

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinic	cal examination
of Suvama Randale	on 24/02/2024
After reviewing the medical history and on clin that he/she is	ical examination it has been found
that no site is	Tick
Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have been not impediments to the job.	revealed, in my opinion, these are
1	, , , , , , , , , , , , , , , , , , , ,
2	
3	
However the employee should follow the communicated to him/her.	e advice/medication that has been
Review after	
Currently Unfit. Review after	recommended
• Unfit	APOLLO CLINIC - AUNDH Dr. VIDYA DESHPANDE
	Family Physician Dr. Reg.No: 56565 Medical Officer Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

TO BOOK AN APPOINTMENT



Surarna Romdale Date

: 24.02.24.

AGE/Sex

UHID/ MR NO

: 140674

	RIGHT EYE		LEFT EYE
FAR VISION	CHASS	616	Cyps 616
NEAR VISION		N16	N16
ANTERIOR SEGMENT PUPIL		MO	m0
COLOUR VISION		(N)	(3)
FAMILY / MEDICAL HISTORY	*9000dmass	State of the state	

mpression:		
	Participani	

Optometrist:-

Mr. Ritesh Sutnase

d Lifestyle Limited

2, Ashoka Raghupathi Chambers, Sth Floor, Regi, mpet, Hyderabad, Talangana - 308, 315. as No. 4904 77 44 | Small D: enquiry@apollohi.com | www.apollohi.com

Nigdi Pradhikaran | Viman Nagar | Wanowrie

Date

: 24-02-2024

MR NO

: CAUN.0000140674

Name

: M/s Suvarna Randale

Age/ Gender : 26 Y / Female

Consultation Timing: 10:27

Department

: GENERAL

Doctor

Registration No

Qualification

Treight	ारावर प्रभाव कर प्रभाव के प्रभाव के अपने कारण कारण कारण कारण कारण कारण कारण कारण
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Consultation with Sec	

Apollo Clinic Expertise. Closer to you.

	Syvarna Randale.	DATE: 24 12124
PATIENT NAME	: 200gp. Boogga	
AGE	: 26 JE	
MARRIED / UNMARR	ned: mr.G	
MENSTRUAL HISTOR)	r: Cycle-regulers	
	<u>Parks</u>	
MENARCHE	<u> 12-73</u>	
PMC	: 3-4/28-0479 fleet	
en e	: 3-4/28-0449 fleet : 7/2/24	
OBSTETRIC HISTORY	: G P L A	Para O. 180
PAST HISTORY	: <u>DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES</u>	NO.
FAMILY HISTORY	: <u>DM/HT/IHD/MALIGNANCIES</u> WW	

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788





आरतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार Unique Identification Authority of India Government of India

नोदविष्याचा क्रमांक / Enrollment No. 2006/19091/02803

2/04/2012

To Suvarna Nitin Randale ਸ਼ੁਕਾਸ਼ੀ ਜਿਰੀਜ਼ ਵੱਟਰਕੇ At Post Ambika Nagar Kurhe Panache Tal Bhusawal Kurhe Pr. Nashirabad Kurha, Bhusawal, Jalgaon, Maharashtra - 425311 9049693957



KA527845906FH

52784590



आपला आधार क्रमांक / Your Aadhaar No.:

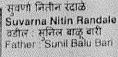
5875 5542 3873

माझे आधार, माझी ओळख



भारत सरकार Coverament of India

Government of India



जस्म तारीख / DOB: 05/12/1997

₹# / Female

5875 5542 3873



माझे आधार, माझी ओळख

आयकर विभाग INCOME TAX DEPARTMENT



भारत सरकार GOVT OF INDIA

स्थायी लेखा संख्या कार्ड Permanent Account Number Card CJCPB7625M

TIT I Name SUVARNA NITIN RANDALE

पिता का नाम / Father's Name SUNIL BALU BARI

जन्म मी तारीखा Date of Birth SWands



Arcofemi/Mediwheel/MALE/FEMALE JEL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2 bob\$10115 Suvarna randate lle nitin@gr| 7.588£+09 | 24-Feb-24 | 9:00 AM | la Clinic - AlMaharashtrd Pune | le Star Buckscho Facility i Confirmed

400

Name: M/s Suvarna Randale

Age/Gender: 26 Y/F Address: PUNE

Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL

Rate Plan: AUNDH_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. BALKRISHNA SURYAKANTRAO RANGDAL

Doctor's Signature

MR No: CAUN.0000140674 Visit ID: CAUNOPV167091 Visit Date: 24-02-2024 10:27

Discharge Date:

Referred By: SELF

II)ate	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
26-02-2024 14:44			18 Rate/min	96 F	147 cms	47 Kgs	%	%	Years	21.75	71 cms	79 cms	cms		AHLL02734

M/s Suvarna Randale

26 Y/F PUNE Age/Gender: Address:

PUNE, MAHARASHTRA Location:

Doctor:

Department: GENERAL
Rate Plan: AUNDH_06042023

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. VIDYA DESHPANDE

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

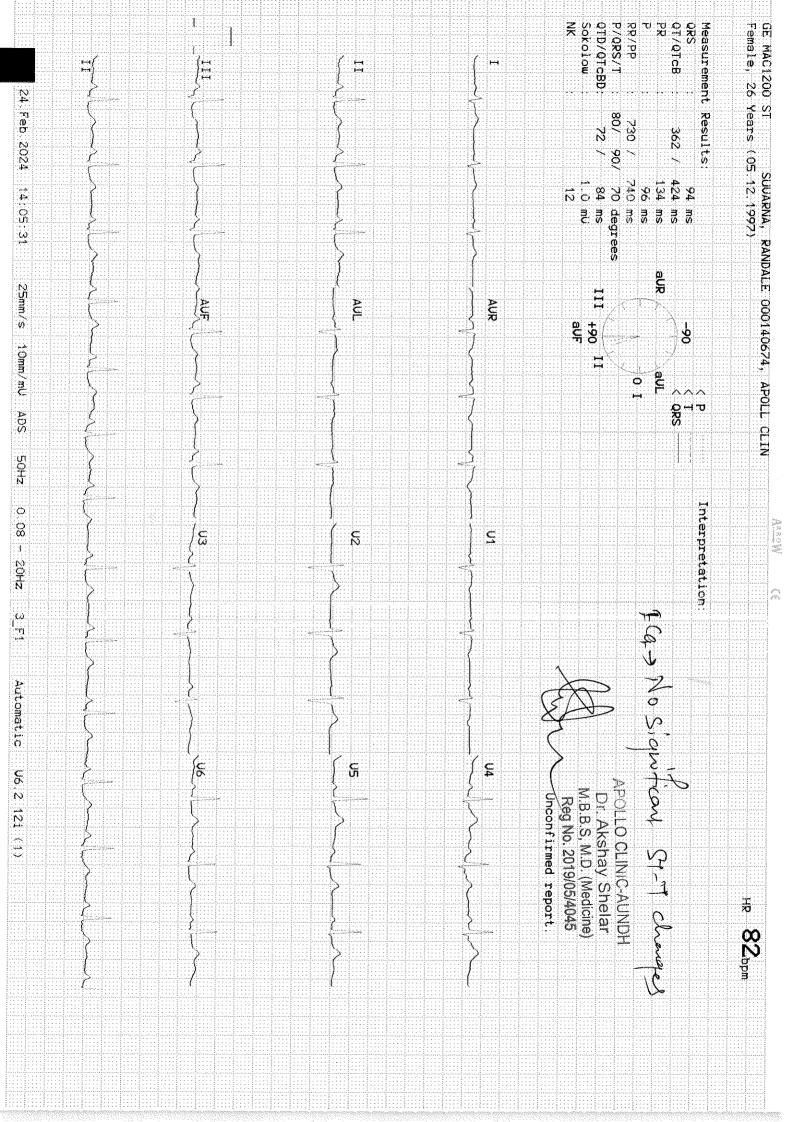
RECOMMENDATION

Doctor's Signature

MR No: CAUN.0000140674 CAUNOPV167091 Visit ID: Visit Date: 24-02-2024 10:27

Discharge Date:

Referred By: SELF



II)ate	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
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26-02-2024 14:44			18 Rate/min	96 F	147 cms	47 Kgs	%	%	Years	21.75	71 cms	79 cms	cms		AHLL02734

2 D ECHO PENDING

Name: M/s Suvarna Randale

Age/Gender: 26 Y/F Address: PUNE

Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL

Rate Plan: AUNDH_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. PRADNYA NIKAM

Doctor's Signature

MR No: CAUN.0000140674
Visit ID: CAUNOPV167091
Visit Date: 24-02-2024 10:27

Discharge Date:

Referred By: SELF

M/s Suvarna Randale

26 Y/F PUNE Age/Gender: Address:

PUNE, MAHARASHTRA Location:

Doctor:

Department: GENERAL Rate Plan: AUNDH_06042023

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. NANDINI SUDHIR BHAGAT

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CAUN.0000140674 CAUNOPV167091 Visit ID: Visit Date: 24-02-2024 10:27

SELF

Discharge Date:

Referred By:

M/s Suvarna Randale

26 Y/F PUNE Age/Gender: Address:

PUNE, MAHARASHTRA Location:

Doctor:

Department: GENERAL
Rate Plan: AUNDH_06042023

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: CAUN.0000140674 CAUNOPV167091 Visit ID: Visit Date: 24-02-2024 10:27

Discharge Date:

Referred By: SELF



Patient Name : M/s Suvarna Randale Age/Gender : 26 Y/F

UHID/MR No. : CAUN.0000140674 **OP Visit No** : CAUNOPV167091

Sample Collected on : Reported on : 24-02-2024 16:01

Ref Doctor : SELF **Emp/Auth/TPA ID** : 362731

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

Scathura

Dr. SUHAS SANJEEV KATHURIA MBBS,DMRE, RADIOLOGY

Radiology



: M/s Suvarna Randale	Age/Gender	: 26 Y/F
: CAUN.0000140674	OP Visit No	: CAUNOPV167091
:	Reported on	: 24-02-2024 17:01
: RAD2247443	Specimen	:
: SELF		
: 362731		
	: CAUN.0000140674 : : RAD2247443 : SELF	: CAUN.0000140674

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> appears normal in size, shape and echotexture. No focal lesion is seen. PV and CBD are normal. No dilatation of the intrahepatic biliary radicals.

<u>Gall bladder</u> is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

Both <u>the kidneys</u> appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 9.8 x 3.7 cm.

Left kidney $-10.0 \times 5.0 \text{ cm}$.

<u>Urinary Bladder</u>: - is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

<u>Uterus</u> appears normal in size measuring 8.2 x 4.4 x 4.0 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

Both ovaries- appear normal in size, shape and echo pattern.

 $\overline{\text{Right ovary}} - 3.1 \times 2.4 \text{ cm}.$

Left ovary $-2.2 \times 1.5 \text{ cm}$.

No obvious free fluid or lymphadenopathy is noted in the abdomen .



Patient Name : M/s Suvarna Randale Age/Gender : 26 Y/F

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

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

Dr. SUHAS SANJEEV KATHURIA MBBS,DMRE, RADIOLOGY

Radiology







: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F : CAUN.0000140674

UHID/MR No

: CAUNOPV167091

Visit ID Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF : 362731

Collected

: 24/Feb/2024 11:00AM

Received

: 24/Feb/2024 01:37PM

Reported

: 24/Feb/2024 03:44PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEDADTMENT OF LIVEWATOR OGA

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic, WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells/hemoparasite seen

Page 1 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240048942







: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID **Ref Doctor** : CAUNOPV167091

Emp/Auth/TPA ID

: Dr.SELF : 362731

Reported

Sponsor Name

Collected

Received

: 24/Feb/2024 01:37PM

: 24/Feb/2024 11:00AM

: 24/Feb/2024 03:44PM

Status : Final Report

: 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	13	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.13	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.9	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,910	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	48.1	%	40-80	Electrical Impedance
LYMPHOCYTES	42.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2842.71	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2517.66	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	425.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.73	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	294000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	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 2 of 15

Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240048942









: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID **Ref Doctor** : CAUNOPV167091

Emp/Auth/TPA ID

: Dr.SELF : 362731

Collected Received

: 24/Feb/2024 11:00AM

: 24/Feb/2024 01:37PM

Reported

: 24/Feb/2024 03:44PM

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

Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240048942

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

Page 3 of 15









: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674 : CAUNOPV167091

Visit ID **Ref Doctor**

Emp/Auth/TPA ID

: Dr.SELF : 362731

Status

Collected

Received

Reported

: 24/Feb/2024 01:37PM : 24/Feb/2024 04:11PM

: 24/Feb/2024 11:00AM

: 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
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	4	*	
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

Page 4 of 15



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

SIN No:BED240048942







: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID Ref Doctor : CAUNOPV167091

: Dr.SELF

Emp/Auth/TPA ID : 362731

Collected

: 24/Feb/2024 11:00AM

Received

: 24/Feb/2024 01:38PM

Reported

: 24/Feb/2024 08:43PM

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
GLUCOSE, FASTING, NAF PLASMA	79	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation	
70-100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	
<70 mg/dL	Hypoglycemia	

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	110	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.

Test Name	Result	Unit	Bio. Ref. Range	Method	
HBA1C (GLYCATED HEMOGLOBIN), V	VHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC	
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated	

Page 5 of 15



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

SIN No:EDT240022073









: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID **Ref Doctor** : CAUNOPV167091

Emp/Auth/TPA ID

: Dr.SELF : 362731

Collected Received

: 24/Feb/2024 11:00AM

: 24/Feb/2024 01:38PM

Reported

: 24/Feb/2024 08:43PM

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

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)

Page 6 of 15



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

SIN No:EDT240022073

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

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road







: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID Ref Doctor : CAUNOPV167091

Emp/Auth/TPA ID

: Dr.SELF : 362731

Collected Received

: 24/Feb/2024 11:00AM : 24/Feb/2024 02:01PM

: 24/Feb/2024 07:55PM

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	151	mg/dL	<200	CHO-POD
TRIGLYCERIDES	64	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.49	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.08		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
	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.

Page 7 of 15



DR. MANISH T. AKARE M.B.B.S, MD(Path.) Consultant Pathologist

SIN No:SE04640838

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

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road







: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID Ref Doctor : CAUNOPV167091

Emp/Auth/TPA ID

: Dr.SELF : 362731

Collected : 24/Feb/2024 11:00AM

Received : 24/Feb/2024 02:01PM

Reported : 24/Feb/2024 07:55PM

Status : Final Report
Sponsor Name : ARCOFEMI HEA

: 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
IVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.38	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.3	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	29.20	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- 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 15



DR. MANISH T. AKARE M.B.B.S, MD(Path.) Consultant Pathologist

SIN No:SE04640838









Certificate N

Patient Name

: M/sSUVARNA RANDALE

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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) , SEF	RUM		
CREATININE	0.50	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.96	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.18	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.12	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.52	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.72	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.77	mmol/L	101–109	ISE (Indirect)

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DR. MANISH T. AKARE M.B.B.S, MD(Path.) Consultant Pathologist

SIN No:SE04640838











Patient Name : M/s

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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	18.08	U/L	<38	IFCC

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SIN No:SE04640838

DR. MANISH T. AKARE M.B.B.S, MD(Path.) Consultant Pathologist







: M/sSUVARNA RANDALE

Age/Gender

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: Dr.SELF : 362731

Collected

: 24/Feb/2024 11:00AM

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: 24/Feb/2024 01:52PM

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Sponsor Name

: 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)	1.47	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.13	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.005	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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This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road



SIN No:SPL24032328







Certificate No

Patient Name

: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID Ref Doctor : CAUNOPV167091

Emp/Auth/TPA ID

: 362731

: Dr.SELF

Collected

: 24/Feb/2024 11:00AM

Received

: 24/Feb/2024 01:52PM

Reported

: 24/Feb/2024 03:03PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24032328

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



Page 12 of 15









: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

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Visit ID Ref Doctor : CAUNOPV167091

Emp/Auth/TPA ID

: Dr.SELF : 362731 Collected

: 24/Feb/2024 11:00AM

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: 24/Feb/2024 02:03PM

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: 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
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2290983

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









: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID

: CAUNOPV167091

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

: 362731

Collected

: 24/Feb/2024 11:00AM

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: 24/Feb/2024 02:03PM

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: 24/Feb/2024 02:17PM

Status Sponsor Name : Final Report

: 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

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

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Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:UF010804







: M/sSUVARNA RANDALE

Age/Gender

: 26 Y 2 M 19 D/F

UHID/MR No

: CAUN.0000140674

Visit ID Ref Doctor : CAUNOPV167091

: Dr.SELF

: 362731

Emp/Auth/TPA ID

Collected

: 24/Feb/2024 02:23PM

Received

: 25/Feb/2024 09:30PM

Reported

: 28/Feb/2024 10:52AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEDARTMENT OF CYTOL OCY

	CYTOLOGY NO.	4034/24		
I	SPECIMEN	×		
a	SPECIMEN ADEQUACY	ADEQUATE		
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)		
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR		
c	ENDOCERVICAL-TRANSFORMATION ZONE	CAL-TRANSFORMATION ABSENT		
d	COMMENTS	SATISFACTORY FOR EVALUATION		
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy		
Ш	RESULT			
a	EPITHEIAL CELL			
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN		
	GLANDULAR CELL ABNORMALITIES	NOT SEEN		
b	ORGANISM	NIL		
IV	INTERPRETATION	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.A.Kalyan Rao M.B.B.S,M.D(Pathology) Consultant Pathologist





SIN No:CS075131

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



