

Patient Name : Mrs.SNEHAL CHAVAN	Collected : 28/Sep/2024 10:20AM
Age/Gender : 35 Y 3 M 21 D/F	Received : 28/Sep/2024 01:03PM
UHID/MR No : SPUN.0000049686	Reported : 28/Sep/2024 02:33PM
Visit ID : SPUNOPV67402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1313665	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.8	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,480	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	39	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3499.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2527.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	64.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	388.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	255000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	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 Abnormal cells seen.				



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



SIN No:BED240233291

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CIN- U85100TG2009PTC099414

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : SPUN.0000049686	Reported : 28/Sep/2024 12:44PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	94	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.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
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.

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

SIN No:EDT240091902



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

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
- A: HbF >25%
B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


Dr Sneha Shah
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Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	99	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.85	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.66	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	58.59	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.09	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.24	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.87	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.31	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.6	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.08	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.75	U/L	<38	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.553	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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SIN No: SPL24141819

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Emp/Auth/TPA ID : 1313665	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	------------------------------------------

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



SIN No: SPL24141819

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

(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. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra

Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN.0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 01:53PM
 Received : 28/Sep/2024 02:56PM
 Reported : 28/Sep/2024 03:40PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
PROLACTIN , SERUM	13.95	ng/mL	3.3 - 26.7	CLIA

Comment:

Normal prolactin secretion varies with time, which results in serum prolactin levels two to three times higher at night than during the day.

Serum prolactin levels during the menstrual cycle are variable and commonly exhibit slight elevations during the mid-cycle.

Prolactin levels in normal individuals tend to rise in response to physiologic stimuli including sleep, exercise, nipple stimulation, sexual intercourse, hypoglycemia, pregnancy (Ref Range- upto 208.5ng/ml), and surgical stress. Prolactin values that exceed the reference values may be due to macroprolactin (prolactin bound to immunoglobulin). Macroprolactin should be evaluated if signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are not informative.



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



SIN No: SPL24141885

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 Raghupathi Chambers,
 Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
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Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 01:53PM
Received : 28/Sep/2024 02:56PM
Reported : 28/Sep/2024 03:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
PROGESTERONE , SERUM	1.84	ng/mL		CLIA

Comment:

REFERENCE GROUP	REFERENCE RANGE IN ng/mL
I. FEMALES	
i. FOLLICULAR PHASE	0.1 - 0.3
ii. LUTEAL PHASE	1.2 - 15.9
iii. PREGNANCY	
a. FIRST TRIMESTER	2.8 - 147.3
b. SECOND TRIMESTER	22.5 - 95.3
c. THIRD TRIMESTER	27.9 - 242.5
iv. POST MENOPAUSAL	0.1 - 0.2
II. MALES	
	0.1 - 0.2

Clinical Use: Detection of ovulation in the evaluation of the function of the corpus luteum; monitoring patients having ovulation during induction with hCG, human menopausal gonadotropin, FSH/LH- releasing hormone, or clomiphene; to evaluate patients at risk for early abortion.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24141885



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

Apollo Speciality Hospitals Private Limited

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Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 12:42PM
Reported : 28/Sep/2024 01:13PM
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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.008		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2414458



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. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN.0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
 Received : 28/Sep/2024 12:49PM
 Reported : 28/Sep/2024 01:15PM
 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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF012120



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

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Reported : 28/Sep/2024 01:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012120



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

Customer Pending Tests
PATIENT NOT INTRSTD FOR DENTAL ENT

Name : Mrs. Snehal Chavan

Age: 35 Y

UHID:SPUN.0000049686

Address : Pune

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:SPUNOPV67402

Bill No :SPUN-OCR-11620

Date : 28.09.2024 09:56

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO (D)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	Gynaecology CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) 1:00	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2:00	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Snehal Chavan on 28/09/2024

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samant Shah
MBBS MD
Reg. No. 7302
Consultant in General Medicine
Apollo Spectra Hospital

Date : 28/09/2024
 MRNO :
 Name : snehal chavan
 Age/Gender :
 Mobile No : 351 F

Department :
 Consultant : Internal Medicine
 Reg. No : DR. SAMRAT SHAH
 Qualification : MBBS, MD
 Consultation Timing :

Pulse : 76b/m	B. P. : 150/80 mmHg	Resp : 20b/m.	Temp : Afebrile
Weight : 57.2 kg	Height : 150 cm	BMI : 25.4	Waist Circum : -

SpO2 100%

General Examination / Allergias
 History

Clinical Diagnosis & Management Plan

found fit to join duty

Dr. Samrat Shah
 MBBS MD
 Reg No. 201097302
 Consultant Internal Medicine
 Apollo Spectra Hospital
 Doctor Signature

Follow up date:

Date : 28/09/2024
MRNO :
Name : Snehal Chavan
Age/Gender :
Mobile No : 351 F

Department : Gynecology
Consultant :
Reg. No : DR. RUCHA TEJE
Qualification : MBBS, MS
Consultation Timing :

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

General Examination / Allergias History

Clinical Diagnosis & Management Plan

35yrs : e/o PMDD

MH : PMC 3-4d post menstrual spotting ⊕ /
2rd - 3rd / RMPL
LMP - 02/9/24

USG : 28/9/24

NAD

ET - 11mm

OH : PILI - USG

PH : NAD

PA : soft

hypogastric tenderness ⊕

Plan :

E+P/
P for
3 cycles

PS - highly unco-operative
inconclusive

Plan on day 2/3 of
periods



Follow up date:

Doctor Signature

Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 01:03PM
Reported : 28/Sep/2024 02:33PM
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. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.8	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,480	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	39	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3499.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2527.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	64.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	388.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	255000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	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 Abnormal cells seen.

Page 1 of 16



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

SIN No:BED240233291

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



Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 01:03PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 02:42PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240233291

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



Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN.0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
 Received : 28/Sep/2024 12:09PM
 Reported : 28/Sep/2024 12:44PM
 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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

- Note:
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
 - Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No:PLF02208652

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



Patient Name	: Mrs SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 01:03PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 04:35PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
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.



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: EDT240091902
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

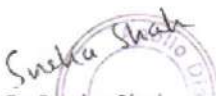
Patient Name : Mrs.SNEHAL CHAVAN
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DEPARTMENT OF BIOCHEMISTRY

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

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240091902

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



Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 12:40PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	99	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.85	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

SIN No: SE04830477

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



Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN 0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
 Received : 28/Sep/2024 12:04PM
 Reported : 28/Sep/2024 12:40PM
 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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.66	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	58.59	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No: SE04830477

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Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
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DEPARTMENT OF BIOCHEMISTRY

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

Page 8 of 16



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

SIN No:SE04830477

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Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN.0000049686
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.09	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.24	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.87	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.31	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.6	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.08	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated



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

SIN No:SE04830477

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	13.75	U/L	<38	IFCC



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

SIN No: SE04830477

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



Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 12:44PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.553	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

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

SIN No: SPL24141819

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

Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 12:44PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL24141819

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



Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN.0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 01:53PM
 Received : 28/Sep/2024 02:56PM
 Reported : 28/Sep/2024 03:40PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
PROLACTIN , SERUM	13.95	ng/mL	3.3 - 26.7	CLIA

Comment:

Normal prolactin secretion varies with time, which results in serum prolactin levels two to three times higher at night than during the day.

Serum prolactin levels during the menstrual cycle are variable and commonly exhibit slight elevations during the mid-cycle. Prolactin levels in normal individuals tend to rise in response to physiologic stimuli including sleep, exercise, nipple stimulation, sexual intercourse, hypoglycemia, pregnancy (Ref Range- upto 208.5ng/ml), and surgical stress. Prolactin values that exceed the reference values may be due to macroprolactin (prolactin bound to immunoglobulin). Macroprolactin should be evaluated if signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are not informative.



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

SIN No:SPL24141885

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 01:53PM
Received : 28/Sep/2024 02:56PM
Reported : 28/Sep/2024 03:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

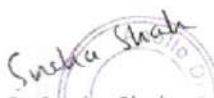
DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
PROGESTERONE , SERUM	1.84	ng/mL		CLIA

Comment:

REFERENCE GROUP		REFERENCE RANGE IN ng/mL
I. FEMALES		
i.	FOLLICULAR PHASE	0.1 - 0.3
ii.	LUTEAL PHASE	1.2 - 15.9
iii.	PREGNANCY	
	a. FIRST TRIMESTER	2.8 - 147.3
	b. SECOND TRIMESTER	22.5 - 95.3
	c. THIRD TRIMESTER	27.9 - 242.5
iv.	POST MENOPAUSAL	0.1 - 0.2
II. MALES		
		0.1 - 0.2

Clinical Use: Detection of ovulation in the evaluation of the function of the corpus luteum; monitoring patients having ovulation during induction with hCG, human menopausal gonadotropin, FSH/LH- releasing hormone, or clomiphene; to evaluate patients at risk for early abortion.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24141885

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 12:42PM
Reported : 28/Sep/2024 01:13PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

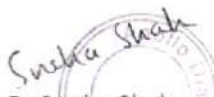
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.008		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.
Microscopy findings are reported as an average of 10 high power fields.

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Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2414458

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 12:49PM
Reported : 28/Sep/2024 01:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

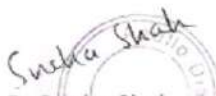
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012120

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012120

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



28.09.2024 10:38:05
APOLLO SPECTRA HOSPITAL
SADASHIV PETH
PUNE-411030

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

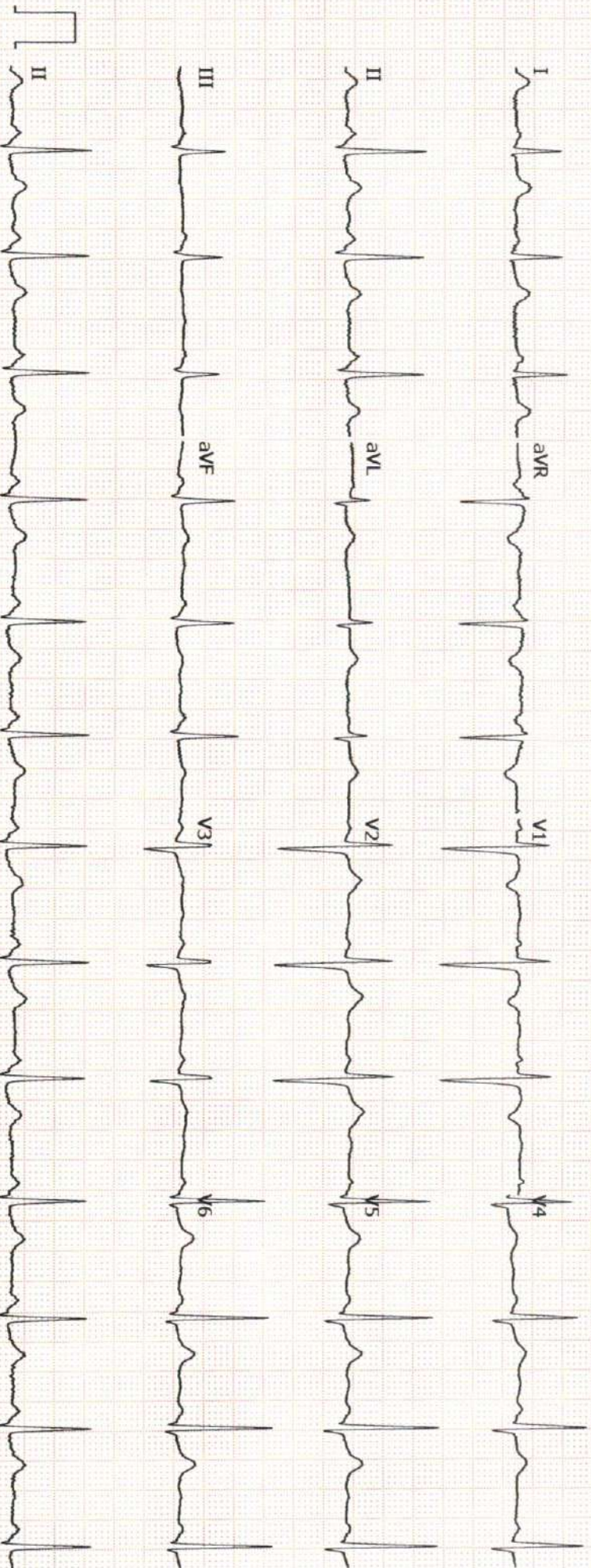
Room:

77 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcbaz : 386 / 436 ms
PR : 128 ms
P : 106 ms
RR / PP : 774 / 779 ms
P / QRS / T : 54 / 56 / 33 degrees

Normal sinus rhythm
Normal ECG



Patient Name:	MRS.SNEHAL CHAVAN 35Y	MR No:	SPUN00049686
Age:	35 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	F	Physician:	SELF
Image Count:	1	Date of Exam:	28-Sep-2024
Arrival Time:	28-Sep-2024 12:04	Date of Report:	28-Sep-2024 12:32

X-RAY CHEST PA VIEW

HISTORY: Health check up

FINDINGS

Cardia is normal in size .

The apices are free

The costophrenic angles are free .No pleural effusion.The cardiophrenic angles are free. No pericardial effusion.


No focal lesion. No consolidation. No collapse.

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



Dr. V.Pavan Kumar.MBBS,DMRD.
Consultant Radiologist
Reg.No : 57017

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.

2D ECHO / COLOUR DOPPLER

Name : Mrs Snehal Chavan
Ref by : Health Checkup

Age : 35YRS / F
Date : 28/09/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 55 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 55 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal

Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Patient's Name :- Snehal Chavan
Ref. Doctor :- Healthcheckup.

AGE : 35 Yrs / F.
DATE : 28/9/2024

USG ABDOMEN & PELVIS

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

Gall bladder : 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. Splenic vein appears normal.

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

Both the kidneys : appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney-9.6 X 4.0 cms. Left kidney – 9.8X 3.9 cms

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

Uterus : appears normal in size measuring 7.6x3.7x4.8 cms. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 11 mm.

Both ovaries :- appear normal in size, shape and echo pattern. No obvious free fluid or lymphadenopathy is noted in the abdomen.

IMPRESSION :-

No significant abnormality detected.


Dr. Rajce Munot, M.D
Consultant Radiologist.

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030
Ph No: 022 - 6720 6500 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

EYE REPORT

TOUCHING LIVES

ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Snehal Charan

Date: 28/9/2024

Age / Sex: 35 yrs, F

Ref No.:

Complaint: Using glasses for distance

Examination

Vision $\left\{ \begin{array}{l} R \ 6/6p, N6 \\ L \ 6/6p, N6 \end{array} \right\}$ unaided

6/6, N6 - corrected vision in both eyes.

Spectacle Rx

* IPD = 61mm * Distance with A.R Coating

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-	0.25	90°	6/6	-	0.25	90°
Read	N6	—————			N6	—————		
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

* Slit lamp

exam —

PGP

* Colour vision —

NAD



Medications:

Trade Name	Frequency	Duration
 		

Follow up: After 6 months.

Consultant: Dr. A.C. Bhargav
M.B.B.S, D.O.M.S.

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com



भारत सरकार

Government of India

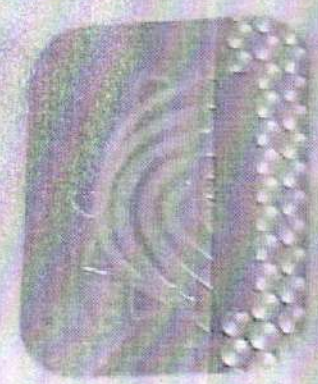


स्नेहल गजानन चव्हाण
Snehal Gajanan Chavan
जन्म तारीख / DOB : 07/06/1989
महिला / Female

90112/2011



9276 2332 1660



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

9276 2332 1660

Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement	Action
303944	ARCOFEMI HEALTHCARE LIMITED	MR NIRMAL RANJEET RAMDAS	ranjithr@mail09@gmail.com	8975796251	ARCOFEMI MEDIWHEEL MALE AHC CR...	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
303853	VISIT HEALTH PRIVATE LIMITED	DINESH PATIL DINESH PATIL	pdinesh@ra.rockwell.com	9049182722	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
303845	VISIT HEALTH PRIVATE LIMITED	MAYUR MOCHARIL MAYUR MOCHARIL	mmonari@ra.rockwell.com	8149198085	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
303820	APOLLO HEALTHCO LIMITED	Apoorva Saurabh Sontakke	operations@alyve.health	9011086006	APOLLO HEALTHCO ALYVE ALFA LAV	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
303819	APOLLO HEALTHCO LIMITED	Saurabh Sontakke	operations@alyve.health	9011086006	APOLLO HEALTHCO ALYVE ALFA LAV	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
300964	VISIT HEALTH PRIVATE LIMITED	Neeraja Patwardhan Neeraja Patwardhan	anish.patwardhan@vodafone.com	9159364274	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
300963	VISIT HEALTH PRIVATE LIMITED	Ansh Patwardhan Anish Patwardhan	anish.patwardhan@vodafone.com	9159364274	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
299725	BAJAJ FINSERV HEALTH LIMITED	Seyali Pushkar Farse	snucham.jadhav2@bajajfinserv.in	7350505900	BAJAJ FINSERV CREDIT SUISSE NE	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
255836	ARCOFEMI HEALTHCARE LIMITED	MS CHAVAN SNEHAL GAJANAN	snehachavann@gmail.com	7378613683	ARCOFEMI MEDIWHEEL FEMALE AHC	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>

Apollo Clinic

CONSENT FORM

Patient Name: Snehal chavan Age: 35/F

UHID Number: Company Name:

I Mr/Mrs/Ms Snehal chavan Employee of Arcotemi

(Company) Want to inform you that I am not interested in getting Dental / ENT

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Snehal Date: 28/09/2024

Name : Mrs. Snehal Chavan

Age: 35 Y

UHID:SPUN.0000049686

Address : Pune

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:SPUNOPV67402

Bill No :SPUN-OCR-11620

Date : 28.09.2024 09:56

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO (D)	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	Gynaecology CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) 1:00	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2:00	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Snehal Chavan on 28/09/2024

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samant Shah
MBBS MD
Reg. No. 7302
Consultant in General Medicine
Apollo Spectra Hospital

Date : 28/09/2024
 MRNO :
 Name : snehal chavan
 Age/Gender :
 Mobile No : 351 F

Department :
 Consultant : Internal Medicine
 Reg. No : DR. SAMRAT SHAH
 Qualification : MBBS, MD
 Consultation Timing :

Pulse : 76b/m	B. P. : 150/80 mmHg	Resp : 20b/m.	Temp : Afebrile
Weight : 57.2 kg	Height : 150 cm.	BMI : 25.4	Waist Circum : -

SpO2 100%

General Examination / Allergias
 History

Clinical Diagnosis & Management Plan

found fit to join duty

Dr. Samrat Shah
 MBBS MD
 Reg No. 201097302
 Consultant Internal Medicine
 Apollo Spectra Hospital

 Doctor Signature

Follow up date:

Date : 28/09/2024
MRNO :
Name : Snehal Chavan
Age/Gender : 35/F
Mobile No :

Department : Gynecology
Consultant :
Reg. No : DR. RUCHA TEJE
Qualification : MBBS, MS
Consultation Timing :

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

General Examination / Allergias History

Clinical Diagnosis & Management Plan

35yrs : efo PMDD

MH : PMC 3-4d post menstrual spotting (+)
2rd - 3rd RMP
LMP - 02/9/24

USG : 28/9/24
NAD
ET - 11mm

OH : PILI - USG

PH : NAD

PA : soft
hypogastric tenderness (+)

Plan :
E+P/
P for
3 cycles

PS - highly unco-operative
inconclusive

Plan on day 2/3 of
periods



Follow up date:

Doctor Signature

Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 01:03PM
Reported : 28/Sep/2024 02:33PM
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. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.8	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,480	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	39	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3499.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2527.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	64.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	388.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	255000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	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 Abnormal cells seen.

Page 1 of 16



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

SIN No:BED240233291

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



Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 01:03PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 02:42PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240233291

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



Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN.0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
 Received : 28/Sep/2024 12:09PM
 Reported : 28/Sep/2024 12:44PM
 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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

- Note:
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
 - Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No:PLF02208652

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



Patient Name	: Mrs SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 01:03PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 04:35PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
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.



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

SIN No:EDT240091902

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

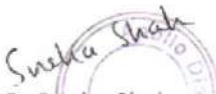
Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 01:03PM
Reported : 28/Sep/2024 04:35PM
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

- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240091902

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



Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 12:40PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	99	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.85	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

SIN No: SE04830477

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



Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN 0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
 Received : 28/Sep/2024 12:04PM
 Reported : 28/Sep/2024 12:40PM
 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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.66	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	58.59	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No: SE04830477

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



Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 12:40PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF BIOCHEMISTRY

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

Page 8 of 16



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

SIN No:SE04830477

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



Patient Name : Mrs.SNEHAL CHAVAN
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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.09	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.24	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.87	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.31	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.6	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.08	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		0.9-2.0	Calculated



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

SIN No:SE04830477

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	13.75	U/L	<38	IFCC



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

SIN No:SE04830477

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



Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 12:44PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.553	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

Page 11 of 16




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

SIN No: SPL24141819

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

Patient Name	: Mrs.SNEHAL CHAVAN	Collected	: 28/Sep/2024 10:20AM
Age/Gender	: 35 Y 3 M 21 D/F	Received	: 28/Sep/2024 12:04PM
UHID/MR No	: SPUN.0000049686	Reported	: 28/Sep/2024 12:44PM
Visit ID	: SPUNOPV67402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1313665		

DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No:SPL24141819

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 01:53PM
Received : 28/Sep/2024 02:56PM
Reported : 28/Sep/2024 03:40PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
PROLACTIN , SERUM	13.95	ng/mL	3.3 - 26.7	CLIA

Comment:

Normal prolactin secretion varies with time, which results in serum prolactin levels two to three times higher at night than during the day.

Serum prolactin levels during the menstrual cycle are variable and commonly exhibit slight elevations during the mid-cycle. Prolactin levels in normal individuals tend to rise in response to physiologic stimuli including sleep, exercise, nipple stimulation, sexual intercourse, hypoglycemia, pregnancy (Ref Range- upto 208.5ng/ml), and surgical stress. Prolactin values that exceed the reference values may be due to macroprolactin (prolactin bound to immunoglobulin). Macroprolactin should be evaluated if signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are not informative.



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

SIN No:SPL24141885

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 01:53PM
Received : 28/Sep/2024 02:56PM
Reported : 28/Sep/2024 03:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

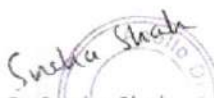
DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
PROGESTERONE , SERUM	1.84	ng/mL		CLIA

Comment:

REFERENCE GROUP		REFERENCE RANGE IN ng/mL
I. FEMALES		
i.	FOLLICULAR PHASE	0.1 - 0.3
ii.	LUTEAL PHASE	1.2 - 15.9
iii.	PREGNANCY	
	a. FIRST TRIMESTER	2.8 - 147.3
	b. SECOND TRIMESTER	22.5 - 95.3
	c. THIRD TRIMESTER	27.9 - 242.5
iv.	POST MENOPAUSAL	0.1 - 0.2
II. MALES		
		0.1 - 0.2

Clinical Use: Detection of ovulation in the evaluation of the function of the corpus luteum; monitoring patients having ovulation during induction with hCG, human menopausal gonadotropin, FSH/LH- releasing hormone, or clomiphene; to evaluate patients at risk for early abortion.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24141885

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 12:42PM
Reported : 28/Sep/2024 01:13PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

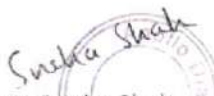
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.008		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.
Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 16


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2414458

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



Patient Name : Mrs.SNEHAL CHAVAN
 Age/Gender : 35 Y 3 M 21 D/F
 UHID/MR No : SPUN.0000049686
 Visit ID : SPUNOPV67402
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
 Received : 28/Sep/2024 12:49PM
 Reported : 28/Sep/2024 01:15PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

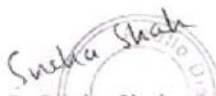
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF012120

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



Patient Name : Mrs.SNEHAL CHAVAN
Age/Gender : 35 Y 3 M 21 D/F
UHID/MR No : SPUN.0000049686
Visit ID : SPUNOPV67402
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1313665

Collected : 28/Sep/2024 10:20AM
Received : 28/Sep/2024 12:49PM
Reported : 28/Sep/2024 01:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012120

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



28.09.2024 10:38:05
APOLLO SPECTRA HOSPITAL
SADASHIV PETH
PUNE-411030

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

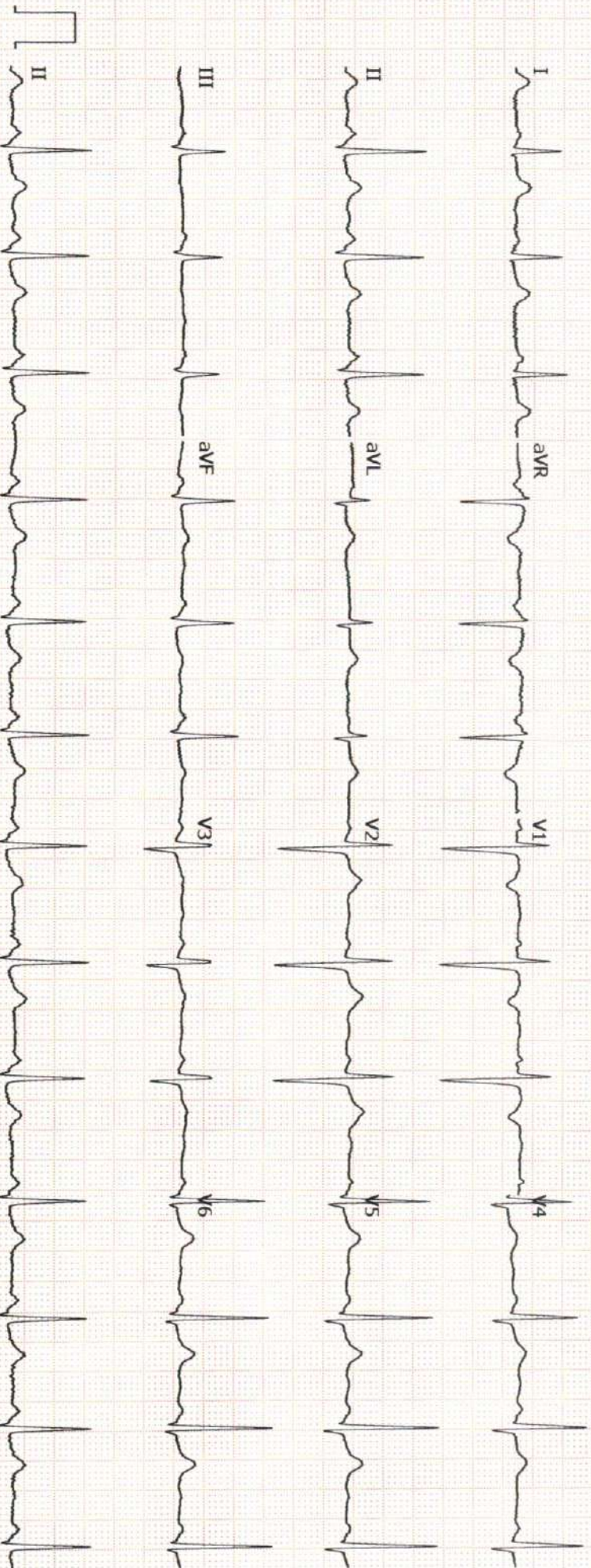
Room:

77 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcbaz : 386 / 436 ms
PR : 128 ms
P : 106 ms
RR / PP : 774 / 779 ms
P / QRS / T : 54 / 56 / 33 degrees

Normal sinus rhythm
Normal ECG



Patient Name:	MRS.SNEHAL CHAVAN 35Y	MR No:	SPUN00049686
Age:	35 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	F	Physician:	SELF
Image Count:	1	Date of Exam:	28-Sep-2024
Arrival Time:	28-Sep-2024 12:04	Date of Report:	28-Sep-2024 12:32

X-RAY CHEST PA VIEW

HISTORY: Health check up

FINDINGS

Cardia is normal in size .

The apices are free

The costophrenic angles are free .No pleural effusion.The cardiophrenic angles are free. No pericardial effusion.


No focal lesion. No consolidation. No collapse.

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



Dr. V.Pavan Kumar.MBBS,DMRD.
Consultant Radiologist
Reg.No : 57017

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.

2D ECHO / COLOUR DOPPLER

Name : Mrs Snehal Chavan
Ref by : Health Checkup

Age : 35YRS / F
Date : 28/09/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 55 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 55 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal

Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Patient's Name :- Snehal Chavan
Ref. Doctor :- Healthcheckup.

AGE : 35 Yrs / F.
DATE : 28/9/2024

USG ABDOMEN & PELVIS

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

Gall bladder : 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. Splenic vein appears normal.

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

Both the kidneys : appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney-9.6 X 4.0 cms. Left kidney – 9.8X 3.9 cms

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

Uterus : appears normal in size measuring 7.6x3.7x4.8 cms. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 11 mm.

Both ovaries :- appear normal in size, shape and echo pattern. No obvious free fluid or lymphadenopathy is noted in the abdomen.

IMPRESSION :-

No significant abnormality detected.


Dr. Rajce Munot, M.D
Consultant Radiologist.

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030
Ph No: 022 - 6720 6500 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

EYE REPORT

TOUCHING LIVES

ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Snehal Charan

Date: 28/9/2024

Age / Sex: 35 yrs, F

Ref No.:

Complaint: Using glasses for distance

Examination

Vision $\left\{ \begin{array}{l} R \ 6/6p, N6 \\ L \ 6/6p, N6 \end{array} \right\}$ unaided

6/6, N6 - corrected vision in both eyes.

Spectacle Rx

* IPD = 61mm * Distance with A.R Coating

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-	0.25	90°	6/6	-	0.25	90°
Read	N6	—————			N6	—————		
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

* Slit lamp

exam

PGP

* Colour vision

NAD

Medications:

Trade Name	Frequency	Duration
 		

Follow up: After 6 months.

Consultant: Dr. A.C. Bhargava
M.B.B.S, D.O.M.S.

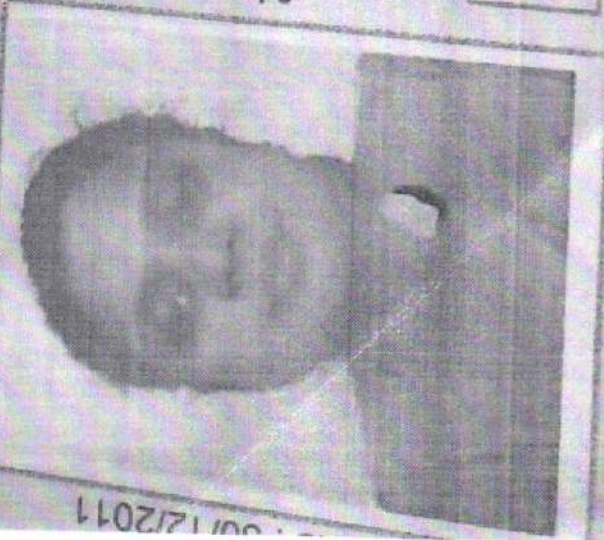
Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com



भारत सरकार

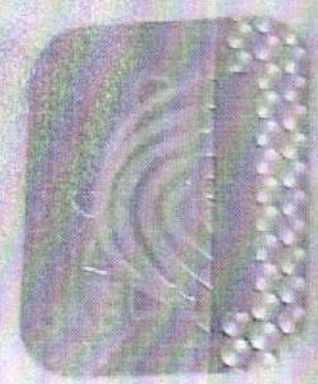
Government of India



स्नेहल गजानन चव्हाण
Snehal Gajanan Chavan
जन्म तारीख / DOB : 07/06/1989
महिला / Female



9276 2332 1660



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

9276 2332 1660

09/12/2011

Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement	Action
303944	ARCOFEMI HEALTHCARE LIMITED	MR NIRMAL RANJEET RAMDAS	ranjithr@mail09@gmail.com	8975796251	ARCOFEMI MEDIWHEEL MALE AHC CR...	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
303853	VISIT HEALTH PRIVATE LIMITED	DINESH PATIL DINESH PATIL	pdinesh@ra.rockwell.com	9049182722	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
303845	VISIT HEALTH PRIVATE LIMITED	MAYUR MOCHARIL MAYUR MOCHARIL	mmonari@ra.rockwell.com	8149198085	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
303820	APOLLO HEALTHCO LIMITED	Apoorva Saurabh Sontakke	operations@alyve.health	9011088006	APOLLO HEALTHCO ALYVE ALFA LAV	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
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300964	VISIT HEALTH PRIVATE LIMITED	Neeraja Patwardhan Neeraja Patwardhan	anish.patwardhan@vodafone.com	9159364274	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
300963	VISIT HEALTH PRIVATE LIMITED	Ansh Patwardhan Anish Patwardhan	anish.patwardhan@vodafone.com	9159364274	VISIT HEALTH VH00CR HC CREDIT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
299725	BAJAJ FINSERV HEALTH LIMITED	Seyali Pushkar Fanse	snushant.jadhav2@bajajfinserv.in	7350505900	BAJAJ FINSERV CREDIT SUISSE NE	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
255836	ARCOFEMI HEALTHCARE LIMITED	MS CHAVAN SNEHAL GAJANAN	snehachavann@gmail.com	7378613683	ARCOFEMI MEDIWHEEL FEMALE AHC	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>