

Patient Name : Mrs.SONAM KHARI
Age/Gender : 31 Y 6 M 20 D/F
UHID/MR No : RIND.0000016651
Visit ID : RINDOPV15795
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31602

Collected : 24/Aug/2024 10:32AM
Received : 24/Aug/2024 11:05AM
Reported : 24/Aug/2024 01:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA
KINDLY CORRELATE WITH IRON STUDIES.



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240217654



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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.7	g/dL	12-15	Spectrophotometer
PCV	34.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.81	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	71	fL	83-101	Calculated
MCH	22.2	pg	27-32	Calculated
MCHC	31	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3422	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1972	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	58	Cells/cu.mm	20-500	Calculated
MONOCYTES	348	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	209000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

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Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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

KINDLY CORRELATE WITH IRON STUDIES.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




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Patient Name : Mrs.SONAM KHARI	Collected : 24/Aug/2024 01:36PM
Age/Gender : 31 Y 6 M 20 D/F	Received : 24/Aug/2024 01:51PM
UHID/MR No : RIND.0000016651	Reported : 24/Aug/2024 03:40PM
Visit ID : RINDOPV15795	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	100	mg/dL	70-100	GOD - POD

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)	103	mg/dl	70-140	GOD, POD

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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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.

- 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. Tanish Mandal
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SIN No: EDT240088105



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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	185	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	98	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	54	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.69	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.52	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.42		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

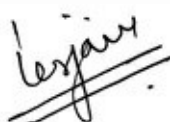
Comment:

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

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

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.



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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	0.64	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.76	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.2	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	49.77	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.94	g/dL	6.3-8.2	Biuret
ALBUMIN	4.62	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.99		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.



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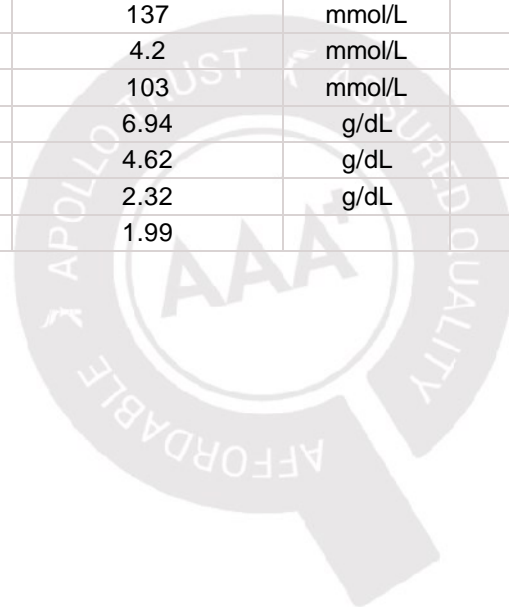
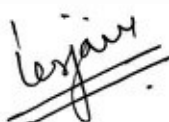


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.75	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	31.32	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	14.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.55	mg/dL	2.6-6	Uricase
CALCIUM	10.15	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.26	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.94	g/dL	6.3-8.2	Biuret
ALBUMIN	4.62	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.99		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.58	U/L	12-43	Glycylglycine Nitoranalide




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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)	1.1	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.164	µIU/mL	0.38-5.33	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



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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE(+)		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-12	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-7	/hpf	<10	MICROSCOPY
RBC	4-6	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	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.

Page 14 of 16



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2407412

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name : Mrs.SONAM KHARI	Collected : 24/Aug/2024 12:22PM
Age/Gender : 31 Y 6 M 20 D/F	Received : 24/Aug/2024 12:32PM
UHID/MR No : RIND.0000016651	Reported : 24/Aug/2024 02:00PM
Visit ID : RINDOPV15795	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31602	

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




Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: UF012070

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name : Mrs.SONAM KHARI	Collected : 24/Aug/2024 01:41PM
Age/Gender : 31 Y 6 M 20 D/F	Received : 24/Aug/2024 07:30PM
UHID/MR No : RIND.0000016651	Reported : 26/Aug/2024 08:29PM
Visit ID : RINDOPV15795	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31602	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	L-1333-24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial and intermediate squamous cells along with clusters of endocervical cells.
III	RESULT	
a	EPITHELIAL 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. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: CS084960



Patient Name : Mrs.SONAM KHARI
Age/Gender : 31 Y 6 M 20 D/F
UHID/MR No : RIND.0000016651
Visit ID : RINDOPV15795
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31602

Collected : 24/Aug/2024 01:41PM
Received : 24/Aug/2024 07:30PM
Reported : 26/Aug/2024 08:29PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr.Tanish Mandal
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:CS084960



KINDLY NOTE: OPHTHAL BY GENERAL PHYSICIAN TEST PENDING

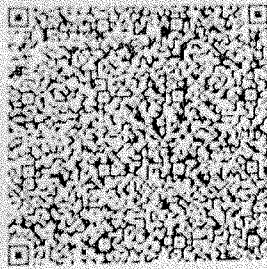


भारत सरकार
Government of India

भारत सरकार का आधिकारिक पत्र
Official Government of India Communication

संकेत संख्या / Reference No.: 0013/09003/01586

से
श्रीमती
सोम खरि
W/O: Vedpal Mavi
पति
धर्म धरामपुरा
चिहप्राउला
Gautam Buddha Nagar (Uttar Pradesh) - 201009
8742821970



आपका आधार क्रमांक / Your Aadhaar No. :

6273 5978 3184
VID : 9100 1606 4757 3069

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑनलाइन XMR / ऑनलाइन प्रमाणिकरण से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रेषित पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Online XMR/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कार्ड सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट करें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone - use mAadhaar App.



भारत सरकार
Government of India



श्रीमती
Sonam Khari
जन्म तिथि/DOB: 04/02/1993
लिंग/ GENDER: FEMALE

6273 5978 3184
VID : 9100 1606 4757 3069

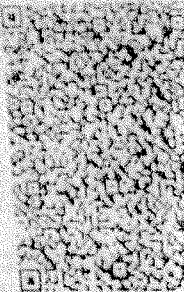
मेरा आधार, मेरी पहचान



अनन्य पहचान प्रमाणिकरण
Unique Identification Authority of India

पता:
श्रीमती: वेदपाल मवी, 353, खेरा धरामपुरा, चिहप्राउला,
उत्तर प्रदेश - 201009

Address:
W/O: Vedpal Mavi, 353, Khera dharampura,
Chhapraula, Gautam Buddha Nagar,
Uttar Pradesh - 201009



6273 5978 3184
VID : 9100 1606 4757 3069

FO Cradle

From: noreply@apolloclinics.info
Sent: 22 August 2024 12:20
To: vedpal.mavi@gmail.com
Cc: fo.indira@apollocradle.com
Subject: Your appointment is confirmed



Dear Sonam Khari,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at Apollo Cradle & Children's Hospital Indirapuram clinic on 2024-08-24 at 08:00-08:30.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sonam Khari on 28/8/24

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. <p>Review after _____</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. SHAILENDRA KUMAR, (Physician)
M.D. P.S.
Regd. No. DMC-1-1237
Apollo Cradle and Children's Hospital
NH-1, Shakti Khand-2, Indrapuram,
Ghaziabad; Uttar Pradesh-201014

Recommended

Eshy

Dr. _____
Medical Officer
Apollo Cradle & Children's Hospital
NH-1, Shakti Khand-2, Indrapuram,
Ghaziabad-201014

This certificate is not meant for medico-legal purposes

Address: NH-1, Shakti Khand 2, Indrapuram, Ghaziabad, Uttar Pradesh – 201014.

Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.

Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

Name: Mrs. Sonam Khase

Age: 31y/F
UHID - 16651



Height: 164cm	Weight: 59kg	BMI: 21.9 kg/m ²	Waist Circum:
Temp: 98.6 F	Pulse: 86 bpm	Resp: 18 bpm	B.P: 112/70 mmHg

General Examination/Allergies History

Clinical Diagnosis & Management Plan

M & W/O
 M & W/O
 A < 6/b
 6/b.
 Confusion with
 new

No medical history
 Consult (new)

Follow up date

Doctor Signature

OUR NETWORK: AMRITSAR | BENGALURU | CHENNAI | HYDERABAD | DELHI NCR

Visit us: www.apollocradle.com * Write to us: contactus@apollocradle.com

1860 500 4424
www.apollocradle.com

A unit of Apollo Specialty Hospitals Pvt. Ltd.

APOLLO CRADLE- INDRAPURAM

DIET CHART

NAME: Sonam

DATE: 27/8/24

AGE:

UHID: Iron rich food
Avoid Fried food

DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 - 4

small sneaks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

FOOD TO BE AVOIDED Avoid

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pckeles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.

Dr. ESHU TYAGI
MBBS, M.S (Gynae & Obs.)
Consultant Obstetrician & Gynecologist
M: +91 9717697932



24/8/24

Donam

31y/F

LBC taken.

P/S - ex (N)
Vagina (F)

LMP - 7/8/24

Adv
Review & Report

↓
ES

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh - 201014.
Ph No: +91 88106 85179, 1860 500 4424

Apollo Specialty Hospitals Private Limited

(Formerly known as Nova Specialty Hospitals Private Limited) CIN - U85100TG2009PTC099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

Diagnosis Information:

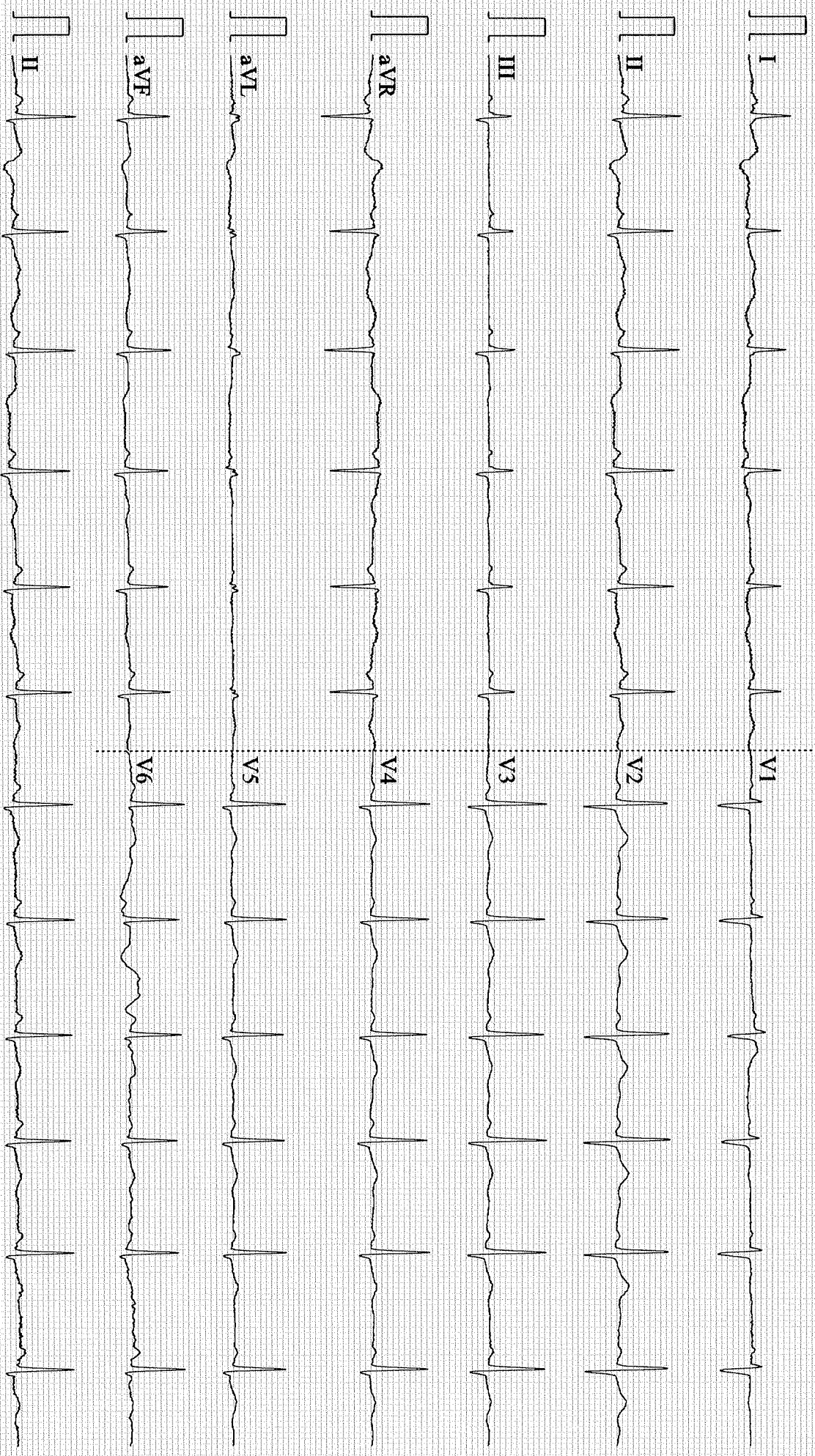
Male Years
Req. No. :

Mr. S. Saran K. K. K.

HR	: 73	bpm
P	: 96	ms
PR	: 133	ms
QRS	: 86	ms
QT/QTcBz	: 387/427	ms
P/QRS/T	: 56/45/30	°
RV5/SV1	: 0.96/8.0.534	mV

Meer

Unconfirmed Report.



Date:

Dr. NILOTPAL MISHRA
B.D.S. | M.D.S.
Fellow Head & Neck Oncology
Sr. Consultant Dental
Mobile Number: +91 9625328945, 9667406341



PATIENT NAME:	Sonam Khari
UHID:	RIND 0000016651

Diagnosis-

(I) oral prophylaxis - Full Mouth scaling.

(II) $\frac{8}{8}$ - Restoration

Sonam Khari

Doctor Signature

Address: NH-1, Shakti Khand 2, Indirapuram, Ghaziabad, Uttar Pradesh - 201014.

Ph No: +91 88106 85179, 1860 500 4424

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Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com



Apollo Cradle

CONSENT FORM

Patient Name: SONAM KHAR Age: 31/F

UHID Number: 16651 Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting U.S.G, WHOLE BIL DUMEN

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Sonam Date: 24/05/24

Patient Name	: Mrs. Sonam Khari	Age/Gender	: 31 Y/F
UHID/MR No.	: RIND.0000016651	OP Visit No	: RINDOPV15795
Sample Collected on	:	Reported on	: 27-08-2024 12:24
LRN#	: RAD2407590	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S31602		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name : Mrs. Sonam Khari Age : 31 Y/F
UHID : RIND.0000016651 OP Visit No : RINDOPV15795
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 24-08-2024 13:56
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.54 CM
LA (es)	2.58 CM
LVID (ed)	4.53 CM
LVID (es)	3.08 CM
IVS (Ed)	0.907 CM
LVPW (Ed)	1.04 CM
EF	60.00%
%FD	30.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. Sonam Khari	Age	: 31 Y/F
UHID	: RIND.0000016651	OP Visit No	: RINDOPV15795
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 24-08-2024 13:56
Referred By	: SELF		

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

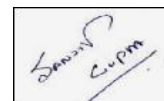
VELOCITY ACROSS THE AV NORMAL

IMPRESSION:

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.



Dr. SANJIV
KUMAR

Patient Name : Mrs. Sonam Khari Age : 31 Y/F
UHID : RIND.0000016651 OP Visit No : RINDOPV15795
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 24-08-2024 13:56
Referred By : SELF

GUPTA