

Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,  
WBC's Eosinophilia  
Platelets are Adequate  
No Abnormal cells seen.**



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

SIN No:PPR240901273

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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.7	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	41.7	%	40-80	Electrical Impedance
LYMPHOCYTES	29.5	%	20-40	Electrical Impedance
EOSINOPHILS	21.6	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3753	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2655	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1944	Cells/cu.mm	20-500	Calculated
MONOCYTES	594	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.41		0.78- 3.53	Calculated
PLATELET COUNT	228000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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Page 2 of 16



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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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



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M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:37PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 09:57PM
Visit ID : CPIMOPV167325	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	179	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.



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

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Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 11:15AM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 04:14PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 04:42PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>205</b>	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: PPR240901123

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UHID/MR No : CPIM.0000116493	Reported : 15/Sep/2024 04:15PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	214	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)  
Consultant Pathologist

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Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 09:36PM
UHID/MR No : CPIM.0000116493	Reported : 15/Sep/2024 07:09AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	132	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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.



DR.Sanjay Ingle  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.59	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	44.35	U/L	30-120	IFCC
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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. Sanjay Ingle  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.84	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	31.13	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.02	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.06	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>134.78</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>99.48</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>50.02</b>	U/L	<38	IFCC



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Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:06PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.32	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.988	µIU/mL	0.34-5.60	CLIA

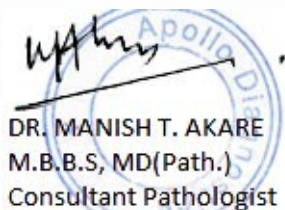
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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

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

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Consultant Pathologist

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**DR. MANISH T. AKARE**  
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.011		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+++		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/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.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:PPR240901269

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

Patient Name	: Mrs.KALAVATI BHIMA MASKE	Collected	: 14/Sep/2024 11:15AM
Age/Gender	: 53 Y 4 M 11 D/F	Received	: 14/Sep/2024 05:27PM
UHID/MR No	: CPIM.0000116493	Reported	: 14/Sep/2024 06:32PM
Visit ID	: CPIMOPV167325	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32494		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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

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

SIN No:PPR240901122

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



Patient Name	: Mrs.KALAVATI BHIMA MASKE	Collected	: 14/Sep/2024 01:14PM
Age/Gender	: 53 Y 4 M 11 D/F	Received	: 14/Sep/2024 08:20PM
UHID/MR No	: CPIM.0000116493	Reported	: 14/Sep/2024 09:55PM
Visit ID	: CPIMOPV167325	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32494		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>URINE GLUCOSE(FASTING)</b>	POSITIVE +++		NEGATIVE	Dipstick

**\*\*\* End Of Report \*\*\***

Result/s to Follow:  
LBC PAP SMEAR

Page 16 of 16



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

SIN No:PPR240901271

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





Patient Name : Mrs.KALAVATI BHIMA MASKE  
Age/Gender : 53 Y 4 M 11 D/F  
UHID/MR No : CPIM.0000116493  
Visit ID : CPIMOPV167325  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E32494

Collected : 14/Sep/2024 01:14PM  
Received : 14/Sep/2024 08:20PM  
Reported : 14/Sep/2024 09:55PM  
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.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:PPR240901271

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

---

Patient Name	: Mrs. KALAVATI BHIMA MASKE	Age	: 53Yrs 4Mths 14Days
UHID	: CPIM.0000116493	OP Visit No.	: CPIMOPV167325
Printed On	: 16-09-2024 07:16 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E32494		

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## DEPARTMENT OF RADIOLOGY

---

**Liver** appears normal in (13.2 cms) size **bright** and echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is not 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 Both ovaries** Not seen. No evidence of any adnexal pathology noted

**IMPRESSION:-**

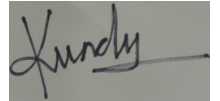
**GRADE II FATTY LIVER**

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(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.

---End Of The Report---



Dr.KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031  
Radiology

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Patient Name	: Mrs. KALAVATI BHIMA MASKE	Age	: 53Yrs 4Mths 12Days
UHID	: CPIM.0000116493	OP Visit No.	: CPIMOPV167325
Printed On	: 14-09-2024 09:22 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32494		

---

**DEPARTMENT OF RADIOLOGY**

---

**SONO MAMMOGRAPHY**

**Real time B-Mode USG of both breasts:-**

**Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.**

**No evidence of focal, solid or cystic lesion.**

**No obvious asymmetry or distortion is noted.**

**No abnormal axillary lymphadenopathy is detected.**

**CONCLUSION:-**

**No significant abnormality is seen in this study.**

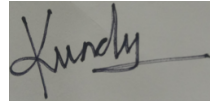
(The sonography findings should always be considered in correlation with the clinical and

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other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr.KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031  
Radiology

---

Patient Name	: Mrs. KALAVATI BHIMA MASKE	Age	: 53Yrs 4Mths 12Days
UHID	: CPIM.0000116493	OP Visit No.	: CPIMOPV167325
Printed On	: 14-09-2024 10:28 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32494		

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## DEPARTMENT OF CARDIOLOGY

---

### 2 DIMENSIONAL ECHOCARDIOGRAPHY:

All cardiac chambers are normal in dimensions

No LV regional wall motion abnormalities at rest; LVEF = 60 %

Good RV function

All cardiac valves structurally normal

IAS / IVS intact

No clots / vegetation/ pericardial effusion seen; prominent pericardial fat noted

Great arteries are normally related & appear normal

IVC is normal in size & collapsing well with respiration

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

Normal transvalvular pressure gradients, No AR, Trivial MR, Mild TR

Grade I LV diastolic dysfunction

No pulmonary hypertension (RVSP = 20 mmHG)

No intracardiac or extracardiac shunt noted

### DIMENSIONS (M-MODE) :

Left Atrium 30.0 mm Aortic Root 27.0 mm

IVS (d) 09.0 mm IVS (s) 14.0 mm

LVID (d) 40.0 mm LVID (s) 23.0 mm

LVPW(d) 09.0 mm LVPW(s) 14.0 mm

### **IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**GRADE I LV DIASTOLIC DYSFUNCTION**

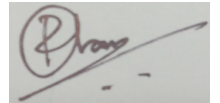
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**GOOD RIGHT VENTRICULAR FUNCTION**  
**STRUCTURALLY NORMAL CARDIAC VALVES, MILD TR**  
**NO PULMONARY HYPERTENSION**  
**IAS/IVS INTACT**  
**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**  
**PROMINENT PERICARDIAL FAT NOTED**

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

---End Of The Report---



Dr. RAJENDRA CHAVAN  
MBBS, MD (GEN. MED.), D M (CARDIOLOGY).  
2005020968  
Cardiology



सत्यमेव जयते

भारत सरकार  
GOVERNMENT OF INDIA



कलावती भीमा मस्के  
Kalavati Bhima Maske  
जन्म तारीख/DOB: 03/05/1971  
महिला/ FEMALE  
Mobile No: 7350613711



**5825 3116 4334**  
VID : 9192 6777 8723 8107

माझे **आधार**, माझी ओळख



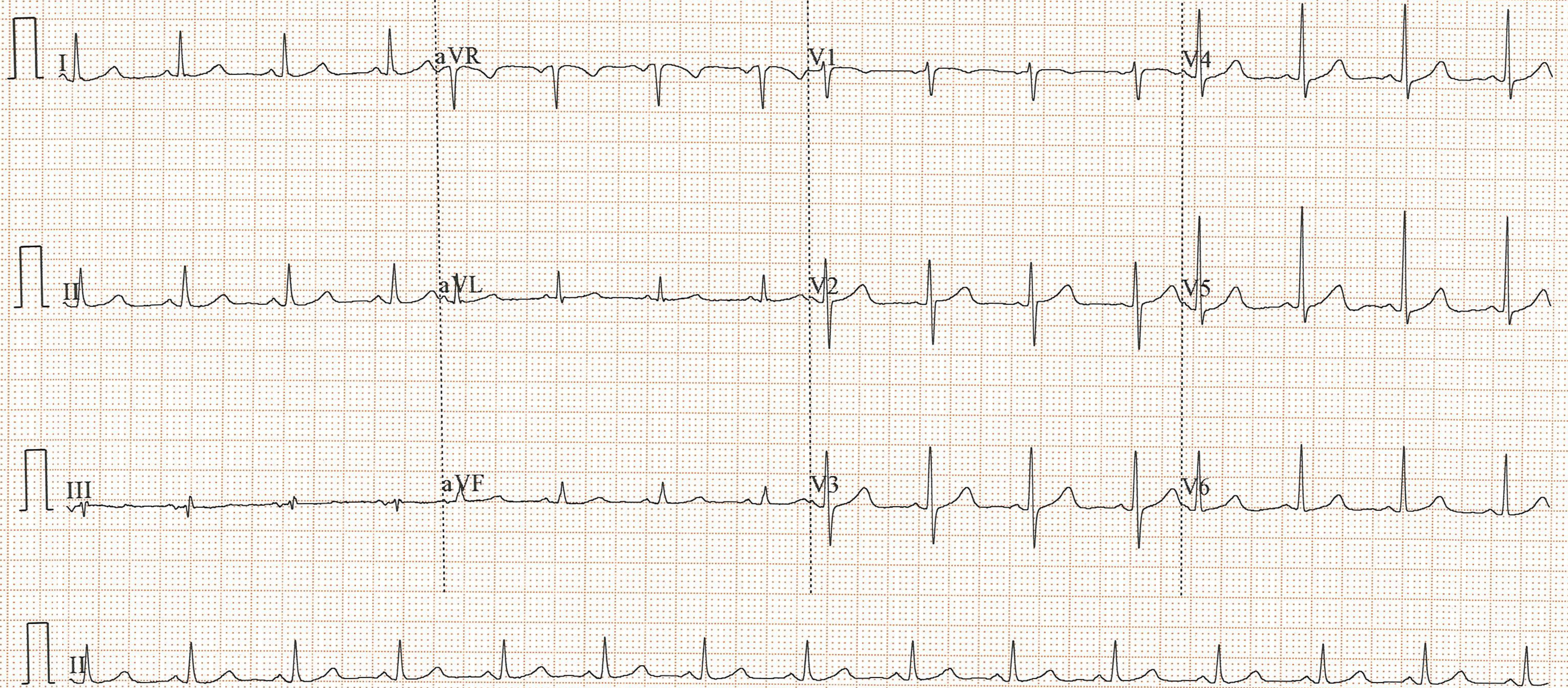
ID: 244  
KALAVATI MASKE  
Female 53Years

14-09-2024 12:19:57 **APR 20** **CE**  
HR : 86 bpm  
P : 95 ms  
PR : 123 ms  
QRS : 75 ms  
QT/QTc : 353/423 ms  
P/QRS/T : 40/35/30 °  
RV5/SV1 : 1.589/0.438 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

*Walk  
study*

Report Confirmed by:



Mrs Kalarati Maske

Age. 53/F

Date. 14/09/24

Height : 147	Weight : 52.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 136/78

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

K/UO: DM :: 2011, on regular meds.

F/H:- NB-

P/H:- Hernia mesh repair, Hysterectomy,  
Gall bladder removed!

Allergies:- Not known

O/E

RS  
C/Cs  
P/A  
CNS } N/A.

*[Signature]*

Follow up date:

Doctor Signature

Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.19	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.7	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	41.7	%	40-80	Electrical Impedance
LYMPHOCYTES	29.5	%	20-40	Electrical Impedance
EOSINOPHILS	21.6	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3753	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2655	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1944	Cells/cu.mm	20-500	Calculated
MONOCYTES	594	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.41		0.78- 3.53	Calculated
PLATELET COUNT	228000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic,  
WBC's Eosinophilia  
Platelets are Adequate  
No Abnormal cells seen.**

Page 2 of 16



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

SIN No: PPR240901273

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



Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's are Normocytic Normochromic,  
WBC's Eosinophilia  
Platelets are Adequate  
No Abnormal cells seen.**



**DR.Sanjay Ingle**  
M.B.B.S,M.D(Pathology)  
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Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**



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

SIN No: PPR240901273

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



Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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



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M.B.B.S,M.D(Pathology)  
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Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:37PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 09:57PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	179	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.



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M.B.B.S., M.D (Pathology)  
Consultant Pathologist

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Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:19PM
UHID/MR No : CPIM.0000116493	Reported : 15/Sep/2024 04:15PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	214	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No:PPR240901273

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

Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 09:36PM
UHID/MR No : CPIM.0000116493	Reported : 15/Sep/2024 07:09AM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	132	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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.



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

SIN No:PPR240901272

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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

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



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Visakhapatnam (Sankarapeta) Karnataka: Bengaluru (Koramangla)



Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 09:36PM
UHID/MR No : CPIM.0000116493	Reported : 15/Sep/2024 07:09AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.84	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	31.13	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.02	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.06	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>134.78</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>99.48</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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

SIN No: PPR240901272

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



Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 09:36PM
UHID/MR No : CPIM.0000116493	Reported : 15/Sep/2024 07:09AM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	50.02	U/L	<38	IFCC



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



SIN No:PPR240901272

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Battarambanu | Bellandur | Electronics City) | Chennai: (MGR Road | Anna Nagar | Velupillai Prasad) | Kerala: (Kochi | Thiruvananthapuram) | Maharashtra: (Pune | Mumbai) | Odisha: (Bhubaneswar) | West Bengal: (Kolkata) | Gujarat: (Surat) | Rajasthan: (Jaipur) | Uttar Pradesh: (Lucknow) | Bihar: (Patna) | Jharkhand: (Ranchi) | Assam: (Dispur) | Arunachal Pradesh: (Itanagar) | Manipal: (Imphal) | Mizoram: (Aizawl) | Nagaland: (Kohima) | Tripura: (Agartala) | Meghalaya: (Shillong) | Assam: (Dispur) | West Bengal: (Kolkata) | Gujarat: (Surat) | Rajasthan: (Jaipur) | Uttar Pradesh: (Lucknow) | Bihar: (Patna) | Jharkhand: (Ranchi) | Assam: (Dispur) | Arunachal Pradesh: (Itanagar) | Manipal: (Imphal) | Mizoram: (Aizawl) | Nagaland: (Kohima) | Tripura: (Agartala) | Meghalaya: (Shillong)




Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:06PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 08:56PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



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

SIN No:PPR240901270

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



Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:20PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 10:00PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.011		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+++		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/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. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: PPR240901269

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





Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 11:15AM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 05:27PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 06:32PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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

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

SIN No:PPR240901122

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



Patient Name : Mrs.KALAVATI BHIMA MASKE	Collected : 14/Sep/2024 01:14PM
Age/Gender : 53 Y 4 M 11 D/F	Received : 14/Sep/2024 08:20PM
UHID/MR No : CPIM.0000116493	Reported : 14/Sep/2024 09:55PM
Visit ID : CPIMOPV167325	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32494	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232**

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

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
LBC PAP SMEAR

Page 16 of 16



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

SIN No:PPR240901271

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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 **1860 500 7788**  
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ID: 244  
KALAVATI MASKE  
Female 53Years

14-09-2024 12:19:57 PM

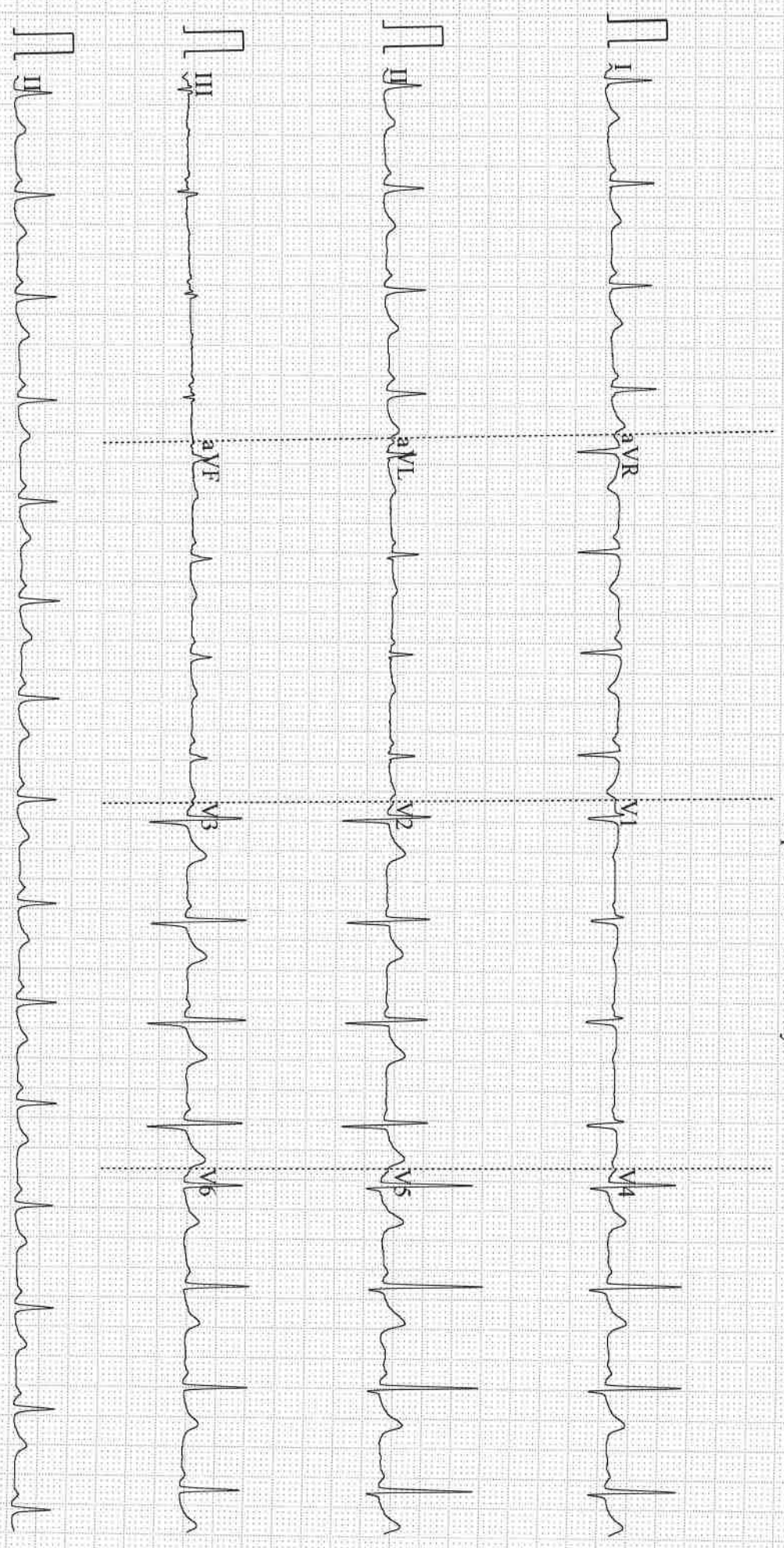
HR : 86 bpm  
P : 95 ms  
PR : 123 ms  
QRS : 75 ms  
QT/QTc : 353/423 ms  
P/ORS/T : 40/35/30 °  
RV5/SV1 : 1.589/0.438 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

*Well Done*  
*Dr Samrudhi Jadhav*

Reg No 201901014,  
T. B. S.

Report Confirmed by:



Patient Name	: Mrs. KALAVATI BHIMA MASKE	Age	: 53Yrs 4Mths 11Days
UHID	: CPIM.0000116493	OP Visit No.	: CPIMOPV167325
Printed On	: 14-09-2024 07:24 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E32494		

### DEPARTMENT OF RADIOLOGY

#### 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.

---End Of The Report---



Dr. KIRAN SUDHARE  
MBBS, DMRD  
2016/06/1313  
Radiology

Patient Name	: Mrs. KALAVATI BHIMA MASKE	Age	: 53Yrs 4Mths 13Days
UHID	: CPIM.0000116493	OP Visit No.	: CPIMOPV167325
Printed On	: 16-09-2024 12:46 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32494		

### DEPARTMENT OF RADIOLOGY

**Liver** appears normal in (13.2 cms) size **bright** and echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is not 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 Both ovaries** Not seen. No evidence of any adnexal pathology noted

#### IMPRESSION:-

**GRADE II FATTY LIVER**

(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.

---End Of The Report---



Dr.KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031  
Radiology

---

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Patient Name	: Mrs. KALAVATI BHIMA MASKE	Age	: 53Yrs 4Mths 11Days
UHID	: CPIM.0000116493	OP Visit No.	: CPIMOPV167325
Printed On	: 14-09-2024 02:52 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32494		

---

**DEPARTMENT OF RADIOLOGY**

---

**SONO MAMMOGRAPHY**

**Real time B-Mode USG of both breasts:-**

Sono mammography study reveals normal appearance and

distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**CONCLUSION:-**

No significant abnormality is seen in this study.

(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.

---

---End Of The Report---



Dr.KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031  
Radiology

---



Patient Name : Mrs. KALAVATI BHIMA MASKE Age : 53Yrs 4Mths 11Days  
UHID : CPIM.0000116493 OP Visit No. : CPIMOPV167325  
Printed On : 14-09-2024 03:58 PM Advised/Pres Doctor : --  
Department : Cardiology Qualification : --  
Referred By : Self Registration No. : --  
Employee Id : 22E32494

**DEPARTMENT OF CARDIOLOGY**

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

All cardiac chambers are normal in dimensions

No LV regional wall motion abnormalities at rest; LVEF = 60 %

Good RV function

All cardiac valves structurally normal

IAS / IVS intact

No clots / vegetation / pericardial effusion seen; prominent pericardial fat noted

Great arteries are normally related & appear normal

IVC is normal in size & collapsing well with respiration

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

Normal transvalvular pressure gradients, No AR, Trivial MR, Mild TR

Grade I LV diastolic dysfunction

No pulmonary hypertension (RVSP = 20 mmHG)

No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

Left Atrium 30.0 mm Aortic Root 27.0 mm

IVS (d) 09.0 mm IVS (s) 14.0 mm

LVID (d) 40.0 mm LVID (s) 23.0 mm

LVPW(d) 09.0 mm LVPW(s) 14.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**GRADE I LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**STRUCTURALLY NORMAL CARDIAC VALVES, MILD TR**

**NO PULMONARY HYPERTENSION**  
**IAS/IVS INTACT**  
**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**  
**PROMINENT PERICARDIAL FAT NOTED**

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

---End Of The Report---



**Dr. RAJENDRA CHAVAN**  
**MBBS, MD (GEN. MED.), D M (CARDIOLOGY).**  
**2005020968**  
**Cardiology**

---

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 14.09.24

Patient Name *Kalarati Maske*

UHID:

Age / Sex: *53481 F*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 &gt; 18pt</i>	<i>6/6 &gt; 18pt</i>
Near Vision	<i>N16</i>	<i>N16</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

*Sam ex*

**IMPRESSION: -**

*[Signature]*  
**OPTOMETRIST**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointment: www.apolloclinic.com

14/9/24

55 yrs, PLS r no more

OH?

3 FTND / LD X

(26) yrs

AH / Fibroid ut / (29) yrs

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

General Examination / Allergies  
History

OH?

Clinical Diagnosis & Management Plan

surgical menopause (28) yrs

PIA - soft

PLS - } Vaginit Healed well  
FTV - } Suspended well

adu

Vaginit Smear taken



Follow up date:

Doctor Signature

Mrs Kalavati Maske

Age. 53/F

Date. 14/09/24

Height : 149	Weight : 52.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 136/78

General Examination / Allergies History

Clinical Diagnosis & Management Plan

K/UO: DM :: 2011, on regular meds.

F/H:- NB-

PM:- Hernia mesh repair, Hysterectomy  
Gall bladder removed!

Allergies:- Not known

O/E

RS  
C/Cs  
P/A  
CNS } N/A.

*[Signature]*

Dr. Anurudhi Jadhav

BS

Follow up date:

Reg No 261001 Signature

28

Name : Mrs. KALAVATI BHIMA MASKE

Age : 53Y 4M 11D

UHID : CPIM.0000116493

Address : Pimpri P F Pune Maharashtra INDIA 411018

sex : Female



CPIM.0000116493

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

OP No: CPIMOPV167325

Bill No: CPIM-OCR-82004

Date: Sep 14th, 2024, 9:16 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324		
1	ULTRASOUND - WHOLE ABDOMEN PP	Ultrasound Radiology	<input type="checkbox"/>
2	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
3	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
4	LBC PAP TEST- PAPSURE	Histopathology	<input type="checkbox"/>
5	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
6	SONO MAMOGRAPHY - SCREENING PP	Mammography	<input type="checkbox"/>
7	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
8	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
10	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
11	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
12	DIET CONSULTATION	General	<input type="checkbox"/>
13	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
14	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
15	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
17	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
18	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
19	2-D ECHO PP	Cardiology	<input type="checkbox"/>
20	GYNAECOLOGY CONSULTATION	Consultation	<input type="checkbox"/>
21	ECG	Cardiology	<input type="checkbox"/>
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
23	ENT CONSULTATION	Consultation	<input type="checkbox"/>
24	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
25	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
26	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
27	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>

52-4,  
147.