

Patient Name : Mrs.MANISHA TALODIYA	Collected : 31/Mar/2024 08:22AM
Age/Gender : 35 Y 8 M 13 D/F	Received : 31/Mar/2024 02:25PM
UHID/MR No : CPIM.0000117780	Reported : 31/Mar/2024 05:11PM
Visit ID : CPIMOPV159256	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE19227	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240090207

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.3</b>	g/dL	12-15	Spectrophotometer
PCV	<b>31.40</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>65.7</b>	fL	83-101	Calculated
MCH	<b>21.5</b>	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>20.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,960	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57.8	%	40-80	Electrical Impedance
LYMPHOCYTES	29.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4022.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2067.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	236.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	549.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	83.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.95		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>518000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>17</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's Anisocytosis++, Microcytes++, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets mild thrombocytosis**  
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 MBBS, MD (Pathology)  
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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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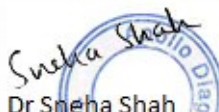


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**DEPARTMENT OF HAEMATOLOGY**

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

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SIN No:EDT240042029

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

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 glyceemic 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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHO-POD
TRIGLYCERIDES	81	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.08</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.17	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.65		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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.

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SIN No:SE04683752

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**DEPARTMENT OF BIOCHEMISTRY**

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.49	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	49.54	U/L	30-120	IFCC
PROTEIN, TOTAL	7.89	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.81</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.07		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.

  
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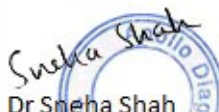


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>9.85</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>4.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.64	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.05	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.24	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.89	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.81</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.07		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.37	U/L	<38	IFCC

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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.78	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.900	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



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

SIN No: SPL24061472

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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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/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:UR2322486

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



Patient Name : Mrs.MANISHA TALODIYA	Collected : 31/Mar/2024 08:22AM
Age/Gender : 35 Y 8 M 13 D/F	Received : 31/Mar/2024 02:08PM
UHID/MR No : CPIM.0000117780	Reported : 31/Mar/2024 04:45PM
Visit ID : CPIMOPV159256	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE19227	

**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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

SIN No:UF011595

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



Patient Name : Mrs.MANISHA TALODIYA	Collected : 01/Apr/2024 05:45PM
Age/Gender : 35 Y 8 M 14 D/F	Received : 03/Apr/2024 01:14PM
UHID/MR No : CPIM.0000117780	Reported : 04/Apr/2024 06:22PM
Visit ID : CPIMOPV159256	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE19227	

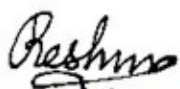
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8268/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA
<b>IV</b>	<b>INTERPRETATION</b>	CANDIDIASIS

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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No: CS078631

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

**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

APOLLO CLINICS NETWORK

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

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

Page 15 of 15  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



 **1860 500 7788**  
www.apolloclinic.com

**Patient Name** : Mrs. MANISHA TALODIYA

**Age/Gender** : 35 Y/F

**UHID/MR No.** : CPIM.0000117780

**OP Visit No** : CPIMOPV159256

**Sample Collected on** :

**Reported on** : 31-03-2024 12:12

**LRN#** : RAD2289514

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE19227

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

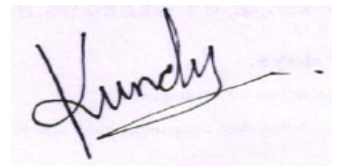
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology



<b>Patient Name</b>	: Mrs. MANISHA TALODIYA	<b>Age/Gender</b>	: 35 Y/F
<b>UHID/MR No.</b>	: CPIM.0000117780	<b>OP Visit No</b>	: CPIMOPV159256
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 31-03-2024 11:17
<b>LRN#</b>	: RAD2289514	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobE19227		

---

**DEPARTMENT OF RADIOLOGY**

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**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 3.1 mm. No intra/extra uterine gestational sac seen. 12mm and 11mm nabothian cysts noted

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

No evidence of any adnexal pathology noted.

**IMPRESSION:-**

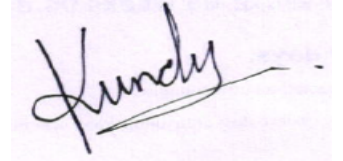
**No significant abnormality detected.**

**Suggest – clinical correlation.**

**Patient Name** : Mrs. MANISHA TALODIYA

**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. MANISHA TALODIYA  
Age/Gender: 35 Y/F  
Address: MOSHI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117780  
Visit ID: CPIMOPV159256  
Visit Date: 31-03-2024 08:21  
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. MANISHA TALODIYA  
Age/Gender: 35 Y/F  
Address: MOSHI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117780  
Visit ID: CPIMOPV159256  
Visit Date: 31-03-2024 08:21  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. MANISHA TALODIYA  
Age/Gender: 35 Y/F  
Address: MOSHI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117780  
Visit ID: CPIMOPV159256  
Visit Date: 31-03-2024 08:21  
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. MANISHA TALODIYA  
Age/Gender: 35 Y/F  
Address: MOSHI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117780  
Visit ID: CPIMOPV159256  
Visit Date: 31-03-2024 08:21  
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. MANISHA TALODIYA  
Age/Gender: 35 Y/F  
Address: MOSHI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000117780  
Visit ID: CPIMOPV159256  
Visit Date: 31-03-2024 08:21  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Established Patient: No

**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
31-03-2024 11:37	84 Beats/min	110/80 mmHg	18 Rate/min	98 F	161 cms	62.1 Kgs	%	%	Years	23.96	cms	cms	cms		AHLL09249



Established Patient: No

**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
31-03-2024 11:37	84 Beats/min	110/80 mmHg	18 Rate/min	98 F	161 cms	62.1 Kgs	%	%	Years	23.96	cms	cms	cms		AHLL09249

Established Patient: No

**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
31-03-2024 11:37	84 Beats/min	110/80 mmHg	18 Rate/min	98 F	161 cms	62.1 Kgs	%	%	Years	23.96	cms	cms	cms		AHLL09249

Established Patient: No

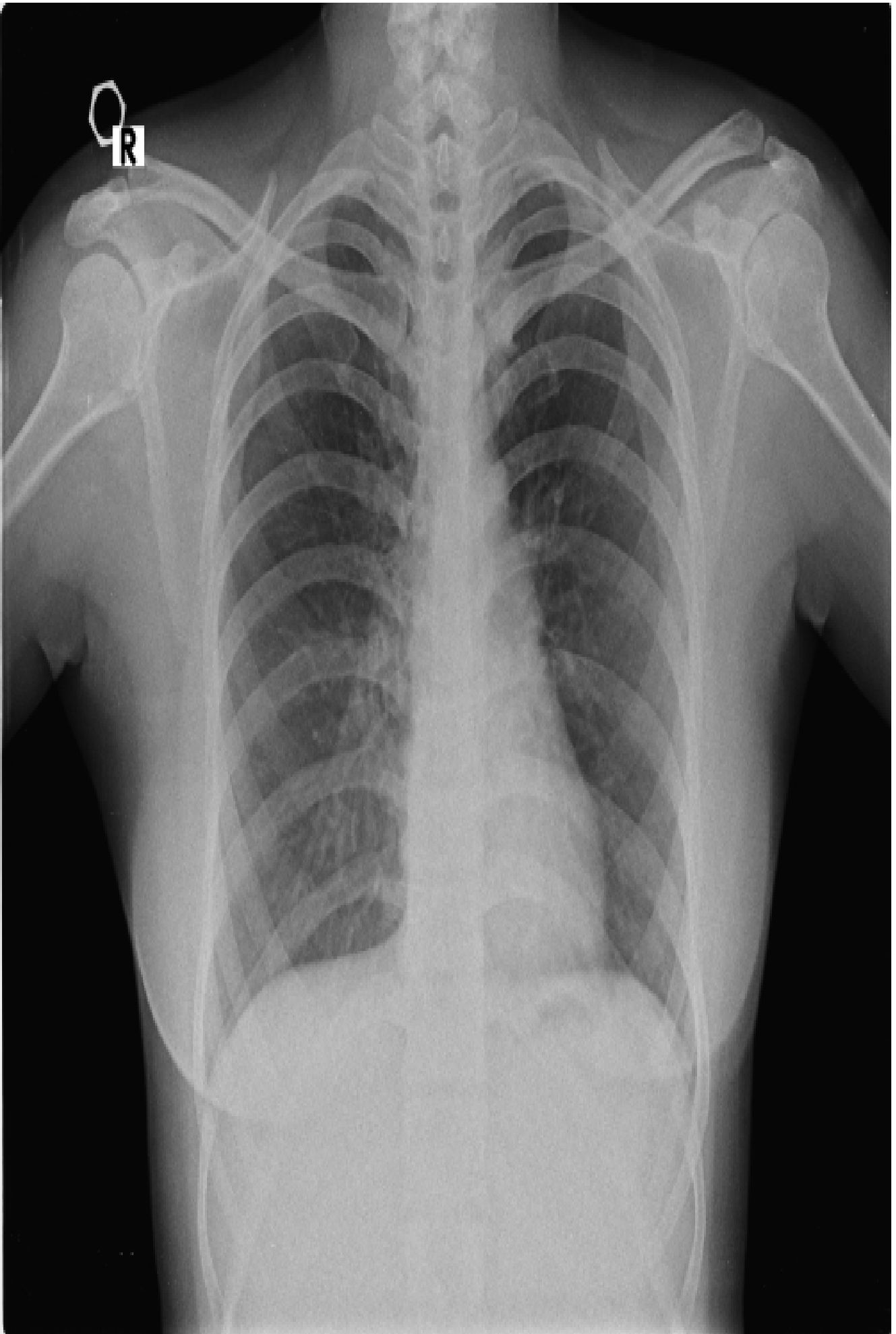
**Vitals**

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
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Established Patient: No

**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
31-03-2024 11:37	84 Beats/min	110/80 mmHg	18 Rate/min	98 F	161 cms	62.1 Kgs	%	%	Years	23.96	cms	cms	cms		AHLL09249



S.No.	PACKAGE NAME	Booking ID	EMP NAME	AGE	GENDER	EMAIL
3	HEEL - FULL BODY STANDARD PLUS MALE	UB0164847	ABHAY KUMAR PANDEY	38	M	ay.pandey@unionbankofindia.b
6	heel Full Body Annual Plus Check Advance	bob519060	Spra	44	F	nibkunu@yahoo.com
7	HEEL - FULL BODY HC STARTER FEMALE	UB0164749	DEEPTHI HUJ	37	F	deepthiuj@gmail.com
8	HEEL - FULL BODY HC STARTER FEMALE	UB0164736	ANITA KUMARI	37	F	terianunika@gmail.com
9	MedWheel Full Body Annual Plus Male Above	bob518694	Shari Hegde P	47	M	npunj3@gmail.com
10	heel Full Body Health Annual Plus Check	bob518693	MS. PUNJA NIVEDITHA	39	F	npunj3@gmail.com
15	MedWheel Full Body Annual Plus Male	bob516245	SHASHIKANTHA DONGRE	35	M	nirupaman7@gmail.com
16	heel Full Body Health Annual Plus Check	bob516244	MS. NASKERI MRLUPMA NARASIMHA	34	F	nirupaman7@gmail.com
3	Acceleri MedWheel Full Body Annual Plus Male 2D ECHO	bob519229	Kapil Talediya	38	M	manisha.talediya@bankofbarod
4	Acceleri MedWheel Full Body Annual Plus Male 2D ECHO	bob519228	MR. DHULEKAR ASHOK SAYBU	36	M	akundi@bankofbaroda.com
5	Acceleri MedWheel Full Body Health Annual Plus Check Female 2D ECHO	bob519227	MS. TALODIYA MANISHA	35	F	manisha.talediya@bankofbarod
14	HEEL - FULL BODY HC STARTER FEMALE	UB0164630	TUPVULURI SHYAMA SUNDARI	38	F	649190@unionbankofindia.bank
1	MedWheel Full Body Annual Plus Male Above	UB0164858	Kumar Anbeeth	45	M	ambethkumar.ubi@gmail.com
17	MedWheel Full Body Annual Plus Male Above	bob516028	Poturu Appala Raja	42	M	plkyanarasajasetti2@gmail.com
18	heel Full Body Health Annual Plus Check	bob516027	MS. NARAYANSETTI ALAKYA	35	F	ylkyanarasajasetti2@gmail.com
11	HEEL - FULL BODY HC STARTER FEMALE	UB0164734	PADMAJA AGNIHOTRI	41	F	padmaja.agni@yahoo.com
12	HEEL - FULL BODY STANDARD PLUS MALE	UB0164734	RAHUL N SHAH	38	M	padmaja.agni@yahoo.com
13	heel Full Body Annual Plus Check Advance	bob518163	MS. P VUJALAKSHMI	54	F	Theagi@bankofbaroda.com

Date : 31-03-2024

Department : GENERAL

MR NO : CPIM.0000117780

Doctor :

Name : Mrs. MANISHA TALODIYA

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 08:21

wt 62.1

HA 161

Bp 110/80

F&M = DM

MTR, Asthma

SE

CUS: S<sub>1</sub>, S<sub>2</sub> ⊕

Re: AEB ⊕

CNS: NAD

PA: NAD

Diet Mix.

No known allergy.

past sx  
LSCS 2015

Anam

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

MANISHA TALODIYA  
BABULAL BANJARIYA

15/07/1988  
Permanent Account Number

ARJPD8594L

*(Signature)*  
Signature



Handwritten notes in blue ink, including a signature and illegible scribbles.



Patient Name : Mrs. MANISHA TALODIYA Age : 35 Y/F  
 UHID : CPIM.0000117780 OP Visit No : CPIMOPV159256  
 Conducted By: : Conducted Date : 31-03-2024 12:38  
 Referred By : SELF

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b><i>Patient's Name: MRS. MANISHA TALODIYA</i></b>	<b><i>Age/Sex: 35 / F</i></b>
<b><i>Ref: ARCOFEMI</i></b>	<b><i>Date: 31.03.2024</i></b>

**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, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	29.0 mm	<b>Aortic Root</b>	27.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	41.0 mm	<b>LVID (s)</b>	23.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**  
**NORMAL CARDIAC CHAMBER DIMENSIONS**  
**NO RWMA; LVEF = 60%**

Patient Name : Mrs. MANISHA TALODIYA  
UHID : CPIM.0000117780  
Conducted By: :  
Referred By : SELF

Age : 35 Y/F  
OP Visit No : CPIMOPV159256  
Conducted Date : 31-03-2024 12:38

---

***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***

Patient Name : Mrs. MANISHA TALODIYA  
UHID : CPIM.0000117780  
Conducted By: :  
Referred By : SELF

Age : 35 Y/F  
OP Visit No : CPIMOPV159256  
Conducted Date :

Patient Name : Mrs. MANISHA TALODIYA  
UHID : CPIM.0000117780  
Conducted By :  
Referred By : SELF

Age : 35 Y/F  
OP Visit No : CPIMOPV159256  
Conducted Date :

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