

Patient Name	: Mrs.NEETA RASHMIKANT PAWAR	Collected	: 10/Mar/2024 08:43AM
Age/Gender	: 39 Y 3 M 29 D/F	Received	: 10/Mar/2024 02:24PM
UHID/MR No	: CAUN.0000141070	Reported	: 10/Mar/2024 03:47PM
Visit ID	: CAUNOPV167832	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 388599		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's Eosinophilia
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240064220

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	g/dL	12-15	Spectrophotometer
PCV	35.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,650	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	43.4	%	40-80	Electrical Impedance
LYMPHOCYTES	30.5	%	20-40	Electrical Impedance
EOSINOPHILS	18.8	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3320.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2333.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1438.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	481.95	Cells/cu.mm	200-1000	Calculated
BASOPHILS	76.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.42		0.78- 3.53	Calculated
PLATELET COUNT	546000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324
Platelets are Adequate
No hemoparasite seen.




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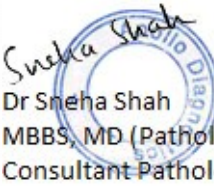
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DEPARTMENT OF HAEMATOLOGY

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

Sheha Shah

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Patient Name : Mrs.NEETA RASHMIKANT PAWAR	Collected : 10/Mar/2024 08:43AM
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UHID/MR No : CAUN.0000141070	Reported : 10/Mar/2024 03:18PM
Visit ID : CAUNOPV167832	Status : Final Report
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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	95	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.



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

SIN No: PLF02121920

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Patient Name : Mrs.NEETA RASHMIKANT PAWAR	Collected : 10/Mar/2024 08:43AM
Age/Gender : 39 Y 3 M 29 D/F	Received : 10/Mar/2024 02:22PM
UHID/MR No : CAUN.0000141070	Reported : 10/Mar/2024 03:38PM
Visit ID : CAUNOPV167832	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)	176	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	7.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	163	mg/dL		Calculated

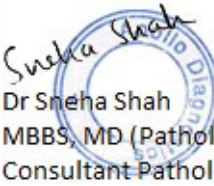
Comment:

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.

Sheha Shah

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DEPARTMENT OF BIOCHEMISTRY

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

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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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	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	113	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.69	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.69	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.35		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.

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SIN No:SE04656863

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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	0.49	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	39.76	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	3.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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

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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	0.75	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.02	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.73	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.14	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.39	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.75	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	3.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.1		0.9-2.0	Calculated

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.96	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.66	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.98	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.727	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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DEPARTMENT OF IMMUNOLOGY

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


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SIN No:SPL24042753

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Certificate No: MC-5697

Patient Name : Mrs.NEETA RASHMIKANT PAWAR	Collected : 10/Mar/2024 08:43AM
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Visit ID : CAUNOPV167832	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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		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	POSITIVE +++		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	POSITIVE ++		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	4 - 5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Sheha Shah

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SIN No:UR2302161

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



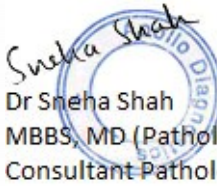
Patient Name : Mrs.NEETA RASHMIKANT PAWAR	Collected : 10/Mar/2024 08:43AM
Age/Gender : 39 Y 3 M 29 D/F	Received : 10/Mar/2024 02:32PM
UHID/MR No : CAUN.0000141070	Reported : 10/Mar/2024 03:45PM
Visit ID : CAUNOPV167832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 388599	

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)	POSITIVE +++		NEGATIVE	Dipstick

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

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF011137

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



Patient Name : Mrs.NEETA RASHMIKANT PAWAR	Collected : 11/Mar/2024 12:35PM
Age/Gender : 39 Y 4 M 0 D/F	Received : 12/Mar/2024 11:21AM
UHID/MR No : CAUN.0000141070	Reported : 13/Mar/2024 07:20PM
Visit ID : CAUNOPV167832	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 388599	

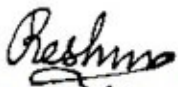
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5579/24
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. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHELIAL 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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No: CS076234

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



PATIENT NAME :-MRS. NEETA PAWAR
REFERRED BY :- ARCOFEMI
UHID :-141070

AGE :-39YRS/ F
DATE :- 11.03.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Normal.
- Aortic Valve : Normal.
- Tricuspid Valve : Normal.
- Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.

AO – 27 mm, LA – 35 mm, LVIDd – 40 mm, LVISd – 28 mm, IVS – 10mm, PW – 9 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- Grade I LV diastolic dysfunction.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

Apollo Clinic - Aundh
Dr. Satyajeet Suryawanshi
DNB (Cardiology)
MBBS, FCPS
Reg. No. 2005/05/2798

DR.SATYAJEET SURYAWANSHI
(CONSULTANT CARDIOLOGIST)

P/S : Normal echo does not rule out coronary artery disease.

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 appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Neeta Pawar on 10/03/2019

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> Medically Fit 	
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Eosinophilia</u></p> <p>2. <u>Kb A1 C 7.3 Adv Consultation</u></p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	✓
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

APOLLO CLINIC - AUNDH
 Dr. VIDYA DESHPANDE
 MBBS, DGO
 Family Physician
 Reg.No : 56555

Dr. V. Deshpande
 Medical Officer
 Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

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 appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. Neeta Rashmikan Pawar

Age/Gender : 39 Y/F

UHID/MR No. : CAUN.0000141070

OP Visit No : CAUNOPV167832

Sample Collected on :

Reported on : 11-03-2024 14:54

LRN# : RAD2262910

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 388599

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

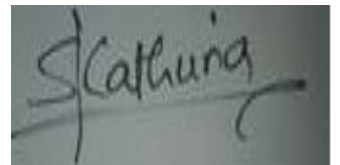
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.



Dr. SUHAS SANJEEV KATHURIA
MBBS, DMRE, RADIOLOGY
Radiology

Patient Name	: Mrs. Neeta Rashmikan Pawar	Age/Gender	: 39 Y/F
UHID/MR No.	: CAUN.0000141070	OP Visit No	: CAUNOPV167832
Sample Collected on	:	Reported on	: 11-03-2024 11:48
LRN#	: RAD2262910	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 388599		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, shape and **shows enhanced in echotexture.**

No focal lesion is seen. PV and CBD are 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 C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 8.6 x 4.1 cm.

Left kidney – 11.2 x 4.7 cm.

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 measuring 8.2 x 4.4 x 6.2 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.9 mm.

Both ovaries- appear normal in size, shape and echo pattern.

Right ovary – 2.9 x 2.2 cm.

Left ovary – 2.5 x 1.7 cm.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

Patient Name : Mrs. Neeta Rashmikant Pawar

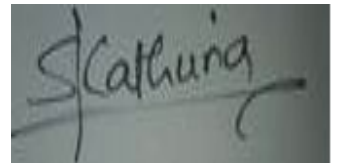
Age/Gender : 39 Y/F

IMPRESSION :-

- **Grade I fatty liver.**
- **No other significant abnormality detected.**

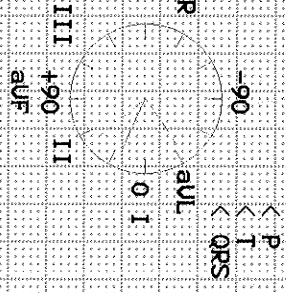
Suggest – clinical correlation.

(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.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

Measurement Results:
QRS 88 ms
QT/QTcB 356 / 423 ms
PR 152 ms
P 108 ms
RR/PP 710 / 705 ms
P/QRS/T 50 / 25 / -35 degrees
QTd/QTcBd 36 / 43 ms
Sokolow 1.5 mV
NK 12

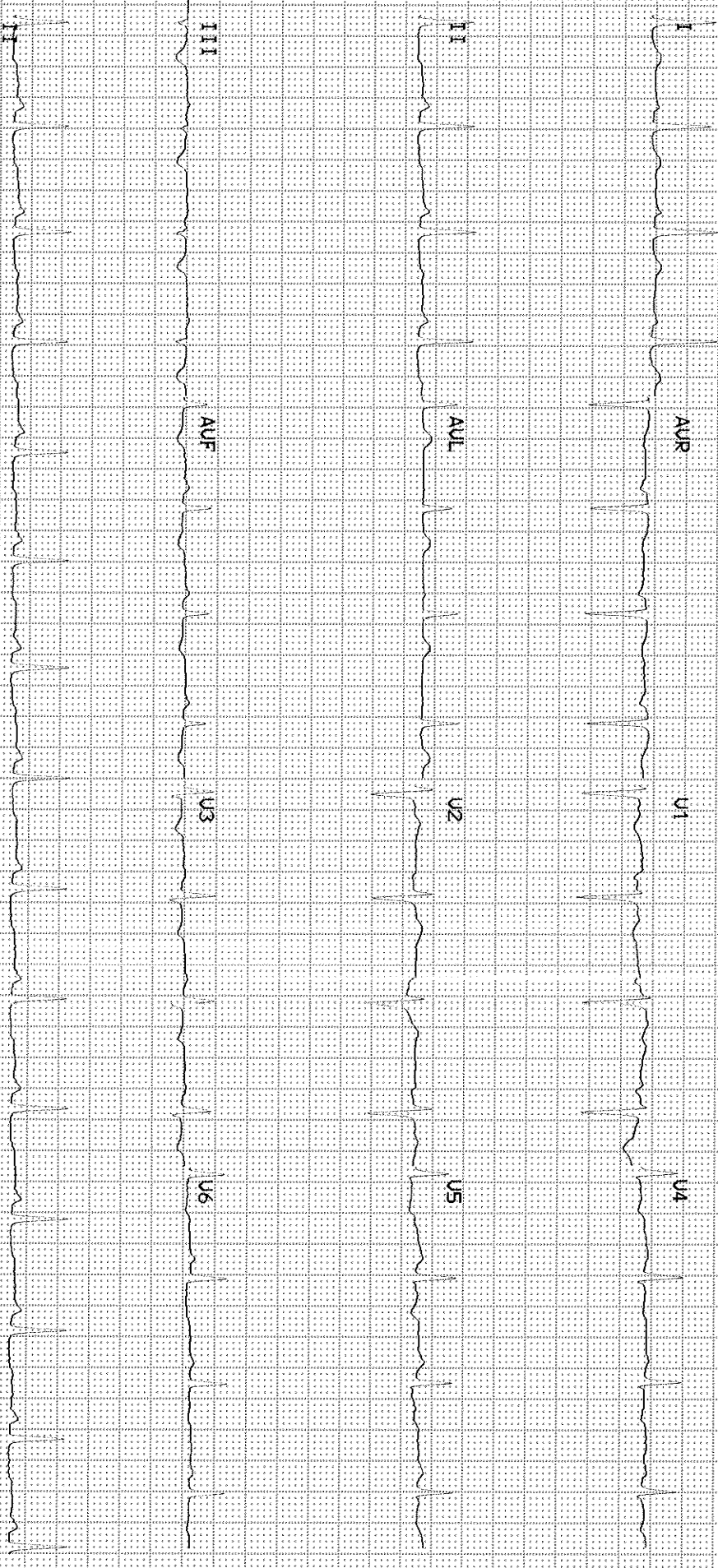


Interpretation:

↑ Inversion of V4 Vs V6
L2, L3 AVE.

APOLLO
DR. VIDYADHAR PANDE

Family Physician
Unconfirmed report Reg. No.: 56555



Name: Mrs. Neeta Rashmikant Pawar
Age/Gender: 39 Y/F
Address: PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIDYA DESHPANDE

MR No: CAUN.0000141070
Visit ID: CAUNOPV167832
Visit Date: 10-03-2024 08:40
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. Neeta Rashmikan Pawar
Age/Gender: 39 Y/F
Address: PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA NIKAM

MR No: CAUN.0000141070
Visit ID: CAUNOPV167832
Visit Date: 10-03-2024 08:40
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Neeta Rashmikant Pawar
Age/Gender: 39 Y/F
Address: PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARPITA KRISHNA

MR No: CAUN.0000141070
Visit ID: CAUNOPV167832
Visit Date: 10-03-2024 08:40
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Neeta Rashmikant Pawar
Age/Gender: 39 Y/F
Address: PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CAUN.0000141070
Visit ID: CAUNOPV167832
Visit Date: 10-03-2024 08:40
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. Neeta Rashmikan Pawar
Age/Gender: 39 Y/F
Address: PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ALKA SHAMRAO GAIKWAD

MR No: CAUN.0000141070
Visit ID: CAUNOPV167832
Visit Date: 10-03-2024 08:40
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
10-03-2024 11:04	88 Beats/min	100/70 mmHg	18 Rate/min	97 F	155 cms	69 Kgs	%	%	Years	28.72	109 cms	114 cms	cms		AHLL04386

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
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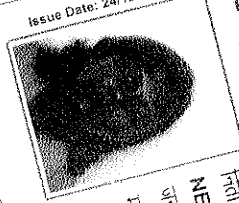
Date : 10-03-2024
MR NO : CAUN.0000141070
Name : Mrs. Neeta Rashmikant Pawar
Age/ Gender : 39 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 08:40

Height	155
Weight	69
BP	100/70
Pulse	88
Waist	109
Hip	114
BMI	28
Consultation with Report	

Issue Date: 24/12/2011



भारत सरकार
Government of India

श्री रश्मिकान्त पण्वर
श्री रश्मिकांत पण्वर
NEETA RASHMIKANT PANWAR

जन्म तारीख / DOB: 11/11/1984
महिला / Female

4738 7420 0318

श्री आचार्य, श्री पहवाल



