

Customer Pending Tests  
Dental & ENT Doctor Not Available.

Name : Mrs. Varsha Shinde

Age: 47 Y

UHID:SPUN.0000046711

Sex: F



Address : Kalwa Thane

OP Number:SPUNOPV61922

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10428

Date : 09.03.2024 08:49

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<input checked="" type="checkbox"/>	2 D ECHO	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<input checked="" type="checkbox"/>	6 GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<del>8</del>	<del>COMPLETE URINE EXAMINATION</del>	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL) 11.15 Am	
<del>10</del>	<del>PERIPHERAL SMEAR</del>	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 CBC PAP TEST- PAPSURE	
<del>13</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>14</del>	<del>DENTAL CONSULTATION</del>	
<input checked="" type="checkbox"/>	15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.15 Am	
<del>16</del>	<del>URINE GLUCOSE(FASTING)</del>	
<input checked="" type="checkbox"/>	17 SONO MAMMOGRAPHY - SCREENING	
<del>18</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>19</del>	<del>X-RAY CHEST PA</del>	
<del>20</del>	<del>ENT CONSULTATION</del>	
<input checked="" type="checkbox"/>	21 FITNESS BY GENERAL PHYSICIAN	
<del>22</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>23</del>	<del>LIPID PROFILE</del>	
<input checked="" type="checkbox"/>	24 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	25 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	26 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	27 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Varsha Shirde on 09/03/2024

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

	Tick
<ul style="list-style-type: none"><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>Pt not seen for HPT.</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. Review after _____ recommended</li></ul>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

Dr. Samrat Shah  
General Physician  
Apollo Spectra Hospital Pune

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

**Dr. Samrat Shah**  
MBBS MD  
Reg No. 2021097302  
Consultant Internal Medicine  
Apollo Speciality Hospital

Date : 09/03/24  
MRNO :  
Name : Namsha Shinde  
Age/Gender :  
Mobile No : 471F

Department : Gen Physician  
Consultant :  
Reg. No : Dr. Samrat  
Qualification : Shah  
Consultation Timing :

98°F Spoz 98.4

Pulse: 66/min	B.P: 160/100 mmHg	Resp: 18/min	Temp: 98°F
Weight: 71.8kg	Height: 164cm	BMI: 26.6	Waist Circum: -

General Examination / Allergies History

Clinical Diagnosis & Management Plan

HTN on T. Amloran COD

Adv  
→ T. Telay Am vols  
1-0-0

found fit to join duty.

Follow up date:

**Dr. Samrat Shah**  
MBBS MD  
Reg No: 1097302  
Consultant General Medicine  
Apollo Spectra Hospital  
*Dr. Samrat Shah*

Date : 09/03/24  
MRNO :  
Name : Varsha Shinde  
Age/Gender :  
Mobile No : 471F

Department : Gynee  
Consultant :  
Reg. No : Dr. Sayali  
Qualification :  
Karni Boqum  
Consultation Timing :

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

General Examination / Allergies  
History:

Clinical Diagnosis & Management Plan

47yrs / F  
Post-menopausal : 2yrs  
H/O HTN : 5yrs.  
T. Amlodipin 5mg OD.  
Presently no complaints.  
Pap smear (LBC)  
P/S - CX healthy  
P/V - NAD.



Follow up date:

Doctor Signature

Patient Name	Mrs. VARSHA SHINDE	Collected	09/Mar/2024 09:04AM
Age/Gender	47 Y 0 M 14 D/F	Received	09/Mar/2024 12:14PM
UHID/IR No	SPUN 0000046711	Reported	09/Mar/2024 12:36PM
Visit ID	SPUNOPV61922	Status	Final Report
Ref Doctor	Dr. SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	8541245		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	38.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.7	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65.9	%	40-80	Electrical Impedance
LYMPHOCYTES	25.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3822.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1455.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	313.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.63		0.78- 3.53	Calculated
PLATELET COUNT	339000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC Predominantly Normocytic Normochromic with Microcytes+

WBC are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 14



  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No: BED240062675

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

Patient Name	Mrs.VARSHA SHINDE	Collected	: 09/Mar/2024 09:04AM
Age/Gender	: 47 Y 0 M 14 D/F	Received	: 09/Mar/2024 12:14PM
UHID/MR No	: SPUN.0000046711	Reported	: 09/Mar/2024 01:47PM
Visit ID	: SPUNOPV61922	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8541245		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240062675

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



Patient Name	: Mrs. VARSHA SHINDE	Collected	: 09/Mar/2024 09:04AM
Age/Gender	: 47 Y 0 M 14 D/F	Received	: 09/Mar/2024 12:18PM
UHID/MR No	: SPUN 0000046711	Reported	: 09/Mar/2024 12:44PM
Visit ID	: SPUNOPV81922	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8541245		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	80	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  $> \text{ or } = 126 \text{ mg/dL}$ , and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No: PLF02120874

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





Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 12:53PM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 01:35PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 03:02PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	83	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.



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

SIN No:PLP1429279

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



Patient Name	Mrs. VARSHA SHINDE	Collected	09/Mar/2024 09:04AM
Age/Gender	47 Y 0 M 14 D/F	Received	09/Mar/2024 12:14PM
UHID/MR No	SPUN 0000046711	Reported	09/Mar/2024 01:04PM
Visit ID	SPUNOPV61922	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	8541245		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	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)



*Sneha Shah*  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:EDT240028456

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

Patient Name	Mrs. VARSHA SHINDE	Collected	09/Mar/2024 09:04AM
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UHID/MR No	SPUN.0000046711	Reported	09/Mar/2024 01:52PM
Visit ID	SPUNOPV61922	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	8541245		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	210	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	138.09	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.95	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.41		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



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

SIN No: SE04655232



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

Patient Name : Mrs. VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
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Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.43	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.2	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.66	U/L	30-120	IFCC
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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 > 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.
- 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.



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

SIN No: SE04655232

This test has been performed at Apollo Health and Lifestyle Ltd - Gachibowli Park, Apollo Diagnostics Lab



Patient Name	Mrs. VARSHA SHINDE	Collected	09/Mar/2024 09:04AM
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Emp/Auth/TPA ID	8541245		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.52	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.71	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.61	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.21	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.98	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.69	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.67	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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

SIN No: SE04655232



This test has been performed at Apollo Health and Lifestyle Ltd - Guduvanchery Petri Pinn, Diagnostics Lab

Patient Name	Mrs. VARSHA SHINDE	Collected	09/Mar/2024 09:04AM
Age/Gender	: 47 Y 0 M 14 D/F	Received	09/Mar/2024 12:12PM
UHID/MR No	: SPUN.0000046711	Reported	09/Mar/2024 01:52PM
Visit ID	: SPUNOPV61922	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8541245		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.56	U/L	<38	IFCC



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

SIN No: SE04655232



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

Patient Name : Mrs VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:12PM
UHID/MR No : SPUN.D000046711	Reported : 09/Mar/2024 01:21PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.849</b>	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
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma

*Sneha Shah*  
  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No: SPL24041558



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

Patient Name	Mrs VARSHA SHINDE	Collected	09/Mar/2024 09:04AM
Age/Gender	47 Y 0 M 14 D/F	Received	09/Mar/2024 12:11PM
UHID/MR No	SPUN 0000046711	Reported	09/Mar/2024 12:43PM
Visit ID	SPUNOPV61922	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	8541245		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:UR2300930

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





Patient Name : Mrs. VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 04:25PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 05:32PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UPP016939

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



Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:11PM
UHI/ID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 12:43PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)



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

SIN No:UF011027

This test has been performed at Apollo Health and Lifestyle Ltd- Sadeemiv-Path Pathology, Diagnostics Lab



**2D ECHO / COLOUR DOPPLER**

**Name : Mrs. Varsha Shinde**  
**Referred By : Health Checkup**

**Age : 47YRS/F**  
**Date :09/03/2024**

LA – 36      AO – 27      IVS – 14      PW – 10  
LVIDD – 42      LVIDS - 30  
EF 60 %

Mild concentric LVH.  
Grade I diastolic dysfunction  
LVEF 60 %  
Normal sized other cardiac chambers.  
Normal valves. Mild mitral regurgitation.  
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient  
Normal Tricuspid & pulmonary valves.  
Minmial tricuspid regurgitation.  
PA pressures Normal  
Intact IAS and IVS.  
No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

**Mild concentric LVH.**  
Grade I diastolic dysfunction  
LVEF 60 %



**DR.SAMRAT SHAH**  
**MD, CONSULTANT PHYSICIAN**

# EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Varsha Shinde

Date: 09/03/24

Age / Sex: 47 y / F

Ref No.:

Complaint: No complaints

**Examination**

No DM  
No HTN

Unaided Vision  
R 6/6 N10  
L 6/6 N10

**Spectacle Rx**

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	plano	—	—	6/6	plano	—	—
Add (near)	+1.75	—	—	Ng	+1.75	—	—	Ng
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: change glasses.

WNL

PGP  
R ± 1  
L ± 1 0.50 x 90°  
Add +1.25 (BE)

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant: *[Signature]*

**Patient Name:** MRS VARSHA SHINDE 47Y  
**Age:** 47 Years  
**Gender:** F  
**Image Count:** 1  
**Arrival Time:** 09-Mar-2024 13:13

**MR No:** SPUN.0045711  
**Location:** Apollo Spectra Hospital, Pune (Swargate)  
**Physician:** SELF  
**Date of Exam:** 09-Mar-2024  
**Date of Report:** 09-Mar-2024 13:17

## X-RAY CHEST PA VIEW

**HISTORY:** health check up

### 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 SANTOSH RATHOD  
CONSULTANT RADIOLOGIST  
MBBS, DMRD, DNB  
REG NO: 2007/12/4060

#### CONFIDENTIALITY:

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#### PLEASE NOTE:

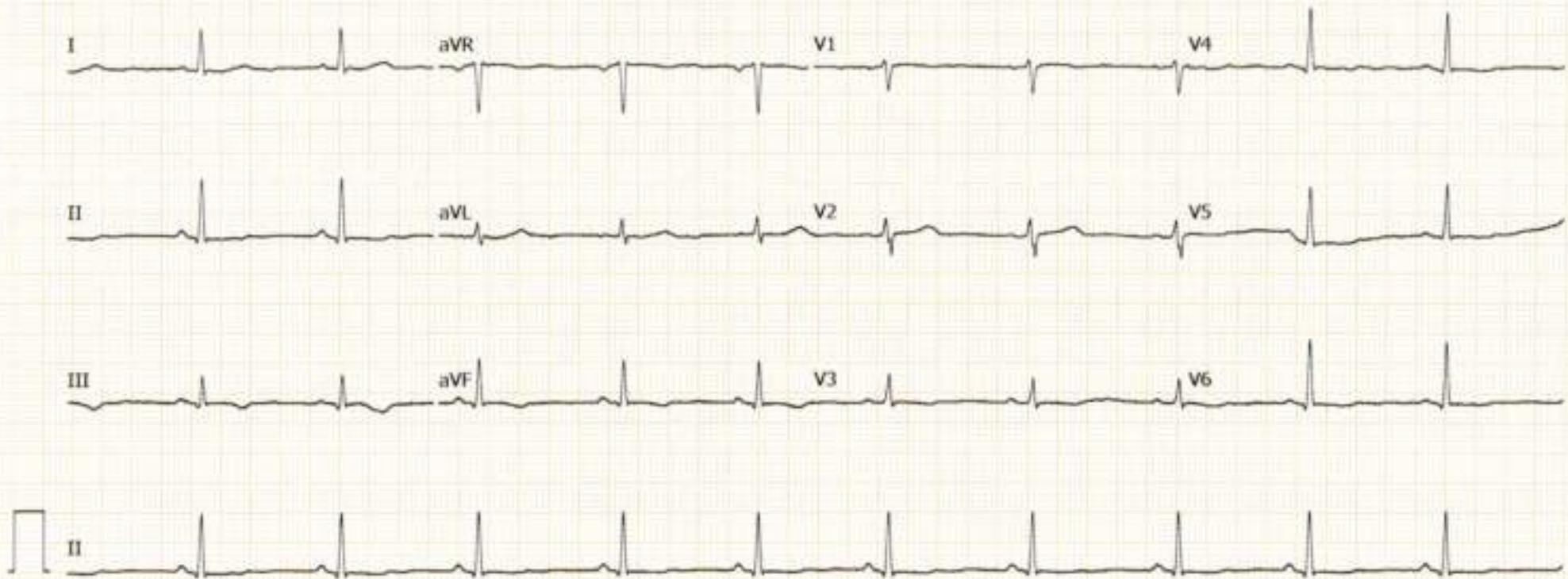
This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

Female

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 422 / 438 ms  
PR : 130 ms  
P : 90 ms  
RR / PP : 924 / 923 ms  
P / QRS / T : 65 / 55 / -34 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG





Name	Mrs Varsha Ranjeet Shinde	Age	47 Years
Patient ID	DD/93/2023-2024/1507	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

### USG ABDOMEN AND PELVIS.

**The liver** appears normal in size, shape and show mild fatty 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 9.4x4.8cms and **the left kidney** measures 11x5.8cms. 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** measures 5.9x3.8x2.9cms in size. The myometrium appears uniform in echotexture. The endometrium measures 4 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:

**Mild fatty Liver.**

**No other significant abnormality is seen.**

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

## Apollo Clinic

### CONSENT FORM

Patient Name: Varsha Ranjeet Shinde Age: 47 / F  
UHID Number: ..... Company Name: Arcofem:

I  Mr/Mrs/Ms Varsha Shinde Employee of Arcofem:

(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.

Dental + ENT Doctors not available

Patient Signature: [Signature] Date: 9/3/2024





Name:	Mrs Varsha Ranjeet Shinde	Age	47 Years
Patient ID	DD/93/2023-2024/1507	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

### SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

A 0.4x0.2cm simple cyst is noted at 11 o'clock position on the right side.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.










#### IMPRESSION:

**A 0.4x0.2cm simple cyst at 11 o'clock position on the right side.**

**No other significant abnormality is seen.**

(Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptoms and other related test. Please interpret accordingly)

  
**Dr. Lalit Deore**  
**MD(Radiology)**

Appointment Id	Corporate Name	Name	Email Id	Mobile	Agreement	Action
90003	ARCOFEMI HEALTHCARE LIMITED	MR. SHINDE RANJEET BHAGRATH	customercare@medwheel.in	8291730663	ARCOFEMI MEDIWHEEL MALE AHC I	  
90000	ARCOFEMI HEALTHCARE LIMITED	MR. SHINDE RANJEET	shinderanjeet1@yahoo.co.in	8291730663	ARCOFEMI MEDIWHEEL MALE AHC I	
89932	ARCOFEMI HEALTHCARE LIMITED	VARSHA RANJEET SHINDE	shinderanjeet1@yahoo.co.in	8291730663	ARCOFEMI MEDIWHEEL FEMALE AH	  
84523	ARCOFEMI HEALTHCARE LIMITED	Poonam Devi	uttam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL FEMALE AH	  
84490	ARCOFEMI HEALTHCARE LIMITED	MR. KUMAR UTTAM	uttam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL MALE AHC I	  



Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:14PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 12:36PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.3	g/dL	12-15	Spectrophotometer
PCV	38.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.7	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65.9	%	40-80	Electrical Impedance
LYMPHOCYTES	25.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3822.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1455.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	191.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	313.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.63		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	339000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	5	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+  
WBC are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.**



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:BED240062675

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

**Apollo Speciality Hospitals Private Limited**  
(Formerly known as a Nova Speciality Hospitals Private Limited)  
CIN- U85100TG2009PTC099414  
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

Address:  
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra

Patient Name : Mrs.VARSHA SHINDE  
Age/Gender : 47 Y 0 M 14 D/F  
UHID/MR No : SPUN.0000046711  
Visit ID : SPUNOPV61922  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8541245

Collected : 09/Mar/2024 09:04AM  
Received : 09/Mar/2024 12:14PM  
Reported : 09/Mar/2024 12:36PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240062675

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra



Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:14PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 01:47PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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



SIN No: BED240062675

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

Patient Name : Mrs.VARSHA SHINDE  
Age/Gender : 47 Y 0 M 14 D/F  
UHID/MR No : SPUN.0000046711  
Visit ID : SPUNOPV61922  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8541245

Collected : 09/Mar/2024 09:04AM  
Received : 09/Mar/2024 12:18PM  
Reported : 09/Mar/2024 12:44PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	80	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:PLF02120874

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

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Address:  
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Pune, Maharashtra



Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 12:53PM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 01:35PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 03:02PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	83	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.



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



SIN No: PLP1429279

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

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CIN- U85100TG2009PTC099414  
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Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra



Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:14PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 01:04PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	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)



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:EDT240028456

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

**ApollO Speciality Hospitals Private Limited**  
(Formerly known as a Nova Speciality Hospitals Private Limited)  
CIN- U85100TG2009PTC099414  
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

Address:  
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra

Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:12PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 01:52PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>210</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>162</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>138.09</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.95	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.41		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



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



SIN No:SE04655232

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

**Apollo Speciality Hospitals Private Limited**  
(Formerly known as Apollo Speciality Hospitals Private Limited)  
CIN- U85100TG2009PTC099414  
Regd Off:1-10-62/62 ,5th Floor, Ashoka Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.No.2/64, Renata Chambers, Saras Baug Road,  
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,  
Pune, Maharashtra

Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:12PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 01:52PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.43	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.2	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	78.66	U/L	30-120	IFCC
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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 > 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.
- 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.



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



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.52</b>	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>13.71</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.61	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.21	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.98	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.69	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.67	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



DR. Sanjay Ingle  
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Consultant Pathologist



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.56	U/L	<38	IFCC



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



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UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 01:21PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.849</b>	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	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:SPL24041558

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

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Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 12:11PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 12:43PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



SIN No:UR2300930

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

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Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 09/Mar/2024 04:25PM
UHID/MR No : SPUN.0000046711	Reported : 09/Mar/2024 05:32PM
Visit ID : SPUNOPV61922	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8541245	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UPP016939

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

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Patient Name : Mrs.VARSHA SHINDE  
 Age/Gender : 47 Y 0 M 14 D/F  
 UHID/MR No : SPUN.0000046711  
 Visit ID : SPUNOPV61922  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8541245

Collected : 09/Mar/2024 09:04AM  
 Received : 09/Mar/2024 12:11PM  
 Reported : 09/Mar/2024 12:43PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



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



SIN No: UF011027

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

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P.No.9 & 10a, S.W.C.2/64, Renata Chambers, Saras Baug Road,  
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Patient Name : Mrs.VARSHA SHINDE	Collected : 09/Mar/2024 09:04AM
Age/Gender : 47 Y 0 M 14 D/F	Received : 10/Mar/2024 07:08PM
UHID/MR No : SPUN.0000046711	Reported : 12/Mar/2024 02:46PM
Visit ID : SPUNOPV61922	Status : Final Report
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Emp/Auth/TPA ID : 8541245	

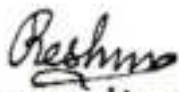
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5407/24
<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 METAPLASTIC CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Parabasal and basal cells with reactive nuclear changes.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL 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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist



SIN No:CS075969

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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