

Patient Name	: Mrs. Manisha Kumari	Age/Gender	: 28 Y/F
UHID/MR No.	: CVIM.0000237822	OP Visit No	: CVIMOPV596883
Sample Collected on	:	Reported on	: 18-03-2024 11:07
LRN#	: RAD2270809	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 393376		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

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

Soft tissues appear normal.

Impression: Essentially Normal Study.

Preeti

Dr. PREETI P KATHE DMRE, MD, DNB Radiology



NAME : MANISHA KUMARI AGE : 28 YRS /F

DATE : 18/03/2024

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : Normal trileaflets, normal subvalvular apparatus . . Trivial MR

AORTIC VALVE : Normal trileaflets, normal gradients across the valve. No AS/AR. PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . No tricuspid regurgitation. No pulmonary hypertension. Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 60%.

Left Atrium : is normal and free of clots.

<u>RA/RV</u> : are normal

IAS/IVS : intact with normal thickness.

No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:22MM
LEFT ATRIUM	27MM
IVSd	:10 MM
PWd LVIDd	:10MM
LVIDa	:40 MM
LVEF	:27MM
	: 60 %

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION, LVEF 60% NO PAH

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

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

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TO BOOK AN APPOINTMENT 1860 500 788



Namo Addr Plan	e : Mrs. Manisha Kumari ess : pune : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 28 Y Sex: F	UHID:CVIM.0000237822
Sno	Serive Type/ServiceName		Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL	PLUS CHECK	- FEMALE - 2D ECHO - PAN INDIA - FY2324
1	GAMMA GLUTAMYL TRANFERASE (GGT)		
2	2 d echo		
	LIVER FUNCTION TEST (LFT)		
-4	GLUCOSE, FASTING		
	HEMOGRAM + PERIPHERAL SMEAR		
	GYNAECOLOGY CONSULTATION		
7	DIET CONSULTATION		
	COMPLETE URINE EXAMINATION		
	URINE GLUCOSE(POST PRANDIAL)		
	PERIPHERAL SMEAR		
	ECG		
	EBC PAP TEST- PAPSURE 🖌		
<13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)		
	DENTAL CONSULTATION		
	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)		
	URINE GLUCOSE(FASTING)		
	HbAle, GLYCATED HEMOGLOBIN		
	X-RAY CHEST PA		
	ENT CONSULTATION		
	FITNESS BY GENERAL PHYSICIAN		
	BLOOD GROUP ABO AND RH FACTOR		
	ODY MASS INDEX (BMI)		
	OPTHAL BY GENERAL PHYSICIAN		
	ULTRASOUND - WHOLE ABDOMEN		
	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)		

p!

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

11113 13		
of	Manisha Kymqion 17/03/24	
After r he/she	eviewing the medical history and on clinical examination it has been found that	
110/ 5110		Tick
6	Medically Fit	
	Fit with restrictions/recommendations	/
		× .
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1. TC, A Eochophinia.	
	2	
	3	
	However-the employee should follow the advice/medication that has been	
	communicated to him/her.	
	Review after	
	Currently Unfit.	
	Review afterrecommended	
•	Unfit	
L	Dr. Anerana V.	_
Ŷ	Medical Officer The Applie Chine, (Locauon) Registration No. 103429	

This certificate is not meant for medico-legal purposes



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Website



Date	-9	17-03-2024	Department	:	GENERAL
MR NO	:	CVIM.0000237822	Doctor	:	
Name	:	Mrs. Manisha Kumari	Registration No	:	
			Qualification	:	
Age/ Gender	:	28 Y / Female			

Consultation Timing: 09:52

	107	Weight :	62	BMI :	25	Waist Circum : 88
Height :	IST	Weight :	02		20	B.P: 110/70
Temp :	971-	Pulse :	40	Resp :	20	

Clinical Diagnosis & Management Plan Annuel health checkeup Medical history - Nil Swyrad history - Nil. Mother Family history . Fa General Examination / Allergies History SE CNS . Father - DM Nother - Hypothyroidis NA Addichán - Nil - Allergy - Nil. - Diet - Mixed -Kaert Doctor Signature Follow up date: BOOK YOUR APPOINTMENT TODAY! Whatsapp Number : 970 100 3333

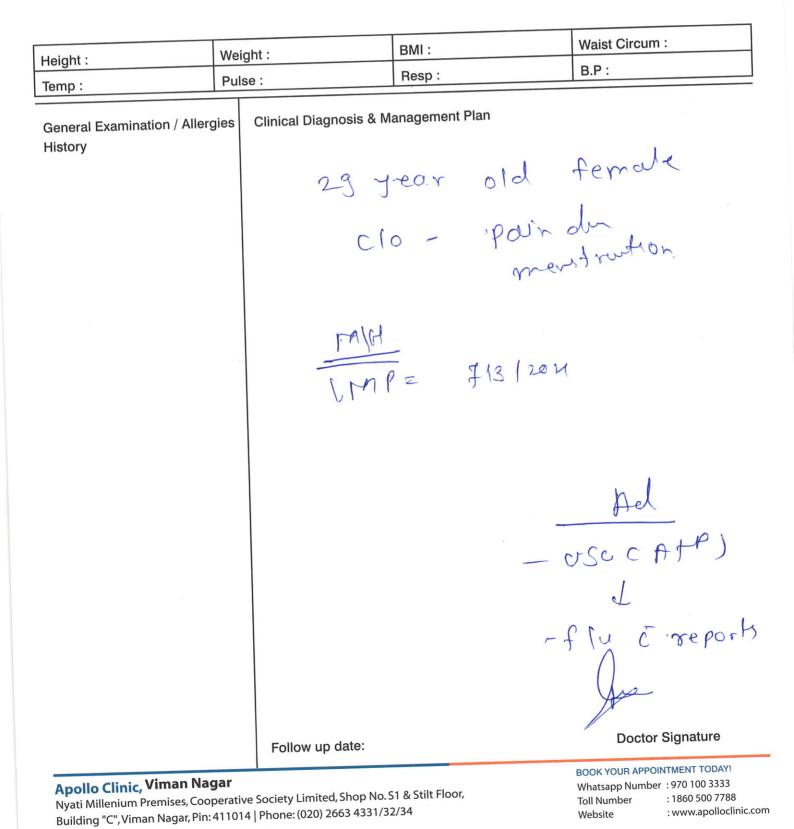
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Height: S7	Weight : () Z Pulse :	Resp :	B.P :
Temp :			
General Examination / Allere History	gies Clinical Diagnosis & M	anagement Plan	
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	as Ec No Do	vier / ports	
	-2 10	- En pot	hology letup
		æ	
	Follow up date:	AM	Doctor Signature
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EYE EXAMINATION

DATE: 1518

MOBELE NO: 7

NAME: DEPANLAD KUNARI

AGE:- DR Lorol CORPORATE:-

		Left Eye
	Right Eye	2
		6/6
Distant vision	6/6	
Distant violes Spe		N/6
Near vision	N/6	Normal
Color vision	Normal	Normal
Fundus	Normal	Norme
examination		Normal
Intraocular pressure	Normal	
pressure		Normal
Silt lamp exam.	Normal	

Kel LEbeok

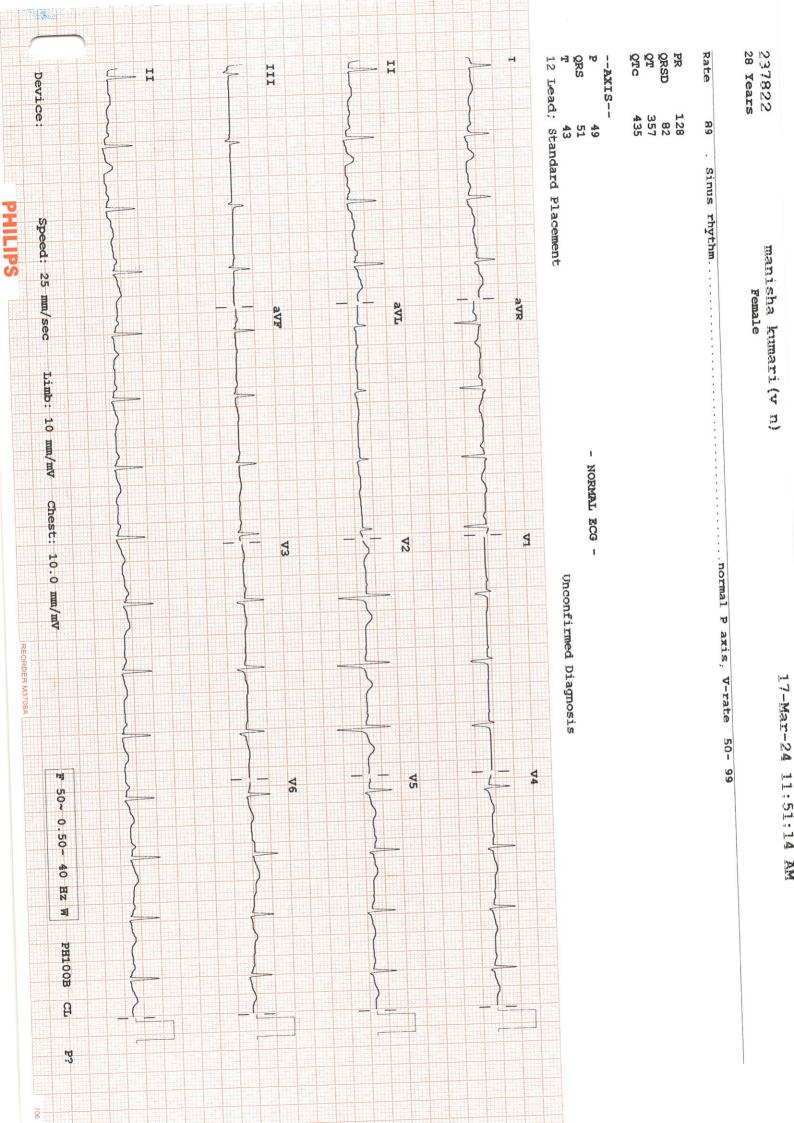
Impression – Normal Eye Check Up.

(Ophthalmology)

DR. M. D. ALAVAND MBBS DO.005. The Apollo Clinia NISSING, EYA SUIGON Car: Ref., 30319

A. State











Patient Name	: Mrs.MANISHA KUMARI	Collected	: 17/Mar/2024 12:16PM	
Age/Gender	: 28 Y 7 M 23 D/F	Received	: 17/Mar/2024 04:23PM	
UHID/MR No	: CVIM.0000237822	Reported	: 17/Mar/2024 06:05PM	
Visit ID	: CVIMOPV596883	Status	: Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: 393376			

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic WBC's eosinophilic leucocytosis **Platelets are Adequate** No hemoparasite seen.

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

SIN No:BED240072379

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Patient Name Age/Gender UHID/MR No Visit ID Ref Doctor	: Mrs.MANISHA KUMARI : 28 Y 7 M 23 D/F : CVIM.0000237822 : CVIMOPV596883 : Dr.SELF	Received Reported Status	: 17/Mar/2024 12:16PM : 17/Mar/2024 04:23PM : 17/Mar/2024 06:05PM : Final Report : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 393376	and have a second barren and the	

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Test Name	Result	Unit	Bio. Ref. Range	Method
	a in works			
HEMOGRAM , WHOLE BLOOD EDTA	13.5	g/dL	12-15	Spectrophotometer
HAEMOGLOBIN PCV	39.60	%	36-46	Electronic pulse & Calculation
	4.61	Million/cu.mm	3.8-4.8	Electrical Impedence
RBC COUNT	85.8	fL	83-101	Calculated
MCV	29.2	pg	27-32	Calculated
MCH	34.1	g/dL	31.5-34.5	Calculated
MCHC	13.5	%	11.6-14	Calculated
R.D.W TOTAL LEUCOCYTE COUNT (TLC)	10,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I				
	51.6	%	40-80	Electrical Impedance
NEUTROPHILS	35.2	%	20-40	Electrical Impedance
LYMPHOCYTES	8	%	1-6	Electrical Impedance
EOSINOPHILS	5.2	%	2-10	Electrical Impedance
MONOCYTES	0	%	<1-2	Electrical Impedance
BASOPHILS				
ABSOLUTE LEUCOCYTE COUNT	5314.8	Cells/cu.mm	2000-7000	Calculated
NEUTROPHILS	3625.6	Cells/cu.mm	1000-3000	Calculated
LYMPHOCYTES	824	Cells/cu.mm	20-500	Calculated
EOSINOPHILS	535.6	Cells/cu.mm	200-1000	Calculated
MONOCYTES	1.47		0.78-3.53	Calculated
Neutrophil lymphocyte ratio (NLR)	216000	cells/cu.mm	150000-410000	Electrical impedence
PLATELET COUNT ERYTHROCYTE SEDIMENTATION	15	mm at the end of 1 hour	0-20	Modified Westergren
RATE (ESR)				
PERIPHERAL SMEAR RBC's are Normocytic Normochromic				

Platelets are Adequate

No hemoparasite seen.

WA

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

SIN No:BED240072379

ALC: Y LANC

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

WH

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

SIN No:BED240072379

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Patient Name Age/Gender UHID/MR No Visit ID	: Mrs.MANISHA KUMARI : 28 Y 7 M 23 D/F : CVIM.0000237822 : CVIMOPV596883	Collected Received Reported Status	: 17/Mar/2024 12:16PM : 17/Mar/2024 04:23PM : 17/Mar/2024 06:41PM : Final Report : ARCOFEMI HEALTHCARE LIMITED
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR, WHOLE BLOOD EDT	-A		
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Many

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

SIN No:BED240072379

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Patient Name	: Mrs.MANISHA KUMARI	Collected	: 17/Mar/2024 12:16PM	
Age/Gender	: 28 Y 7 M 23 D/F	Received	: 17/Mar/2024 04:36PM	
UHID/MR No	: CVIM.0000237822	Reported	: 17/Mar/2024 04:54PM	
Visit ID	: CVIMOPV596883	Status	: Final Report	
Rof Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Ref Doctor Emp/Auth/TPA ID	: 393376			a

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
lest Malle			70 140	HEXOKINASE
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA	87	mg/dL	70-140	HEADRINAGE
(2 HR)				1

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:PLP1432970

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	: 28 Y 7 M 23 D/F	Received	: 17/Mar/2024 04:23PM
Age/Gender	: CVIM.0000237822	Reported	: 17/Mar/2024 06:46PM
UHID/MR No	: CVIMOPV596883	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
HBA1C (GLYCATED HEMOGLOBIN), WHOL	E BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic

Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation

is advised in interpretation of low Values. 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No:EDT240033211

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Visit ID	: Mrs.MANISHA KUMARI	Collected	: 17/Mar/2024 12:16PM
	: 28 Y 7 M 23 D/F	Received	: 17/Mar/2024 04:45PM
	: CVIM.0000237822	Reported	: 17/Mar/2024 05:39PM
	: CVIMOPV596883	Status	: Final Report
	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Ref Doctor	: 393376		

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
-IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.43	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
	0.34	mg/dL	0.0-1.1	Dual Wavelength
BILIRUBIN (INDIRECT) ALANINE AMINOTRANSFERASE	15.42	U/L	<35	IFCC
(ALT/SGPT) ASPARTATE AMINOTRANSFERASE	19.0	U/L	<35	IFCC
(AST/SGOT)	94.93	U/L	30-120	IFCC
ALKALINE PHOSPHATASE	7.82	g/dL	6.6-8.3	Biuret
PROTEIN, TOTAL ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
	2.99	g/dL	2.0-3.5	Calculated
GLOBULIN A/G RATIO	1.62	9	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 > 1In 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.

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

SIN No:SE04665403

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Emp/Auth/TPA ID	: 393376	or concerned a production of the product of the pro		

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	UM		
	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
CREATININE	17.78	mg/dL	17-43	GLDH, Kinetic Assay
	8.3	mg/dL	8.0 - 23.0	Calculated
BLOOD UREA NITROGEN	4.95	mg/dL	2.6-6.0	Uricase PAP
URICACID	9.65	mg/dL	8.8-10.6	Arsenazo III
CALCIUM PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
	139.9	mmol/L	136-146	ISE (Indirect)
SODIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
POTASSIUM	102.24	mmol/L	101-109	ISE (Indirect)
CHLORIDE	7.82	g/dL	6.6-8.3	Biuret
PROTEIN, TOTAL ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
	2.99	g/dL	2.0-3.5	Calculated
GLOBULIN A/G RATIO	1.62	9.44	0.9-2.0	Calculated

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

SIN No:SE04665403

POLLO CLINICS NETWORK

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014

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Vizag (Seethanuma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira







Patient Name	Mrs.MANISHA KUMARI	Collected	: 17/Mar/2024 12:16PM
Age/Gender	: 28 Y 7 M 23 D/F	Received	: 17/Mar/2024 04:45PM
UHID/MR No	: CVIM.0000237822	Reported	: 17/Mar/2024 05:39PM
Visit ID	: CVIMOPV596883	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 393376		ביר היא איז איז איז איז איז איז איז איז איז א

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method	
GAMMA GLUTAMYL	29.57	U/L	<38	IFCC	a a sub-raine state
TRANSPEPTIDASE (GGT), SERUM					

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

SIN No:SE04665403

APOLLO CLINICS NETWORK

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.MANISHA KUMARI		: 17/Mar/2024 04:44PM	
Age/Gender	: 28 Y 7 M 23 D/F	Received	• • • • • • • • • • • • • • • • • • • •	
	: CVIM.0000237822	Reported	: 17/Mar/2024 05:34PM	
UHID/MR No		Status	: Final Report	
Visit ID	: CVIMOPV596883		ARCOFEMI HEALTHCA	RELIMITED
Ref Doctor	: Dr.SELF	Sponsor Name	ARCOLEMINEALTION	
Emp/Auth/TPA ID	: 393376		 A. S. S. M. M. S. S. M. S. S. S. S. S. S. Market, A. S. Market, "Annual and the conduction of the conductio	No. of the Principal Principal Contract Street Street, St. No. 700

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			an a sa an
TRI-IODOTHYRONINE (T3, TOTAL) THYROXINE (T4, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
	10.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.4040	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

ГЅН	Т3	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	Ν	Ν	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	Ν	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

APOLLO CLINICS NETWORK

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

SIN No:SPL24048592

This test has been performed at Apollo Health and Lifestyle Itd- Sadashiv Peth Pune, Diagnostics Lab Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) (kegd. 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 7774

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Certificate No: MC-5697

Patient Name	: Mrs.MANISHA KUMARI	Collected	: 17/Mar/2024 12:16PM
Age/Gender	: 28 Y 7 M 23 D/F	Received	: 17/Mar/2024 04:16PM
UHID/MR No	: CVIM.0000237822	Reported	: 17/Mar/2024 05:04PM
Visit ID	: CVIMOPV596883	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 393376	terration and the	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

SIN No:UR2308262

APOLLO CLINICS NETWORK

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

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Patient Name	: Mrs.MANISHA KUMARI	Collected	: 17/Mar/2024 12:16PM
Age/Gender	: 28 Y 7 M 23 D/F	Received	: 17/Mar/2024 04:16PM
UHID/MR No	CVIM.0000237822	Reported	: 17/Mar/2024 04:46PM
Visit ID	: CVIMOPV596883	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 393376		ייזי איז איז איז איז איז איז איז איז איז

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name URINE GLUCOSE(POST PRANDIAL) Result NEGATIVE

Unit

Bio. Ref. Range NEGATIVE

Method Dipstick

*** End Of Report ***

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

SIN No:UPP017158

APOLLO CLINICS NETWORK

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

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UHID Reported on	: Mrs. Manisha Kumari : CVIM.0000237822 : 17-03-2024 11:34	Age OP Visit No Printed on Ref Doctor	: 28 Y F : CVIMOPV596883 : 18-03-2024 16:17 : SELF
Adm/Consult Doctor	•		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is collapsed. No obvious pericholecystic fluid is noted.

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

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

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

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

Uterus is anteverted & normal in size . No focal lesion is seen. The endometrium is central & with empty cavity.Both the ovaries appears normal. No adnexal pathology noted on either side.

No e/o any free fluid noted.

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APOLLO CLINICS NETWORK MAHARASHTRA **Pune** (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

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Patient Name	: Mrs. Manisha Kumari	Age	: 28 Y F
UHID	: CVIM.0000237822	OP Visit No	: CVIMOPV596883
Reported on	: 17-03-2024 11:34	Printed on	: 18-03-2024 16:17
Adm/Consult Doctor	:	Ref Doctor	: SELF

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

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:

No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation

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

Printed on:17-03-2024 11:34

---End of the Report---

Dr. BHUSHANA SURYAWANSHI <u>MBBS, DMRE</u> Radiology

Page 2 of 2 TO BOOK AN APPOINTMENT





Patient Name	: Mrs. Manisha Kumari
UHID	: CVIM.0000237822
Reported on	: 18-03-2024 11:06
Adm/Consult Doctor	:

Age	: 28 Y F
OP Visit No	: CVIMOPV596883
Printed on	: 18-03-2024 16:17
Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

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

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:18-03-2024 11:06

---End of the Report---

Preeti

Dr. PREETI P KATHE DMRE, MD, DNB Radiology

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)

TO BOOK AN APPOINTMENT

Page 1 of 1





Patient Name	: Mrs. Manisha Kumari	Age/Gender	: 28 Y/F
UHID/MR No.	: CVIM.0000237822	OP Visit No	: CVIMOPV596883
Sample Collected on	:	Reported on	: 17-03-2024 11:35
LRN#	: RAD2270809	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 393376		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is collapsed. No obvious pericholecystic fluid is noted.

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

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

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

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Uterus is anteverted & normal in size . No focal lesion is seen. The endometrium is central & with empty cavity.Both the ovaries appears normal. No adnexal pathology noted on either side.

No e/o any free fluid noted.

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

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:



Patient Name : Mrs. Manisha Kumari

Age/Gender

: 28 Y/F

• No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation

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

Dr. BHUSHANA SURYAWANSHI <u>MBBS, DMRE</u> Radiology