


Patient Name	: Mrs.NEHA SAUNDRYA	Collected	: 16/Sep/2024 08:47AM
Age/Gender	: 35 Y 7 M 16 D/F	Received	: 16/Sep/2024 12:42PM
UHID/MR No	: CWAN.0000137961	Reported	: 16/Sep/2024 01:55PM
Visit ID	: CWANOPV240000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33349		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA240900527

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



Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
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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	39.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.3	fL	83-101	Calculated
MCH	25.3	pg	27-32	Calculated
MCHC	31.5	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65.7	%	40-80	Electrical Impedance
LYMPHOCYTES	20.9	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5446.53	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1732.61	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	364.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	721.23	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.87	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.14		0.78- 3.53	Calculated
PLATELET COUNT	184000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC's Anisocytosis+, Microcytes+, WBC's are normal in number and morphology Platelets are Adequate No hemoparasite seen				

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Dr Sneha Shah
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Consultant Pathologist

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Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:42PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 02:36PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

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

Sneha Shah
Dr Sneha Shah
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SIN No:CWA240900527

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Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:15PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:21PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

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	98	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.



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SIN No:CWA240900524

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



Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 12:45PM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 07:01PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 08:29PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	


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)	85	mg/dL	70-140	HEXOKINASE

Comment:

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



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SIN No:CWA240900554

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



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Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:42PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 02:36PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

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	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

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

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

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
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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	139	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	105	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.91	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.37	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<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:CWA240900526

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35.42	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	130.78	U/L	30-120	IFCC
PROTEIN, TOTAL	8.47	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.70	g/dL	2.0-3.5	Calculated
A/G RATIO	0.8		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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 Consultant Pathologist

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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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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	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	22.74	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.57	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.91	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.01	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.92	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.47	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.70	g/dL	2.0-3.5	Calculated
A/G RATIO	0.8		0.9-2.0	Calculated



DR. Sanjay Ingle
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.72	U/L	<38	IFCC



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UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:28PM
Visit ID : CWANOPV240000	Status : Final Report
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Emp/Auth/TPA ID : 22S33349	

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)	1.35	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.19	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.103	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

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SIN No:CWA240900530

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Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:17PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:28PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

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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Sneha Shah

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SIN No:CWA240900530

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Patient Name : Mrs.NEHA SAUNDRYA	Collected : 16/Sep/2024 08:47AM
Age/Gender : 35 Y 7 M 16 D/F	Received : 16/Sep/2024 12:57PM
UHID/MR No : CWAN.0000137961	Reported : 16/Sep/2024 01:55PM
Visit ID : CWANOPV240000	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33349	

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	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		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	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/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
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SIN No:CWA240900529

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Patient Name	: Mrs.NEHA SAUNDRYA	Collected	: 16/Sep/2024 08:47AM
Age/Gender	: 35 Y 7 M 16 D/F	Received	: 16/Sep/2024 03:47PM
UHID/MR No	: CWAN.0000137961	Reported	: 16/Sep/2024 04:01PM
Visit ID	: CWANOPV240000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33349		

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



DR.Sanjay Ingle
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SIN No:CWA240900531

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



Patient Name	: Mrs.NEHA SAUNDRYA	Collected	: 16/Sep/2024 08:47AM
Age/Gender	: 35 Y 7 M 16 D/F	Received	: 16/Sep/2024 12:57PM
UHID/MR No	: CWAN.0000137961	Reported	: 16/Sep/2024 01:54PM
Visit ID	: CWANOPV240000	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S33349		

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 16 of 16



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA240900528

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



Patient Name : Mrs.NEHA SAUNDRYA
Age/Gender : 35 Y 7 M 16 D/F
UHID/MR No : CWAN.0000137961
Visit ID : CWANOPV240000
Ref Doctor : Self
Emp/Auth/TPA ID : 22S33349

Collected : 16/Sep/2024 08:47AM
Received : 16/Sep/2024 12:57PM
Reported : 16/Sep/2024 01:54PM
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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA240900528

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



Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 17Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 07:27 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S33349		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is Contracted (PP scan)

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

Pancreas appears normal in echo pattern. 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 echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

Uterus measures 8.1 x 3.2 x 4.3 cm is normal in size , shape and echo pattern. Endometrial echo-complex midline measures 6.6 mm. No focal lesion noted.

Both ovaries appear normal in size, shape and echotexture. No focal lesion noted.

Right ovary measures 2.3 x 1.4 cm, Left ovary measures 2.7 x 1.2 cm.

No evidence of any adnexal pathology.

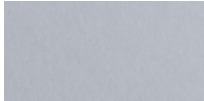
No free fluid / retroperitoneal lymphadenopathy seen.

IMPRESSION:-

No significant abnormality detected.
Suggest – clinical correlation.

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

---End Of The Report---



Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology

Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 17Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 07:49 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S33349		

DEPARTMENT OF RADIOLOGY

Chest PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

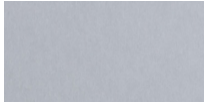
Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 14-09-2024 16:16

To:neilsaundrya3@gmail.com <neilsaundrya3@gmail.com>

Cc:Wanowrie Apolloclinic <wanowrie@apolloclinic.com>;Syamsunder M

<syamsunder.m@apollohl.com>;DCM Wanowrie

<dcm.wanowrie@apolloclinic.com>



Dear Neha Kumari,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **WANOURI clinic** on **2024-09-16** at **08:00-08:15**.

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]

Aadhaar of Neelambuj Saundrya and Neha Saundrya

neil saundrya <neilsaundrya3@gmail.com>

Mon 16-09-2024 08:29

To:Wanowrie Apolloclinic <wanowrie@apolloclinic.com>

Clinic, Wanowrie
ATICA, Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Taluka Haven,
: 411048 | Phone: (020) 2683 0291/95
/ApolloClinicIndia /ApolloClinics Website



नामांकन क्रम / Enrollment No 2084/35004/09208

To,
नेहा साँदर्या
Neha Saundrya
W/O: Neelambuj Saundrya
Flat No. - 12 A Chouhan Green Vally
Motilal Nehru Nagr Bhillai
Motilal Nehru Nagr Bhillai Durg Durg
Chhattisgarh 490020
9098863060

Ref: 1413 / 20B / 553831 / 553948 / P



SE475045205FT



आपका आधार क्रमांक / Your Aadhaar No. :


2906 7415 9308

आधार - आम आदमी का अधिकार



आधार - आम आदमी का अधिकार



Name : Mrs. NEHA SAUNDRYA	Age : 35Y 7M 16D	UHID : CWAN.0000137961
Address : Kondhwa Bk Pune Maharashtra INDIA 411048	sex : Female	 CWAN.0000137961
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP No : CWANOPV240000 Bill No : CWAN-OCR-52105 Date : Sep 16th, 2024, 8:41 AM

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

BP - 100/70mmHg
 HT - 152cm
 WT - 63.6kg



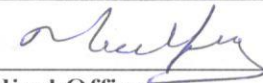
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Neha Sundya on 17/9/2024

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	<input checked="" type="checkbox"/>
<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. 
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Date : 9/16/2024 Department : General Physician
 Patient Name : Mrs. NEHA SAUNDRYA Doctor : Dr. MUSHFIYA BAHRAINWALA
 UHID : CWAN.0000137961 Registration No. : 2020010062
 Age / Gender : 35Yrs 7Mths 16Days / Female Qualification : MBBS and PG in Hospital Management
 Consultation Timing : 8:42 AM

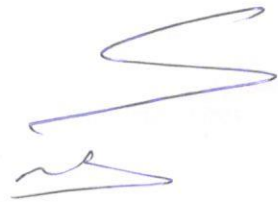
Height : 152cm.	Weight : 63.6kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70/70

General Examination / Allergies History

H/O :- Allergies

Clinical Diagnosis & Management Plan

For AHC
 no lvs. at the moment
 O/E :- CVS
 CVS
 Resp. } WAS
 Abd. }
 Flup E Reports




Follow up date:

Doctor Signature

Apollo Clinic, Wanowrie

"AMBA VATICA", Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Taluka Haveli, Pune, Pin: 411048 | Phone: (020) 2683 0291/95

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

GE MAC1200 ST SAUNDRYA, NEHA 000137961, APOLLO CLINIC WANOWURIE
 Female, 35 Years (31.01.1989)

HR 84 bpm

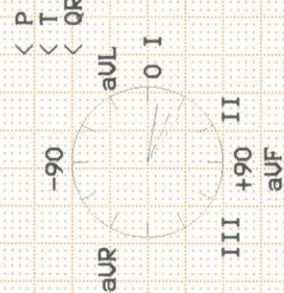
WNL

Measurement Results:

QRS : 84 ms
 QT/QTcB : 366 / 436 ms
 PR : 122 ms
 P : 96 ms
 RR/PP : 704 / 685 ms
 P/QRS/T : 35/ 10/ 25 degrees
 QTd/QTcBD : 24 / 29 ms
 Sokolow : 1.3 mV
 NK : 12

Interpretation:

low QRS amplitudes
 probably abnormal ECG



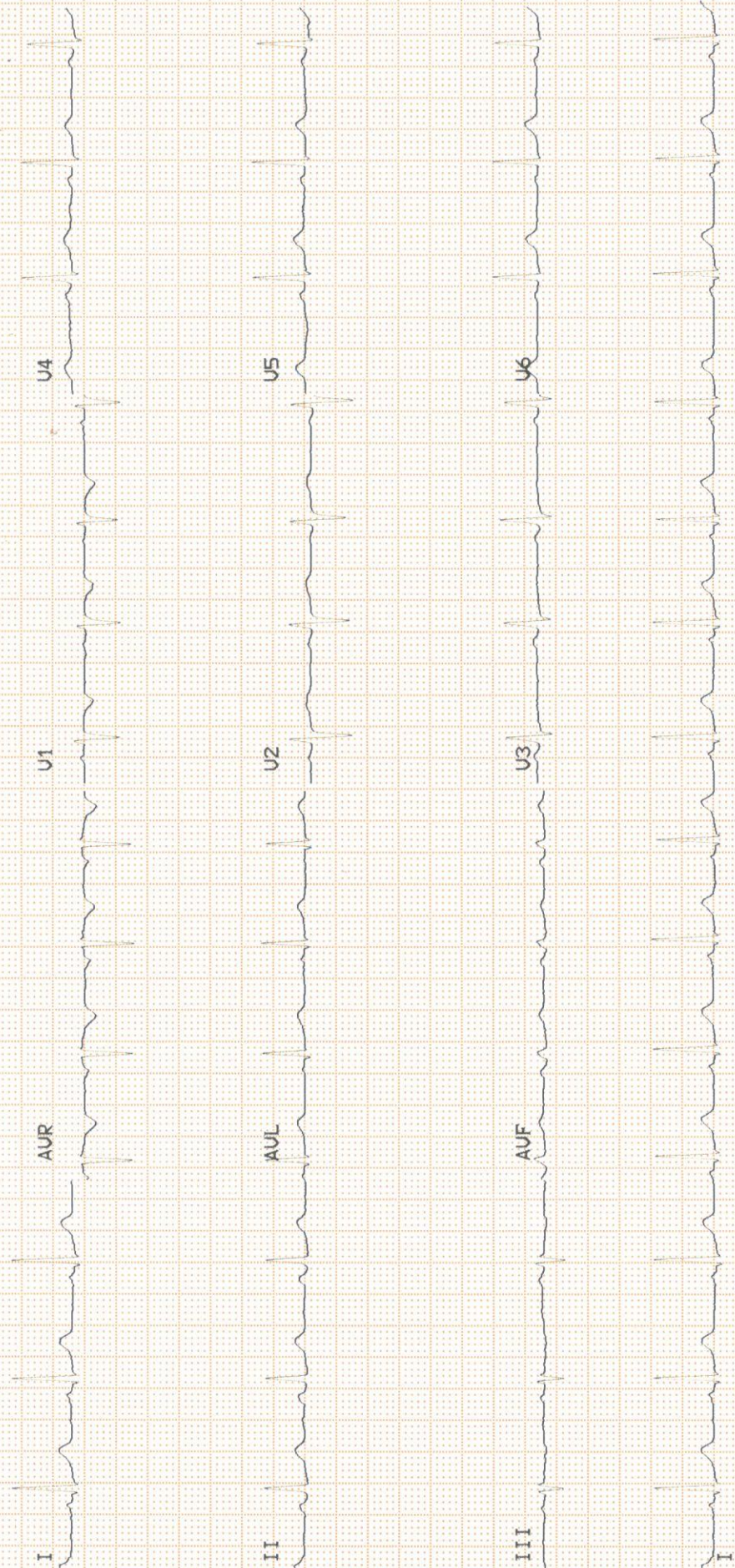
DR. MUSHFIYA BAHRAINWALA

M.B.B.S

Reg. No.: 47527

Apollo Clinic Wanowarie
 NIBM Road, Kondi wa.

Unconfirmed report.



The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mrs. Neha Saundrya

DATE :- 16/9/24

AGE/SEX :- 35y/F

UHID : 137961

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 ✓	6/6 ✓
Near Vision	N/6 ✓	N/6 ✓
Anterior Segment Pupil	NORMAL ✓	NORMAL ✓
Fundus	NORMAL -	NORMAL -
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL ✓	NORMAL ✓
Family History/Medical History	-	-

IMPRESSION:- Both Eyes Normal vision

Advice :-

Ophthalmologist

Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 16Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 01:19 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S33349		

DEPARTMENT OF RADIOLOGY

Chest PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology

Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 16Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 01:19 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S33349		

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---End Of The Report---



Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology

Patient Name	: Mrs. NEHA SAUNDRYA	Age	: 35Yrs 7Mths 16Days
UHID	: CWAN.0000137961	OP Visit No.	: CWANOPV240000
Printed On	: 16-09-2024 12:57 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S33349		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is Contracted (PP scan)

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

Pancreas appears normal in echo pattern. 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 echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

Uterus measures 8.1 x 3.2 x 4.3 cm is normal in size , shape and echo pattern. Endometrial echo-complex midline measures 6.6 mm. No focal lesion noted.

Both ovaries appear normal in size, shape and echotexture. No focal lesion noted. Right ovary measures 2.3 x 1.4 cm, Left ovary measures 2.7 x 1.2 cm. No evidence of any adnexal pathology.

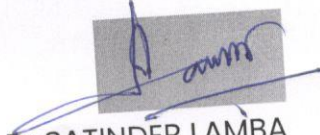
No free fluid / retroperitoneal lymphadenopathy seen.

IMPRESSION:-

No significant abnormality detected.
Suggest - clinical correlation.

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

---End Of The Report---


Dr. SATINDER LAMBA
MBBS, DMRE, MD (USAIM)
2004/02/386
Radiology