

Certificate No: MC- 5697

Patient Name	: Mrs.FARIDA MOHAMMED METKARI	Collected	: 04/Mar/2024 09:00AM
Age/Gender	: 58 Y 11 M 2 D/F	Received	: 04/Mar/2024 01:18PM
UHID/MR No	: CVIM.0000237202	Reported	: 04/Mar/2024 02:54PM
Visit ID	: CVIMOPV594156	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 377857		


### DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**

Page 1 of 15

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240057194

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.5	g/dL	12-15	Spectrophotometer
PCV	36.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.38	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>82.6</b>	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	<b>34.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,950	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49.7	%	40-80	Electrical Impedence
LYMPHOCYTES	38.6	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3454.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2682.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	236.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	542.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.75	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.29		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	340000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	20	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+  
WBC are normal in number and morphology  
Platelets are Adequate**

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MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240057194

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

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

SIN No: BED240057194

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Visit ID : CVIMOPV594156	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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



DR.Sanjay Ingle  
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Consultant Pathologist

SIN No:PLF02117665

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Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 12:35PM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 03:04PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 03:39PM
Visit ID : CVIMOPV594156	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	92	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  
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This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:16PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 03:13PM
Visit ID : CVIMOPV594156	Status : Final Report
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



**DR. Sanjay Ingle**  
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SIN No: EDT240025826

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>221</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>203</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>171</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>130.5</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>40.68</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.46		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR. Sanjay Ingle  
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SIN No: SE04649585

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>135.80</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.92	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.66	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	25.23	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.52	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.61	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.73	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.46	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.92	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

Page 10 of 15



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

SIN No: SE04649585

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

APOLLO CLINICS NETWORK

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

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



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

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:28PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:10PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>65.14</b>	U/L	<38	IFCC



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

SIN No:SE04649585

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

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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:27PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:52PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.15	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.928</b>	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

Page 12 of 15

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SPL24037805

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



Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 04:24PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 04:46PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2296932

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



Certificate No: MC-5697


Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 12:18PM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 04:24PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 04:54PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

Page 14 of 15

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

SIN No:UPP016857

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



Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:18PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 01:41PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Page 15 of 15



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

SIN No: UF010886

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

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

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

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APOLLO CLINICS NETWORK

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6

Name : Mrs. Farida Mohammed Metkari

Age: 58 Y

Sex: F

UHID:CVIM.0000237202



OP Number:CVIMOPV594156

Bill No :CVIM-OCR-63275

Date : 04.03.2024 08:57

Address : pune

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

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



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Fazida Met Kazi on 04/03/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Non obstructing (R) Renal calculus. ↑GGT, TSH ↑.</u></p> <p>2. <u>Umbilical hernia. , T.cholesterol, ↑TG.</u></p> <p>3. <u>Mild LV diastolic dysm , HBA1c. 5.8%.</u></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"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Archana V.

Medical Officer  
The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes*

**Dr. Archana V. MBBS**  
**Registration No. 103429**

Date : 04-03-2024

Department : GENERAL

MR NO : CVIM.0000237202

Doctor :

Name : Mrs. Farida Mohammed Metkari

Registration No :

Age/ Gender : 58 Y / Female

Qualification :

Consultation Timing: 08:57

Height : 154	Weight : 58	BMI : 25	Waist Circum : 97
Temp : 97	Pulse : 74	Resp : 18	B.P : 120/80

**General Examination / Allergies History**

O/E:  
PE:  
CNS / R.A.D.  
P/A - Soft (+)  
CNS - R.A.D.

**Clinical Diagnosis & Management Plan**

(S/P hysterectomy since 2 yrs)      No specific complaints

Klelo → 25 mg. on  
hypotension (2 yrs ago)

family hb:  
Mother - DM.

Suggest:

Vitamin Panel I.

Follow up date:

*Dr. Archana V. MBBS*  
Registration No. 103429

*Dr. Archana V. MBBS*  
Registration No. 103429

Doctor Signature

PARODA

A/S/D

Dear Sir,  
I am writing to you regarding the  
5/20/2020



The Apollo Clinic  
**DR. M. D. ALAVAND**  
MBBS, DC.MS.  
Consulting Eye Surgeon  
Reg. No.: 36319

**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](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

EYE EXAMINATION

DATE: 4/9/20

MOBILE NO: 7

NAME: PARIDH MOHAMMAD MATHAN

AGE: 50

CORPORATE: Apollo

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Coarse BB L > R, Hazy eye L  
No eye reflexes

Impression - Normal Eye Check Up.

The Apollo Clinic  
DR. M. D. ALAVAND  
MBBS, D.O.M.S.  
Consulting Eye Surgeon  
Reg. No.: 36319

(Ophthalmology)

The Apollo Clinic  
DR. M. D. ALAVAND  
MBBS, D.O.M.S.  
Consulting Eye Surgeon  
Reg. No.: 36319



237202  
58 Years

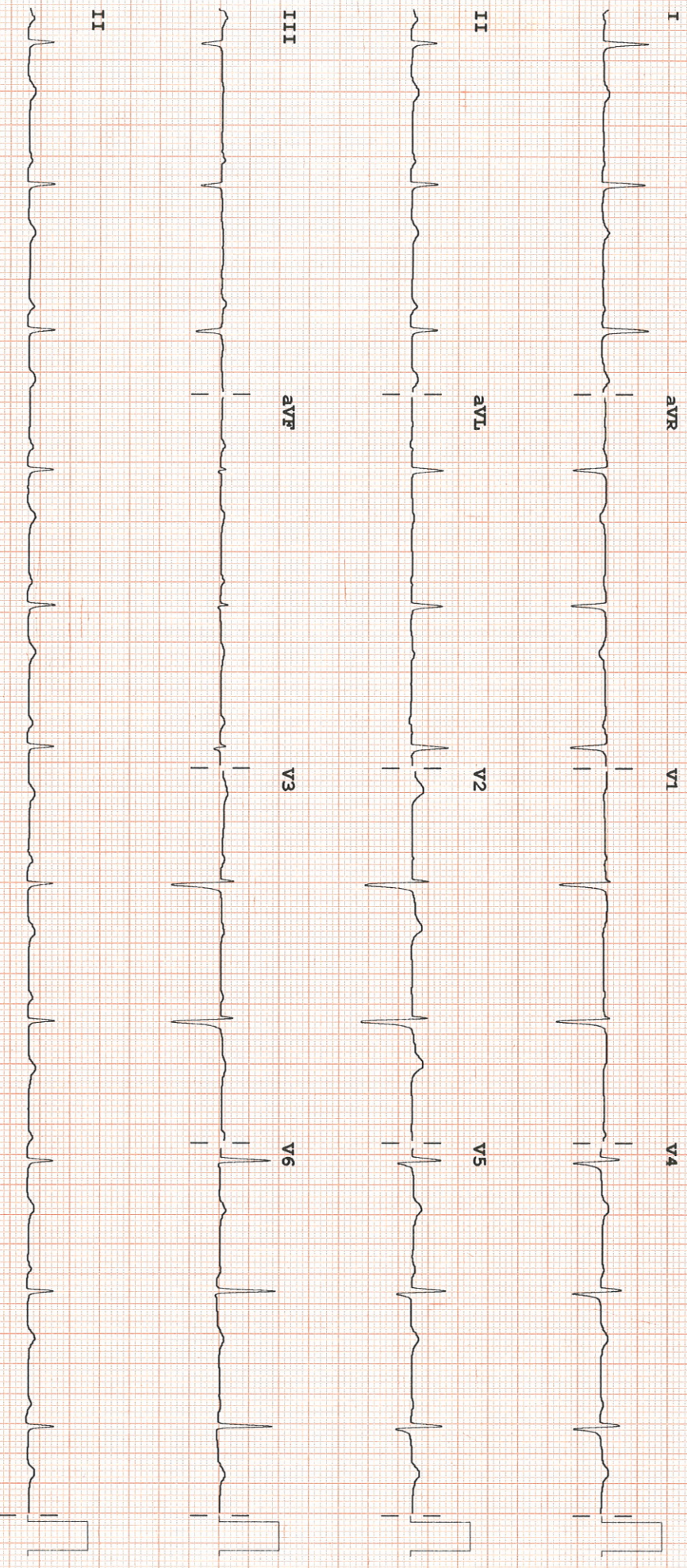
Farida metkari (vn)  
Female

04-Mar-24 10:15:34 AM

Rate 72 Sinus rhythm..... normal P axis, V-rate 50- 99  
Minimal ST elevation, lateral leads..... ST >0.06mV, I aVL V5 V6  
PR 180 Baseline wander in lead(s) V4, V5  
QRSD 85  
QT 428  
QTc 469  
--AXIS--  
P 70  
QRS 3  
T 28  
12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV  
PHILIPS  
F 50 ~ 0.50 ~ 40 Hz W PH100B CTL P?

REORDER M3708A



Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:18PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:54PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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

SIN No:BED240057194

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

Patient Name : Mrs.FARIDA MOHAMMED METKARI  
 Age/Gender : 58 Y 11 M 2 D/F  
 UHID/MR No : CVIM.0000237202  
 Visit ID : CVIMOPV594156  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 377857

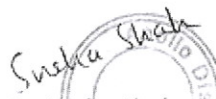
Collected : 04/Mar/2024 09:00AM  
 Received : 04/Mar/2024 01:18PM  
 Reported : 04/Mar/2024 02:54PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	36.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.38	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.6	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,950	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49.7	%	40-80	Electrical Impedance
LYMPHOCYTES	38.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3454.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2682.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	236.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	542.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.75	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.29		0.78- 3.53	Calculated
PLATELET COUNT	340000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:BED240057194

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





Certificate No: MC-5697

Patient Name	: Mrs.FARIDA MOHAMMED METKARI	Collected	: 04/Mar/2024 09:00AM
Age/Gender	: 58 Y 11 M 2 D/F	Received	: 04/Mar/2024 01:18PM
UHID/MR No	: CVIM.0000237202	Reported	: 04/Mar/2024 02:54PM
Visit ID	: CVIMOPV594156	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 377857		

**DEPARTMENT OF HAEMATOLOGY**

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

**No hemoparasite seen.**

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

SIN No:BED240057194

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







Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:18PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 03:00PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF HAEMATOLOGY**

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

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



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

SIN No:BED240057194

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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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:10PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:09PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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



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

SIN No:PLF02117665

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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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 12:35PM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 03:04PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 03:39PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	92	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.

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

SIN No:PLP1427051

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



Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:16PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 03:13PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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

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

SIN No: EDT240025826

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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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y. 11 M 2 D/F	Received : 04/Mar/2024 01:28PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:10PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	221	mg/dL	<200	CHO-POD
TRIGLYCERIDES	203	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	171	mg/dL	<130	Calculated
LDL CHOLESTEROL	130.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.46		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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

SIN No: SE04649585

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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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:28PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:10PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>135.80</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.92	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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.



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

SIN No: SE04649585

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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:28PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:10PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.66	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	25.23	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.52	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.61	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.73	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.46	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.92	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.34	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

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

SIN No: SE04649585

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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:28PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:10PM
Visit ID : CVIMOPV594156	Status : Final Report
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Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	65.14	U/L	<38	IFCC

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

SIN No: SE04649585

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Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:27PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 02:52PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.15	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.928</b>	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



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

SIN No: SPL24037805

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

Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 04:24PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 04:46PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page-13 of 15



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

SIN No:UR2296932

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



Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 12:18PM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 04:24PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 04:54PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

SIN No:UPP016857

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





Certificate No: MC-5697

Patient Name : Mrs.FARIDA MOHAMMED METKARI	Collected : 04/Mar/2024 09:00AM
Age/Gender : 58 Y 11 M 2 D/F	Received : 04/Mar/2024 01:18PM
UHID/MR No : CVIM.0000237202	Reported : 04/Mar/2024 01:41PM
Visit ID : CVIMOPV594156	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 377857	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

SIN No:UF010886

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

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Silt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Patient Name : Mrs. Farida Mohammed Metkari Age : 58 Y F  
UHID : CVIM.0000237202 OP Visit No : CVIMOPV594156  
Reported on : 04-03-2024 09:33 Printed on : 04-03-2024 16:14  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

Clinical data : Routine check up

**FINDINGS:**

**Right breast:**

Right breast parenchyma is with normal echo texture for age.

No focal lesion or collection noted.

Retroareolar tissue appears normal.

Right axillary region appears normal.

No evidence of any enlarged lymph nodes noted

Visualized portion of axillary vessels unremarkable.

**Left breast :**

Left breast parenchyma is with normal echo texture.

No focal lesion or collection noted.

Retroareolar tissue appears normal.

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

Patient Name	: Mrs. Farida Mohammed Metkari	Age	: 58 Y F
UHID	: CVIM.0000237202	OP Visit No	: CVIMOPV594156
Reported on	: 04-03-2024 09:33	Printed on	: 04-03-2024 16:14
Adm/Consult Doctor	:	Ref Doctor	: SELF

Left axillary region appears normal. No evidence of any enlarged lymph nodes noted.

Visualized left axillary vessels are normal.

**IMPRESSION: -**

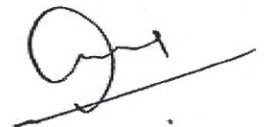
- No obvious sonographically detectable abnormality at present scan. (BIRADS I)
- Follow up is advised

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.

Printed on:04-03-2024 09:33

---End of the Report---



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology

Patient Name : Mrs. Farida Mohammed Metkari Age : 58 Y F  
UHID : CVIM.0000237202 OP Visit No : CVIMOPV594156  
Reported on : 04-03-2024 09:35 Printed on : 04-03-2024 16:14  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious focal lesion, hydronephrosis or hydroureter noted on either side. Tiny approx 4.5 mm sized lower pole caliceal calculus in Left kidney.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is anteverted & normal in size for age with myometrial calcifications. No focal lesion is seen. The endometrium is central, thin & with empty cavity. Both the ovaries obscured due to bowel gas / atrophic.

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

Patient Name : Mrs. Farida Mohammed Metkari Age : 58 Y F  
UHID : CVIM.0000237202 OP Visit No : CVIMOPV594156  
Reported on : 04-03-2024 09:35 Printed on : 04-03-2024 16:14  
Adm/Consult Doctor : Ref Doctor : SELF

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted.

Umbilical defect of approx 9 mm with omental fat herniating through it.

**IMPRESSION:**

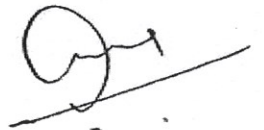
- Non obstructing Left renal calculus.
- Umbilical hernia as described.

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Printed on:04-03-2024 09:35

---End of the Report---



**Dr. BHUSHANA SURYAWANSHI**  
**MBBS, DMRE**  
Radiology



Patient Name : Mrs. Farida Mohammed Metkari  
UHID : CVIM.0000237202  
Reported on : 04-03-2024 09:35  
Adm/Consult Doctor :

Age : 58 Y F  
OP Visit No : CVIMOPV594156  
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Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

Patient Name : Mrs. Farida Mohammed Metkari  
UHID : CVIM.0000237202  
Reported on : 04-03-2024 17:40  
Adm/Consult Doctor :

Age : 58 Y F  
OP Visit No : CVIMOPV594156  
Printed on : 05-03-2024 15:07  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appears enlarged.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:**

Cardiac shadows appears enlarged.

Printed on:04-03-2024 17:40

---End of the Report---

*Preeti*

**Dr. PREETI P KATHE**  
**DMRE, MD, DNB**

**Apollo Health and Lifestyle Limited**

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**APOLLO CLINICS NETWORK MAHARASHTRA**

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Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

Patient Name : Mrs. Farida Mohammed Metkari  
UHID : CVIM.0000237202  
Reported on : 04-03-2024 17:40  
Adm/Consult Doctor :

Age : 58 Y F  
OP Visit No : CVIMOPV594156  
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Radiology

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**APOLLO CLINICS NETWORK MAHARASHTRA**

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

NAME : FARIDA METKARI  
AGE : 58/F

DATE : 04/03/2024

**ECHOCARDIOGRAPHY REPORT**

**MITRAL VALVE** : has thin leaflets, normal subvalvular apparatus . No MR/MS.

**AORTIC VALVE** : Normal trileaflets, normal gradients across the valve. Mild AR.No AS.

**PULMONARY VALVE** : normal.

**TRICUSPID VALVE**: normal gradients .Rvsp- 25 mm hg.No pulmonary hypertension.

**Left Ventricle** : LV is normal in size with normal wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 60%.Mild diastolic dysfunction present.

**Left Atrium** : is normal and free of clots.

**RA/RV** : are normal

**IAS/IVS** : intact.

No clot/veg/ pericardial effusion.

**MEASUREMENTS**

AORTA	:29MM
LEFT ATRIUM	30MM
IVSd	:12 MM
PWd	:12MM
LVIDd	:40 MM
LVIDs	:32MM
LVEF	: 60 %

**IMPRESSION:**

GOOD LV SYSTOLIC FUNCTION, LVEF 60%

NO PAH

MILD LV DIASTOLIC DYSFUNCTION.

**DR.PRAMOD NARKHEDE**  
DNB(Medicine), DNB(Cardiology)  
Consultant Interventional Cardiologist  
Apollo clinic, Viman Nagar

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

**1860 500 7788**

# NO SAMPLE GIVEN

TO,

APOLLO CLINIC

VIMAN NAGAR

Dear sir / madam

I Farida Mohammed Methani working at

Company Name Bank of Baroda

I have not given the pap smear / PNT sample do not wish given it.  
Cyno conseq

I AGREE \_\_\_\_\_

UHID =



SIGN -

<b>Patient Name</b>	: Mrs. Farida Mohammed Metkari	<b>Age/Gender</b>	: 58 Y/F
<b>UHID/MR No.</b>	: CVIM.0000237202	<b>OP Visit No</b>	: CVIMOPV594156
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-03-2024 17:41
<b>LRN#</b>	: RAD2255838	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 377857		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appears enlarged.

Both domes of diaphragm appear normal.


Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:**

Cardiac shadows appears enlarged.

  
**Dr. PREETI P KATHE**  
**DMRE, MD, DNB**  
Radiology

<b>Patient Name</b>	: Mrs. Farida Mohammed Metkari	<b>Age/Gender</b>	: 58 Y/F
<b>UHID/MR No.</b>	: CVIM.0000237202	<b>OP Visit No</b>	: CVIMOPV594156
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-03-2024 09:47
<b>LRN#</b>	: RAD2255838	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 377857		

---

**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND - WHOLE ABDOMEN**

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious focal lesion, hydronephrosis or hydroureter noted on either side. Tiny approx 4.5 mm sized lower pole caliceal calculus in Left kidney.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is anteverted & normal in size for age with myometrial calcifications. No focal lesion is seen. The endometrium is central, thin & with empty cavity. Both the ovaries obscured due to bowel gas / atrophic.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted.

Umbilical defect of approx 9 mm with omental fat herniating through it.

**IMPRESSION:**

**Patient Name** : Mrs. Farida Mohammed Metkari

**Age/Gender** : 58 Y/F

---

- **Non obstructing Left renal calculus.**
- **Umbilical hernia as described.**

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology



<b>Patient Name</b>	: Mrs. Farida Mohammed Metkari	<b>Age/Gender</b>	: 58 Y/F
<b>UHID/MR No.</b>	: CVIM.0000237202	<b>OP Visit No</b>	: CVIMOPV594156
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-03-2024 09:35
<b>LRN#</b>	: RAD2255838	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 377857		

---

**DEPARTMENT OF RADIOLOGY**

---

**SONO MAMOGRAPHY - SCREENING**

Clinical data : Routine check up

**FINDINGS:**

**Right breast:**

Right breast parenchyma is with normal echo texture for age.

No focal lesion or collection noted.

Retroareolar tissue appears normal.

Right axillary region appears normal.

No evidence of any enlarged lymph nodes noted

Visualized portion of axillary vessels unremarkable.

**Left breast :**

Left breast parenchyma is with normal echo texture.

No focal lesion or collection noted.

Retroareolar tissue appears normal.

Left axillary region appears normal. No evidence of any enlarged lymph nodes noted.

Visualized left axillary vessels are normal.

**Patient Name** : Mrs. Farida Mohammed Metkari

**Age/Gender** : 58 Y/F

**IMPRESSION: -**

- **No obvious sonographically detectable abnormality at present scan. (BIRADS I)**
- **Follow up is advised**

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology



भारत सरकार  
Government of India



फरीदा मोहम्मद मेट्कारी  
Farida Mohammad Metkari  
जन्म तारीख/DOB: 02/04/1965  
महिला/ FEMALE



3273 7975 1772

VID: 9194 0472 4367 6217

माझे आधार, माझी ओळख

*Farida*

Arcofemi MediWheel Full Body Annual Plus Check Advanced Female 2D ECHO

bobE12313

MRS. METKARI FARIDA MOHAMMED

*Arcofemi*