



Certificate No: MO-5597

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|--------------------------------|--|
| Patient Name : Mrs.BINA RATHEE | Collected : 24/Aug/2024 10:23AM |
| Age/Gender : 36 Y 10 M 14 D/F | Received : 24/Aug/2024 01:48PM |
| UHID/MR No : CVIM.0000133282 | Reported : 24/Aug/2024 03:06PM |
| Visit ID : CKHAOPV118949 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E31572 | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi

Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
 WVD, Shop No 207, KHL SCAPES, Opp. Reliance Mall,
 Kharadi, Pune-411024





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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. Interval | Method |
|---|---------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.9 | g/dL | 12-15 | Spectrophotometer |
| PCV | 39.70 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.44 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 89.5 | fL | 83-101 | Calculated |
| MCH | 29.1 | pg | 27-32 | Calculated |
| MCHC | 32.5 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,670 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 55.5 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 27.6 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 10.6 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.7 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3701.85 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1840.92 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 707.02 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 380.19 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 40.02 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.01 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 381000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 13 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

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

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 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. Interval | Method |
|---|----------|------|--------------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | B | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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





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| Age/Gender : 36 Y 10 M 14 D/F | Received : 24/Aug/2024 04:48PM |
| UHID/MR No : CVIM.0000133282 | Reported : 24/Aug/2024 06:18PM |
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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. Interval | Method |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 92 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 88 | 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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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.1 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 100 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


Dr Sneha Shah
MBBS, MD (Pathology)
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| UHID/MR No : CVIM.0000133282 | Reported : 24/Aug/2024 08:11PM |
| Visit ID : CKHAOPV118949 | 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. Interval | Method |
|------------------------------|---------------|-------|--------------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 199 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 116 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 52 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 148 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 124.45 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 23.1 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.85 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | < 0.01 | | <0.11 | Calculated |

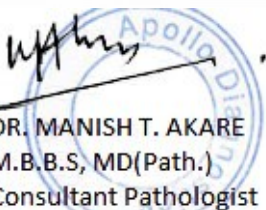
Comment:

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

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

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

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



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M.B.B.S, MD(Path.)
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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. Interval | Method |
|--|--------|-------|--------------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.39 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.07 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.32 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 17.45 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.1 | U/L | <35 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.1 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 85.25 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.73 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.15 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.58 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.61 | | 0.9-2.0 | Calculated |

Comment:

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

1. Hepatocellular Injury:

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

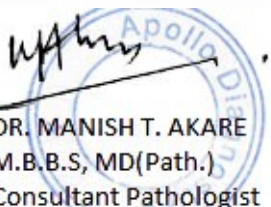
2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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



DR. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist



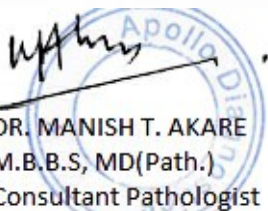
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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------------|--------|--------------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.63 | mg/dL | 0.55-1.02 | Modified Jaffe, Kinetic |
| UREA | 15.92 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.4 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.10 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.47 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.74 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 140.8 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.4 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 106.18 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 6.73 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.15 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.58 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.61 | | 0.9-2.0 | Calculated |



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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 16.78 | 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. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 0.98 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 8.43 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.307 | 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

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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. Interval | Method |
|--|-------------|------|-----------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Scattering of light |
| TRANSPARENCY | CLEAR | | CLEAR | Scattering of light |
| pH | 5.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.011 | | 1.002-1.030 | Refractometric |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NORMAL | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | Diazonium Salt |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium nitro prusside |
| UROBILINOGEN | NORMAL | | NORMAL (0.1-1.8mg/dl) | Diazonium salt |
| NITRITE | NEGATIVE | | NEGATIVE | Sulfanilic acid |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1 - 2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1 - 2 | /hpf | < 10 | Microscopy |
| RBC | 0 | /hpf | 0-2 | Microscopy |
| CASTS | NEGATIVE | /lpf | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | NEGATIVE | /hpf | Occasional-Few | Microscopy |

Comment:

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



| | |
|--------------------------------|--|
| Patient Name : Mrs.BINA RATHEE | Collected : 24/Aug/2024 10:23AM |
| Age/Gender : 36 Y 10 M 14 D/F | Received : 24/Aug/2024 05:40PM |
| UHID/MR No : CVIM.0000133282 | Reported : 24/Aug/2024 06:15PM |
| Visit ID : CKHAOPV118949 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E31572 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

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



| | |
|--------------------------------|--|
| Patient Name : Mrs.BINA RATHEE | Collected : 24/Aug/2024 01:17PM |
| Age/Gender : 36 Y 10 M 14 D/F | Received : 25/Aug/2024 06:52PM |
| UHID/MR No : CVIM.0000133282 | Reported : 28/Aug/2024 02:07PM |
| Visit ID : CKHAOPV118949 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E31572 | |

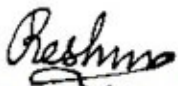
DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|---|
| | CYTOLOGY NO. | 18914/24 |
| 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 | 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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/67, 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 Health has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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)



Patient Name : Mrs.BINA RATHEE
Age/Gender : 36 Y 10 M 14 D/F
UHID/MR No : CVIM.0000133282
Visit ID : CKHAOPV118949
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E31572

Collected : 24/Aug/2024 01:17PM
Received : 25/Aug/2024 06:52PM
Reported : 28/Aug/2024 02:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

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

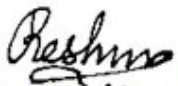
Laboratories not be responsible for any interpretation whatsoever.

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

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

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

This report is not valid for medico legal purposes.



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



SIN No:CS084947

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

| | | | |
|----------------------------|--------------------|--------------------|--------------------|
| Patient Name | : Mrs. Bina Rathee | Age/Gender | : 36 Y/F |
| UHID/MR No. | : CVIM.0000133282 | OP Visit No | : CKHAOPV118949 |
| Sample Collected on | : | Reported on | : 27-08-2024 15:48 |
| LRN# | : RAD2407669 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 22E31572 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

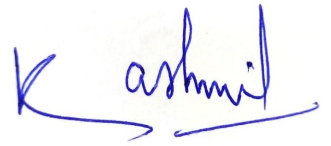
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Bina Rathor on 26/08/24

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.....</p> <p>2.....</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 | |

Dr. Dr. Shivaji Rathod
 Medical Officer General Physician
 Apollo Clinic, Kharadi
 Reg. No. 2015/08/4599

This certificate is not meant for medico-legal purposes

Date : 24-08-2024

Department : GENERAL

MR NO : CVIM.0000133282

Doctor :

Name : Mrs. Bina Rathee

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 10:15

| | | | |
|--------------|---------------|-----------|-------------------|
| Height : 145 | Weight : 57.6 | BMI : 27 | Waist Circum : 91 |
| Temp : 96.8 | Pulse : 87 | Resp : 20 | B.P : 105/75 |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: miss. Bina Rathee

GENDER: M/F

DATE: 24/8/24

AGE: 36/7

UHID:

RIGHT EYE

LEFT EYE

| | SPH | CYL | AXIS | VISION |
|----------|-------|-----|------|--------|
| DISTANCE | plano | | | 6/6 |
| NEAR | | | | N.6 |

| | SPH | CYL | AXIS | VISION |
|----------|--------|-----|------|--------|
| DISTANCE | plano. | | | 6/6 |
| NEAR | | | | N.6 |

INSTRUCTIONS:

Colour vision within normal condition


SIGNATURE

ID: 133282

bina rathee

Female 36Years

kg / mmHg

Req. No. :

24-08-2024 14:00:28

HR : 70 bpm

P : 86 ms

PR : 124 ms

QRS : 80 ms

QT/QTcBz : 378/408 ms

P/QRS/T : 24/48/23 °

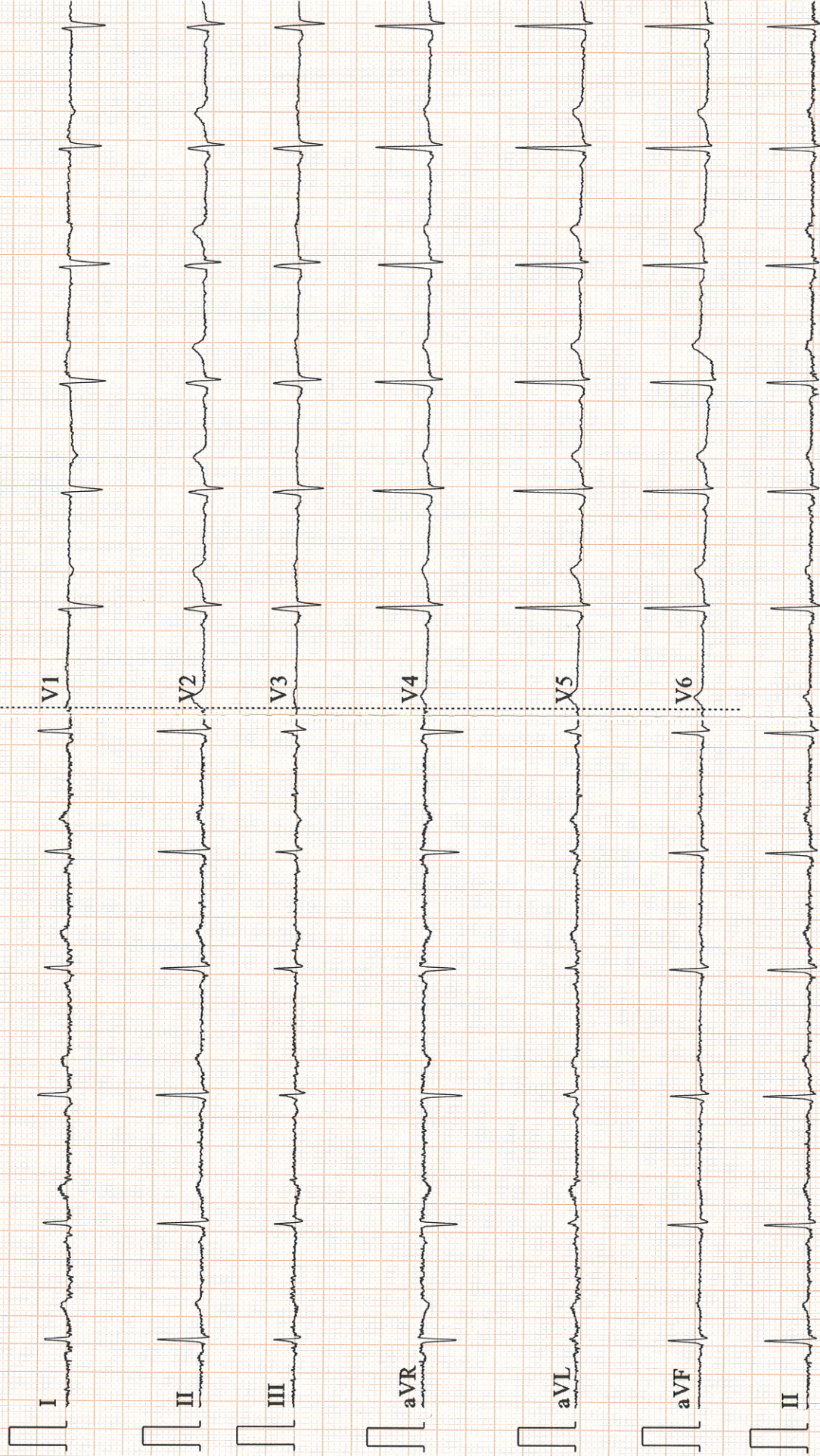
RV5/SV1 : 1.195/0.603 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



| | | | |
|--------------------|--------------------|-------------|--------------------|
| Patient Name | : Mrs. Bina Rathee | Age | : 36 Y F |
| UHID | : CVIM.0000133282 | OP Visit No | : CKHAOPV118949 |
| Reported on | : 24-08-2024 19:35 | Printed on | : 26-08-2024 14:16 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows minimally raised echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is partially distended. No calculus or sludge noted.

Spleen : It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas : It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : Normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: is anteverted, and measures 7.2 x 3.0 x 4.8 cms. No focal lesion seen. Endometrial thickness is 7.8 mm.

Right ovary : not visualised ? post operative changes.

Left ovary : measures 3.0 x 2.1 cms.

Visualised bowel loops appear normal.

IMPRESSION :

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. Bina Rathee | Age | : 36 Y F |
| UHID | : CVIM.0000133282 | OP Visit No | : CKHAOPV118949 |
| Reported on | : 24-08-2024 19:35 | Printed on | : 26-08-2024 14:16 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

- **Early fatty changes in liver.**

Clinical correlation suggested.....

(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:24-08-2024 19:35

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mrs. Bina Rathee

Age/ Sex: 36 Yrs / F

Date: 24/08/2024

2D ECHO/COLOUR DOPPLER

| M - Mode values | | Doppler Values | |
|------------------------|------------|-----------------------|------------|
| AORTIC ROOT (mm) | 22 | PULMONARY VE(m/sec) | 1.1 |
| LEFT ATRIUM (mm) | 24 | PG (mmHg) | 4.4 |
| | | AORTIC VEL (m/sec) | 1.4 |
| IVS – D (mm) | 9 | PG (mmHg) | 9.4 |
| LVIDD – D (mm) | 38 | MITRAL E WAVE(m/sec) | 0.9 |
| | | A WAVE (m/sec) | 0.6 |
| LVPW – D (mm) | 9 | | |
| EJECTION FRACTION (%) | 60% | | |

REPORT:

Normal sized all cardiac chambers.

No regional wall motion abnormality.

Normal LV systolic function.

Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.

Aortic valve normal. No aortic regurgitation/No Aortic stenosis.

Normal Tricuspid & pulmonary valve.

No tricuspid regurgitation.. No pulmonary hypertension.

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.

foaf.

DR. VIKRANT KHESE

MBBS, MD Medicine, DNB Medicine, DM Cardiology

Consultant and interventional Cardiologist

Reg No: MMC: 2015/02/0627

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

 **बैंक ऑफ बड़ौदा**
Bank of Baroda

नाम
Name : **Bina K Lohiya**

कर्मचारी कूट क्र.
E.C.No. : **167471**

जारीकर्ता प्राधिकारी
Issuing Authority
Chief Manager (Security),
Pune Zone

 सुरक्षा विभाग
आयुक्त महो. पुणे



B.k. Lohiya
धारक के हस्ताक्षर
Signature of Holder

 **भारत सरकार**
Government of India

 **आधार**



बिना ऋषिकेश राठी
Bina Rishikesh Rathee
जन्म तारीख / DOB : 10/10/1987
महिला / Female

 4069 4341 9003



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

4069 4341 9003

मेरा आधार, मेरी पहचान

Issue Date: 28/05/2011

| | | | |
|----------------------------|--------------------|--------------------|--------------------|
| Patient Name | : Mrs. Bina Rathee | Age/Gender | : 36 Y/F |
| UHID/MR No. | : CVIM.0000133282 | OP Visit No | : CKHAOPV118949 |
| Sample Collected on | : | Reported on | : 24-08-2024 19:38 |
| LRN# | : RAD2407669 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 22E31572 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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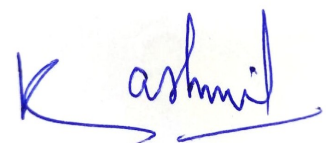
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IMPRESSION :

- **Early fatty changes in liver.**

Clinical correlation suggested.....

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Dr. SANKET KASLIWAL
MBBS DMRE
Radiology