


15

Name : Mrs. Manisha Junaghare	Age : 38 Y	UHID :CVIM.0000138745
Address : ft no 604 bui. 3 kukreja heritage anand oark vishrant wadi punc 411015	Sex : F	 * CVIM.0000138745 *
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CVIMOPV592291*
		Bill No :CVIM-OCR-62966
		Date : 24.02.2024 08:52

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	
✓ 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) - 2hrs.	
✓ 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) 2hrs	
✓ 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)	

HT B12-1.
M. K. K.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Manisha Junghare on 24/2/24

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 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. <u>fatty infiltration of liver</u></p> <p>2.</p> <p>3.</p> <p>However-the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Archana V.
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Dr. Archana V. MBBS
Registration No. 103429

Date : 24-02-2024
MR NO : CVIM.0000138745

Department : GENERAL

Doctor :

Name : Mrs. Manisha Junaghere

Registration No :

Qualification :

Age/ Gender : 38 Y / Female

Consultation Timing: 08:51

Height : 155	Weight : 66.9	BMI :	Waist Circum : 93
Temp : 96.9	Pulse : 80	Resp : 17	B.P. : 130/70 ✓

General Examination / Allergies History

O/E :
PE CNS /
BS / NIAD

P/A - SQE (A)

CNS - NIAD

Clinical Diagnosis & Management Plan

• No specific complaints

• Family Hx:

Mother - DM/HTA.

father - M.

Goals:

- Metformin

- Vitamin Panel I...

Dr. Archana V. MBBS
Registration No. 103429



Doctor Signature

Follow up date:

Mr Manick Joragla

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

S/S

Bill - waf

Diagn - Asymptomatic

ASUG

Follow up date:



Doctor Signature

EYE EXAMINATION

DATE: 24/2/20

MOBILE NO: →

NAME:- NARAYAN

AGE:- 38


CORPORATE:- Adcoffair

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

NARAYAN (R)

Impression – Normal Eye Check Up.

(Ophthalmology)


The Apollo Clinic
DR. M. D. ALAVAND
MBBS. D.O.M.S.
Cor: Sup Eye Surgeon
Reg. no.: - 30319



manisha
38 Years

Jinghare
Female

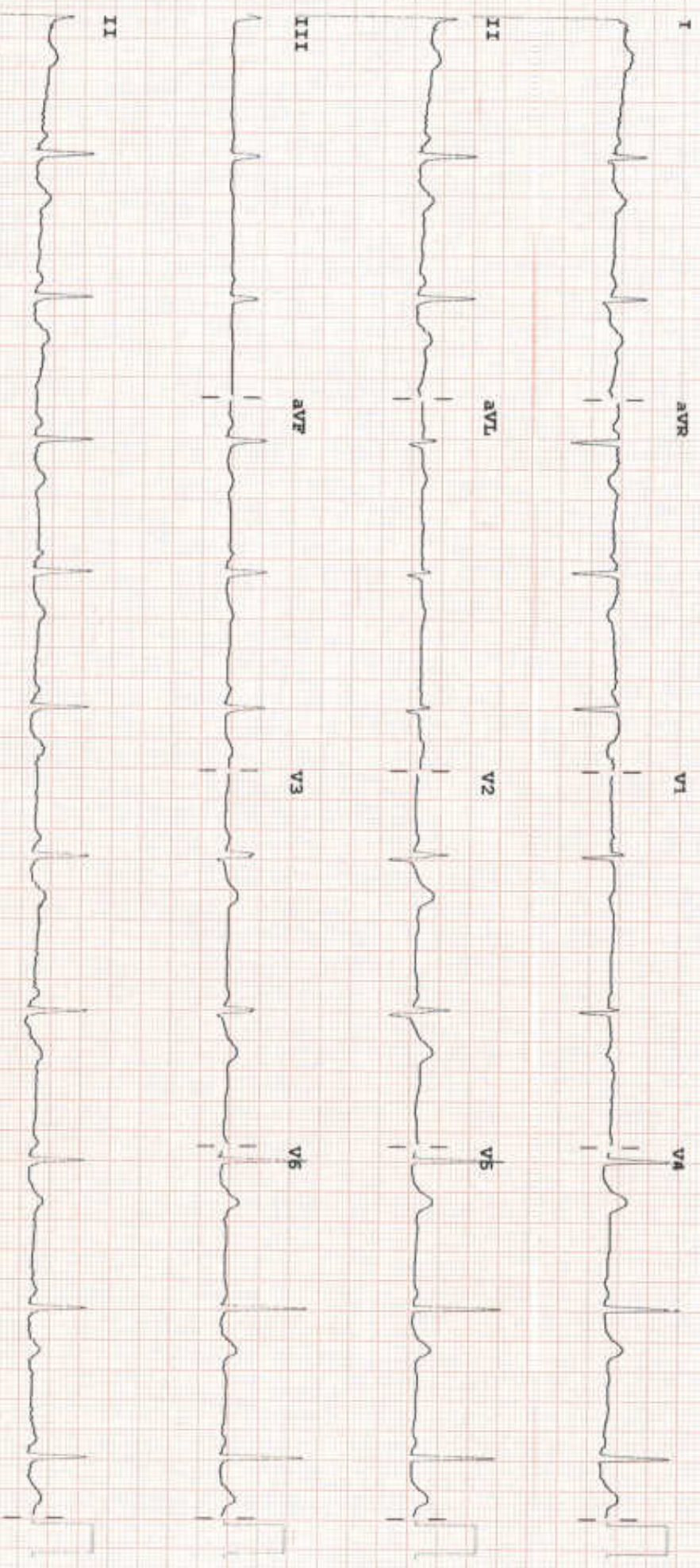
24-Feb-24 12:20:42 PM

Rate 62 Sinus rhythm..... normal P axis, V-rate 50- 99
PR 133 Abnormal R-wave progression, early transition..... QRS area>0 in V2
QRSD 82 Minimal ST depression, lateral leads..... ST <-0.04mV, I aVL V5 V6
QT 397 Baseline wander in lead(s) I, II, aVR, V2, V5
QTc 404

--AXIS--
P 61
QRS 59
T 34
12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Iamb: 10 mm/mV Chest: 10.0 mm/mV

F 50 - 0.50 - 40 Hz W

PH100B CL

??

PHILIPS

REORDER NO: 7370



Certificate No: MC-5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 01:28PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

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

SIN No:BED240048166

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Hyal Millenium Premias, Cooperative Society
Limited, Shop No.51 & 50th Floor, Building "C",
Viman Nagar, Pune, Maharashtra, India - 411014



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Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	39.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	26.5	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3138	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2268	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	240	Cells/cu.mm	20-500	Calculated
MONOCYTES	354	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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



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

SIN No:BED240048166

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Vinay Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5697

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DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED240048166

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Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 02:10PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF HAEMATOLOGY

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

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



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

SIN No: BED240048166

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Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 12:11PM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 02:39PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 04:14PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , <i>NAF PLASMA</i>	90	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , <i>SODIUM FLUORIDE PLASMA (2 HR)</i>	102	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: PLP1423278

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Certificate No: MC- 5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:07PM
Visit ID : CVIMOPV592291	Status : Final Report
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Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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)

Page 6 of 14

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240021597

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



Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 01:00PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:48PM
Visit ID : CVIMOPV592291	Status : Final Report
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Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	118	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	81	mg/dL	<130	Calculated
LDL CHOLESTEROL	61.95	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.54	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.23		0-4.97	Calculated

Comment:

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

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

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



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

SIN No: SE04640038

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.55	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.80	U/L	30-120	IFCC
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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.

Page 8 of 14



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

SIN No: SE04640038

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	10.16	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.38	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.96	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.91	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.64	mmol/L	101-109	ISE (Indirect)



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

SIN No: SE04640038

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





Certificate No: MC-5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 01:00PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:48PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.05	U/L	<38	IFCC



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

SIN No: SE04640038

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



Certificate No: MC-5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 01:11PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 02:20PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.49	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.300	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SPL24031720

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



Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 04:52PM
UHID/MR No. : CVIM.0000138745	Reported : 24/Feb/2024 05:12PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2290282

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





Certificate No: MC-5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 12:11PM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 03:26PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:46PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 13 of 14



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

SIN No:UPP016719

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

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Limited, Shop No.51 & 5th Floor, Building "C",
Viman Nagar, Pune, Maharashtra, India - 411014



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Certificate No: MC-5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 04:52PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 05:15PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Page 14 of 14

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

SIN No:UF010735

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



Patient Name : Mrs. Manisha Junaghere Age : 38 Y F
UHID : CVIM.0000138745 OP Visit No : CVIMOPV592291
Reported on : 24-02-2024 10:27 Printed on : 25-02-2024 13:31
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows Grade I increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is anteverted & normal in size No focal lesion is seen. The endometrium is central & measures 9 mm in thickness with empty cavity.

Both the ovaries appears normal. No adnexal pathology noted on either side. TVS would be more informative

Patient Name : Mrs. Manisha Junaghere
UHID : CVIM.0000138745
Reported on : 24-02-2024 10:27
Adm/Consult Doctor :
Age : 38 Y F
OP Visit No : CVIMOPV592291
Printed on : 25-02-2024 13:31
Ref Doctor : SELF

No obvious abdominal lymphadenopathy is seen. No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted. Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF t present/. Follow up is advised

IMPRESSION:

- Fatty infiltration of liver

Suggest :clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.

Printed on:24-02-2024 10:27

---End of the Report---



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology

Patient Name : Mrs. Manisha Junaghare Age : 38 Y F
UHID : CVIM.0000138745 OP Visit No : CVIMOPV592291
Reported on : 24-02-2024 11:02 Printed on : 25-02-2024 13:31
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:24-02-2024 11:02

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

NAME : MANISHA JUNAGHARE
AGE : 38 Y/ F

DATE : 26/02/2024

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : has thin leaflets, normal subvalvular apparatus. Trivial MR

AORTIC VALVE : Thin trileaflets, normal gradients across the valve. No AR/ AS

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. No LV diastolic dysfunction. Good LV systolic function. LVEF 60%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact.


No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:26MM
LEFT ATRIUM	33MM
IVSd	:10 MM
PWd	:10MM
LVIDd	:44 MM
LVIDs	:29MM
LVEF	: 60 %

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION, LVEF 60%
NO PAH


DR. PRAMOD NARKHEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Patient Name : Mrs. Manisha Junaghare

Age/Gender : 38 Y/F

UHID/MR No. : CVIM.0000138745

OP Visit No : CVIMOPV592291

Sample Collected on :

Reported on : 24-02-2024 11:03

LRN# : RAD2246601

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 347986

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.



Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name	: Mrs. Manisha Junaghare	Age/Gender	: 38 Y/F
UHID/MR No.	: CVIM.0000138745	OP Visit No	: CVIMOPV592291
Sample Collected on	:	Reported on	: 24-02-2024 10:28
LRN#	: RAD2246601	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 347986		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows Grade I increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

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Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is anteverted & normal in size No focal lesion is seen. The endometrium is central & measures 9 mm in thickness with empty cavity.

Both the ovaries appear normal. No adnexal pathology noted on either side. TVS would be more informative

No obvious abdominal lymphadenopathy is seen. No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted. Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF is present/. Follow up is advised

Patient Name : Mrs. Manisha Junaghare

Age/Gender : 38 Y/F

IMPRESSION:

- **Fatty infiltration of liver**

Suggest :clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 01:28PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240048166

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

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 01:28PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	39.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	26.5	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3138	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2268	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	240	Cells/cu.mm	20-500	Calculated
MONOCYTES	354	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
<p>RBC's are Normocytic Normochromic, WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells/hemoparasite seen.</p>				



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



SIN No: BED240048166

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

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
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Visit ID : CVIMOPV592291	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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



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

SIN No: BED240048166

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



Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 02:10PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF HAEMATOLOGY

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

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



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

SIN No: BED240048166

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



Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 12:11PM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 02:39PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 04:14PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	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: PLP1423278

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

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:07PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240021597

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



Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 01:00PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:48PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	118	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	81	mg/dL	<130	Calculated
LDL CHOLESTEROL	61.95	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.54	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.23		0-4.97	Calculated

Comment:

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

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

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



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



SIN No:SE04640038

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

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
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Emp/Auth/TPA ID : 347986	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.55	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.80	U/L	30-120	IFCC
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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



SIN No:SE04640038

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

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 01:00PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:48PM
Visit ID : CVIMOPV592291	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	10.16	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.38	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.96	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.91	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.64	mmol/L	101-109	ISE (Indirect)



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



SIN No: SE04640038

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Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 01:00PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.05	U/L	<38	IFCC



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SIN No:SE04640038

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

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 01:11PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 02:20PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.49	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.300	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 Sneha Shah
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Consultant Pathologist

SIN No:SPL24031720

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



Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 04:52PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 05:12PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Certificate No: MC-5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 12:11PM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 03:26PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 03:46PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No: UPP016719

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

Certificate No: MC-5697

Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 09:23AM
Age/Gender : 38 Y 3 M 22 D/F	Received : 24/Feb/2024 04:52PM
UHID/MR No : CVIM.0000138745	Reported : 24/Feb/2024 05:15PM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

SIN No:UF010735

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



Patient Name : Mrs.MANISHA JUNAGHARE	Collected : 24/Feb/2024 02:35PM
Age/Gender : 38 Y 3 M 22 D/F	Received : 25/Feb/2024 09:30PM
UHID/MR No : CVIM.0000138745	Reported : 28/Feb/2024 10:51AM
Visit ID : CVIMOPV592291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347986	

DEPARTMENT OF CYTOLOGY

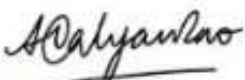
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

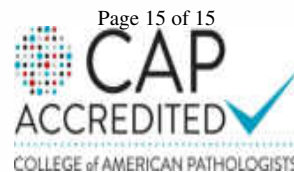
	CYTOLOGY NO.	4035/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



Dr. A. Kalyan Rao
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:CS075139

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