



Certificate No: MC-5697

Patient Name : Mrs.DIPMALA POOJAR	Collected : 10/Aug/2024 08:54AM
Age/Gender : 26 Y 8 M 29 D/F	Received : 10/Aug/2024 12:33PM
UHID/MR No : SPUN.0000048867	Reported : 10/Aug/2024 12:59PM
Visit ID : SPUNOPV65929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89766	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	30.6	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5341.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2692.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	70.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	677.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.98		0.78- 3.53	Calculated
PLATELET COUNT	369000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 15


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240208429



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:-1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

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DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED240208429



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DEPARTMENT OF HAEMATOLOGY

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

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

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



SIN No:BED240208429

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Patient Name : Mrs.DIPMALA POOJAR	Collected : 10/Aug/2024 11:50AM
Age/Gender : 26 Y 8 M 29 D/F	Received : 10/Aug/2024 12:38PM
UHID/MR No : SPUN.0000048867	Reported : 10/Aug/2024 01:09PM
Visit ID : SPUNOPV65929	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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	103	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:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1481161



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UHID/MR No : SPUN.0000048867	Reported : 10/Aug/2024 03:25PM
Visit ID : SPUNOPV65929	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE 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)



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M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240085263

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Certificate No: MC-5697

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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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	111	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.51	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.12	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.77		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<0.11	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR.Sanjay Ingle
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SIN No:SE04805175

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.6	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	86.08	U/L	30-120	IFCC
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.78	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.27	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.25	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.84	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.21	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.15	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.39	U/L	<38	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.325	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

Page 11 of 15


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24130364



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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mrs.DIPMALA POOJAR	Collected : 10/Aug/2024 08:54AM
Age/Gender : 26 Y 8 M 29 D/F	Received : 10/Aug/2024 12:40PM
UHID/MR No : SPUN.0000048867	Reported : 10/Aug/2024 01:29PM
Visit ID : SPUNOPV65929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89766	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

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

SIN No:SPL24130364



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra

Patient Name : Mrs.DIPMALA POOJAR
Age/Gender : 26 Y 8 M 29 D/F
UHID/MR No : SPUN.0000048867
Visit ID : SPUNOPV65929
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 89766

Collected : 10/Aug/2024 08:54AM
Received : 10/Aug/2024 12:36PM
Reported : 10/Aug/2024 01:12PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.023		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 7	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2401961

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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



Patient Name : Mrs.DIPMALA POOJAR
 Age/Gender : 26 Y 8 M 29 D/F
 UHID/MR No : SPUN.0000048867
 Visit ID : SPUNOPV65929
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 89766

Collected : 10/Aug/2024 08:54AM
 Received : 10/Aug/2024 12:36PM
 Reported : 10/Aug/2024 01:12PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

SIN No:UF012025



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
 Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
 Pune, Maharashtra

Patient Name	: Mrs.DIPMALA POOJAR	Collected	: 10/Aug/2024 12:15PM
Age/Gender	: 26 Y 8 M 29 D/F	Received	: 11/Aug/2024 01:22PM
UHID/MR No	: SPUN.0000048867	Reported	: 13/Aug/2024 11:09PM
Visit ID	: SPUNOPV65929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89766		

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	17872/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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



SIN No:CS084606

Apollo Speciality Hospitals Private Limited, Global Reference Laboratory, Hyderabad

(Formerly known as a Nova Speciality Hospitals Private Limited)


CIN- U85100TG2009PTC099414

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra

10

Name : Mrs. Dipmala Poojar Address : Narhe, Pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 26 Y Sex: F	UHID: SPUN.0000048867  OP Number: SPUNOPV65929 Bill No : SPUN-OCR-11324 Date : 10.08.2024 08:45
---	---------------------------------------	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL) 11:30 AM	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:30 AM	
16	URINE GLUCOSE (FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Dipmala Poojar on 10/08/24.

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 10/08/24.
MRNO :
Name : Dipmala Poojar.
Age/Gender : 26/F
Mobile No :

Department : Internal Medicine
Consultant : DR. SAMRAT SHAH
Reg. No :
Qualification : MBBS, MD

Consultation Timing :

SPO2 - 100%

Pulse : 80/min	B. P. : 120/60 mmHg	Resp : 12/min	Temp : Afebrile
Weight : 60.7kg	Height : 152cm	BMI : 26.2	Waist Circum : -

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

H/o Irregular menses (P)

PCOD (P)

found fit to join duty

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Follow up date:

Doctor Signature

Date : 10/08/2024
 MRNO :
 Name : Dipmala Poojar
 Age/Gender :
 Mobile No : 261F

Department :
 Consultant : Dr Vinita Joshi
 Reg. No :
 Qualification :
 Consultation Timing :

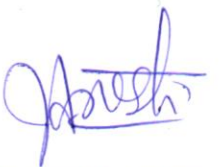
Pulse :	B. P. :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

clt Irregular menses
 3-4/Co-dod. moderate flow
 O/H - sys ♀ RTMD.
 Lmb - today is 7th day of menses
 P/S - cp (h)
 neg (h)
 min Brownish discharge (+)
 P/V ut NS, AV
 Bi l by clck, NT.
 No clt Brcut discharge.

Follow up date:


 Doctor Signature

Date : 10/08/24
MRNO :
Name : Dipmala Poojar
Age/Gender :
Mobile No : 261F

Department : Dental
Consultant :
Reg. No : Dr. Pournima
Qualification :
Consultation Timing : Cadre


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

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

$\frac{7}{5} / \frac{7}{7}$ Class I caries, Calculus +
Root stump ♂

Adv:- Oral prophylaxis of $\frac{7}{5} / \frac{7}{7}$
Extraction ♂



Follow up date:

Doctor Signature

Date : 10/08/2024
 MRNO :
 Name : Dipmala Poojar
 Age/Gender : 26 | F
 Mobile No :

Department : ENT
 Consultant : Dr. Amruta Ambekar
 Reg. No :
 Qualification :
 Consultation Timing :

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

General Examination / Allergias
History

Clinical Diagnosis & Management Plan

S/B Dr. Amruta
 No ENT complaints
 E |
 N | NAD
 T |

No ENT abnormality detected.

Dr. Amruta

Follow up date:

Doctor Signature

Patient Name : Mrs.DIPMALA POOJAR
 Age/Gender : 26 Y 8 M 29 D/F
 UHID/MR No : SPUN.0000048867
 Visit ID : SPUNOPV65929
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 89766

Collected : 10/Aug/2024 08:54AM
 Received : 10/Aug/2024 12:33PM
 Reported : 10/Aug/2024 12:59PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

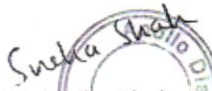
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	38.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	30.6	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5341.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2692.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	70.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	677.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.98		0.78- 3.53	Calculated
PLATELET COUNT	369000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240208429

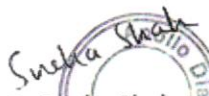
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.DIPMALA POOJAR	Collected	: 10/Aug/2024 08:54AM
Age/Gender	: 26 Y 8 M 29 D/F	Received	: 10/Aug/2024 12:33PM
UHID/MR No	: SPUN.0000048867	Reported	: 10/Aug/2024 12:59PM
Visit ID	: SPUNOPV65929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89766		

DEPARTMENT OF HAEMATOLOGY

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




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240208429

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


Patient Name	: Mrs.DIPMALA POOJAR	Collected	: 10/Aug/2024 08:54AM
Age/Gender	: 26 Y 8 M 29 D/F	Received	: 10/Aug/2024 12:33PM
UHID/MR No	: SPUN.0000048867	Reported	: 10/Aug/2024 01:51PM
Visit ID	: SPUNOPV65929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89766		

DEPARTMENT OF HAEMATOLOGY

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

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




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

SIN No:BED240208429

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

Patient Name : Mrs.DIPMALA POOJAR	Collected : 10/Aug/2024 11:50AM
Age/Gender : 26 Y 8 M 29 D/F	Received : 10/Aug/2024 12:38PM
UHID/MR No : SPUN.0000048867	Reported : 10/Aug/2024 01:09PM
Visit ID : SPUNOPV65929	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89766	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

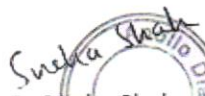
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	mg/dL	70-140	HEXOKINASE

Comment:

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

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLP1481161

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



Patient Name	: Mrs.DIPMALA POOJAR	Collected	: 10/Aug/2024 08:54AM
Age/Gender	: 26 Y 8 M 29 D/F	Received	: 10/Aug/2024 12:33PM
UHID/MR No	: SPUN.0000048867	Reported	: 10/Aug/2024 03:25PM
Visit ID	: SPUNOPV65929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89766		

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) , WHOLE 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.

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




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

SIN No:EDT240085263

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

Patient Name : Mrs.DIPMALA POOJAR
 Age/Gender : 26 Y 8 M 29 D/F
 UHID/MR No : SPUN.0000048867
 Visit ID : SPUNOPV65929
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 89766

Collected : 10/Aug/2024 08:54AM
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 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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	111	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.51	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.12	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.77		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<0.11	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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



SIN No:SE04805175

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

Patient Name : Mrs.DIPMALA POOJAR
 Age/Gender : 26 Y 8 M 29 D/F
 UHID/MR No : SPUN.000048867
 Visit ID : SPUNOPV65929
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 89766

Collected : 10/Aug/2024 08:54AM
 Received : 10/Aug/2024 12:40PM
 Reported : 10/Aug/2024 01:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.6	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	86.08	U/L	30-120	IFCC
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

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DEPARTMENT OF BIOCHEMISTRY

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



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

SIN No:SE04805175

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



Patient Name : Mrs.DIPMALA POOJAR
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.78	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.27	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.25	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.84	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.21	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.15	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.07	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated




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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.39	U/L	<38	IFCC



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Consultant Pathologist

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Patient Name	: Mrs.DIPMALA POOJAR	Collected	: 10/Aug/2024 08:54AM
Age/Gender	: 26 Y 8 M 29 D/F	Received	: 10/Aug/2024 12:40PM
UHID/MR No	: SPUN.0000048867	Reported	: 10/Aug/2024 01:29PM
Visit ID	: SPUNOPV65929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89766		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.325	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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

SIN No:SPL24130364

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

Patient Name	: Mrs.DIPMALA POOJAR	Collected	: 10/Aug/2024 08:54AM
Age/Gender	: 26 Y 8 M 29 D/F	Received	: 10/Aug/2024 12:40PM
UHID/MR No	: SPUN.0000048867	Reported	: 10/Aug/2024 01:29PM
Visit ID	: SPUNOPV65929	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89766		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SPL24130364

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

Patient Name : Mrs.DIPMALA POOJAR
Age/Gender : 26 Y 8 M 29 D/F
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Collected : 10/Aug/2024 08:54AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.023		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 7	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.
Microscopy findings are reported as an average of 10 high power fields.




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2401961

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

Patient Name : Mrs.DIPMALA POOJAR
 Age/Gender : 26 Y 8 M 29 D/F
 UHID/MR No : SPUN.0000048867
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DEPARTMENT OF CLINICAL PATHOLOGY

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

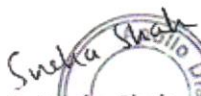
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF012025

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

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Dipmala Poojar

Date: 10/08/24

Age / Sex: 26 Y / F

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

unaided Vision
 R 6/6 NG
 L 6/6 NG

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	Plano	←		6/6	Plano	←	
Read	←	←	←	NG	←	←	←	NG
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R
 L

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 year

Consultant:

2D ECHO / COLOUR DOPPLER

Name : Mrs. Dipmala Poojar
Ref by : HEALTH CHECKUP

Age : 26YRS / F
Date : 10/08/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Patient's Name :- Mrs. Dipmala Poojar
Ref. Doctor :- Healthcheckup.

AGE : 26 Yrs / F.
DATE : 10/8/2024

USG ABDOMEN & PELVIS

Liver : appears normal in size but shows increased echogenicity due to fatty infiltration. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

Both the kidneys : appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.
Right kidney-9.7 X 4.0 cms. Left kidney – 9.2X 4.8 cms

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

Uterus : appears normal in size . It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8.9 mm.

Both ovaries :- appear bulky in size (RO – 13cc, LO - 10cc) and reveals polycystic ovarian pattern.

IMPRESSION :-

Grade I fatty liver.

Bilateral polycystic ovarian pattern

Dr. Rajee Munot, M.D

Consultant Radiologist.

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030
Ph No: 022 - 6720 6500 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
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10.08.2024 9:21:30
APOLLO SPECTRA HOSPITAL
SADASHIV PETH
PUNE-411030

Mrs. Dip meda Pojare
F-2648

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

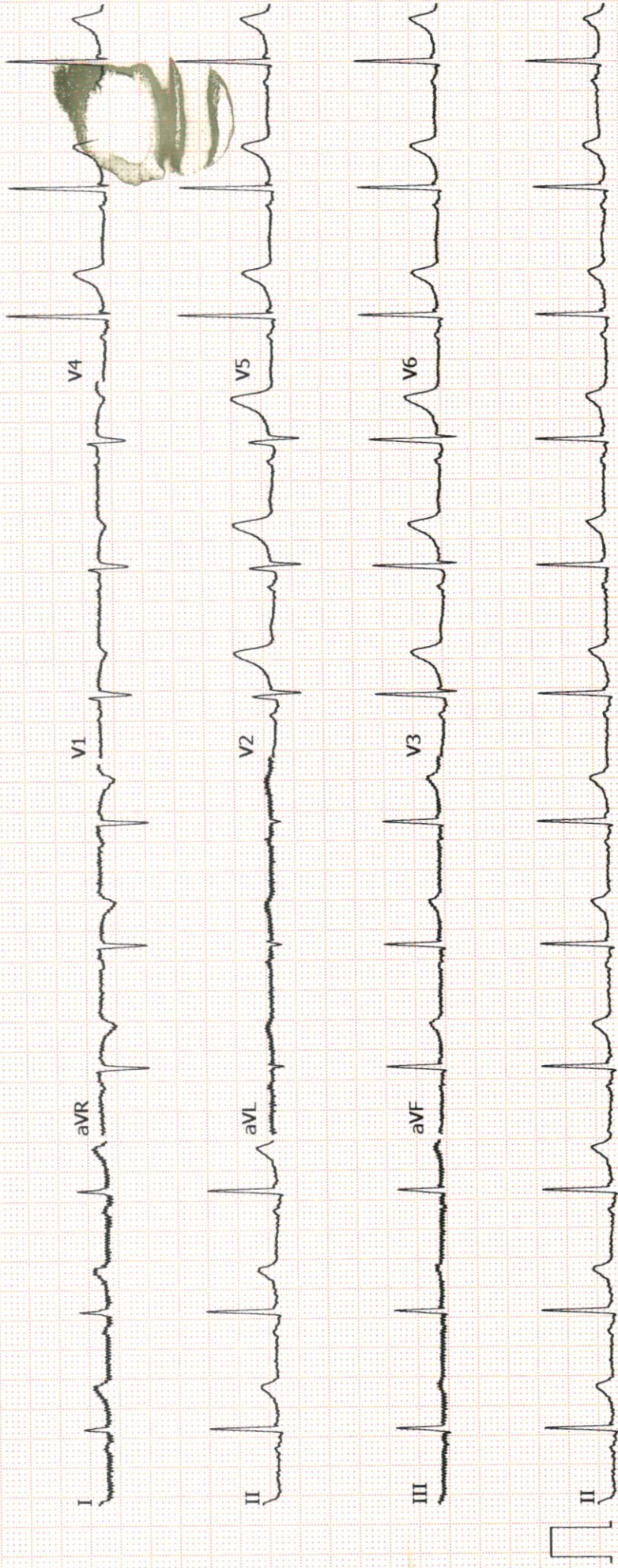
Normal sinus rhythm
Normal ECG

QRS : 76 ms
QT / QTcBaz : 398 / 435 ms
PR : 134 ms
P : 92 ms
RR / PP : 826 / 833 ms
P / QRS / T : 27 / 65 / 45 degrees

Location:
Order Number:
Visit:
Indication 1:
Medication 2:
Medication 3:

Room:

72 bpm
-- / -- mmHg



Patient Name:	MRS.DIPMALA POOJAR 26Y	MR No:	SPUN.00048867
Age:	26 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	F	Physician:	SELF
Image Count:	1	Date of Exam:	10-Aug-2024
Arrival Time:	10-Aug-2024 09:26	Date of Report:	10-Aug-2024 9:34

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.
IMPRESSION:No significant abnormality is seen.



Dr.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

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256695	PHASORZ TECHNOLOGIES PRIVATE LIMITED	Priyankal Hemant Sakpal	hemant.sakpal@bankofbaroda.co.in	9404112113	ARCOFEMI IV
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भारत सरकार
Government of India

आधार

Issue Date: 30/12/2011

दिपमाला वेंकटेश पुजारी
Dipmala Venkatesh Poojar
जन्म तारीख / DOB: 11/11/1997
महिला / Female

5300 6022 8944

मेरा आधार, मेरी पहचान

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Unique Identification Authority of India

आधार
AADHAAR

Print Date: 16/06/2022

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