

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 02:09PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

SIN No:BED240061108

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	35.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.1	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	35	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3368.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2068.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	100.47	Cells/cu.mm	20-500	Calculated
MONOCYTES	354.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.73	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	378000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
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Page 2 of 16



DR.Sanjay Ingle
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DEPARTMENT OF HAEMATOLOGY

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



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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

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



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Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:56PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 02:38PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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:

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLF02119730

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



Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 12:28PM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 04:32PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 05:35PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	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.



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Consultant Pathologist

SIN No:PLP1428397

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



Patient Name	: Mrs.SONAL VISHAL KULKARNI	Collected	: 08/Mar/2024 08:49AM
Age/Gender	: 35 Y 5 M 2 D/F	Received	: 08/Mar/2024 01:26PM
UHID/MR No	: CPIM.0000055565	Reported	: 08/Mar/2024 03:41PM
Visit ID	: CPIMOPV157932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13950		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240027566

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	58	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.31	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.97	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.40		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



Dr Sneha Shah
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Consultant Pathologist

SIN No:SE04653612

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.58	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	74.52	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.51	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.22	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.41	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.07	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.19	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.27	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	11.51	U/L	<38	IFCC

Sneha Shah
Dr Sneha Shah
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Consultant Pathologist

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.33	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.515	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

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

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



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SIN No:SPL24040372

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2299687

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Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 07:05PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 07:18PM
Visit ID : CPIMOPV157932	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:UPP016931

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UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 05:08PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF010941

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



Patient Name	: Mrs.SONAL VISHAL KULKARNI	Collected	: 08/Mar/2024 01:04PM
Age/Gender	: 35 Y 5 M 2 D/F	Received	: 09/Mar/2024 02:37PM
UHID/MR No	: CPIM.0000055565	Reported	: 11/Mar/2024 05:03PM
Visit ID	: CPIMOPV157932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13950		

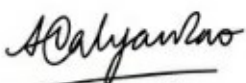
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5201/24
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
III	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

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS075922

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

Patient Name : Mrs. SONAL VISHAL KULKARNI

Age/Gender : 35 Y/F

UHID/MR No. : CPIM.0000055565

OP Visit No : CPIMOPV157932

Sample Collected on :

Reported on : 08-03-2024 18:00

LRN# : RAD2259811

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE13950

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mrs. SONAL VISHAL KULKARNI	Age/Gender	: 35 Y/F
UHID/MR No.	: CPIM.0000055565	OP Visit No	: CPIMOPV157932
Sample Collected on	:	Reported on	: 08-03-2024 12:02
LRN#	: RAD2259811	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE13950		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

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

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

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

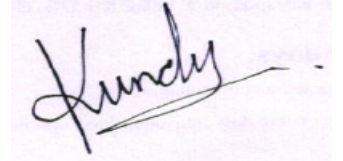
No significant abnormality detected.

Suggest – clinical correlation.

Patient Name : Mrs. SONAL VISHAL KULKARNI

Age/Gender : 35 Y/F

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



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Name: Mrs. SONAL VISHAL KULKARNI
Age/Gender: 35 Y/F
Address: SECTOR HO 27, PLOT 98, PRADHIKARAN NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.000055565
Visit ID: CPIMOPV157932
Visit Date: 08-03-2024 08:48
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SONAL VISHAL KULKARNI
Age/Gender: 35 Y/F
Address: SECTOR HO 27, PLOT 98, PRADHIKARAN NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.000055565
Visit ID: CPIMOPV157932
Visit Date: 08-03-2024 08:48
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. SONAL VISHAL KULKARNI
Age/Gender: 35 Y/F
Address: SECTOR HO 27, PLOT 98, PRADHIKARAN NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.000055565
Visit ID: CPIMOPV157932
Visit Date: 08-03-2024 08:48
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SONAL VISHAL KULKARNI
Age/Gender: 35 Y/F
Address: SECTOR HO 27, PLOT 98, PRADHIKARAN NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.000055565
Visit ID: CPIMOPV157932
Visit Date: 08-03-2024 08:48
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SONAL VISHAL KULKARNI
Age/Gender: 35 Y/F
Address: SECTOR HO 27, PLOT 98, PRADHIKARAN NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.000055565
Visit ID: CPIMOPV157932
Visit Date: 08-03-2024 08:48
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-03-2024 14:42	68 Beats/min	110/70 mmHg	20 Rate/min	97 F	165 cms	62 Kgs	%	%	Years	22.77	cms	cms	cms		AHLL09249

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-03-2024 14:42	68 Beats/min	110/70 mmHg	20 Rate/min	97 F	165 cms	62 Kgs	%	%	Years	22.77	cms	cms	cms		AHLL09249

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-03-2024 14:42	68 Beats/min	110/70 mmHg	20 Rate/min	97 F	165 cms	62 Kgs	%	%	Years	22.77	cms	cms	cms		AHLL09249

Established Patient: Yes

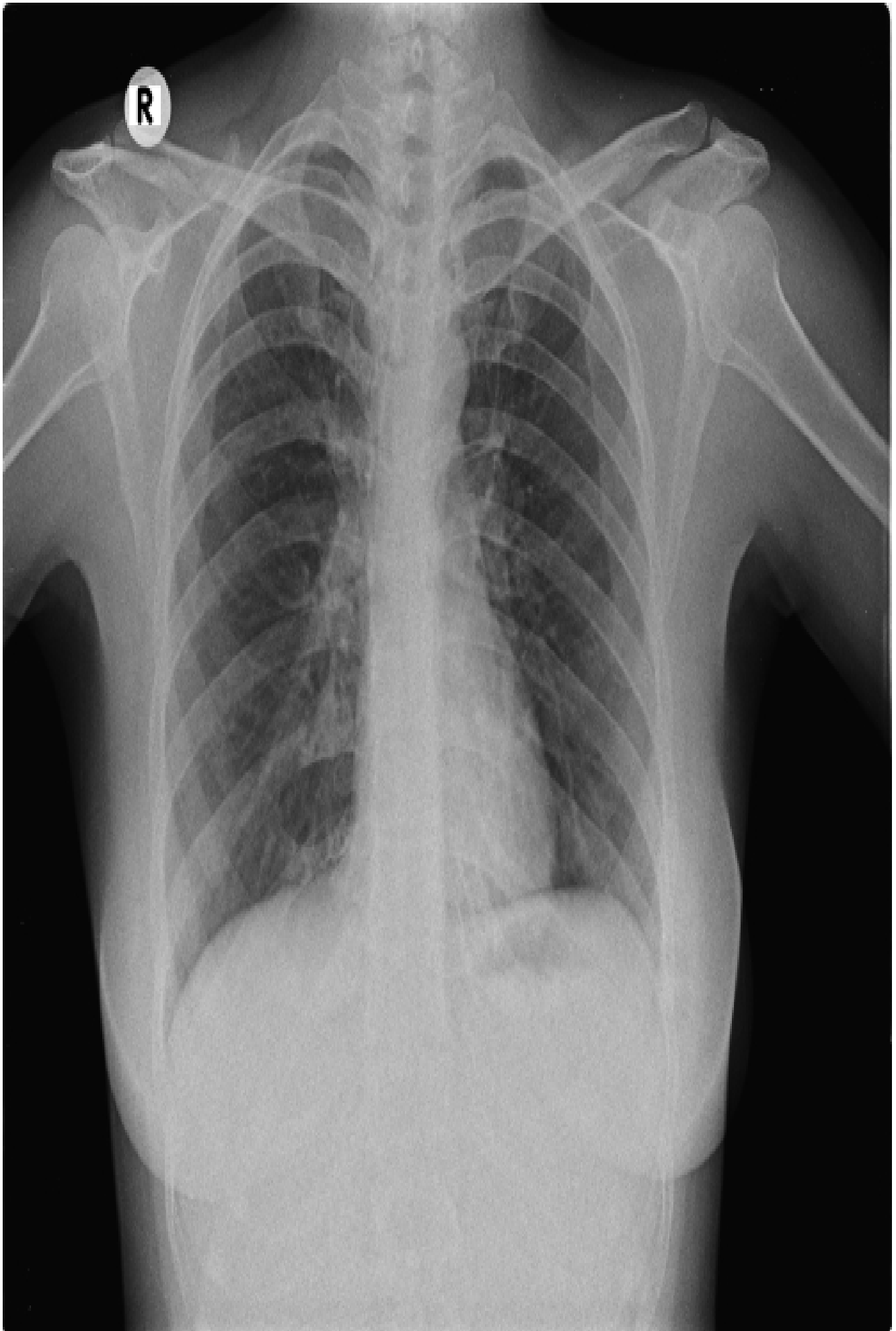
Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-03-2024 14:42	68 Beats/min	110/70 mmHg	20 Rate/min	97 F	165 cms	62 Kgs	%	%	Years	22.77	cms	cms	cms		AHLL09249

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-03-2024 14:42	68 Beats/min	110/70 mmHg	20 Rate/min	97 F	165 cms	62 Kgs	%	%	Years	22.77	cms	cms	cms		AHLL09249



 **બંક ઓફ બરોડા**
Bank of Baroda

જી.ઈ.સી. નં. 170309

નામ | Name: **Sonal Vishal Kulkarni**

વડતી | Designation: **Business Associate**

સહી | Signature: **સહી** | Signature of Holder
(www.bankofbaroda.com)

29/11/2021
જારી કરાવેલી તારીખ | **સોનીશી વીશલ કુલકર્ની**
Date of Issue | Issuing Authority



[Handwritten signature and scribbles in blue ink]

ID: 387
SONAL KULKARNI
Female 35Years

08-03-2024 10:48:29 AM
HR : 90 bpm
P : 110 ms
PR : 149 ms
QRS : 91 ms
QT/QTc : 353/432 ms
P/QRS/T : 69/68/48 °
RV5/SV1 : 1.352/0.274 mV

Diagnosis Information:
Sinus Arrhythmia
Normal ECG

*WNL
Mean*

Report Confirmed by:



Date : 08-03-2024

Department : GENERAL

MR NO : CPIM.0000055565

Doctor :

Name : Mrs. SONAL VISHAL KULKARNI

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 08:48

Ht - 165

Wt - 62.5

BP - 110/70

BPMZ - 23.

Patient Name	: Mrs.SONAL VISHAL KULKARNI	Collected	: 08/Mar/2024 08:49AM
Age/Gender	: 35 Y 5 M 2 D/F	Received	: 08/Mar/2024 01:25PM
UHID/MR No	: CPIM.0000055565	Reported	: 08/Mar/2024 02:09PM
Visit ID	: CPIMOPV157932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13950		

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	12.5	g/dL	12-15	Spectrophotometer
PCV	35.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.1	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	35	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	6	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3368.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2068.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	100.47	Cells/cu.mm	20-500	Calculated
MONOCYTES	354.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.73	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.63		0.78- 3.53	Calculated
PLATELET COUNT	378000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

SIN No:BED240061108

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Shop No: 14 to 20, City Pride building,
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),
Pune, Maharashtra, India - 411004

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Charula Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)





Certificate No: MC-5697

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 02:09PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

SIN No:BED240061108

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloh1.com | Email ID: enquiry@apolloh1.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Shop No: 14 to 20, City Pride building,
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),
Pune, Maharashtra, India - 411004



APOLLO CLINICS NETWORK

Telangana: Hyderabad | AS Rao Nagar | Chanda Nagar | Koridapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

1860 500 7788
www.apolloclinic.com



Certificate No: MC- 5697

Patient Name	: Mrs.SONAL VISHAL KULKARNI	Collected	: 08/Mar/2024 08:49AM
Age/Gender	: 35 Y 5 M 2 D/F	Received	: 08/Mar/2024 01:25PM
UHID/MR No	: CPIM.0000055565	Reported	: 08/Mar/2024 02:09PM
Visit ID	: CPIMOPV157932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13950		

DEPARTMENT OF HAEMATOLOGY

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

Ingle

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

SIN No:BED240061108

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Pune, Maharashtra, India - 411004

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chandia Nagar | Kondapur | Nallakunta | Nizampet | Monikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi | Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



1860 500 7788
www.apolloclinic.com



Certificate No: MC-5697

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:25PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 03:06PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

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 , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240061108

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Pune, Maharashtra, India - 411004



APOLLO CLINICS NETWORK

Telangana: Hyderabad (A5 Rao Nagar | Chinnda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) (Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Velasaravakkam | Velachery) Maharashtra: Pune (Aundh) Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

1860 500 7788
www.apolloclinic.com



Certificate No: MC- 5697

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:56PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 02:38PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

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:

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

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLF02119730

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



Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 12:28PM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 04:32PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 05:35PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

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)	101	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.



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

SIN No:PLP1428397

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chandia Nagar | Kondapur | Nallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basivenugudi) | Bellandur | Electronics City | Frisco Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai) | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),
Pune, Maharashtra, India - 411004



1860 500 7788

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Certificate No: MC- 5697

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:26PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 03:41PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240027566

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

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Certificate No: MC- 5697

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:48PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 04:58PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

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	196	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	58	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.31	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.97	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.40		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04653612

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



Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:48PM
UHID/MR No : CPIM,0000055565	Reported : 08/Mar/2024 04:58PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

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	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.58	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	74.52	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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



Sushta Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04653612

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

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
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Visit ID : CPIMOPV157932	Status : Final Report
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Emp/Auth/TPA ID : bobE13950	

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	0.51	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.22	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.41	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.07	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.19	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.27	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04653612

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





Certificate No: MC- 5697

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:48PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 04:58PM
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Emp/Auth/TPA ID : bobE13950	

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	11.51	U/L	<38	IFCC

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04653612

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



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Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 08:49AM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 01:58PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 03:32PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

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				
TRI-IODOTHYRONINE (T3, TOTAL)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.33	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.515	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	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No:SPL24040372

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



Certificate No: MC- 5697

Patient Name	: Mrs.SONAL VISHAL KULKARNI	Collected	: 08/Mar/2024 08:49AM
Age/Gender	: 35 Y 5 M 2 D/F	Received	: 08/Mar/2024 03:59PM
UHID/MR No	: CPIM.0000055565	Reported	: 08/Mar/2024 05:09PM
Visit ID	: CPIMOPV157932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13950		

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	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2299687

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





Certificate No: MC-5697

Patient Name : Mrs.SONAL VISHAL KULKARNI	Collected : 08/Mar/2024 12:28PM
Age/Gender : 35 Y 5 M 2 D/F	Received : 08/Mar/2024 07:05PM
UHID/MR No : CPIM.0000055565	Reported : 08/Mar/2024 07:18PM
Visit ID : CPIMOPV157932	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13950	

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



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

SIN No: UPP016931

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

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Certificate No: MC- 5697

Patient Name	: Mrs.SONAL VISHAL KULKARNI	Collected	: 08/Mar/2024 08:49AM
Age/Gender	: 35 Y 5 M 2 D/F	Received	: 08/Mar/2024 03:58PM
UHID/MR No	: CPIM.0000055565	Reported	: 08/Mar/2024 05:08PM
Visit ID	: CPIMOPV157932	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13950		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF010941

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



ID: 387

SONAL KULKARNI
Female 35Years

08-03-2024 10:48:29 AM COPY

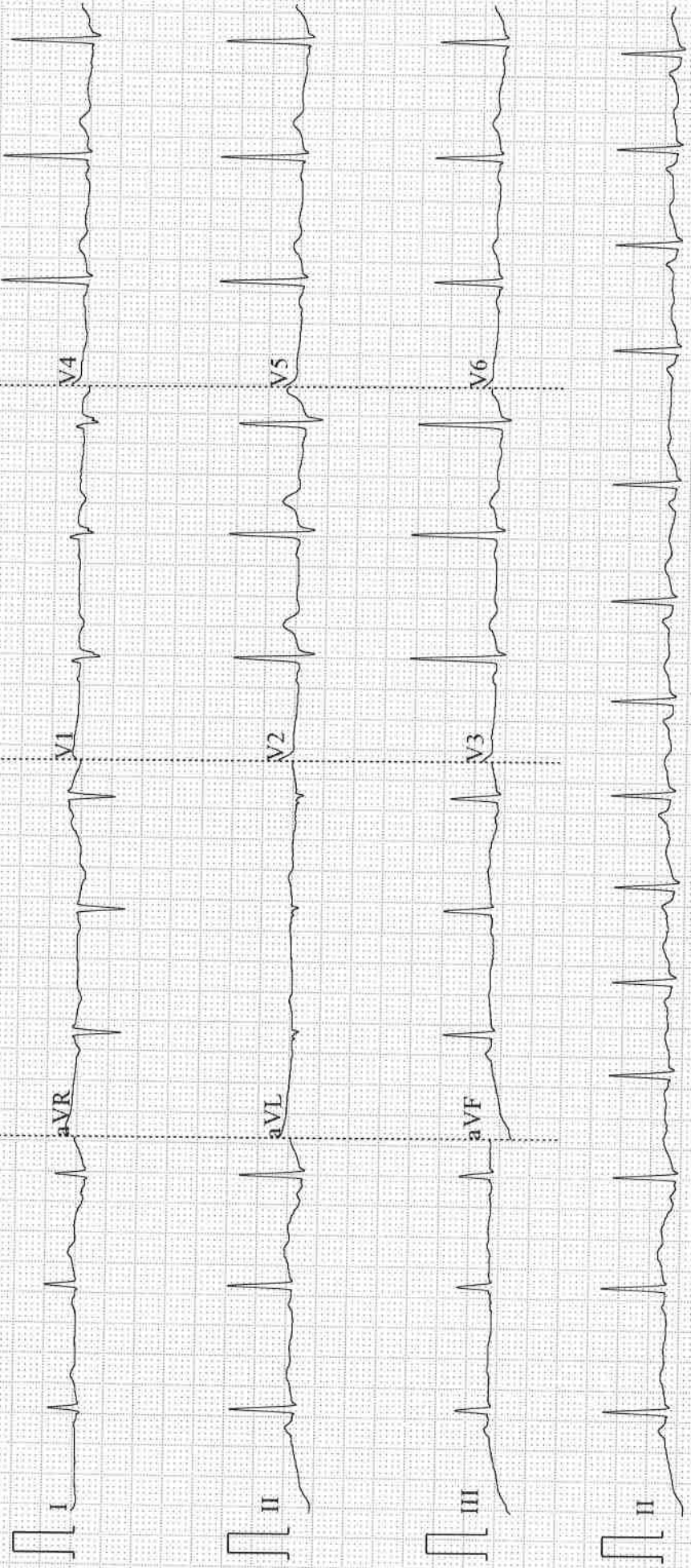
HR : 90 bpm
P : 110 ms
PR : 149 ms
QRS : 91 ms
QT/QTc : 353/432 ms
P/QRS/T : 69/68/48 °
RV5/SV1 : 1.352/0.274 mV

Diagnosis Information:

Sinus Arrhythmia
Normal ECG

WNL
Arora

Report Confirmed by:



Patient Name : Mrs. SONAL VISHAL KULKARNI Age : 35 Y F
UHID : CPIM.0000055565 OP Visit No : CPIMOPV157932
Reported on : 08-03-2024 12:36 Printed on : 08-03-2024 18:00
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:08-03-2024 12:36

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mrs. SONAL VISHAL KULKARNI	Age	: 35 Y F
UHID	: CPIM.0000055565	OP Visit No	: CPIMOPV157932
Reported on	: 08-03-2024 10:58	Printed on	: 08-03-2024 12:02
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

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

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

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

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No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

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

Printed on:08-03-2024 10:58

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. SONAL KULKARNI	Age/Sex: 35 / F
Ref: ARCOFEMI	Date: 08.03.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

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

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

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

DIMENSIONS (M-MODE) :

Left Atrium	30.0 mm	Aortic Root	27.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	44.0 mm	LVID (s)	27.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

GOOD RIGHT VENTRICULAR FUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1- 10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID.enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointment: www.apolloclinic.com

Sonal Kulkarni

35y

8/3/24

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

General Examination / Allergies

History

Clinical Diagnosis & Management Plan

WUP . 29/2/24
 Pmc - 3/4/20102
 Para I: - FTND (M)

No acute ob-gyn problem

Not on any medicine

P/A 1. Salt

P/S - Co-us (M)

Pu, urine neg
 No clm

Breast xms

Sonamayo -
 Feed

ATH Breast -
 stop s

Follow up date: ^



TAC NIGDI
 Dr. Archana Chandak
 MBBS, DGO
 Reg. No. 7303

Doctor Signature

Date : 08-03-2024

Department : GENERAL

MR NO : CPIM.0000055565

Doctor :

Name : Mrs. SONAL VISHAL KULKARNI

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 08:48

HT - 165

WT - 62.5

BP - 110/70

BPM - 73 -

Name : Mrs. SONAL VISHAL KULKARNI

Age: 35 Y

UHID:CPIM.0000055565

Sex: F



Address : SECTOR HO 27, PLOT 98, PRADHIKARAN NIGDI

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

OP Number:CPIMOPV157932

Bill No :CPIM-OCR-76531

Date : 08.03.2024 08:48

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓ 2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO	
✓ 3	LIVER FUNCTION TEST (LFT)	
✓ 4	GLUCOSE, FASTING	
✓ 5	HEMOGRAM + PERIPHERAL SMEAR	
✓ 6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
✓ 8	COMPLETE URINE EXAMINATION	
✓ 9	URINE GLUCOSE(POST PRANDIAL)	
✓ 10	PERIPHERAL SMEAR	
✓ 11	ECG	
✓ 12	LBC PAP TEST- PAPSURE	
✓ 13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓ 14	DENTAL CONSULTATION	
✓ 15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12.00 PM	
✓ 16	URINE GLUCOSE(FASTING)	
✓ 17	HbA1c, GLYCATED HEMOGLOBIN	
✓ 18	X-RAY CHEST PA	
✓ 19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
✓ 21	BLOOD GROUP ABO AND RH FACTOR	
✓ 22	LIPID PROFILE	
✓ 23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN Pending	
✓ 25	ULTRASOUND - WHOLE ABDOMEN	
✓ 26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mrs. SONAL VISHAL KULKARNI Age : 35 Y/F
UHID : CPIM.0000055565 OP Visit No : CPIMOPV157932
Conducted By: : Conducted Date : 08-03-2024 15:26
Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MRS. SONAL KULKARNI</i>	<i>Age/Sex: 35 / F</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 08.03.2024</i>

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***NO LV DIASTOLIC DYSFUNCTION
GOOD RIGHT VENTRICULAR FUNCTION
NORMAL CARDIAC VALVES
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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

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UHID : CPIM.0000055565
Conducted By: :
Referred By : SELF

Age : 35 Y/F
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Age : 35 Y/F
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