

Patient Name : Mrs.MANISHA SHARMA	Collected : 16/Sep/2024 09:38AM
Age/Gender : 37 Y 6 M 19 D/F	Received : 16/Sep/2024 10:21AM
UHID/MR No : RIND.0000017022	Reported : 16/Sep/2024 01:43PM
Visit ID : RINDOPV16966	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33383	

**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:BED240228388



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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	10.2	g/dL	12-15	Spectrophotometer
PCV	35.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.7	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	62	fL	83-101	Calculated
MCH	18	pg	27-32	Calculated
MCHC	29.1	g/dL	31.5-34.5	Calculated
R.D.W	17.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	71	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5183	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1825	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	73	Cells/cu.mm	20-500	Calculated
MONOCYTES	219	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.84		0.78- 3.53	Calculated
PLATELET COUNT	181000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Page 2 of 16



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



SIN No:BED240228388

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, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

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**DEPARTMENT OF HAEMATOLOGY**

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




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Patient Name : Mrs.MANISHA SHARMA	Collected : 16/Sep/2024 01:05PM
Age/Gender : 37 Y 6 M 19 D/F	Received : 16/Sep/2024 01:41PM
UHID/MR No : RIND.0000017022	Reported : 16/Sep/2024 01:45PM
Visit ID : RINDOPV16966	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	99	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

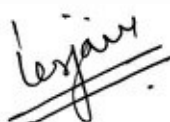
**Note:**

- 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)	90	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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)

  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	136	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	77	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.54	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.34	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

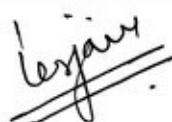
**Comment:**

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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.44	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.26	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.93	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.4	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	<b>127.63</b>	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.99	g/dL	6.3-8.2	Biuret
ALBUMIN	4.16	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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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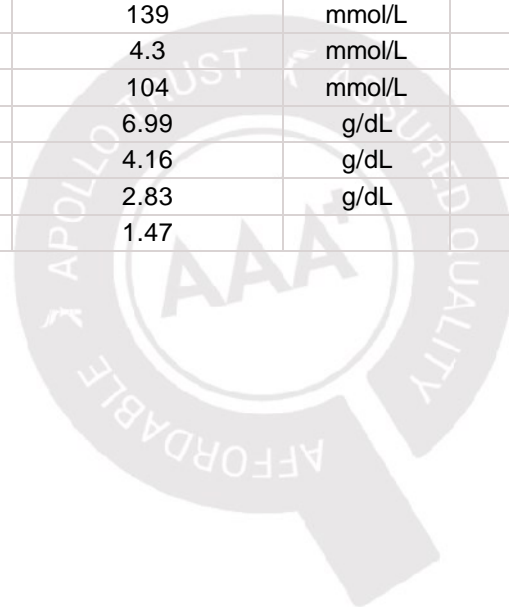
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.55	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	<b>42.12</b>	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	19.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.19	mg/dL	2.6-6	Uricase
CALCIUM	9.16	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.77	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.99	g/dL	6.3-8.2	Biuret
ALBUMIN	4.16	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated




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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.54	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	<b>16.18</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>0.006</b>	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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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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UHID/MR No : RIND.0000017022	Reported : 16/Sep/2024 06:37PM
Visit ID : RINDOPV16966	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33383	

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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	NEGATIVE		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	ABSENT	/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.



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



Patient Name : Mrs.MANISHA SHARMA	Collected : 16/Sep/2024 04:21PM
Age/Gender : 37 Y 6 M 19 D/F	Received : 16/Sep/2024 04:38PM
UHID/MR No : RIND.0000017022	Reported : 16/Sep/2024 06:36PM
Visit ID : RINDOPV16966	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33383	

**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: UF012108

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, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



Patient Name : Mrs.MANISHA SHARMA	Collected : 16/Sep/2024 10:54AM
Age/Gender : 37 Y 6 M 19 D/F	Received : 16/Sep/2024 03:15PM
UHID/MR No : RIND.0000017022	Reported : 17/Sep/2024 05:04PM
Visit ID : RINDOPV16966	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33383	


**DEPARTMENT OF CYTOLOGY**


**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	L/1470/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smear shows sheets of benign superficial and intermediate squamous cells in a background of mild inflammation along with endocervical cell clusters.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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. Shivangi Chauhan  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

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





Patient Name : Mrs.MANISHA SHARMA  
Age/Gender : 37 Y 6 M 19 D/F  
UHID/MR No : RIND.0000017022  
Visit ID : RINDOPV16966  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22S33383

Collected : 16/Sep/2024 10:54AM  
Received : 16/Sep/2024 03:15PM  
Reported : 17/Sep/2024 05:04PM  
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.

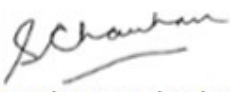
Laboratories not be responsible for any interpretation whatsoever.

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.

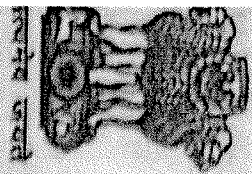


Dr. Shivangi Chauhan  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



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





भारत सरकार

GOVERNMENT OF INDIA



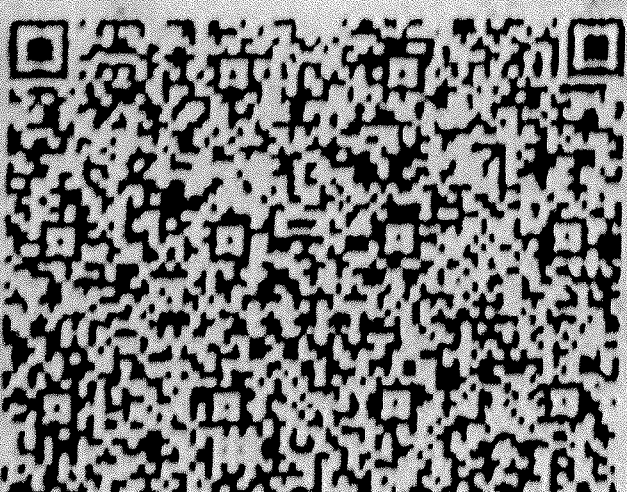
मनिषा शर्मा

Manisha Sharma

जन्म तिथि / DOB: 25/02/1987

महिला / FEMALE

4690 3074 4594



आधार-आम आदमी का अधिकार

प्रति,

समन्वयक,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	MANISHA SHARMA
जन्म की तारीख	25-02-1987
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	16-09-2024
बुकिंग संदर्भ सं.	24S77598100113956S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. SHARMA ROHIT
कर्मचारी की क.कू.संख्या	77598
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	DELHI,PATPARGANJ
कर्मचारी के जन्म की तारीख	25-11-1983

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **13-09-2024** से **31-03-2025** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of MANISHA SHARMA on 17/09/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>recd. Paracetamol x 1 - OD as per doctor's advice.</u></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"> <li>• Currently Unfit.</li> </ul> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. SHAILENDRA KUMAR, (Physician)  
M.F.S.S.  
Regd. No. DMG-12202 **recommended**  
Apollo Cradle and Children's Hospital  
NH-1, Shakti Khand-2, Indirapuram,  
Ghaziabad: Uttar Pradesh-201014

Dr. \_\_\_\_\_  
Medical Officer

*This certificate is not meant for medico-legal purposes*

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

**Apollo Specialty Hospitals Private Limited**



Date : 16-09-2024  
MR NO : RIND.0000017022  
Name : Mrs. Manisha Sharma  
Age/ Gender : 37 Y / Female

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Apollo  
Cradle  
& Children's  
Hospital

Consultation Timing: 09:15

71.6 kg

Height : 166 cm	Weight : <del>25.8 kg</del>	BMI : 25.8 kg/m <sup>2</sup>	Waist Circum :
Temp : N	Pulse 76 B/M	Resp : 20 B/M	B.P : 100/60 mmHg

General Examination/Allergies History

Cinical Diagnosis & Management Plan

Keto-Hypothermia - 6-9 am  
d. n. e. d. v. a. t. e.  
N/A  
F - 6/6  
Cardiac history  
K. D. m.  
Consulted in opps

Follow up date

Doctor Signature

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1860 500 4424

[www.apollocradle.com](http://www.apollocradle.com)

A unit of Apollo Specialty Hospitals Pvt. Ltd.

ID: 15832

16-09-2024 09:54:51

Diagnosis Information:

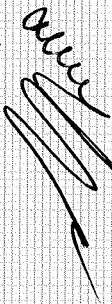
CARDIART

Mr. Manisha Sharma

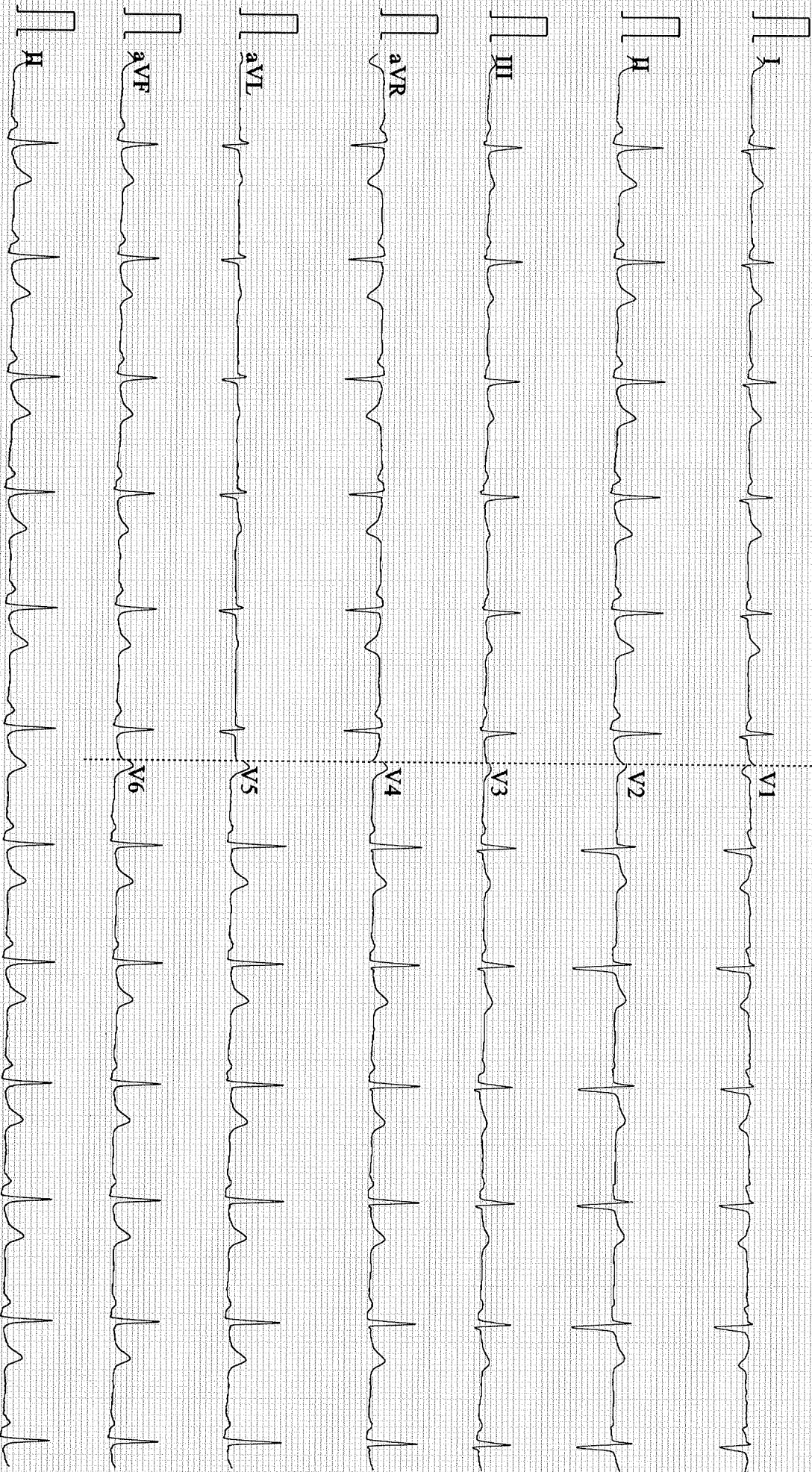
Female 37 Years

Req. No. :

HR	: 72	bpm
P	: 101	ms
PR	: 144	ms
QRS	: 93	ms
QT/QTcBz	: 383/419	ms
P/QRST	: 58/69/52	ms
RV5/SV1	: 0.980/0.538	mV



Unconfirmed Report.



**Dr. J. Madhavi**

MBBS, MS, DNB

Consultant - Obstetrics & Gynaecology

Contact no- 9810834924



Manisha

P, Y

28es, 7yubach.

cycles regular. (+ 5-7 days).

LMP  
10/8/24.

Count +  
haptoglobin

P/s. cv  
rg 1(a)  
white discharge ⊕

Adv.

- use Relis -

- give report in 3 days.  
T. Zocor 150mg od  
x 3 days.

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

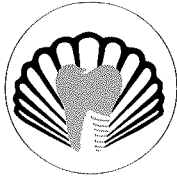
Ph No: +91 88106 85179, 1860 500 4424

**Apollo Specialty Hospitals Private Limited**

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

Regd Office: #7-1617/A, 615 & 616, 7<sup>th</sup> 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



# PURE PEARL

DENTAL CLINIC & MAXILLOFACIAL CENTRE

Mob : 9625328945, 9667406341

## Dr. NILOTPAL MISHRA

BDS (Manipal)

MDS (Maxillofacial Surgeon)

Fellow Head & Neck Oncology

(Dharamshila Hospital, New Delhi)

Asst. Prof. : I.T.S College (G.N)

Add.: 333/05, Shakti Khand 1st, Indirapuram

Appointment Time

Mon to Sun : 10 AM To 2 PM 5 PM To 8 PM

Name : Manisha Sharma Age : 37 Sex : F Date : 16/Sept./2024

### FACILITIES :

- Computerised Dental X-ray (RVG)
- Root Canal Treatment (RCT)-  
By Hand By Machine
- Tooth Coloured Dental Filling
- Tooth Capping
- Fixed Crown & Bridges
- Dental Implant
- Dental Bleaching (Teeth Whitening)
- Ultrasonic Scaling (Tooth Cleaning  
By Machine)
- Painless Tooth Extraction
- Dental Jewellery
- Denture RPD & Complete Denture
- Cosmetic Filling
- Direct and Indirect Veneer
- Teeth Scaling and Polishing
- Orthodontic Treatment  
(Metal Braces, Ceramic  
Braces VS Invisalign)
- Wisdom Teeth Removal
- Gum Surgeries
- Trauma
- Oral Cancer

O/E - Oral prophylaxis

Calculus (+)

A/W -

scaling done.

- Dr. Dapsu



<b>Patient Name</b>	: Mrs. Manisha Sharma	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: RIND.0000017022	<b>OP Visit No</b>	: RINDOPV16966
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 16-09-2024 16:52
<b>LRN#</b>	: RAD2416484	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S33383		

---

**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

<b>Patient Name</b>	: Mrs. Manisha Sharma	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: RIND.0000017022	<b>OP Visit No</b>	: RINDOPV16966
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 16-09-2024 15:04
<b>LRN#</b>	: RAD2416484	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22S33383		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : Liver is mildly enlarged in size (15.6cm) and the parenchymal echotexture shows grade-1 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

**GALL BLADDER** : Gall bladder not seen (Past history of operation). Common duct is not dilated.

**PANCREAS** : Pancreas is normal in size and echopattern.

**SPLEEN** : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

**KIDNEYS** : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

**URINARY BLADDER** : Urinary bladder is normal in wall thickness with clear contents. No obvious focal lesion seen.

**UTERUS** : The uterus is normal in size and echotexture. The myometrial echogenicity appears uniform. Endometrium is central and of normal thickness(7.3mm).

**OVARIES** : Both the ovaries appears normal in size and echopattern. No obvious adnexal mass or collection is seen.

No free fluid seen in cul-de-sac.

**IMPRESSION:** Mild hepatomegaly with grade 1 Fatty infiltration of the liver.

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.

**Patient Name** : Mrs. Manisha Sharma

**Age/Gender**

: 37 Y/F



**Dr. SANGEETA AGGARWAL**  
MBBS, MD  
Radiology

Patient Name	: Mrs. Manisha Sharma	Age	: 37 Y/F
UHID	: RIND.0000017022	OP Visit No	: RINDOPV16966
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 16-09-2024 16:03
Referred By	: SELF		

---

### **2D-ECHO WITH COLOUR DOPPLER**

#### Dimensions:

Ao (ed)	2.80 CM
LA (es)	3.30 CM
LVID (ed)	3.63 CM
LVID (es)	2.27 CM
IVS (Ed)	1.04 CM
LVPW (Ed)	1.18 CM
EF	65.00%
%FD	33.00%
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. Manisha Sharma	Age	: 37 Y/F
UHID	: RIND.0000017022	OP Visit No	: RINDOPV16966
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 16-09-2024 16:03
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

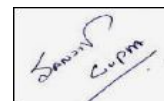
VELOCITY ACROSS THE AV NORMAL

**IMPRESSION:**

GOOD LV/RV FUNCTION

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

NO PERICARDIAL EFFUSION.



Dr. SANJIV  
KUMAR

Patient Name : Mrs. Manisha Sharma Age : 37 Y/F  
UHID : RIND.0000017022 OP Visit No : RINDOPV16966  
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 16-09-2024 16:03  
Referred By : SELF

---

GUPTA