655409

This test has been performed at Apollo Health and Lifestyle







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No Visit ID : SPUN.0000019900

Ref Doctor

: SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

: Final Report

Received Reported : 09/Mar/2024 12:13PM

Status

: 09/Mar/2024 02:17PM

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	66.36	U/L	<38	IFCC

Page 10 of 13



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

SIN No:SE04655409







: Mrs.POONAM DEVI

Age/Gender UHID/MR No : 39 Y 0 M 12 D/F : SPUN.0000019900

Visit ID Ref Doctor

: SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF

: 851330

Collected

: 09/Mar/2024 09:20AM

Received Reported : 09/Mar/2024 12:13PM

Status

: 09/Mar/2024 01:25PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	SERUM		1	
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.51	μIU/mL	0.34-5.60	CLIA

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	Т3	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		

Page 11 of 13



Dr Sheha Shah | 5 | MBBS MD (Pathology) Consultant Pathologist

SIN No:SPL24041704







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:07PM

Reported Status

: 09/Mar/2024 12:41PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION	The second secon			
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET N	OUNT AND MICROSCOP	Y		
PUS CELLS	2 - 4	/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

Page 12 of 13



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:UR2301083







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:07PM

Reported

: 09/Mar/2024 12:39PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Result/s to Follow:

LBC PAP TEST (PAPSURE)

Page 13 of 13



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UF011042

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

www.apollodiagnostics.in



2D ECHO / COLOUR DOPPLER

Name: Mrs. Poonam Devi Ref by: HEALTH CHECKUP Age: 39YRS / F Date: 09/03/2024

LA – 32

AO - 26

IVS - 10

PW - 10

LVIDD - 37

LVIDS - 25

EF 60 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 60 %

No regional wall motion abnormality

Normal sized other cardiac chambers.

Mitral valve has thin leaflets with normal flow.

Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation. No LVOT gradient

Normal Tricuspid & pulmonary valves.

No tricuspid regurgitation.

PA pressures Normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

IMPRESSION:

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

DR.SAMRAT SHAH MD, CONSULTANT PHYSICIAN

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com





Name	Mrs Poonam . Devi	Age	39 Years
Patient ID	DD/93/2023-2024/1512	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 9.5x4.8 cms and the left kidney measures 9.6x4.8 cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus measures 8.2x4.5x3.8cms in size. The myometrium appears uniform in echotexture. The endometrium measures 9s mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

No significant abnormality is seen.

Dr. Lalitkumar S Deore MD(Radiology) (2001/04/1871)



MRS.POONAM DEVI

39 Years

MR No: Location:

Physician:

SPUN.000 Apollo Spe

(Swargate)

SELF

09-Mar-2024

Gender: Image Count: **Arrival Time:**

09-Mar-2024 12:07

Date of Exam: Date of Report:

09-Mar-2024 12:18

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

Dr.Santhosh Kumar DMRD, DNB Consultant Radiologist

Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

EYE REPORT

Mrs. Poonam Devi



ASH/PUN/OPTH/06/02-0216

Date:

09/03/24

Age /Sex:

Name:

39 4 F

Ref No.:

Complaint: No complaints

Vision R 616 Ng

Examination

NO DM

NO HTH

Spectacle Rx

	Right Eye			Left Eye				
· PER	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	616	3.50	1.50	170	6/6	4.50	1.30	180
Read				N8				178
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision

Remarks:

WNL

Medications: "BE colour Vision Normal.

Trade Name	Frequency	Duration

Follow up: \\

Consultant:

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030 Ph: 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

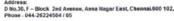




Apollo Clinic

CONSENT FORM

Patient Name: Poonam Devi Age: Arcofemi
UHID Number: Company Name:
IMr/Mrs/Ms Poonam Devi Employee of Arcofemi
(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Doctors not available for Denter
Patient Signature: Date: 09103124





VARSHA RANJEET SHINDE Poonam Devi MR. KUMAR UTTAM	E LIMITED
E.I. SHINDE shinderanjeet1@yahoo.co.in uttam231983@gmail.com AM uttam231983@gmail.com	Poonam Devi MR. KUMAR UTTAM
ARCOFEMI HEALTHCARE LIMITED	







Patient Name : Mrs.POONAM DEVI Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 12:29PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA		'		
HAEMOGLOBIN	9.7	g/dL	12-15	Spectrophotometer
PCV	29.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	70.9	fL	83-101	Calculated
MCH	23.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT	(DLC)			
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3132	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2370	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	108	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	210000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 14



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

SIN No:BED240062842



Patient Name : Mrs.POONAM DEVI Age/Gender : 39 Y 0 M 12 D/F UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330

Collected : 09/Mar/2024 09:20AM Received : 09/Mar/2024 12:13PM Reported : 09/Mar/2024 12:29PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

Page 2 of 14

SIN No:BED240062842



Age/Gender : 39 Y 0 M 12 D/F UHID/MR No

: SPUN.0000019900

Visit ID : SPUNOPV61925 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM Received : 09/Mar/2024 12:13PM Reported : 09/Mar/2024 01:26PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR	R, WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 14





Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM Received : 09/Mar/2024 12:18PM

Reported : 09/Mar/2024 12:47PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	90	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.

Page 4 of 14

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:PLF02121031



Age/Gender : 39 Y 0 M 12 D/F UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 12:43PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	105	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN),	NHOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.

Page 5 of 14



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

SIN No:EDT240028561



Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM Received : 09/Mar/2024 12:13PM

Received : 09/Mar/2024 12:13PM Reported : 09/Mar/2024 12:43PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- 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)

Page 6 of 14



Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 02:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM	<u>'</u>	<u>'</u>	1	
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.21	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.96	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 7 of 14





Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF : 851330 Emp/Auth/TPA ID

Collected : 09/Mar/2024 09:20AM Received : 09/Mar/2024 12:13PM

: 09/Mar/2024 02:17PM Reported

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Status

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

Test Name	Result	Unit	Bio. Ref. Range	Method			
LIVER FUNCTION TEST (LFT), SERUM							
BILIRUBIN, TOTAL	0.63	mg/dL	0.3–1.2	DPD			
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD			
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46.43	U/L	<35	IFCC			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.5	U/L	<35	IFCC			
ALKALINE PHOSPHATASE	90.30	U/L	30-120	IFCC			
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret			
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN			
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.25		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:

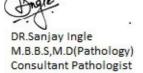
1. Hepatocellular Injury:

- 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.

Page 8 of 14





Age/Gender : 39 Y 0 M 12 D/F UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 02:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method		
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM						
CREATININE	0.46	mg/dL	0.55-1.02	Modified Jaffe, Kinetic		
UREA	8.33	mg/dL	17-43	GLDH, Kinetic Assay		
BLOOD UREA NITROGEN	3.9	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	4.08	mg/dL	2.6-6.0	Uricase PAP		
CALCIUM	10.11	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	137.35	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)		
CHLORIDE	103.86	mmol/L	101–109	ISE (Indirect)		
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret		
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN		
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated		
A/G RATIO	1.25		0.9-2.0	Calculated		

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

Page 9 of 14

SIN No:SE04655409



Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330

Collected : 09/Mar/2024 09:20AM Received : 09/Mar/2024 12:13PM Reported : 09/Mar/2024 02:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	66.36	U/L	<38	IFCC

Page 10 of 14





Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 01:25PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSI	H), SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.2	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.510	μIU/mL	0.34-5.60	CLIA

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	Т3	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	

Page 11 of 14

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24041704



Patient Name : Mrs.POONAM DEVI Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 12:07PM
Reported : 09/Mar/2024 12:41PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	Y		
PUS CELLS	2 - 4	/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

Page 12 of 14





Age/Gender : 39 Y 0 M 12 D/F UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 09:20AM
Received : 09/Mar/2024 12:07PM
Reported : 09/Mar/2024 12:39PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 13 of 14

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UF011042



Patient Name : Mrs.POONAM DEVI Age/Gender : 39 Y 0 M 12 D/F

UHID/MR No : SPUN.0000019900

Visit ID : SPUNOPV61925

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 851330 Collected : 09/Mar/2024 02:11PM
Received : 10/Mar/2024 07:05PM
Reported : 13/Mar/2024 11:58AM

Status : Final Report

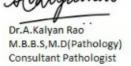
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

LBC PA	P TEST (PAPSURE) , CERVICAL BRUSH SAI	MPLE				
	CYTOLOGY NO.	5393/24				
Ι	SPECIMEN	PECIMEN				
a	SPECIMEN ADEQUACY	ADEQUATE				
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)				
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR				
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT				
d	COMMENTS	SATISFACTORY FOR EVALUATION				
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy				
Ш	RESULT					
a	EPITHEIAL CELL					
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN				
	GLANDULAR CELL ABNORMALITIES	NOT SEEN				
b	ORGANISM	NIL				
IV	INTERPRETATION	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 ***







APOLLO SPECTRA HOSPITALS
Opp. Sanas Sports Ground, Saras Baug,
Sadashiv Peth, Pune, Maharashtra - 411 030.
Ph. No: 020 6720 6500 www.apoliospectra.com

Name : Mrs. Poonam Devi

Age: 39 Y

Sex: F

Address: pune

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000019900

OP Number: SPUNOPV61925 Bill No: SPUN-OCR-10431

Date + 09 03 2024 09:04

no	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEN	MALE - 2D ECHO - PAN INDIA - FY2324
-	1 GAMMA GLUTAMYL TRANFERASE (GGT)	
	2 D ECHO	
_	3 LIVER FUNCTION TEST (LFT)	
	4 GLUCOSE, FASTING	
	5 HEMOGRAM + PERIPHERAL SMEAR	
L	6 GYNAECOLOGY CONSULTATION	
V	7 DIET CONSULTATION	
	8 COMPLETE URINE EXAMINATION	
V	9 URINE GLUCOSE(POST PRANDIAL) \2100	
	OPERIPHERAL SMEAR	
1	TECG	
1	2 LBC PAP TEST- PAPSURE	
1	3 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
KI	4 DENTAL CONSULTATION	
U	SOLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12,00	
	6 URINE GLUCOSE(FASTING)	
Y	7 HbA1c, GLYCATED HEMOGLOBIN	
	8 X-RAY CHEST PA	
1	9 ENT CONSULTATION	
12	OFITNESS BY GENERAL PHYSICIAN	
2	BLOOD GROUP ABO AND RH FACTOR	
2	2 LIPID PROFILE	
_	BODY MASS INDEX (BMI)	
	OPTHAL BY GENERAL PHYSICIAN	
2	SULTRASOUND - WHOLE ABDOMEN	
2	6 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Poonam Devi on 09/03/24
After reviewing the medical history and on clinical examination it has been found that he/she is
Tio
Medically Fit
Fit with restrictions/recommendations
Though following restrictions have been revealed, in my opinion, these are not 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 afterrecommended
• Unfit
Dr. Samon Leval Son

Apollo Spectra Hospital Pune medico-legal purposes

General Physician

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital



Specialists in Surgery

Date

MRNO

Name Age/Gender 09/03/24

Mobile No

Poonam Dexi

3915

Department:

Consultant :

Reg. No

Oualification:

Consultation Timing:

Pulse:	725 180	B.P: 120172	Resp: Qoblm	Temp: Afebore
Weight:	53.2kg	Height: 142cm	BMI: 26.7.	Waist Circum :
General I	Examination / Allerg	gies Clinical Diagnosis & Ma	anagement Plan	1001
		*		
		Anemia E		
		thy po thy n	noi dism	
		four fit	troom duty	
				Adr
	Tab .	Thy ronorm 12	1.5 Tab 6:0	o o x 90
	1 -	0 × 0	Juj Ne Once a	enjane im whe — (5) D3 Golc auste (12)
			Kchine	Dz Golc (12)

Smonth

Follow up date:

Opp. Sanas Sport Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra - 411030 BOOK YOUR APPOINTMENT TODAY!

Ph.: 020 6720 6500 Fax: 020 6720 6523 www.apollospectra.com



Specialists in Surgery

Date

09103124

MRNO

Name

Poonam Der:

Age/Gender

Mobile No

391 F

Department:

ENT

Consultant :

Reg. No

Dr. Shirprakash

Qualification:

Consultation Timing:

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Rest-NAD

MBBS, MS (ENT), Head & Neck Surgeon
NBBS, MS (ENT), Head & (MMC)
Reg. No. 2010030364 (MMC) Dr. Shiv Mehta Mob.: 9890250205

Follow up date:

Doctor Signature



Specialists in Surgery

Date

09/03/24

MRNO Name

Age/Gender :

Mobile No

Poonam Devi

3915

Department:

Gynze

Consultant :

Dr. Sayali

Oualification:

Reg. No

Kan' Bogum

Consultation Timing

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

29 yrs Female

m/H-3./25 days.

LMP- 15/2/24.

MS: 20185,

POLO - BOTH PTND.

presently no complaints.

USG - WNL

PA- 5074

Breasts - No temp defected.

Papsure Halcen

Planck healthy but avaemic

Plu - NAID

Follow up date:

Doctor Signature







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected Received

: 09/Mar/2024 09:20AM

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:29PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.7	g/dL	12-15	Spectrophotometer
PCV	29.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	70.9	fL	83-101	Calculated
MCH	23.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			August (Control of the Control of th
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3132	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2370	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	108	Cells/cu.mm	20-500	Calculated
MONOCYTES	384	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	210000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+ WBC's are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 13



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

SIN No:BED240062842

This test has been performed at Apollo Health and Lifestyle ltd-Sadashiv Peth Pur







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:29PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Page 2 of 13



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

SIN No:BED240062842







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 01:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 13



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240062842







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF

: 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:18PM

Reported

: 09/Mar/2024 12:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Page 4 of 13



MBBS MD (Pathology) Consultant Pathologist

SIN No:PLF02121031

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	105	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE BLOOD EDTA	1		,
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.

Page 5 of 13



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

SIN No:EDT240028561







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No Visit ID

: SPUN.0000019900

Ref Doctor

: SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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)

Page 6 of 13



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

SIN No:EDT240028561

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.21	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.96	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.67		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 7 of 13



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

SIN No:SE04655409







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received Reported : 09/Mar/2024 12:13PM : 09/Mar/2024 02:17PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT), SERUM			4	
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46.43	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.5	U/L	<35	IFCC
ALKALINE PHOSPHATASE	90.30	U/L	30-120	IFCC
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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.

Page 8 of 13



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

SIN No:SE04655409







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:13PM

Reported

: 09/Mar/2024 02:17PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.46	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	8.33	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	3.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.08	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.11	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.35	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.86	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.62	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated

Page 9 of 13



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

SIN No:SE04655409

This test has been performed at Apollo Health and Lifestyle







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No Visit ID : SPUN.0000019900

Ref Doctor

: SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

: Final Report

Received Reported : 09/Mar/2024 12:13PM

Status

: 09/Mar/2024 02:17PM

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	66.36	U/L	<38	IFCC

Page 10 of 13



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

SIN No:SE04655409







: Mrs.POONAM DEVI

Age/Gender UHID/MR No : 39 Y 0 M 12 D/F : SPUN.0000019900

Visit ID Ref Doctor

: SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF

: 851330

Collected

: 09/Mar/2024 09:20AM

Received Reported : 09/Mar/2024 12:13PM

Status

: 09/Mar/2024 01:25PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	SERUM		1	
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.51	μIU/mL	0.34-5.60	CLIA

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	Т3	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

Page 11 of 13



Dr Sheha Shah | 5 | MBBS MD (Pathology) Consultant Pathologist

SIN No:SPL24041704







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330

Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:07PM

Reported Status

: 09/Mar/2024 12:41PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), URINE			
PHYSICAL EXAMINATION	The second secon			
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET N	OUNT AND MICROSCOP	Y		
PUS CELLS	2 - 4	/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

Page 12 of 13



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:UR2301083







: Mrs.POONAM DEVI

Age/Gender

: 39 Y 0 M 12 D/F

UHID/MR No

: SPUN.0000019900

Visit ID Ref Doctor : SPUNOPV61925

Emp/Auth/TPA ID

: Dr.SELF : 851330 Collected

: 09/Mar/2024 09:20AM

Received

: 09/Mar/2024 12:07PM

Reported

: 09/Mar/2024 12:39PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Result/s to Follow:

LBC PAP TEST (PAPSURE)

Page 13 of 13



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:UF011042

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

www.apollodiagnostics.in



2D ECHO / COLOUR DOPPLER

Name: Mrs. Poonam Devi Ref by: HEALTH CHECKUP Age: 39YRS / F Date: 09/03/2024

LA – 32

AO - 26

IVS - 10

PW - 10

LVIDD - 37

LVIDS - 25

EF 60 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 60 %

No regional wall motion abnormality

Normal sized other cardiac chambers.

Mitral valve has thin leaflets with normal flow.

Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation. No LVOT gradient

Normal Tricuspid & pulmonary valves.

No tricuspid regurgitation.

PA pressures Normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

IMPRESSION:

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

DR.SAMRAT SHAH MD, CONSULTANT PHYSICIAN

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com





Name	Mrs Poonam . Devi	Age	39 Years
Patient ID	DD/93/2023-2024/1512	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 9.5x4.8 cms and the left kidney measures 9.6x4.8 cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus measures 8.2x4.5x3.8cms in size. The myometrium appears uniform in echotexture. The endometrium measures 9s mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

No significant abnormality is seen.

Dr. Lalitkumar S Deore MD(Radiology) (2001/04/1871)



MRS.POONAM DEVI

39 Years

MR No: Location:

Physician:

SPUN.000 Apollo Spe

(Swargate)

SELF

09-Mar-2024

Gender: Image Count: **Arrival Time:**

09-Mar-2024 12:07

Date of Exam: Date of Report:

09-Mar-2024 12:18

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

Dr.Santhosh Kumar DMRD, DNB Consultant Radiologist

Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

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

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

EYE REPORT

Mrs. Poonam Devi



ASH/PUN/OPTH/06/02-0216

Date:

09/03/24

Age /Sex:

Name:

39 4 F

Ref No.:

Complaint: No complaints

Vision R 616 Ng

Examination

NO DM

NO HTH

Spectacle Rx

		Righ	t Eye			Lef	t Eye	
· PER	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	616	3.50	1.50	170	6/6	4.50	1.30	180
Read				N8				178
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision

Remarks:

WNL

Medications: "BE colour Vision Normal.

Trade Name	Frequency	Duration

Follow up: \\

Consultant:

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030 Ph: 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

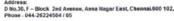




Apollo Clinic

CONSENT FORM

Patient Name: Poonam Devi Age: Arcofemi
UHID Number: Company Name:
IMr/Mrs/Ms Poonam Devi Employee of Arcofemi
(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Doctors not available for Denter
Patient Signature: Date: 09103124





VARSHA RANJEET SHINDE Poonam Devi MR. KUMAR UTTAM	E LIMITED
E.I. SHINDE shinderanjeet1@yahoo.co.in uttam231983@gmail.com AM uttam231983@gmail.com	Poonam Devi MR. KUMAR UTTAM
ARCOFEMI HEALTHCARE LIMITED	





Customer Pending Tests- DENTAL DOCTOR NOT AVAILABLE HENCE TEST NOT DONE