

Name : Mrs. Megha Patekar

APOLLO SPECTRA HOSPITALS

Opp. Sanas Sports Ground, Saras Boug, Sadashiv Peth, Pune, Maharashtra - 411 030. Ph. No: 020 6720 6500

*ww.apollospectra.com

Age: 35 Y

Sex: F

Address: Manjari, Pune

. ADCOFFMI

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000015514

OP Number: SPUNOPV61564

Bill No :SPUN-OCR-10338

Date : 24 02 2024 09:15

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK	
_	GAMMA GLUTAMYL TRANFERASE (GGT)	
	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
	HEMOGRAM + PERIPHERAL SMEAR	
1	GYNAECOLOGY CONSULTATION	
. 7	DIET CONSULTATION	
	COMPLETE URINE EXAMINATION	
30	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
1	ECG	
X 12	LBC PAP TEST- PAPSURE	
-13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
_	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	tm.
	URINE GLUCOSE(FASTING)	3
_	HA1c, GLYCATED HEMOGLOBIN	
	X-RAY CHEST PA	
19	ENT CONSULTATION	0
20	FITNESS BY GENERAL PHYSICIAN	
	BLOOD GROUP ABO AND RH FACTOR	
	LIPID PROFILE	
	BODY MASS INDEX (BMI)	
_	OPTHAL BY GENERAL PHYSICIAN	
125	ULTRASOUND - WHOLE ABDOMEN	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Megha patekar on 24/02/24

Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have been revea not impediments to the job.	iled, in my opinion, these are
1	
2	
3	
However the employee should follow the advibeen communicated to him/her.	ce/medication that has
Review after	1
Currently Unfit.	recommended
Review after	recommended
Unfit	
2	Dr. Samentsul
	General Physician
This certificate is not meant for me	Apollo Spectra Hospital Pu
This certificate is not meant for me	Apollo Spectra Hospital Pu edico-legal purposes Shah Dr. Samrat MBBS MD
This certificate is not meant for me	Apollo Spectra Hospital Puedico-legal purposes Shah



Date

24/02/2024

MRNO

Name Age/Gender

megha patelcar.

Mobile No

Department:

Consultant :

G. P

Reg. No

Dr. somrat

Qualification:

shah.

Consultation Timing:

Tolmin 120/70mmng B.P: Pulse: Resp: Afebale Temp: 59.8 Height: 155 24.55 BMI: Weight: Waist Circum:

General Examination / Allergies History

Clinical Diagnosis & Management Plan

lestine des 601c

to join duly

Dr. Samrat

Consultant Interna

Follow up date:

Opp. Sanas Sport Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra - 411030 BOOK YOUR APPOINTMENT TODAY!

Ph.: 020 6720 6500 Fax: 020 6720 6523 www.apollospectra.com



Date

24/2/24

MRNO

Name

: mrs megha Patekars 3sy/female

Age/Gender : Mobile No

Department:

Consultant : Dr. Sayali Bogam.

Reg. No

Qualification:

Consultation Timing:

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

MIH- Regular LMID- 22/2/24. WS: 11/8). 03-31/278 | FTND. do leucorshora

Follow up date:

Doctor Signature







: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

UHID/MR No

: SPUN.0000015514

Visit ID

: SPUNOPV61564

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 9797787

Collected

: 24/Feb/2024 09:34AM

Received

: 24/Feb/2024 11:57AM

Reported

: 24/Feb/2024 12:35PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89.2	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	48.7	%	40-80	Electrical Impedance
LYMPHOCYTES	38.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.3	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2576.23	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2031.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.37	Cells/cu.mm	20-500	Calculated
MONOCYTES	370.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.74	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.27		0.78- 3.53	Calculated
PLATELET COUNT	207000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Platelets are Adequate

No Abnormal cells/hemoparasite seen.

Page 1 of 14



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240048275

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







: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240048275

Page 2 of 14

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







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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	TOR , WHOLE BLOOD EDT	A		·
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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: 24/Feb/2024 09:34AM

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: 24/Feb/2024 12:33PM

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: 24/Feb/2024 01:04PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	84	mg/dL	70-100	HEXOKINASE
Comment:				

ner American Diabetes Guidelines 2023

As per American Diabetes Guidennes, 2025	
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

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:PLF02112201

This test has been performed at Apollo Health and Life Sadashiv Peth Pune, Diagnostics Lab







: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

UHID/MR No

: SPUN.0000015514

Visit ID

: SPUNOPV61564

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9797787

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: 24/Feb/2024 12:02PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	87	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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DR.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No.PI P1423236







: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

UHID/MR No

: SPUN.0000015514

Visit ID

Ref Doctor

: SPUNOPV61564

Emp/Auth/TPA ID

: Dr.SELF : 9797787 Collected

: 24/Feb/2024 09:34AM

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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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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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MBBS MD (Pathology) Consultant Pathologist

SIN No:EDT240021670

This test has been performed at Apollo Health

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

www.apollodiagnostics.in



Emp/Auth/TPA ID





Patient Name : Mrs.MEGHA PATEKAR

Age/Gender : 35 Y 8 M 4 D/F UHID/MR No : SPUN.0000015514

: 9797787

Visit ID : SPUNOPV61564 Ref Doctor : Dr.SELF

Collected : 24/Feb/2024 09:34AM Received 24/Feb/2024 12:29PM : 24/Feb/2024 02:58PM Reported

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	203	mg/dL	<200	CHO-POD
TRIGLYCERIDES	140	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	130.38	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.06	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.59		0-4.97	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

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues
- 5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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MBBS MD (Pathology) Consultant Pathologist

SIN No:SE04640150

This test has been performed at Apollo Health and Life







: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

UHID/MR No

: SPUN.0000015514

Visit ID

: SPUNOPV61564

Ref Doctor

: Dr.SELF

: 9797787 Emp/Auth/TPA ID

Collected

: 24/Feb/2024 09:34AM

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: 24/Feb/2024 02:58PM

Status

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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. Range	Method
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.49	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.25	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.15	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI . Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > IIn 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.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

Page 8 of 14



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:SE04640150

This test has been performed at Apollo Health and Lifestyle Itd-Sadashi







: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

UHID/MR No

: SPUN.0000015514

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		,
CREATININE	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	6.06	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	2.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.91	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.75	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.85	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.65	mmol/L	101-109	ISE (Indirect)

Page 9 of 14



MBBS MD (Pathology) Consultant Pathologist

SIN No:SE04640150

formed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab







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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.77	U/L	<38	IFCC

Page 10 of 14



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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.75	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.41	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.872	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	Т3	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24031806

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: Mrs.MEGHA PATEKAR

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D),	12.08	ng/mL		CLIA
SERUM				

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)				
DEFICIENCY	<10				
INSUFFICIENCY	10 – 30				
SUFFICIENCY	30 – 100				
TOXICITY	>100				

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12, SERUM	133	pg/mL	120-914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.

Page 12 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24031806

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











: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

UHID/MR No

: SPUN.0000015514

Visit ID

: SPUNOPV61564

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 9797787

Collected

: 24/Feb/2024 09:34AM

Received

: 24/Feb/2024 12:29PM

Reported Status : 24/Feb/2024 01:54PM

Sponsor Name

: Final Report

P

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

Patients taking vitamin B12 supplementation may have misleading results.

- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- · Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Page 13 of 14



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:SPL24031806

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







: Mrs.MEGHA PATEKAR

Age/Gender

: 35 Y 8 M 4 D/F

UHID/MR No

: SPUN.0000015514

Visit ID

: SPUNOPV61564

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 9797787

Collected

: 24/Feb/2024 12:02PM

Received

: 24/Feb/2024 12:34PM

Reported

: 24/Feb/2024 12:38PM

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. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:

GLUCOSE (FASTING) - URINE, COMPLETE URINE EXAMINATION (CUE)

Page 14 of 14



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

SIN No:LIPP016712



Image Count:

Arrival Time:

MRS.MEGHA PATEKAR 35Y

35 Years

24-Feb-2024 10:24

F

1

MR No: Location: SPUN.000 Apollo Spectra Hospital Hungowering you.

(Swargate)

Physician: SELF

24-Feb-2024

Date of Exam: Date of Report:

24-Feb-2024 11:44

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

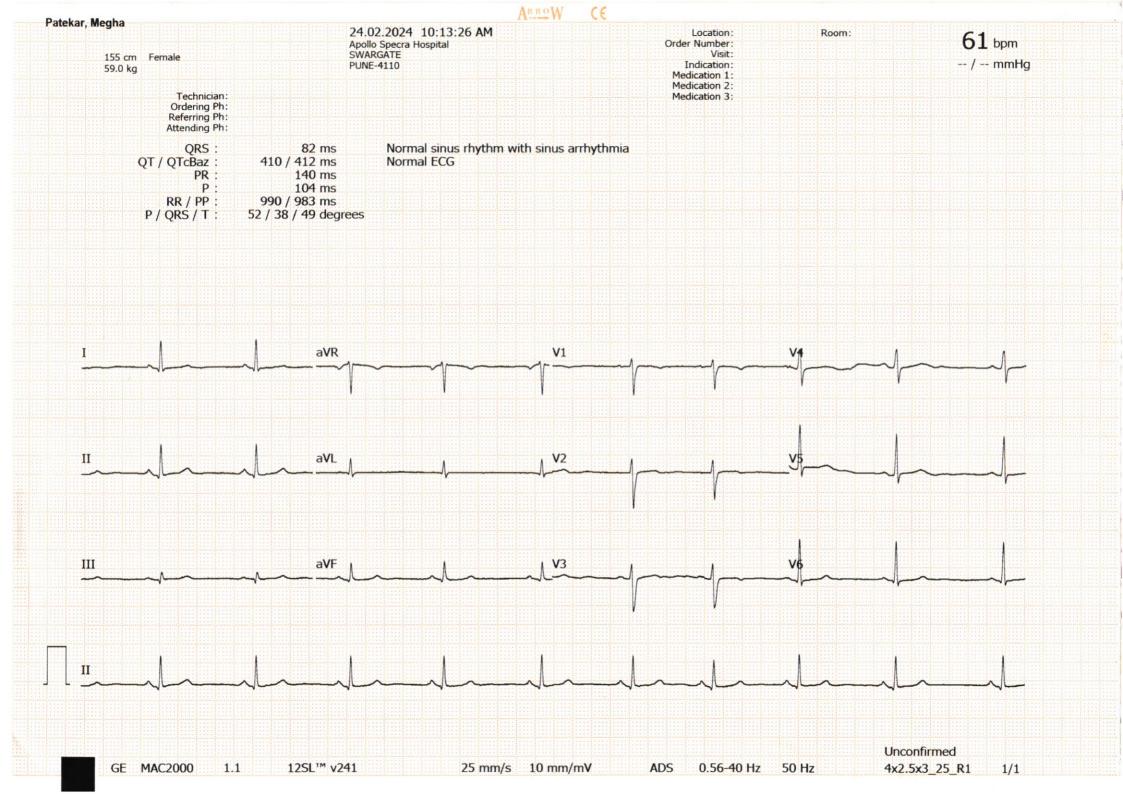
Dr.Santhosh Kumar DMRD,DNB Consultant Radiologist Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.







Apollo Clinic

CONSENT FORM

Patient Name: Tagha Patekar Age: 35 F
UHID Number: Company Name: Ax Co Ce m.
IMr/Mrs/Ms Megha Palelan/Employee of Area Cemi
(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Complete Unine Examination, Unine
Coucuse fasting & LBC Papsure test
Patient Signature: Contemporary Date: 24/02/24
ENT 4 Dental Service not
available



EYE REPORT



ASH/PUN/OPTH/06/02-0216

Date: 24/02/24

Name:

Mrs. Megha Patekar

Ref No.:

16

Age /Sex:

35 4 F

Complaint: No complaints

Unaided R 616 HG Vision

Examination

NO PM

NO HTH

Spectacle Rx

		Right	Eye			Left Eye		
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6 6	Plano) —		616	Plan	0	
Read	_			NG				N6
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision

Remarks:



PGP <

Medications:

: BE colour vision Hormal.

Trade Name	Frequency	Duration

Follow up:

1725

Consultant:



Name	Mrs Megha Rupeshit Patekar	Age	35 Years
Patient ID	DD/242/2023-2024/1437	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	24/02/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10.6x4.8cms and the left kidney measures 12x5.0cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus is bulky and measures 8.8x4.9x4.7cms in size. The myometrium appears uniform in echotexture. The endometrium measures 3 mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

Bulky uterus.

No other significant abnormality is seen.

Dr. Lalitkumar S Deore MD(Radiology) (2001/04/1871)

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	09	BURC	AAYL	8	ARC	ARCC
<u>a</u>	8966	3838	75799	1276)8330	18330
Mobile	9552579968	9421003838	8669266757	9860001276	9921008330	9921008330
Email id	Ne eta Bodas@in. gudel.com	Mayura.Kodolikar@burckhardtcompression.com	no-reply@ekincare.com	reports@connectandheal.com	megharpatekar@gmail.com	megharpatekar@gmail.com
Name	Neeta Bodas	Mr. Pranav Rajhans	Tejraj Prasad ghorpade	Sharwari Bhagwat (Sharwari Bhagwat)	MS PATEKAR MEGHA	RUPESH
Corporate Name	GUDEL INDIA PRIVATE LIMITED	BURCKHARDT COMPRESSION INDIA P	AAYUV TECHNOLOGIES PRIVATE LIM	CONNECT AND HEAL PRIMARY CARE	ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI HEALTHCARE LIMITED
Appointment Id	87949	86426	84635	81654	78863	78843





मेघा रूपेशित पाटेकर Megha Rupeshit Patekar DOB: 20-06-1988 Gender-Female



2131 1604 1873

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:
क्लैट न ए8-206 मांजरी ग्रीन अंतेक्स,
Plat No A8-206 Manjari Green फ्लैट न ए8-206 मांजरी ग्रीन अंतेक्स, Flat No A8-206 Manjari Green पुणे सोलापुर रोड, सिद्धिविनायक पेट्रोल Annex, Pune Solapur Road, Annex, Pune Solapur Road, Annex, Pune Solapur Road, Sidhivinayak Petrol Pump, Taluka Sidhivinayak Petrol Pump, Taluka Manjari Budruk, Manjari Far, Ainart Budruk, Manjari Farm, Haveli, Khurd., Manjari Green











Customer Pending Tests
Complete Urine Examination and Urine Glucose Fasting and LBC PAPSURE Test will be done on 01/03/2024
ENT and Dental service not available