





: Mrs. VAISHALI ANKUSH RAVATALE

Age/Gender

: 37 Y 11 M 8 D/F

UHID/MR No

: CPIM.0000121558

Visit ID

: CPIMOPV167300

Ref Doctor Emp/Auth/TPA ID : Self : 9920144559 Collected

: 14/Sep/2024 11:48AM

Received

: 14/Sep/2024 05:45PM

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: 14/Sep/2024 06:19PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

#### PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+ WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells seen.

Page 1 of 17



Consultant Pathologist SIN No:PPR240901147

MBBS, MD (Pathology)

Dr Sneha Shah









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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	12.5	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	72.8	fL	83-101	Calculated
MCH	23.6	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	18.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	60.8	%	40-80	Electrical Impedance
LYMPHOCYTES	21.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.7	%	1-6	Electrical Impedance
MONOCYTES	10.3	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4316.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1554.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	404.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	731.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	92.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.78		0.78- 3.53	Calculated
PLATELET COUNT	333000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+

WBC's are normal in number and morphology

Platelets are Adequate

No Abnormal cells seen.

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Consultant Pathologist SIN No:PPR240901147

MBBS, MD (Pathology)

Dr Sneha Shah

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



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#### **DEPARTMENT OF HAEMATOLOGY**

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

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:PPR240901147









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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 FAC	TOR , WHOLE BLOOD EDT	A		'
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

SIN No:PPR240901147

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: 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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	100	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.

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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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	62	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.

Page 6 of 17



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:PPR240901117









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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), WA	HOLE BLOOD EDTA	<u>'</u>		
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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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

Test Name	Result	Unit	Bio. Ref. Interval	Method
L <b>IPID PROFILE</b> , <i>SERUM</i>				
TOTAL CHOLESTEROL	134	mg/dL	<200	CHO-POD
TRIGLYCERIDES	55	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.13	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.22		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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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

Test Name	Result	Unit	Bio. Ref. Interval	Method
IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	1.22	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.39	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.83	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.93	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	47.3	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	78.74	U/L	30-120	IFCC
PROTEIN, TOTAL	8.43	g/dL	6.6-8.3	Biuret
ALBUMIN	3.95	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.48	g/dL	2.0-3.5	Calculated
A/G RATIO	0.88		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 > 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. 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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M.B.B.S,M.D(Pathology) Consultant Pathologist

DR.Sanjay Ingle

SIN No:PPR240901148

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

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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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.62	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.83	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.34	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.79	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.86	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.12	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.43	g/dL	6.6-8.3	Biuret
ALBUMIN	3.95	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.48	g/dL	2.0-3.5	Calculated
A/G RATIO	0.88		0.9-2.0	Calculated

Page 11 of 17



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.39	U/L	<38	IFCC

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

Consultant Pathologist SIN No:PPR240901148









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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	'		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.11	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.629	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	<b>T3</b>	<b>T4</b>	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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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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#### **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
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MBBS, MD (Pathology) Consultant Pathologist

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Dr Sneha Shah







: Mrs. VAISHALI ANKUSH RAVATALE

Age/Gender UHID/MR No : 37 Y 11 M 8 D/F : CPIM.0000121558

Visit ID

: CPIMOPV167300

Ref Doctor

: Self

Toet Name

: 9920144559 Emp/Auth/TPA ID

Collected

: 14/Sep/2024 11:48AM

Received

: 14/Sep/2024 05:27PM

Reported Status

: 14/Sep/2024 07:06PM

: Final Report

Rio Ref Interval

Sponsor Name

Unit

: ARCOFEMI HEALTHCARE LIMITED

Mathad

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Pasult

lest Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Light turbid		CLEAR	Scattering of light
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.016		1.002-1.030	Bromothymol Blue
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	POSITIVE+		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Ý		
PUS CELLS	15 - 18	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	< 10	Microscopy
RBC	2 - 3	/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.

Page 15 of 17



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

SIN No:PPR240901151

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

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







: Mrs. VAISHALI ANKUSH RAVATALE

Age/Gender

: 37 Y 11 M 8 D/F : CPIM.0000121558

UHID/MR No Visit ID

: CPIMOPV167300

Ref Doctor

Emp/Auth/TPA ID

: Self : 9920144559 Collected

: 14/Sep/2024 11:00AM

Received

: 14/Sep/2024 05:32PM

Reported

: 14/Sep/2024 06:45PM

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

Page 16 of 17



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

SIN No:PPR240901116

DR.Sanjay Ingle







: Mrs.VAISHALI ANKUSH RAVATALE

Age/Gender

: 37 Y 11 M 8 D/F : CPIM.0000121558

UHID/MR No

Visit ID

: CPIMOPV167300

Ref Doctor Emp/Auth/TPA ID

: 9920144559

: Self

Collected

: 14/Sep/2024 11:48AM

Received Reported : 14/Sep/2024 05:27PM : 14/Sep/2024 06:38PM

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow: LBC PAP SMEAR

Page 17 of 17



SIN No:PPR240901150

MBBS, MD (Pathology) Consultant Pathologist

Dr Sneha Shah



Patient Name : Mrs. VAISHALI ANKUSH RAVATALE

Age/Gender : 37 Y 11 M 8 D/F
UHID/MR No : CPIM.0000121558
Visit ID : CPIMOPV167300

Ref Doctor : Self

Emp/Auth/TPA ID : 9920144559

Collected : 14/Sep/2024 11:48AM Received : 14/Sep/2024 05:27PM

Reported : 14/Sep/2024 06:38PM

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.









: Mrs. Vaishali Ankush Ravatale

UHID : CPIM.0000121558

Printed On

: 16-09-2024 07:21 AM

Department

: Radiology

Referred By

: Self

Employeer Id : 9920144559

Age

: 37Yrs 11Mths 11Days

OP Visit No. : CPIMOPV167300 Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

#### **DEPARTMENT OF RADIOLOGY**

**Liver** appears 17.2CMS in size and altered echotexture. No focal lesion is seen. PV shows minimal flow on dopppler ,It appears obliterated by echoes within it.CBD appears 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 enlarged (17.8cms). No focal lesion seen. Splenic vein appears normal.

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal No intra/extra uterine gestational



#### sac seen.IUCD in situ

**Both ovaries** appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

# IMPRESSION:HEPATOMEGALY WITH ALTERED ECHOTEXTURE AND F/S/O PORTAL VEIN THROMBOSIS SPLENOMEGALY

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---

Dr.KUNDAN MEHTA MBBS, DMRE (RADIOLOGY) 2010/10/3031 Radiology



: Mrs. Vaishali Ankush Ravatale

UHID

: CPIM.0000121558

Printed On

: 14-09-2024 02:01 PM

Department

: Radiology

Referred By

: Self

Employeer Id

: 9920144559

Age

: 37Yrs 11Mths 9Days

OP Visit No.

: CPIMOPV167300

Advised/Pres Doctor : --

Qualification

Registration No.

: --

#### **DEPARTMENT OF RADIOLOGY**

#### Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

#### **Impression**

Study is within normal limits.

---End Of The Report---

Dr. KIRAN SUDHARE MBBS, DMRD 2016/06/1313 Radiology





### Nigdi Apolloclinic

From:

noreply@apolloclinics.info

Sent:

12 September 2024 03:58 PM

To: Cc:

ankush.ravatale@bankofbaroda.co.in

Subject:

Nigdi Apolloclinic; Prachi Deore; Syamsunder M Your appointment is confirmed

Apollo Health and Lifestyle Ltd

## Dear Vaishali Ankush Ravatale Ravatale,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at NIGDI(PIMPRI) clinic on 2024-09-14 at 07:45-08:00.

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]

<sup>&</sup>quot;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.

