

Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 03:41PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:03PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

## 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:BED240063735

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.7	g/dL	12-15	Spectrophotometer
PCV	39.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.86</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>81.8</b>	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,510	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49.1	%	40-80	Electrical Impedance
LYMPHOCYTES	38.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3687.41	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2921.39	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	195.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	683.41	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.53	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	361000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	9	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

  
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**DEPARTMENT OF HAEMATOLOGY**

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

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



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Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:02PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:38PM
Visit ID : CPIMOPV158058	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

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



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SIN No:PLF02121749

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Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:52PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 06:58PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 07:55PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	119	mg/dL	70-140	HEXOKINASE

**Comment:**

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

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



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SIN No:PLP1429275

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DEPARTMENT OF BIOCHEMISTRY

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

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

**Comment:**

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

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

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

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



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SIN No:EDT240029079

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Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:08PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 09:15PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	117	mg/dL	<200	CHO-POD
TRIGLYCERIDES	125	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>32</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	59.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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:SE04656340

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.92	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	52.05	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.76	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.57	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.98	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.09	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.13	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	23.95	U/L	<38	IFCC



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Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:05PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:36PM
Visit ID : CPIMOPV158058	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.55	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.534	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:SPL24042417

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Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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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SIN No:UR2301890

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Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 07:37PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 08:04PM
Visit ID : CPIMOPV158058	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



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

SIN No:UPP017035

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

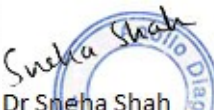


Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:26PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:32PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

SIN No:UF011123

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



Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 02:17PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 10/Mar/2024 07:08PM
UHID/MR No : CPIM.0000117120	Reported : 12/Mar/2024 06:51PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

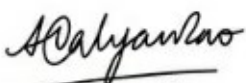
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5398/24
<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	ABSENT
<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.A.Kalyan Rao  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

Page 16 of 16  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076106

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



Patient Name : Mrs. VARSHA GAJANAN NAIK Age : 43 Y/F  
 UHID : CPIM.0000117120 OP Visit No : CPIMOPV158058  
 Conducted By: : Conducted Date : 11-03-2024 19:01  
 Referred By : SELF

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. VARSHA NAIK</b>	<b>Age/Sex: 42 / F</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 09.03.2024</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/MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	27.0 mm	<b>Aortic Root</b>	24.0 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%**

Patient Name : Mrs. VARSHA GAJANAN NAIK  
UHID : CPIM.0000117120  
Conducted By: :  
Referred By : SELF

Age : 43 Y/F  
OP Visit No : CPIMOPV158058  
Conducted Date : 11-03-2024 19:01

---

***NO LV DIASTOLIC DYSFUNCTION  
GOOD RIGHT VENTRICULAR FUNCTION  
STRUCTURALLY NORMAL 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. VARSHA GAJANAN NAIK  
UHID : CPIM.0000117120  
Conducted By: :  
Referred By : SELF

Age : 43 Y/F  
OP Visit No : CPIMOPV158058  
Conducted Date :

Patient Name : Mrs. VARSHA GAJANAN NAIK  
UHID : CPIM.0000117120  
Conducted By :  
Referred By : SELF

Age : 43 Y/F  
OP Visit No : CPIMOPV158058  
Conducted Date :

---

**Patient Name** : Mrs. VARSHA GAJANAN NAIK

**Age/Gender** : 42 Y/F

**UHID/MR No.** : CPIM.0000117120

**OP Visit No** : CPIMOPV158058

**Sample Collected on** :

**Reported on** : 09-03-2024 18:09

**LRN#** : RAD2262324

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS13610

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**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. VARSHA GAJANAN NAIK	<b>Age/Gender</b>	: 42 Y/F
<b>UHID/MR No.</b>	: CPIM.0000117120	<b>OP Visit No</b>	: CPIMOPV158058
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 17:22
<b>LRN#</b>	: RAD2262324	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS13610		

**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 partially 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 3 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. VARSHA GAJANAN NAIK

**Age/Gender** : 42 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

<b>Patient Name</b>	: Mrs. VARSHA GAJANAN NAIK	<b>Age/Gender</b>	: 42 Y/F
<b>UHID/MR No.</b>	: CPIM.0000117120	<b>OP Visit No</b>	: CPIMOPV158058
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-03-2024 17:21
<b>LRN#</b>	: RAD2262324	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobS13610		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**USG OF BOTH BREASTS**

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

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

**There is e/o well defined round to oval in shape hypoechoic solid lesion of approx size 1.5 x 1.3 cm seen at 11 o clock position and 0.65 x 0.56 cm at 12 o clock position seen in right breast. No e/o internal vascularity / calcification seen within s/o fibroadenoma most likely.**

**There is e/o well defined round to oval in shape hypoechoic solid lesion of approx size 1 x 0.6 cm seen at 11 o clock position and 0.97 x 0.60 cm at 10 o clock position seen in left breast. No e/o internal vascularity / calcification seen within s/o fibroadenoma most likely.**

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

**No abnormal axillary lymphadenopathy is detected.**

**Suggest - Clinical and lab correlation.**

**Consultant Radiologist.**

(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.

**Patient Name** : Mrs. VARSHA GAJANAN NAIK

**Age/Gender** : 42 Y/F

---



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



Name: Mrs. VARSHA GAJANAN NAIK  
Age/Gender: 43 Y/F  
Address: WISDOM PARK,  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117120  
Visit ID: CPIMOPV158058  
Visit Date: 09-03-2024 11:37  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. VARSHA GAJANAN NAIK  
Age/Gender: 43 Y/F  
Address: WISDOM PARK,  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117120  
Visit ID: CPIMOPV158058  
Visit Date: 09-03-2024 11:37  
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. VARSHA GAJANAN NAIK  
Age/Gender: 43 Y/F  
Address: WISDOM PARK,  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117120  
Visit ID: CPIMOPV158058  
Visit Date: 09-03-2024 11:37  
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. VARSHA GAJANAN NAIK  
Age/Gender: 43 Y/F  
Address: WISDOM PARK,  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000117120  
Visit ID: CPIMOPV158058  
Visit Date: 09-03-2024 11:37  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. VARSHA GAJANAN NAIK  
Age/Gender: 43 Y/F  
Address: WISDOM PARK,  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117120  
Visit ID: CPIMOPV158058  
Visit Date: 09-03-2024 11:37  
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**

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 15:30	68 Beats/min	11/80 mmHg	20 Rate/min	97 F	154 cms	62.9 Kgs	%	%	Years	26.52	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 15:30	68 Beats/min	11/80 mmHg	20 Rate/min	97 F	154 cms	62.9 Kgs	%	%	Years	26.52	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 15:30	68 Beats/min	11/80 mmHg	20 Rate/min	97 F	154 cms	62.9 Kgs	%	%	Years	26.52	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 15:30	68 Beats/min	11/80 mmHg	20 Rate/min	97 F	154 cms	62.9 Kgs	%	%	Years	26.52	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 15:30	68 Beats/min	11/80 mmHg	20 Rate/min	97 F	154 cms	62.9 Kgs	%	%	Years	26.52	cms	cms	cms		AHLL03446



भारत सरकार  
GOVERNMENT OF INDIA

श्री गजानन नाईक  
Varsha Gajanan Naik  
जन्म तारीख/DOB: 21/03/1981  
पल्लव/ FEMALE

8779 7938 2387

माझे आधार, माझी ओळख



Handwritten signature in blue ink, appearing to read 'Varsha Naik', with a large flourish underneath.

S.No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date
6	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514304	CHIRAG CHAKRADHAR RAUT	38	year	Male	pojalpwn@gmail.com	9.924E+09
28	Arcofem(Mediwheel)/MAL E/FEMALE	Arcofem MedWheel Full Body Annual Plus Male 2D ECHO	bob510491	Rahul sidharth ramteke	33 year	Male	dh257@gmail.com	9.766E+09	09-03-2024
29	Arcofem(Mediwheel)/MAL E/FEMALE	Arcofem MedWheel Full Body Health Annual Plus Check Female 2D ECHO	bob510488	MS. TEMBHURNIKAR DIPAU HITESH	33 year	Female	dh257@gmail.com	9.766E+09	09-03-2024
6	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514357	Mudit duggar	31	Male	gallin@rediffmail.com	7.877E+09	09-Mar-24
7	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE 2D ECHO - PAN INDIA - FY2324	bob514355	MRS. VERMA NEELAM	34	Female	kamyadot@gmail.com	7.877E+09	09-Mar-24
101	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PANINDIA - FY2324	bob513610	Varsha Naik	42 year	Female	ggsnaik@gmail.com	8.605E+09	09-03-2024

ID: 438  
VARSHA NAIK  
Female 42 Years

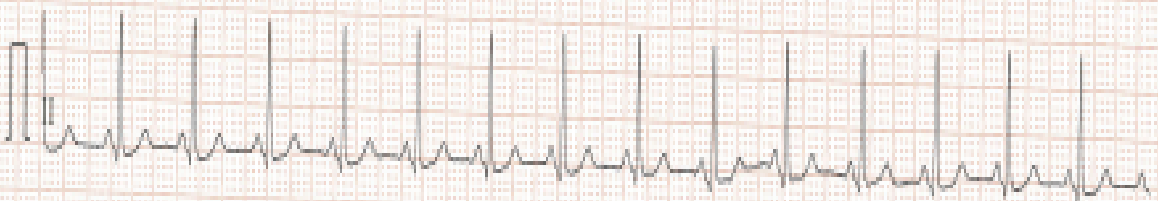
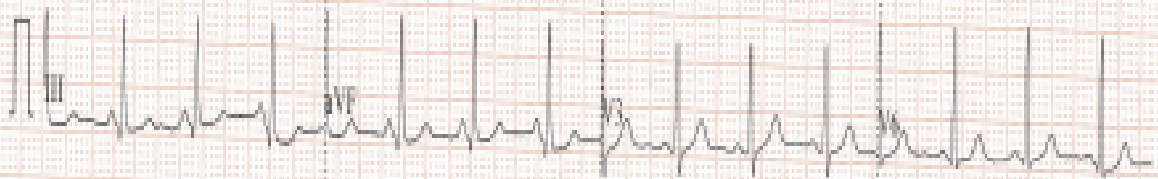
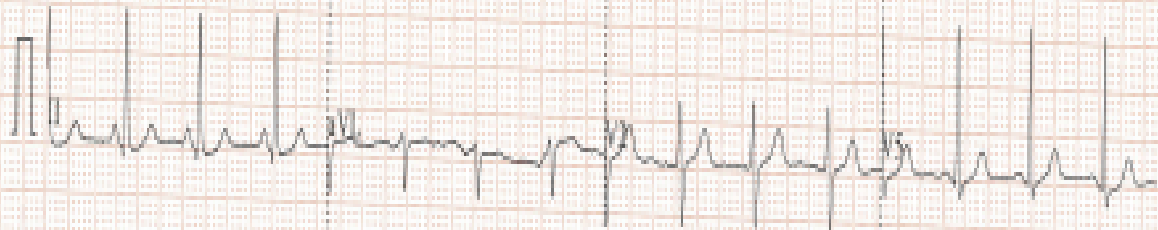
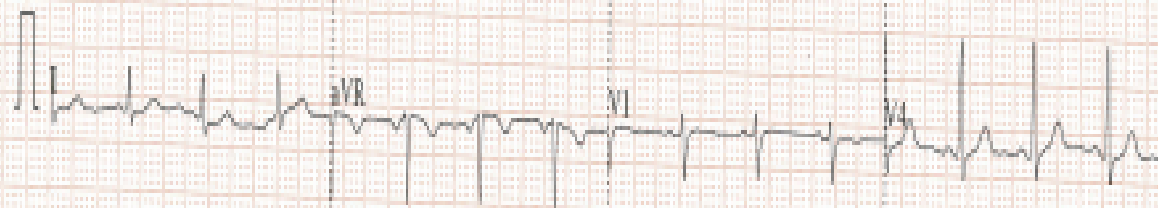
09-03-2024 02:04:44 PM  
HR : 89 bpm  
P : 91 ms  
PR : 115 ms  
QRS : 95 ms  
QT/QTc : 337/412 ms  
P/QRS/T : 82/82/40 °  
RV5/SV1 : 1.584/0.451 mV

HR2W CE

Diagnosis Information:  
Sinus Rhythm  
Short PR Interval

*W.P. Nair*

Report Confirmed by:



Date : 09-03-2024

Department : GENERAL

MR NO : CPIM.0000117120

Doctor :

Name : Mrs. VARSHA GAJANAN NAIK

Registration No :

Age/ Gender : 42 Y / Female

Qualification :

Consultation Timing: 11:37

HT - 154

WT - 62.9

BA - 110/80

F - DM

S/E

OS: S<sub>2</sub> ⊕

RS: AEC

CNS: NAD.

RA: NAD.

Mix Diet

No known allergy

~~No~~ LSCS 2017

Aran

Patient Name	: Mrs.VARSHA GAJANAN NAIK	Collected	: 09/Mar/2024 12:06PM
Age/Gender	: 42 Y 11 M 19 D/F	Received	: 09/Mar/2024 03:41PM
UHID/MR No	: CPIM.0000117120	Reported	: 09/Mar/2024 06:03PM
Visit ID	: CPIMOPV158058	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13610		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	39.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81.8	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,510	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49.1	%	40-80	Electrical Impedence
LYMPHOCYTES	38.9	%	20-40	Electrical Impedence
EOSINOPHILS	2.6	%	1-6	Electrical Impedence
MONOCYTES	9.1	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3687.41	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2921.39	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	195.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	683.41	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.53	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	361000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	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: BED240063735

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





Certificate No: MC-5697

Patient Name : Mrs.VARSHA GAJANAN NAIK Age/Gender : 42 Y 11 M 19 D/F UHID/MR No : CPIM.0000117120 Visit ID : CPIMOPV158058 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS13610	Collected : 09/Mar/2024 12:06PM Received : 09/Mar/2024 03:41PM Reported : 09/Mar/2024 06:03PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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:BED240063735

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

Patient Name	: Mrs.VARSHA GAJANAN NAIK	Collected	: 09/Mar/2024 12:06PM
Age/Gender	: 42 Y 11 M 19 D/F	Received	: 09/Mar/2024 03:41PM
UHID/MR No	: CPIM.0000117120	Reported	: 09/Mar/2024 06:03PM
Visit ID	: CPIMOPV158058	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13610		

**DEPARTMENT OF HAEMATOLOGY**

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

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

SIN No:BED240063735

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





Certificate No: MC-5697

Patlent Name	: Mrs.VARSHA GAJANAN NAIK	Collected	: 09/Mar/2024 12:06PM
Age/Gender	: 42 Y 11 M 19 D/F	Received	: 09/Mar/2024 03:41PM
UHID/MR No	: CPIM.0000117120	Reported	: 09/Mar/2024 06:39PM
Visit ID	: CPIMOPV158058	Status	: Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

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

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

SIN No:BED240063735

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

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

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Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),  
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**1860 500 7788**  
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Certificate No: MC-5697

Patient Name : Mrs.VARSHA GAJANAN NAIK Age/Gender : 42 Y 11 M 19 D/F UHID/MR No : CPIM.0000117120 Visit ID : CPIMOPV158058 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS13610	Collected : 09/Mar/2024 12:06PM Received : 09/Mar/2024 04:02PM Reported : 09/Mar/2024 06:38PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

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

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

SIN No:PLF02121749

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

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Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:52PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 06:58PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 07:55PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	119	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. Sanjay Ingle**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: PLP1429275

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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Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 03:39PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:35PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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




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Consultant Pathologist

SIN No:EDT240029079

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



Certificate No: MC-5697

Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:08PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 09:15PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	117	mg/dL	<200	CHO-POD
TRIGLYCERIDES	125	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	59.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		0-4.97	Calculated

**Comment:**

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

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

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



**DR.Sanjay Ingle**  
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Consultant Pathologist

SIN No:SE04656340

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





Certificate No: MC-5697

Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
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Visit ID : CPIMOPV158058	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.92	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	52.05	U/L	30-120	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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:SE04656340

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

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Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.76	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.57	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.98	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.09	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.13	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.48	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated



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

SIN No:SE04656340

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	23.95	U/L	<38	IFCC



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

SIN No: SE04656340

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



Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:05PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:36PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.55	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.534	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

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

SIN No:SPL24042417

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



Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:26PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:35PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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:UR2301890

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






Certificate No: MC-5697

Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:52PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 07:37PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 08:04PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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



SIN No:UPP017035

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



Certificate No: MC-5697

Patient Name : Mrs.VARSHA GAJANAN NAIK	Collected : 09/Mar/2024 12:06PM
Age/Gender : 42 Y 11 M 19 D/F	Received : 09/Mar/2024 04:26PM
UHID/MR No : CPIM.0000117120	Reported : 09/Mar/2024 06:32PM
Visit ID : CPIMOPV158058	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13610	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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



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

SIN No:UF011123

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

11/11

Mrs Varsha Gayanun Naik.

42 yrs / F.

Ht - 5'1" Wt - 60kg

Dr. Manisha Patil  
Dietician

9<sup>th</sup> March 2024.

Δ - Overwt - 10 kg  
- Abdominal discomfort.

### Daily Diet

Morning - 1 glass luke warm water with  
ajawine, sof powder + salt + lemon juice

Morning Exercise - Yoga

Morning :- 1 cup tea - green tea  
OR 1 cup milk

Morning Breakfast :- Chapati + Bhaji / Mix atta roti  
+ 1 fruit seasonal.

Mid Time Lunch :- Buttermilk + Sabja seeds.

Lunch - Salad + Chapati + Sabji + Dal + Rice.  
+ Curd / Dahi raita.


Evening - Tak / Lassi + 1 fruit.

Dinner :- 7-7.30 pm - Salad + Dal + Rice + Chapati

Bed Time :- 1 glass luke warm water with  
ajawine, sof powder, salt + lemon juice

\* Drink 4 lit water in a day.

72

<b>Name</b> : Mrs. VARSHA GAJANAN NAIK  <b>Address</b> : WISDOM PARK, <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age:</b> 42 Y <b>Sex:</b> F	<b>UHID:</b> CPIM.0000117120  <small>*CPIM.0000117120*</small> <b>OP Number:</b> CPIMOPV158058 <b>Bill No</b> :CPIM-OCR-76626 <b>Date</b> : 09.03.2024 11:38
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	LBC PAP TEST- PAPSURE	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12'30	
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
	SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	ENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN → 5:00pm	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



ID: 438  
VARSHA NAIK  
Female 42Years

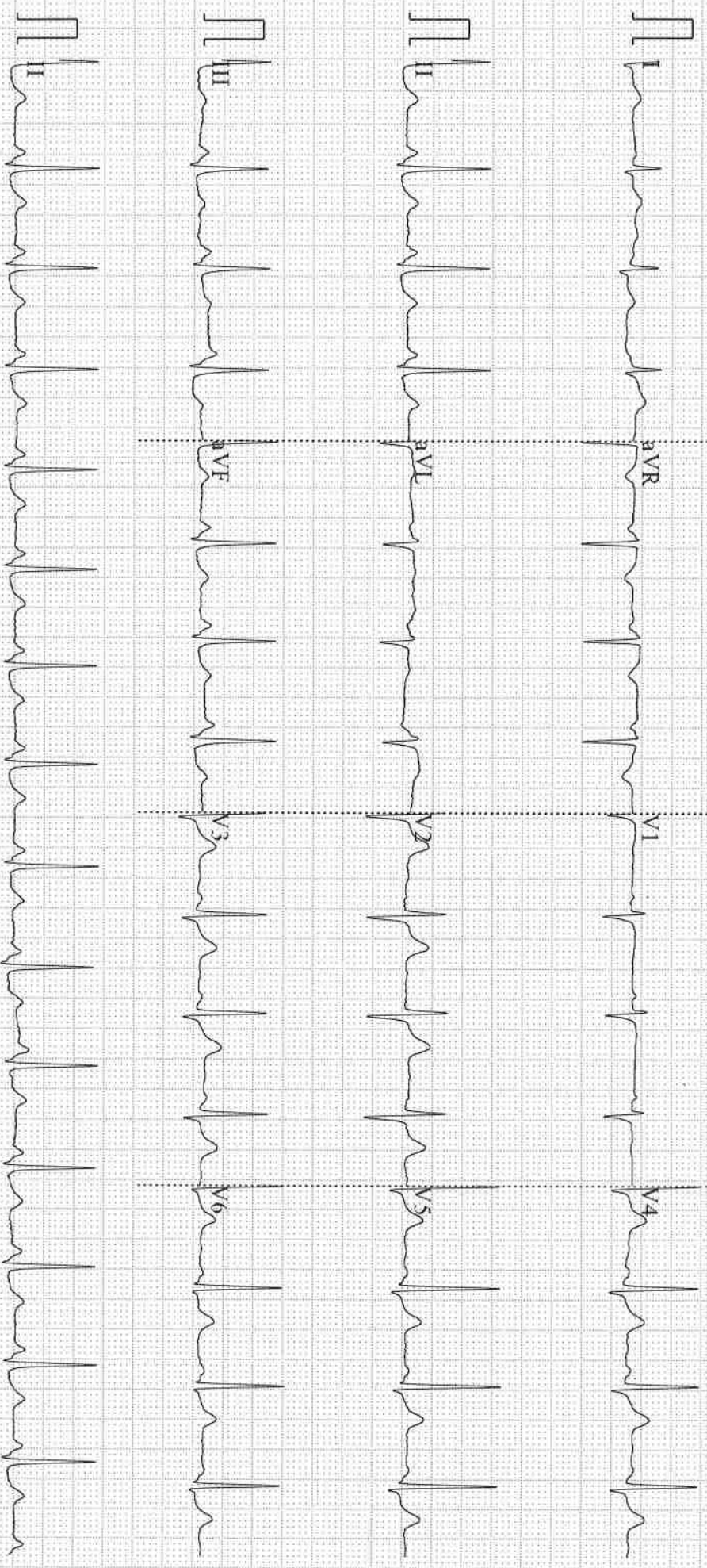
09-03-2024 02:04:44 PM  
HR : 89 bpm  
P : 91 ms  
PR : 115 ms  
QRS : 95 ms  
QT/QTc : 337/412 ms  
P/QRS/T : 82/82/40 °  
RV5/SV1 : 1.584/0.451 mV

Diagnosis Information:  
Sinus Rhythm  
Short PR Interval

Dr. Anam A. Inamdar  
MBBS

Reg. No. 2021/06/6779

Report Confirmed by:



Patient Name : Mrs. VARSHA GAJANAN NAIK Age : 42 Y F  
UHID : CPIM.0000117120 OP Visit No : CPIMOPV158058  
Reported on : 09-03-2024 16:08 Printed on : 09-03-2024 18:09  
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 16:08

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**

**MBBS, DMRD**

**Radiology**

Patient Name : Mrs. VARSHA GAJANAN NAIK Age : 42 Y F  
UHID : CPIM.0000117120 OP Visit No : CPIMOPV158058  
Reported on : 09-03-2024 17:05 Printed on : 09-03-2024 17:22  
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 partially 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 3 mm. No intra/extra uterine gestational sac seen.

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

Patient Name	: Mrs. VARSHA GAJANAN NAIK	Age	: 42 Y F
UHID	: CPIM.0000117120	OP Visit No	: CPIMOPV158058
Reported on	: 09-03-2024 17:05	Printed on	: 09-03-2024 17:22
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:09-03-2024 17:05

---End of the Report---



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

Patient Name	: Mrs. VARSHA GAJANAN NAIK	Age	: 42 Y F
UHID	: CPIM.0000117120	OP Visit No	: CPIMOPV158058
Reported on	: 09-03-2024 17:09	Printed on	: 09-03-2024 17:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

**USG OF BOTH BREASTS**

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

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

**There is e/o well defined round to oval in shape hypoechoic solid lesion of approx size 1.5 x 1.3 cm seen at 11 o clock position and 0.65 x 0.56 cm at 12 o clock position seen in right breast. No e/o internal vascularity / calcification seen within s/o fibroadenoma most likely.**

**There is e/o well defined round to oval in shape hypoechoic solid lesion of approx size 1 x 0.6 cm seen at 11 o clock position and 0.97 x 0.60 cm at 10 o clock position seen in left breast. No e/o internal vascularity / calcification seen within s/o fibroadenoma most likely.**

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

**No abnormal axillary lymphadenopathy is detected.**

**Suggest - Clinical and lab correlation.**

Patient Name : Mrs. VARSHA GAJANAN NAIK  
UHID : CPIM.0000117120  
Reported on : 09-03-2024 17:09  
Adm/Consult Doctor :

Age : 42 Y F  
OP Visit No : CPIMOPV158058  
Printed on : 09-03-2024 17:21  
Ref Doctor : SELF

**Consultant Radiologist.**

(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 17:09

---End of the Report---



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

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. VARSHA NAIK</b>	<b>Age/Sex: 42 / F</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 09.03.2024</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/MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	27.0 mm	<b>Aortic Root</b>	24.0 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**

**STRUCTURALLY NORMAL 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**

Narsha Naik  
42/F

9/3/24

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

S/O Dr Nimita [ENT]

PT for Routine ENT examination  
No active complaints

ds: Ear:- O/E TM intact

Nose } WNL  
Throat } R L

Rinnes SL2 + T

Wh - 1 Central

ABC:- Same as above

Will return for management

Follow up date:

Doctor Signature



Vansha Nigdi  
42yrs

9/3/24

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

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

UML 23/2/24  
 DMLO: 31w days (B)  
 A1 - PRCs - 74mm (M)  
 C2 - Missed Abn (Drc)  
 P2A Salt  
 Past - (M/G - Bonecut Abscess)  
 Sugar 2yr back  
 D/S: Co - U8 (M)

No acute gynae problem  
 to now.

Follow up date:

TAC NIGDI  
 Dr. Archana Chandak  
 MBB, DGO  
 Reg. No. 73033  
 Doctor Signature

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

Date - 09.03.24

Patient Name *varesha Naik*

UHID:

Age / Sex: *42yrs / F*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 7spet</i>	<i>6/6 7spet</i>
Near Vision	<i>N6</i>	<i>N6</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

*same as*

**IMPRESSION: -**

*[Signature]*  
**OPTOMETRIST**

Date : 09-03-2024  
MR NO : CPIM.0000117120

Department : GENERAL  
Doctor :

Name : Mrs. VARSHA GAJANAN NAIK

Registration No :

Age/ Gender : 42 Y / Female

Qualification :

Consultation Timing: 11:37

HT - 154  
WT - 62.9  
BP - 110/80  
F - DM

S/E

OS: S<sub>2</sub> ⊕

RS: AEBE

CNS: NAD.

PA: NAD.

Mix Diet

No known allergy

~~NO~~ LSCS 2017

Anam

Dr. Anam A. A. Inamdar

MBS

Reg. No. 2021/06/6236