

Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 06:46PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 06:59PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

## 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:BED240080771

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	98.1	fL	83-101	Calculated
MCH	<b>32.9</b>	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,720	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64.3	%	40-80	Electrical Impedance
LYMPHOCYTES	23.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4320.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1599.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	114.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	645.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.7		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic  
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No hemoparasite seen.

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MBBS, MD (Pathology)  
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

  
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Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 06:46PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 08:25PM
Visit ID : CPIMOPV158851	Status : Final Report
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240080771

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



Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:06PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 06:48PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 07:27PM
Visit ID : CPIMOPV158851	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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)	111	mg/dL	70-140	HEXOKINASE

Comment:

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

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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:PLP1436609

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



Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 06:45PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 08:34PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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)



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SIN No:EDT240037129

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



Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 07:31PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 08:39PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111.75</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.43	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**


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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

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SIN No:SE04673924

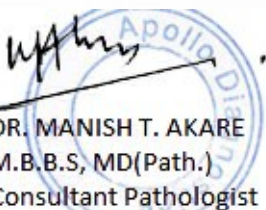
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DEPARTMENT OF BIOCHEMISTRY

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

- 4) 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.
- 5) 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.
- 6) 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.64	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	89.41	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		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, Wilsons'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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.42</b>	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	24.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>2.24</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.87	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.58	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.69	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.5	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.32	U/L	<38	IFCC



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Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 07:10PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 08:00PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.75	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.812	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:SPL24054343

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

Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 06:41PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 07:02PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

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
<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	>1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 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

  
 Dr Sneha Shah  
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 Consultant Pathologist

SIN No:UR2314993

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Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 06:42PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 07:03PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

**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

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

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

SIN No:UF011429

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



Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:31PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 24/Mar/2024 05:26PM
UHID/MR No : CPIM.0000117569	Reported : 26/Mar/2024 12:36PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

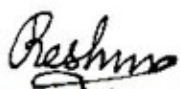
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	6995/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



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

Page 15 of 15  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS077450

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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

  
1860 500 7788  
www.apolloclinic.com

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)

Patient Name : Mrs. PRIYANKA DUBEY Age : 37 Y/F  
UHID : CPIM.0000117569 OP Visit No : CPIMOPV158851  
Conducted By: : Conducted Date : 26-03-2024 15:51  
Referred By : SELF

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b><i>Patient's Name: MRS. PRIYANKA DUBEY</i></b>	<b><i>Age/Sex: 37 / F</i></b>
<b><i>Ref: ARCOFEMI</i></b>	<b><i>Date: 23.03.2024</i></b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

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

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

1. Normal transvalvular pressure gradients, No AR, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	29.0 mm	<b>Aortic Root</b>	27.0 mm
<b>IVS (d)</b>	08.0 mm	<b>IVS (s)</b>	12.0 mm
<b>LVID (d)</b>	37.0 mm	<b>LVID (s)</b>	21.0 mm
<b>LVPW(d)</b>	08.0 mm	<b>LVPW(s)</b>	12.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**



Patient Name : Mrs. PRIYANKA DUBEY  
UHID : CPIM.0000117569  
Conducted By: :  
Referred By : SELF

Age : 37 Y/F  
OP Visit No : CPIMOPV158851  
Conducted Date : 26-03-2024 15:51

---

***IAS/IVS INTACT  
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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

Patient Name : Mrs. PRIYANKA DUBEY  
UHID : CPIM.0000117569  
Conducted By: :  
Referred By : SELF

Age : 37 Y/F  
OP Visit No : CPIMOPV158851  
Conducted Date :

Patient Name : Mrs. PRIYANKA DUBEY  
UHID : CPIM.0000117569  
Conducted By :  
Referred By : SELF

Age : 37 Y/F  
OP Visit No : CPIMOPV158851  
Conducted Date :

---

**Patient Name** : Mrs. PRIYANKA DUBEY

**Age/Gender** : 37 Y/F

**UHID/MR No.** : CPIM.0000117569

**OP Visit No** : CPIMOPV158851

**Sample Collected on** :

**Reported on** : 23-03-2024 18:37

**LRN#** : RAD2279498

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 403377

---

**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

<b>Patient Name</b>	: Mrs. PRIYANKA DUBEY	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CPIM.0000117569	<b>OP Visit No</b>	: CPIMOPV158851
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 14:52
<b>LRN#</b>	: RAD2279498	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 403377		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and **shows mild bright in 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 normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8 mm. No intra/extra uterine gestational sac seen.

**Both ovaries** appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

**IMPRESSION:-**

**Mild Fatty Liver changes.**

**Patient Name** : Mrs. PRIYANKA DUBEY

**Age/Gender** : 37 Y/F

---

**Suggest – clinical correlation.**

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

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



**Dr. KIRAN PRALHAD SUDHARE**

**MBBS, DMRD**

Radiology

Name: Mrs. PRIYANKA DUBEY  
Age/Gender: 37 Y/F  
Address: A/136, UDAY COLONY, AKURDI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117569  
Visit ID: CPIMOPV158851  
Visit Date: 23-03-2024 12:02  
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. PRIYANKA DUBEY  
Age/Gender: 37 Y/F  
Address: A/136, UDAY COLONY, AKURDI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117569  
Visit ID: CPIMOPV158851  
Visit Date: 23-03-2024 12:02  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. PRIYANKA DUBEY  
Age/Gender: 37 Y/F  
Address: A/136, UDAY COLONY, AKURDI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. NIMITA DUBEY

MR No: CPIM.0000117569  
Visit ID: CPIMOPV158851  
Visit Date: 23-03-2024 12:02  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



Name: Mrs. PRIYANKA DUBEY  
Age/Gender: 37 Y/F  
Address: A/136, UDAY COLONY, AKURDI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA PATIL

MR No: CPIM.0000117569  
Visit ID: CPIMOPV158851  
Visit Date: 23-03-2024 12:02  
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. PRIYANKA DUBEY  
Age/Gender: 37 Y/F  
Address: A/136, UDAY COLONY, AKURDI  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000117569  
Visit ID: CPIMOPV158851  
Visit Date: 23-03-2024 12:02  
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
23-03-2024 14:57	84 Beats/min	110/70 mmHg	18 Rate/min	98 F	143 cms	51 Kgs	%	%	Years	24.94	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
23-03-2024 14:57	84 Beats/min	110/70 mmHg	18 Rate/min	98 F	143 cms	51 Kgs	%	%	Years	24.94	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
23-03-2024 14:57	84 Beats/min	110/70 mmHg	18 Rate/min	98 F	143 cms	51 Kgs	%	%	Years	24.94	cms	cms	cms		AHLL03446

Established Patient: No

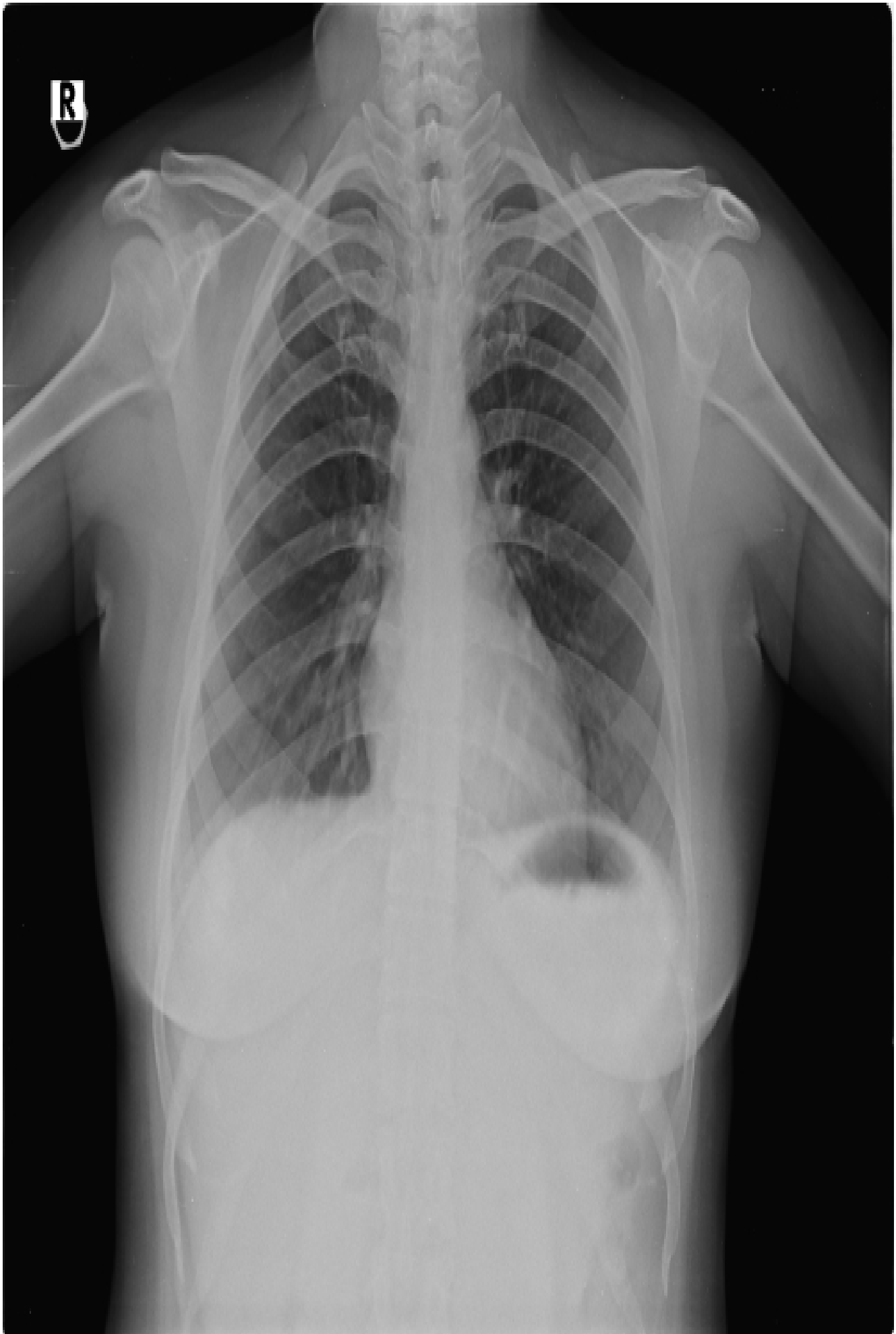
**Vitals**

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
23-03-2024 14:57	84 Beats/min	110/70 mmHg	18 Rate/min	98 F	143 cms	51 Kgs	%	%	Years	24.94	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
23-03-2024 14:57	84 Beats/min	110/70 mmHg	18 Rate/min	98 F	143 cms	51 Kgs	%	%	Years	24.94	cms	cms	cms		AHLL03446







priyanka dubey &lt;priyankadubey786@gmail.com&gt;

**Health Check up Booking Confirmed Request(bobS17029),Package Code-PKG10000366, Beneficiary Code-293357**

**Mediwheel** <wellness@mediwheel.in>  
To: priyankadubey786@gmail.com  
Cc: customercare@mediwheel.in

Thu, Mar 21, 2024 at 12:43 PM

**011-41195959**

Dear Priyanka dubey,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Annual Plus

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Name of Diagnostic/Hospital** : Apollo Clinic - Pimpri

**Address of Diagnostic/Hospital** : Apollo Clinic, Shop 14 -20, City Pride building , Below kotak mahindra bank, Next to Bihel chowk, NIGDI pradhikaran, Nigdi(Pimpri), Pune, Maharashtra

**City** : Pune

**State** :

**Pincode** : 411004

**Appointment Date** : 23-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Hamdeo Angh	32 year	Male

Note - Please note to not pay any amount at the center.

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mrs. Priyanka Dubey on 26/03/2024

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	✓
<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 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"> <li>Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

Dr. Anam A. A. Inamdar  
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.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 06:46PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 06:59PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	98.1	fL	83-101	Calculated
MCH	32.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,720	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64.3	%	40-80	Electrical Impedence
LYMPHOCYTES	23.8	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	9.6	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4320.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1599.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	114.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	645.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	40.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.7		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**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:BED240080771

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



Certificate No: MC-5697

Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 06:46PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 06:59PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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.**



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

SIN No:BED240080771

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



Certificate No: MC-5697

Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 06:46PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 06:59PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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:BED240080771

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



Certificate No: MC-5697


Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 08:46PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 08:25PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240080771

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



Certificate No: MC-5697

Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:06PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 06:48PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 07:27PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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	102	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)	111	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:PLP1436609

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

Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 06:45PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 08:34PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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)



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

SIN No:EDT240037129

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



Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 07:31PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 08:39PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111.75</b>	mg/dL	<100	Calculated
VDL CHOLESTEROL	18.43	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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



SIN No:SE04673924

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


Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 07:31PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 08:39PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**DEPARTMENT OF BIOCHEMISTRY**

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

- 4) 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.
- 5) 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.
- 6) 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



*Manish T. Akare*  
  
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 Consultant Pathologist

SIN No:SE04673924

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

Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 07:31PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 08:39PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.64	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	89.41	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		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.



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

SIN No:SE04673924

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



Certificate No: MC-5697


Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 07:31PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 08:39PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.42	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	24.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.24	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.87	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.58	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.69	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.5	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated



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

SIN No:SE04673924

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

Certificate No: MC-5697


Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 07:31PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 08:39PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.32	U/L	<38	IFCC



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

SIN No:SE04673924

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



Certificate No: MC-5697

Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:03PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 23/Mar/2024 07:10PM
UHID/MR No : CPIM.0000117569	Reported : 23/Mar/2024 08:00PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.75	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.812	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

- 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



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

SIN No:SPL24054343

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



Certificate No: MC-5697

Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 06:41PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 07:02PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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
<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	>1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 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

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

SIN No:UR2314993

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



Patient Name	: Mrs.PRIYANKA DUBEY	Collected	: 23/Mar/2024 02:03PM
Age/Gender	: 37 Y 6 M 16 D/F	Received	: 23/Mar/2024 06:42PM
UHID/MR No	: CPIM.0000117569	Reported	: 23/Mar/2024 07:03PM
Visit ID	: CPIMOPV158851	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403377		

**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

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

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)

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

SIN No:UF011429

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





Patient Name : Mrs.PRIYANKA DUBEY	Collected : 23/Mar/2024 02:31PM
Age/Gender : 37 Y 6 M 16 D/F	Received : 24/Mar/2024 05:26PM
UHID/MR No : CPIM.0000117569	Reported : 26/Mar/2024 12:36PM
Visit ID : CPIMOPV158851	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403377	


**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	6995/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	<b>SPECIMEN ADEQUACY</b>	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	<b>SPECIMEN NATURE/SOURCE</b>	CERVICAL SMEAR
<b>c</b>	<b>ENDOCERVICAL-TRANSFORMATION ZONE</b>	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	<b>COMMENTS</b>	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	<b>SQUAMOUS CELL ABNORMALITIES</b>	NOT SEEN
	<b>GLANDULAR CELL ABNORMALITIES</b>	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

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

Page 1 of 1  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS077450

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

**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

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Shop No.: 14 to 26, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),  
Pune, Maharashtra, India - 411004

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

PRIYANKA DUBEY  
Female 37Years

25-03-2024 12:59:17 PM

HR : 101 bpm  
P : 90 ms  
PR : 126 ms  
QRS : 90 ms  
QT/QTc : 323/419 ms  
P/QRST : 48/49/37 °  
RV5/SV1 : 0.845/0.715 mV

Diagnosis Information:  
Sinus Tachycardia  
Slight ST-T Abnormality?(V3, V4, V5)  
Low Voltage(Chest Leads)

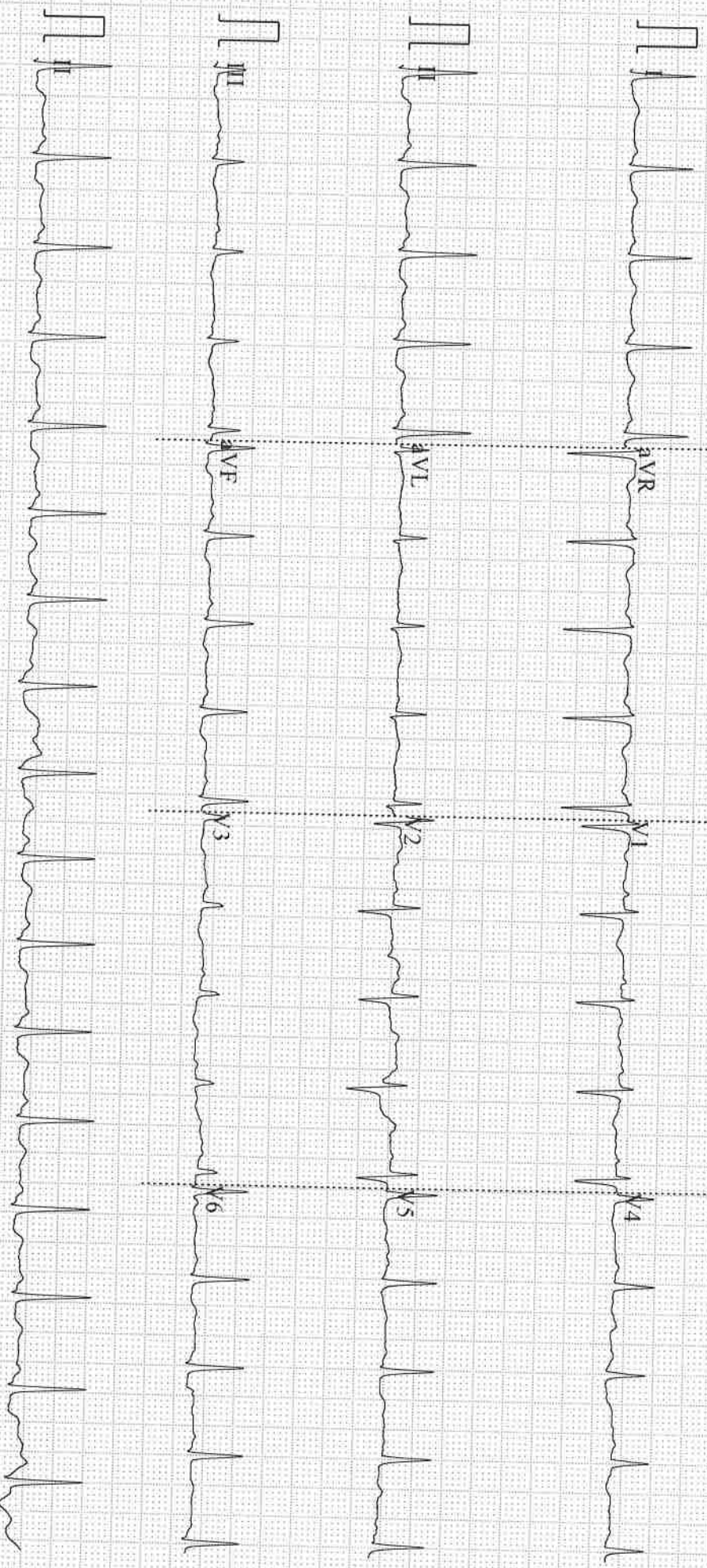
*[Signature]*

Dr. Anam A. Inamdar

MBBS

Reg. No. 2021/06/6236

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4\*2.5s+1r ♡101 V191 SEMIP V16 APOLO CLINIC NIGDI

Patient Name : Mrs. PRIYANKA DUBEY Age : 37 Y F  
UHID : CPIM.0000117569 OP Visit No : CPIMOPV158851  
Reported on : 23-03-2024 17:05 Printed on : 23-03-2024 18:37  
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:23-03-2024 17:05

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

Patient Name : Mrs. PRIYANKA DUBEY Age : 37 Y F  
UHID : CPIM.0000117569 OP Visit No : CPIMOPV158851  
Reported on : 23-03-2024 13:58 Printed on : 23-03-2024 14:52  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and shows mild bright in 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 normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8 mm. No intra/extra uterine gestational sac seen.

**Both ovaries** appear normal in size, shape and echotexture.

Patient Name	: Mrs. PRIYANKA DUBEY	Age	: 37 Y F
UHID	: CPIM.0000117569	OP Visit No	: CPIMOPV158851
Reported on	: 23-03-2024 13:58	Printed on	: 23-03-2024 14:52
Adm/Consult Doctor	:	Ref Doctor	: SELF

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No evidence of any adnexal pathology noted.

**IMPRESSION:-**

**Mild Fatty Liver changes.**

**Suggest – clinical correlation.**

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

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

Printed on:23-03-2024 13:58

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

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

Date - 23/03/24

Patient Name - Priyanka Dubey.

UHID:

Age / Sex: 37/F.

EYE CHECK UP	COMPLETE	PREMEDICAL/OTHER
	RIGHT EYE	LEFT EYE
Far Vision	-0.75 X 10 - 6/6.	- plano - 6/6.
Near Vision	+1.00 - N6.	+1.00 - N6.
Anterior Segment Pupil	✓	✓
Color Vision	✓	✓
Family History/Medical History	Nil	Nil

**IMPRESSION: -**

  
**OPTOMETRIST**

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@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointment: www.apolloclinic.com

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MRS. PRIYANKA DUBEY</b>	<b>Age/Sex: 37 / F</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 23.03.2024</b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

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

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

1. Normal transvalvular pressure gradients, No AR, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	29.0 mm	<b>Aortic Root</b>	27.0 mm
<b>IVS (d)</b>	08.0 mm	<b>IVS (s)</b>	12.0 mm
<b>LVID (d)</b>	37.0 mm	<b>LVID (s)</b>	21.0 mm
<b>LVPW(d)</b>	08.0 mm	<b>LVPW(s)</b>	12.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**



**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**

**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**

॥ श्री ॥

**Apollo Clinic**  
Expertise. Closer to you.

Mrs Priyanka Dubey .  
37 yrs / F .

Dr. Manisha Patil  
Dietician

Weight - 51 kg .  
Height - 143 cm .

23<sup>rd</sup> March 2024 .

Δ - Overweight (10kg) .

### Daily Diet

Morning Time - luke warm water  
ayawine, sof, cinnamon mix powder

Morning Exercise - 1 hr .

Morning Breakfast :- Boiled Sprouts  
OR 1 Boiled egg + 2 Bread Slices  
OR Mug Wulla + Curd,

+ 1 fruit daily .

Morning MidTime :- Buttermilk + Sabja Seeds .

Lunch 1 - 2 pm - Salad + Roti + Sabji + Dal.  
+ Rice 1/2 serving [Avoid rice at night time]

4 pm - Fruit plate .

6-30 pm - Dinner  
- Curd Raita + Sabja seeds  
+ Roti + Sabji + Dal .

Bed Time - luke warm water with ayawine,  
sof, cinnamon, salt powder

1  
AM

Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK MAHARASHTRA

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



23/3/24  
 Nimita Dubey  
 Nimita Dubey  
 31/1/24

ENT

Pt for ENT health checkup  
 No active ENT complaints

o/s: ENT: - B/L TM intact

Noise  
 throat ] WNL

Rinn's R L  
 RT + +

wb - normal

ABC - same as  
 examining

Nil active meningitis  
 fit

Mf  
 23/3/24

AC NIGDI  
 Dr. Nimita Dubey  
 Reg. No. 2016.082262 Mmc  
 Nr. Bhel Chowk, Nigdi Pradhikaran Rd  
 Sunde Complex 14-20, Pune - 411044  
 Ph No 020 27653312/13/14

23/3/24

37 yrs | Puri done

O/H: FTUSC / M / L / 1 yr

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

**General Examination / Allergies History**

m/n:

Adv

**Clinical Diagnosis & Management Plan**

Comp - 10th day

LBE Pap taken

Pap Annually

P/A. soft

PS - cx  
Vagina / Healthy

PIV - U+AV

NS

fmr

10/2 fx clear



Follow up date:

Doctor Signature

Date : 23-03-2024  
MR NO : CPIM.0000117569

Department : GENERAL  
Doctor :

Name : Mrs. PRIYANKA DUBEY

Registration No :

Age/ Gender : 37 Y / Female

Qualification :

Wt 51

HA 143

Consultation Timing: 12:02

S/E

Bp 110/70

M = TSH, DM

F = DM.

CUS: S, S<sub>2</sub> (+)

RS: AEBE

BMI = 24.9

PA: AEBE

EWS: NAD.

Diet Veg.

No known allergy

~~No~~ past sx

LSCS 1yr ago

Anam

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

75 76

Name : Mrs. PRIYANKA DUBEY

Age: 37 Y

UHID:CPIM.0000117569

Address : A/136, UDAY COLONY, AKURDI

Sex: F



OP Number:CPIMOPV158851

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CPIM-OCR-77038

Date : 23.03.2024 12:02

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

Audio

Complete

51.  
143

Date : 23-03-2024  
MR NO : CPIM.0000117569

Department : GENERAL  
Doctor :

Name : Mrs. PRIYANKA DUBEY  
Age/ Gender : 37 Y / Female

Registration No :  
Qualification : *MD Sr*

Consultation Timing: 12:02

*Wt 143*

*St ←*

*Bp 110/70*

*M = TSH, DM  
F = DM.*

*CUR: SS<sub>2</sub> (+)*

*RS: AEB ←*

*PA: AEB ←*

*ENS: NAD.*

*Diet Veg.*

*No known allergy*

*no past sb*

*LGCS 1yr ago*

*Anan*

ID: 57

23-03-2024 12:59:17 PM

ECG CE

PRIYANKA DUBEY

Female 37Years

HR : 101 bpm

P : 90 ms

PR : 126 ms

QRS : 90 ms

QT/QTc : 323/419 ms

P/QRS/T : 48/49/37 °

RV5/SV1 : 0.845/0.715 mV

Diagnosis Information:

Sinus Tachycardia

Slight ST-T Abnormality(V3,V4,V5)

Low Voltage(Chest Leads)

*Handwritten signature*

Report Confirmed by:

