

Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 03:31PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 04:42PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240063472

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.1	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,930	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.6	%	40-80	Electrical Impedance
LYMPHOCYTES	30.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3593.58	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1814.58	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.02	Cells/cu.mm	20-500	Calculated
MONOCYTES	415.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.98		0.78- 3.53	Calculated
PLATELET COUNT	308000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,
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DEPARTMENT OF HAEMATOLOGY

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


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DEPARTMENT OF HAEMATOLOGY

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

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


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Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

Comment:

Page 5 of 14



DR.Sanjay Ingle
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Consultant Pathologist



SIN No:EDT240028935

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DEPARTMENT OF BIOCHEMISTRY

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

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

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

Note: Dietary preparation or fasting is not required.

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	72	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	127.35	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.33	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.81		0-4.97	Calculated

Comment:

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

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

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



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SIN No:SE04656077

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.86	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.23	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.49	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.14	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.93	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.71	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.06	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.56	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.46	U/L	<38	IFCC



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Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.102	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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SIN No:SPL24042202

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Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
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Visit ID : CPIMOPV158011	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/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


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SIN No:UR2301671

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

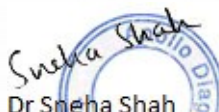


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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Sneha Shah

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SIN No:UPP016982

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:UF011095

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



Patient Name : Mrs. PAYAL CHIRAG RAUT Age : 35 Y/F
 UHID : CPIM.0000117080 OP Visit No : CPIMOPV158011
 Conducted By: : Conducted Date : 11-03-2024 18:18
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MRS. PAYAL RAUT</i>	<i>Age/Sex: 35 / F</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 09.03.2024</i>

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest; LVEF = 60 %
3. Good RV function
4. Myxomatous mitral valve with mild AML prolapse; other cardiac valves structurally normal
5. IAS / IVS intact
6. No clots / vegetation/ pericardial effusion seen on TTE
7. Great arteries are normally related & appear normal
8. IVC is normal in size & collapsing well with respiration

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

1. Normal transvalvular pressure gradients, No AR, Mild MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. 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)	45.0 mm	LVID (s)	27.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

**MYXOMATOUS MITRAL VALVE, MILD AML PROLAPSE WITH MILD MR
 NORMAL CARDIAC CHAMBER DIMENSIONS
 GOOD BIVENTRICULAR FUNCTION; LVEF = 60%**

Patient Name : Mrs. PAYAL CHIRAG RAUT
UHID : CPIM.0000117080
Conducted By: :
Referred By : SELF

Age : 35 Y/F
OP Visit No : CPIMOPV158011
Conducted Date : 11-03-2024 18:18

***NO LV DIASTOLIC DYSFUNCTION
NORMAL OTHER CARDIAC VALVES, MILD TR
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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

Patient Name : Mrs. PAYAL CHIRAG RAUT

UHID : CPIM.0000117080

Conducted By: :

Referred By : SELF

Age : 35 Y/F

OP Visit No : CPIMOPV158011

Conducted Date :

Patient Name : Mrs. PAYAL CHIRAG RAUT

UHID : CPIM.0000117080

Conducted By :

Referred By : SELF

Age : 35 Y/F

OP Visit No : CPIMOPV158011

Conducted Date :

Patient Name : Mrs. PAYAL CHIRAG RAUT

Age/Gender : 35 Y/F

UHID/MR No. : CPIM.0000117080

OP Visit No : CPIMOPV158011

Sample Collected on :

Reported on : 09-03-2024 17:58

LRN# : RAD2261745

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 384844

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mrs. PAYAL CHIRAG RAUT	Age/Gender	: 35 Y/F
UHID/MR No.	: CPIM.0000117080	OP Visit No	: CPIMOPV158011
Sample Collected on	:	Reported on	: 09-03-2024 11:07
LRN#	: RAD2261745	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 384844		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears 92x72x58mm in size, globular. It shows thickened myometrium and shows increased myometrial flow. ET measures 6.9mm. Myo-endo interface is ill defined. No intra/extra uterine gestational sac seen. IUCD in situ

Both ovaries re-appear normal in size, shape and echotexture. Left adnexa shows a 62x52mm simple cyst. LO is not seen separate.

No evidence of any adnexal pathology noted.

IMPRESSION:-

BULKY UTERUS AS DESCRIBED

SIMPLE LEFT OVARIAN CYST

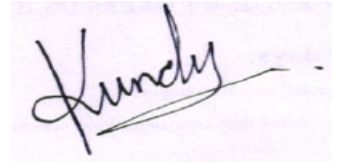
Patient Name : Mrs. PAYAL CHIRAG RAUT

Age/Gender : 35 Y/F

ADV--MRI PELVIS --I/V/O ADENOMYOSIS

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

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



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)

Radiology

Name: Mrs. PAYAL CHIRAG RAUT
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117080
Visit ID: CPIMOPV158011
Visit Date: 09-03-2024 09:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. PAYAL CHIRAG RAUT
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: CPIM.0000117080
Visit ID: CPIMOPV158011
Visit Date: 09-03-2024 09:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. PAYAL CHIRAG RAUT
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000117080
Visit ID: CPIMOPV158011
Visit Date: 09-03-2024 09:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. PAYAL CHIRAG RAUT
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117080
Visit ID: CPIMOPV158011
Visit Date: 09-03-2024 09:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. PAYAL CHIRAG RAUT
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000117080
Visit ID: CPIMOPV158011
Visit Date: 09-03-2024 09:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 15:15	68 Beats/min	130/70 mmHg	20 Rate/min	97 F	166 cms	66 Kgs	%	%	Years	23.95	cms	cms	cms		AHLL03446

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 15:15	68 Beats/min	130/70 mmHg	20 Rate/min	97 F	166 cms	66 Kgs	%	%	Years	23.95	cms	cms	cms		AHLL03446

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 15:15	68 Beats/min	130/70 mmHg	20 Rate/min	97 F	166 cms	66 Kgs	%	%	Years	23.95	cms	cms	cms		AHLL03446

Established Patient: No

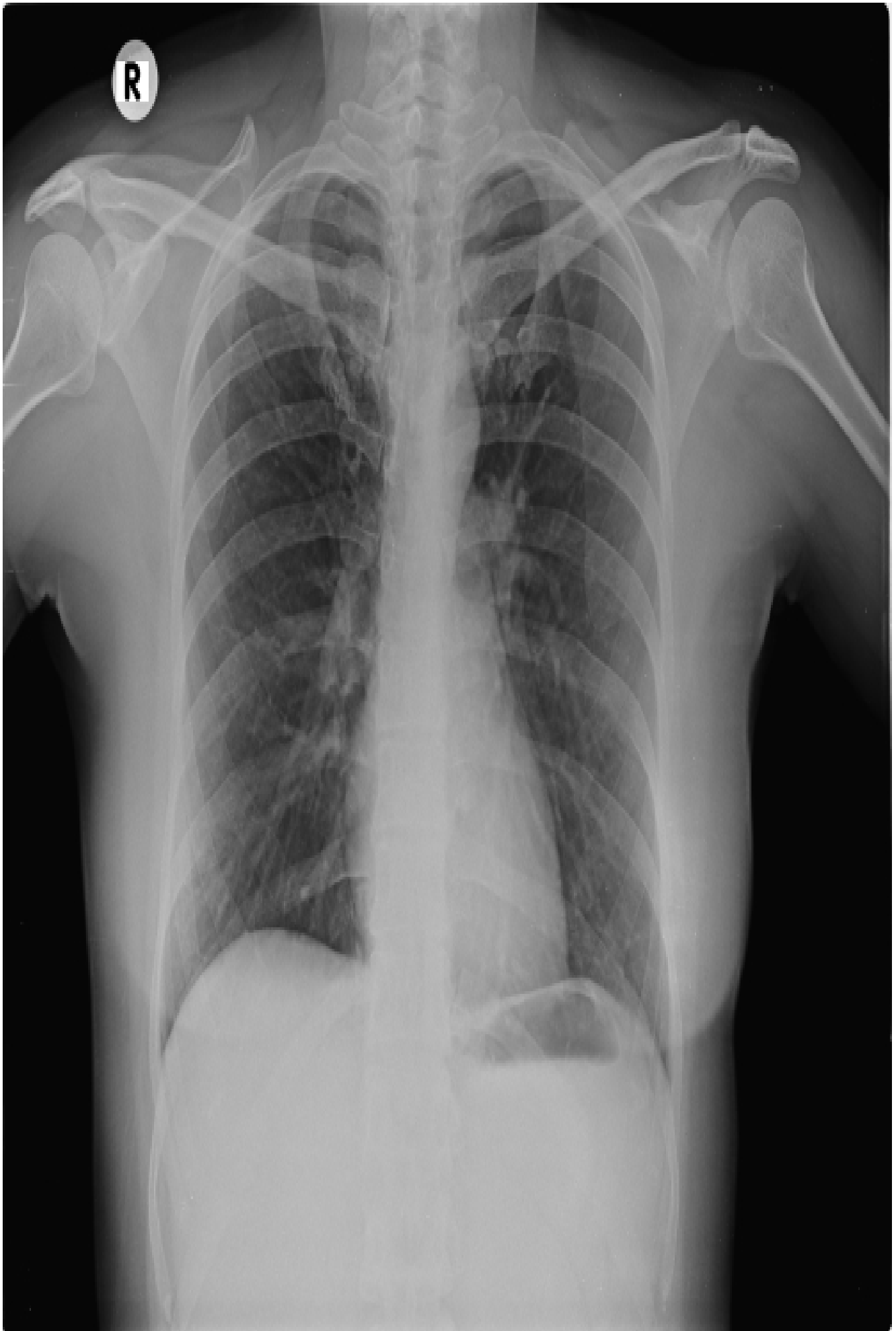
Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 15:15	68 Beats/min	130/70 mmHg	20 Rate/min	97 F	166 cms	66 Kgs	%	%	Years	23.95	cms	cms	cms		AHLL03446

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
09-03-2024 15:15	68 Beats/min	130/70 mmHg	20 Rate/min	97 F	166 cms	66 Kgs	%	%	Years	23.95	cms	cms	cms		AHLL03446



ID: 404
PAYAL RAUT
Female 35Years

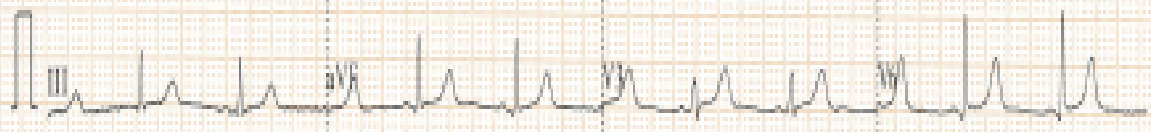
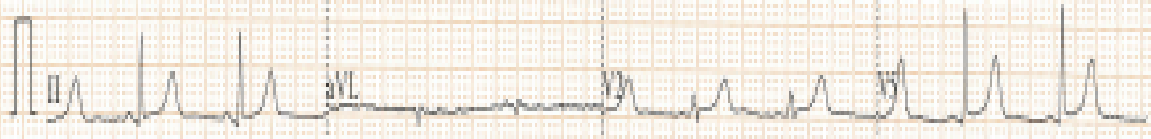
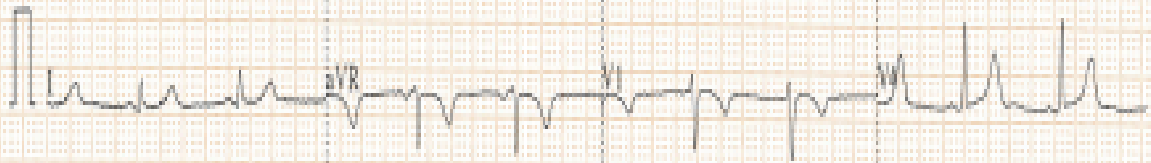
09-03-2024 10:36:24 AM COPY

HR : 66 bpm
P : 93 ms
PR : 116 ms
QRS : 32 ms
QT/QTc : 405/426 ms
P/QRS/T : -90/93/70 °
RV5/SVI : 1.193/0.561 mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval
Suspect Lateral Myocardial Infarction (LaVL)
Right Axis Deviation

Accepted

Report Confirmed by



29

Date : 09-03-2024
MR NO : CPIM.0000117080

Department : GENERAL
Doctor :

Name : Mrs. PAYAL CHIRAG RAUT
Age/Gender : 35 Y / Female

Registration No :
Qualification :

Consultation Timing: 09:33

HT - 166cm
wt - 66
BP 130/70
M&F = MTD

SIC
CVS: S₁S₂ ⊕
RL: AEB
CNS: NAD.
PT: NAD.

Diet - Veg.

No known allergy
A/LSCS 2022, 2017

Arav



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



पायल चिराग राऊत

Payal Chirag Raut

जन्म तारीख/DOB: 16/08/1988

महिला/ FEMALE

Mobile No: 8421390011

4047 3770 6831



माझे आधार, माझी ओळख

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME
89	Arcofemi/Mediwheel/MALE /FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH	bob13653	MS. RAUT PAYAL CHIRAG
90	Arcofemi/Mediwheel/MALE /FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH	bob13651	MS. RAUT PAYAL CHIRAG

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mrs. Payal Chinay Raut on 12/03/2024

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are Impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> Unfit 	

Dr. Anamdar
Medical Officer
Apollo Clinic, (NIGDI)

Dr. Anam A. A. Inamdar
 MBBS
 Reg. No. 2021/06/6236

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana
 - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com |
 www.apollohl.com
 APOLLO CLINICS NETWORK MAHARASHTRA
 Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 03:31PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 04:42PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.1	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,930	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.6	%	40-80	Electrical Impedence
LYMPHOCYTES	30.6	%	20-40	Electrical Impedence
EOSINOPHILS	1.4	%	1-6	Electrical Impedence
MONOCYTES	7	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3593.58	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1814.58	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.02	Cells/cu.mm	20-500	Calculated
MONOCYTES	415.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.98		0.78- 3.53	Calculated
PLATELET COUNT	308000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Page 2 of 14


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240063472

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



Patient Name	: Mrs.PAYAL CHIRAG RAUT	Collected	: 09/Mar/2024 10:33AM
Age/Gender	: 35 Y 6 M 24 D/F	Received	: 09/Mar/2024 03:31PM
UHID/MR No	: CPIM.0000117080	Reported	: 09/Mar/2024 04:42PM
Visit ID	: CPIMOPV158011	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384844		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**

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

SIN No:BED240063472

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





Certificate No: MC- 5697

Patient Name	: Mrs.PAYAL CHIRAG RAUT	Collected	: 09/Mar/2024 10:33AM
Age/Gender	: 35 Y 6 M 24 D/F	Received	: 09/Mar/2024 03:31PM
UHID/MR No	: CPIM.0000117080	Reported	: 09/Mar/2024 04:42PM
Visit ID	: CPIMOPV158011	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384844		

DEPARTMENT OF HAEMATOLOGY

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



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240063472

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



Certificate No: MC-5697

Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 03:31PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 06:27PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF HAEMATOLOGY

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

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

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240063472

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



Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 03:37PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 06:34PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

Comment:

Page 5 of 14



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

SIN No:EDT240028935

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

Patient Name	: Mrs.PAYAL CHIRAG RAUT	Collected	: 09/Mar/2024 10:33AM
Age/Gender	: 35 Y 6 M 24 D/F	Received	: 09/Mar/2024 03:37PM
UHID/MR No	: CPIM.0000117080	Reported	: 09/Mar/2024 06:34PM
Visit ID	: CPIMOPV158011	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384844		

DEPARTMENT OF BIOCHEMISTRY

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

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

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect 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:EDT240028935

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



Patient Name : Mrs.PAYAL CHIRAG RAUT Age/Gender : 35 Y 6 M 24 D/F UHID/MR No : CPIM.0000117080 Visit ID : CPIMOPV158011 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 384844	Collected : 09/Mar/2024 10:33AM Received : 09/Mar/2024 04:09PM Reported : 09/Mar/2024 09:01PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	72	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	127.35	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.33	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.81		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:SE04656077

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



Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 04:09PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 09:01PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.86	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.23	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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: SE04656077

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



Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 04:09PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 09:01PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.49	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.14	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.93	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.71	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.06	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.56	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated



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

SIN No:SE04656077

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



Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 04:09PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 09:01PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.46	U/L	<38	IFCC



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

SIN No:SE04656077

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





Certificate No: MC- 5697

Patient Name : Mrs.PAYAL CHIRAG RAUT Age/Gender : 35 Y 6 M 24 D/F UHID/MR No : CPIM.0000117080 Visit ID : CPIMOPV158011 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 384844	Collected : 09/Mar/2024 10:33AM Received : 09/Mar/2024 04:10PM Reported : 09/Mar/2024 06:35PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.102	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



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



SIN No: SPL24042202

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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Shop No.: 14 to 26, City Pride building,
Sector - 25, Next to BHEL Chowk, Higdi (P/Inpr),
Pune, Maharashtra, India - 411004

1860 500 7788
www.apolloclinic.com

APOLLO CLINICS NETWORK
 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondaipur | 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) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Valsaravakkam | Velachery) | Maharashtra: Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghazalbad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 04:26PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 06:33PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2301671

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



Patient Name	: Mrs.PAYAL CHIRAG RAUT	Collected	: 09/Mar/2024 11:39AM
Age/Gender	: 35 Y 6 M 24 D/F	Received	: 09/Mar/2024 04:32PM
UHID/MR No	: CPIM.0000117080	Reported	: 09/Mar/2024 05:32PM
Visit ID	: CPIMOPV158011	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384844		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UPP016982

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





Certificate No: MC- 5697

Patient Name : Mrs.PAYAL CHIRAG RAUT	Collected : 09/Mar/2024 10:33AM
Age/Gender : 35 Y 6 M 24 D/F	Received : 09/Mar/2024 04:35PM
UHID/MR No : CPIM.0000117080	Reported : 09/Mar/2024 06:44PM
Visit ID : CPIMOPV158011	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384844	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



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

SIN No:UF011095

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



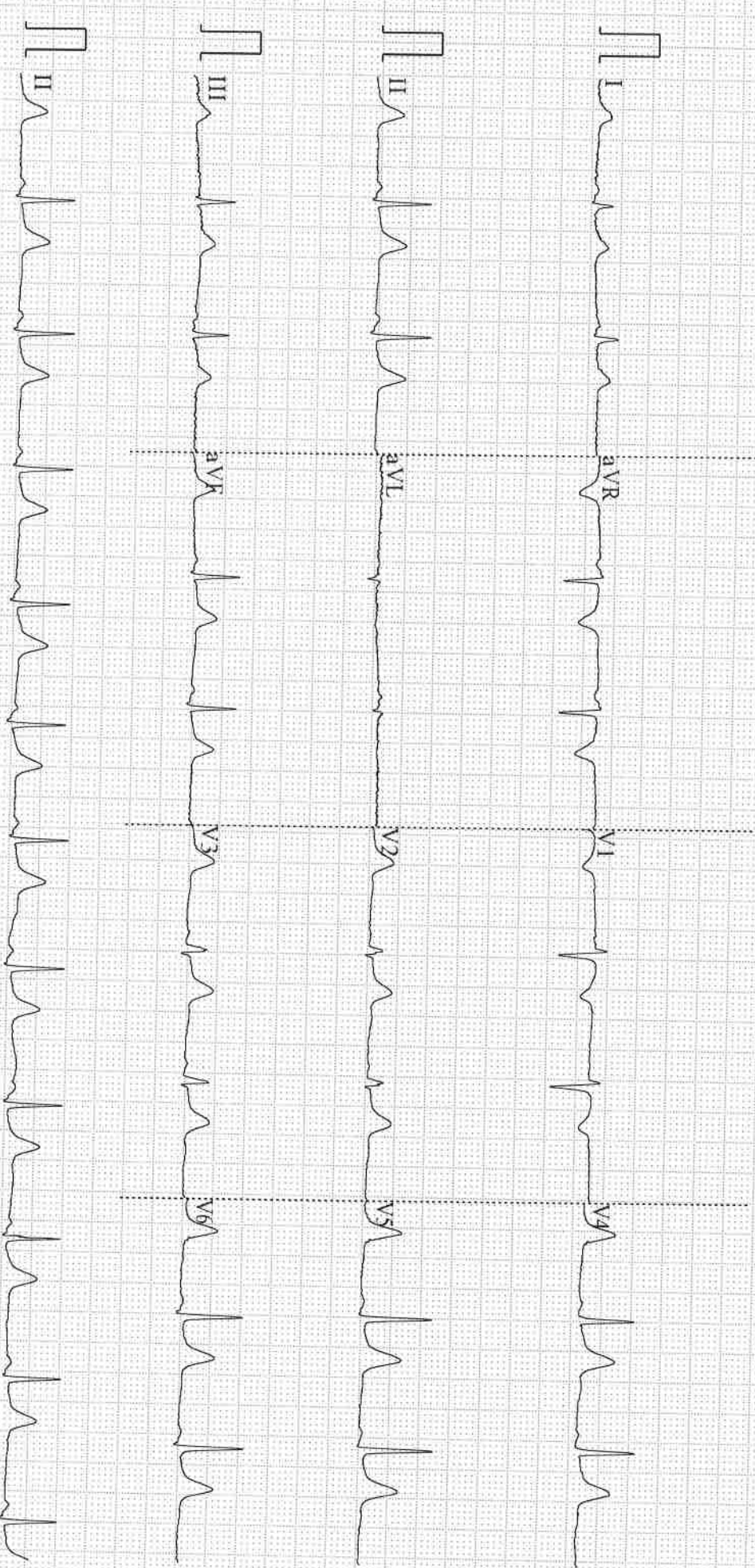
PAYAL RAUT
Female 35 Years

09-05-2024 10:56:24 AM COPY
HR : 66 bpm
P : 93 ms
PR : 116 ms
QRS : 82 ms
QT/QTc : 405/426 ms
P/QRS/T : -90/97/70 °
RV5/SVI : 1.193/0.561 mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval
Suspect Lateral Myocardial Infarction?(I,aVL)
Right Axis Deviation

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236

Report Confirmed by:



Patient Name	: Mrs. PAYAL CHIRAG RAUT	Age	: 35 Y F
UHID	: CPIM.0000117080	OP Visit No	: CPIMOPV158011
Reported on	: 09-03-2024 15:12	Printed on	: 09-03-2024 17:58
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

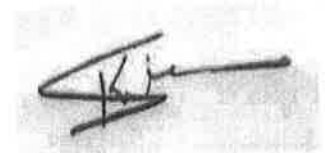
Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:09-03-2024 15:12

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mrs. PAYAL CHIRAG RAUT Age : 35 Y F
UHID : CPIM.0000117080 OP Visit No : CPIMOPV158011
Reported on : 09-03-2024 09:57 Printed on : 09-03-2024 11:07
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears 92x72x58mm in size, globular. It shows thickened myometrium and shows increased myometrial flow. ET measures 6.9mm. Myo-endo interface is ill defined. No intra/extra uterine gestational sac seen. IUCD in situ

Both ovaries ro-appear normal in size, shape and echotexture. Left adnexa shows a 62x52mm simple cyst. LO is not seen separate.

Patient Name : Mrs. PAYAL CHIRAG RAUT
UHID : CPIM.0000117080
Reported on : 09-03-2024 09:57
Adm/Consult Doctor :

Age : 35 Y F
OP Visit No : CPIMOPV158011
Printed on : 09-03-2024 11:07
Ref Doctor : SELF

No evidence of any adnexal pathology noted.

IMPRESSION:-
BULKY UTERUS AS DESCRIBED
SIMPLE LEFT OVARIAN CYST

ADV--MRI PELVIS --I/V/O ADENOMYOSIS

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:09-03-2024 09:57

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. PAYAL RAUT	Age/Sex: 35 / F
Ref: ARCOFEMI	Date: 09.03.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest; LVEF = 60 %
3. Good RV function
4. Myxomatous mitral valve with mild AML prolapse; other cardiac valves structurally normal
5. IAS / IVS intact
6. No clots / vegetation/ pericardial effusion seen on TTE
7. Great arteries are normally related & appear normal
8. IVC is normal in size & collapsing well with respiration

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

1. Normal transvalvular pressure gradients, No AR, Mild MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. 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)	45.0 mm	LVID (s)	27.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

MYXOMATOUS MITRAL VALVE, MILD AML PROLAPSE WITH MILD MR
NORMAL CARDIAC CHAMBER DIMENSIONS
GOOD BIVENTRICULAR FUNCTION; LVEF = 60%
NO LV DIASTOLIC DYSFUNCTION
NORMAL OTHER CARDIAC VALVES, MILD TR
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION



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

Payal Choug Pant
35/F

9/3/24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

slB Dr Nimita [ENT]
 Pt for routine ENT examination
 No active ENT complaints

d/s : ENT
 BIL TM intact

Nasal
 throat } WNL

Rinne's
 R L
 712 + +
 wb - central
 ABC - same as me

Nil active management
 FIT


 Doctor Signature

Follow up date:

Mrs Payal Raut
35 yrs / F.

Ht - 166 cm.

Wt - 66 kg.

Δ - Overweight - 5 kgDaily DietMorning ÷ 6.30 am ÷ luke warm water.Morning Tea ÷ Khakra or Thepla.Breakfast ÷ Dalia upma / Sprouts / Mug dhusade

+ 1 Seasonal Fruit.

+ 2-3 Walnut + 2-3 Almonds + 2-3 Figs.

11 am ÷ Buttermilk + Sabja seeds.1.30 - 2 pm - Lunch - Salad + Mix atta roti
+ Sabji + Dal / sprouts / Dal wada steamed / Dalu

* No rice.

4 - 5 pm - Fruit any seasonal.6 pm - lemon water / coconut water / Buttermilk.

7 - 8 - Exercise

8.30 Dinner ÷ Salad + Mix atta roti + sabji
+ Dal + Curd.Bed Time ÷ luke warm water

29

Date : 09-03-2024

Department : GENERAL

MR NO : CPIM.0000117080

Doctor :

Name : Mrs. PAYAL CHIRAG RAUT

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 09:33

Ht - 166cm

wt - 66

BP - 130/70

M&F = HTW

BMI - 24

SIC

CVS : S₁S₂ ⊕

RL : AEBE

CNS : NAD.

PA : NAD.

Diet Veg.

No known allergy

~~At~~ LSCS 2022, 2017

Anam

Dr. Anam A. Inamdar

MBBS

Reg. No. 2021/06/6236

29

Name : Mrs. PAYAL CHIRAG RAUT

Age: 35 Y

UHID:CPIM.0000117080

Sex: F



Address : RAVET

OP Number:CPIMOPV158011

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CPIM-OCR-76585

Date : 09.03.2024 09:33

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:00	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Dental

Vit B12, TMT