

PATIENT NAME :-MRS.DIPALI GIRHE  
REFERRED BY :- BOB

AGE :-26YRS/F  
DATE :- 24.02.2024

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Mild AML Prolpase.
- Aortic Valve : Normal.
- Tricuspid Valve : Normal.
- Pulmonary Valve : Normal.

**RWMA: Absent.**

RA : Normal  
RV : Normal  
IVS : Intact  
IAS : Intact  
Pericardial effusion : No  
IVC : Normal.

AO – 23 mm, LA – 32 mm, LVIDd – 43 mm, LVISd – 26 mm, IVS – 10 mm, PW – 9 mm.

**CONCLUSION:**

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

Apollo Clinic, Aundh  
Dr. Satyajeeet Suryawanshi  
DN (MBBS, MD (Gen Med),  
DN (CCU, CCN, CCV))  
MAMS, FRCV  
DR.SATYAJEET SURYAWANSHI  
(CONSULTANT CARDIOLOGIST)

P/S : Normal echo does not rule out coronary artery disease.

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph.No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK MAHARASHTRA**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

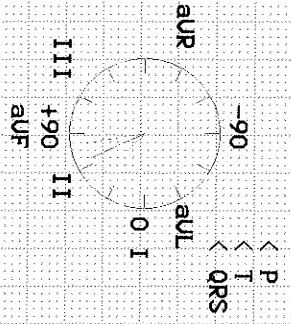
 **1860 500 7788**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
24-02-2024 16:02	70 Beats/min	100/60 mmHg	20 Rate/min	96 F	156 cms	49 Kgs	%	%	Years	20.13	69 cms	75 cms	cms		AHLL09262

Measurement Results:  
 QRS 84 ms  
 QT/QTcB 384 / 448 ms  
 PR 118 ms  
 P 92 ms  
 RR/PP 736 / 730 ms  
 P/QRS/T 80 / 65 / 45 degrees  
 QTd/QTcBD 64 / 75 ms  
 Sokolow 1.6 mV  
 NK 11

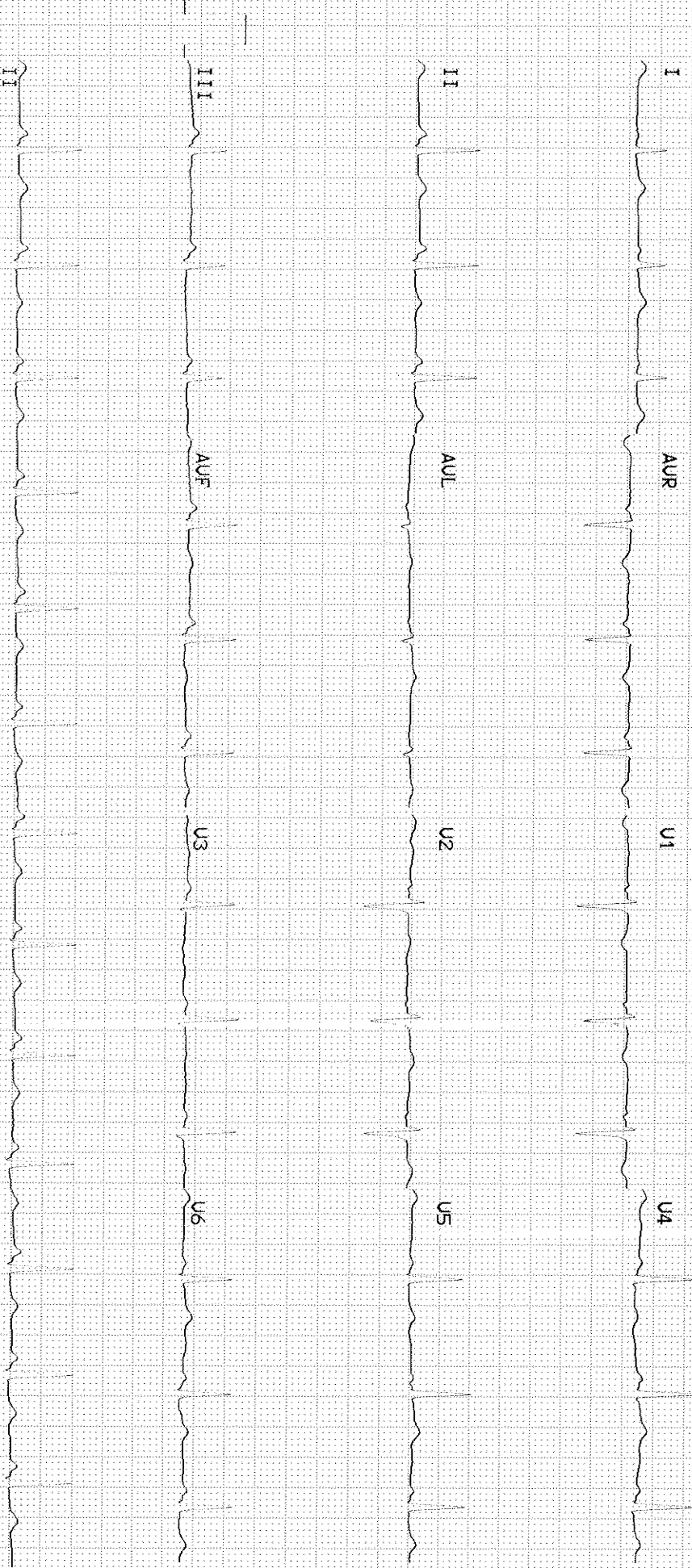


Interpretation:

*ECG → No significant ST-T changes*

*[Signature]*  
 APOLLO CLINIC-AUNDAH  
 Dr. Akshay Shekar  
 M.B.B.S, M.D. (Medicine)  
 Reg.No. 2019/05/4045

Unconfirmed report.



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Name: M/s Dipali Bhagwan Girhe  
Age/Gender: 26 Y/F  
Address: PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA NIKAM

MR No: CAUN.0000140671  
Visit ID: CAUNOPV167087  
Visit Date: 24-02-2024 10:19  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: M/s Dipali Bhagwan Girhe  
Age/Gender: 26 Y/F  
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Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. BALKRISHNA SURYAKANTRAO RANGDAL

MR No: CAUN.0000140671  
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Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CAUN.0000140671  
Visit ID: CAUNOPV167087  
Visit Date: 24-02-2024 10:19  
Discharge Date:  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

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

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Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. VIDYA DESHPANDE

MR No: CAUN.0000140671  
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**Doctor's Signature**

<b>Patient Name</b>	: M/s Dipali Bhagwan Girhe	<b>Age/Gender</b>	: 26 Y/F
<b>UHID/MR No.</b>	: CAUN.0000140671	<b>OP Visit No</b>	: CAUNOPV167087
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 16:42
<b>LRN#</b>	: RAD2247410	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 369119		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMMOGRAPHY - SCREENING**

Breast parenchyma appears normal bilaterally.

There is no evidence of spiculated mass lesion, micro calcification or architectural distortion.

There is no axillary lymphadenopathy on either side.

No obvious chest wall lesion is seen on either side.

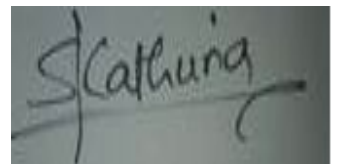
No abnormality is detected in the retro mammary fat.

**IMPRESSION:**

**No significant abnormality detected.**

**Suggest clinical correlation and follow-up**

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



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology

<b>Patient Name</b>	: M/s Dipali Bhagwan Girhe	<b>Age/Gender</b>	: 26 Y/F
<b>UHID/MR No.</b>	: CAUN.0000140671	<b>OP Visit No</b>	: CAUNOPV167087
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-02-2024 17:08
<b>LRN#</b>	: RAD2247410	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 369119		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size, shape and echotexture. No focal lesion is seen. PV and CBD are 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 C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 9.6 x 4.1 cm.

Left kidney – 9.8 x 4.8 cm.

**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 6.7 x 3.6 x 5.5 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.9 mm.

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

Right ovary – 3.2 x 2.3 cm.

Left ovary – 2.5 x 2.0 cm.

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

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**Age/Gender** : 26 Y/F

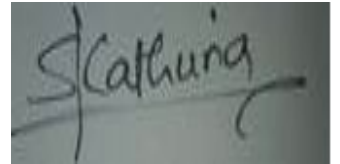
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**IMPRESSION :-**

**No significant abnormality detected.**

Suggest – clinical correlation.

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



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**

Radiology

**Patient Name** : M/s Dipali Bhagwan Girhe

**Age/Gender** : 26 Y/F

**UHID/MR No.** : CAUN.0000140671

**OP Visit No** : CAUNOPV167087

**Sample Collected on** :

**Reported on** : 24-02-2024 15:58

**LRN#** : RAD2247410

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 369119

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

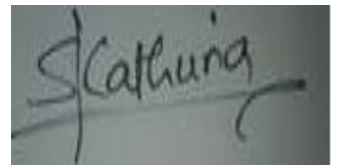
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology




Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 07:00PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 07:53PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240048831

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


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.3</b>	g/dL	12-15	Spectrophotometer
PCV	<b>32.60</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.97	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82.1</b>	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	<b>34.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,560	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	43.7	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>43.3</b>	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2866.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2840.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	387.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	432.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.01		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	287000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	16	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC Predominantly Normocytic Normochromic with Microcytes+  
WBC are normal in number and morphology



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




SIN No:BED240048831

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Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 07:00PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 07:53PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**  
**Platelets are Adequate**  
**No Abnormal cells/hemoparasite seen.**



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Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 07:00PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 08:07PM
Visit ID : CAUNOPV167087	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

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



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Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 01:42PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 02:18PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	75	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.

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

SIN No:PLF02112676

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



Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 01:21PM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 04:10PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 05:22PM
Visit ID : CAUNOPV167087	Status : Final Report
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Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	91	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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

SIN No: PLP1423632

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



Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 07:01PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 08:32PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

DEPARTMENT OF BIOCHEMISTRY

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

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


**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240022018

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



Certificate No: MC-5697

Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 07:31PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 10:04PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHO-POD
TRIGLYCERIDES	41	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.54	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.15	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.77		0-4.97	Calculated

**Comment:**

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

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

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



DR. Sanjay Ingle  
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Consultant Pathologist

SIN No: SE04640727

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





Certificate No: MC-5697

Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 07:31PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 10:04PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	67.69	U/L	30-120	IFCC
PROTEIN, TOTAL	6.62	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.42	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.14	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.31	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.98	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.37	mmol/L	101-109	ISE (Indirect)



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	13.30	U/L	<38	IFCC



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Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 01:59PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 03:21PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.87	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.47	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.252	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



DR. Sanjay Ingle  
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SIN No: SPL24032242

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





Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 01:59PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 03:21PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF IMMUNOLOGY**

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



DR. Sanjay Ingle  
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Consultant Pathologist

SIN No: SPL24032242

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



Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 01:41PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 02:15PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	4 - 5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. Sanjay Ingle  
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Consultant Pathologist

SIN No: UR2290888

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



Patient Name : M/sDIPALI BHAGWAN GIRHE	Collected : 24/Feb/2024 10:40AM
Age/Gender : 26 Y 3 M 24 D/F	Received : 24/Feb/2024 01:43PM
UHID/MR No : CAUN.0000140671	Reported : 24/Feb/2024 01:57PM
Visit ID : CAUNOPV167087	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 369119	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

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



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

SIN No:UF010789

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

