

Patient Name	: Mrs.PAYAL GUPTA	Collected	: 18/Aug/2023 12:06PM
Age/Gender	: 38 Y 3 M 14 D/F	Received	: 18/Aug/2023 02:49PM
UHID/MR No	: SKAR.0000098600	Reported	: 18/Aug/2023 05:00PM
Visit ID	: SKAROPV125688	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221545		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	34.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.9	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4260	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2414	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	142	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	284	Cells/cu.mm	200-1000	Electrical Impedance

PLATELET COUNT	152000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR				
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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



Patient Name : Mrs.PAYAL GUPTA	Collected : 18/Aug/2023 12:06PM
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Visit ID : SKAROPV125688	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	132	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	62	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	84	mg/dL	<130	Calculated
LDL CHOLESTEROL	71.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.75		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	89.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.64	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.50	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.40	mg/dL	2.5-6.2	Uricase
CALCIUM	8.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	12-43	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.98	ng/mL	0.7-2.04	
Thyroxine (T4, TOTAL)	11.65	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	1.080	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:

LBC PAP TEST (PAPSURE)



Dr. Tanish Mandal
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Shivangi Chauhan
M.B.B.S., M.D (Pathology)
Consultant Pathologist



Dr. Nidhi Sachdev
M.B.B.S., MD (Pathology)
Consultant Pathologist




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Payal Gupta on 18/8/23

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 	✓
<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. _____
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
66A/2, New Rohtak Road, Karol Bagh,
New Delhi-110 005

Ph.: 011-49407700, 8448702877
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Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038. Telangana.

Name Payal Age: 38 Y/ Sex: F
Date: 18.8.2023 REF. BY :HC

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver .Intrahepatic bile ducts and portal radicals are normal in caliber

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size , shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.

Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.

Uterus is anteverted, normal in size, shape and echopattern.

Endometrium echo is 5 mm, echogenic.

Both the ovaries appear normal in size, shape, and echopattern.

Bilateral adnexae are clear. No adnexal mass.

No free fluid or pelvic collection seen.

Please correlate clinically


DR. SAURABH, MD
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

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Ameerpet, Hyderabad-500038, Telangana.



=====

NAME: PAYAL GUPTA
REF. BY:HEALTH CHECK UP
DATE: 18.8.2023

=====

AGE 38 Y /SEX/F
UHID: SKAR0000098600
S. NO:13500

=====

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.

No definite pleural or parenchymal pathology seen.

Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.


DR. GLOSSY B SABHARWAL,MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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Ameerpet, Hyderabad-500038, Telangana.

Name : Mrs. Payal Gupta	Age : 38 Y	UHID :SKAR.0000098600
Address : B-1/18B, 2nd Floor, Paschim Vihar New Delhi	Sex : F	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SKAROPV125712
		Bill No :SKAR-OCR-16198
		Date : 18.08.2023 11:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - RADIOLOGY PACK A MALE - PAN INDIA - FY2324	
1	X-RAY CHEST PA	
2	ECG	

Mrs. Payal Gupta
38 yrs / F



18/8/23

Deptt. of Obst. Gynae, Laparoscopic & Endoscopic Surgery

Dr. Malvika Sabharwal

M.B.B.S., D.G.O., Dipl., Endo. Surgery
Awarded Padmashri by the President of India
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
Member : Adv. Laparoscopic & Hysteroscopic Surgery Dipl.
International Society of Gynae laparoscopists
Association of Laparoscopic Surgeons, India
Gasless Laparoscopic Surgeons International, Japan
Indian Association of Gynae Endoscopists
Association of Obst. & Gynaecologist of Delhi
Faculty : Ethicon Institute of Surgical Education, Mumbai
IMA - Academy of Medical Specialities
Federation of Obst. & Gynae. Societies of India
DMC Regn. No. 4686

Dr. Shivani Sabharwal

M.B.B.S., M.S.
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
Association of Obst. & Gynaecologist of Delhi
Federation of Obst. & Gynae. Societies of India
DMC Regn. No. 44715

Dr. Vinay Sabharwal

M.B.B.S., M.S., FICA, F.A.I.S.
Hon. Surgeon to the President of India, 2017
Sir Ganga Ram Hospital
Sr. Member : Association of Surgeons of India
Indian Association of Gastro, Endo Surgeons
Indian Hernia Society
Association of Min. Access Surgeons of India
DMC Regn. No. 4687

Dr. Arush Sabharwal

M.B.B.S, M.S., FMAS (Minimal Access)
DMC Regn. No. 2774

Dr. Glossy Sabharwal

MD, Radio Diagnosis
Breast Interventional Fellow (Paris)
Dept. Clinical Imaging & Interventional Radiology

For appointment please contact :
011-49107700 8448702877

Health check-up

Routine gynae checkup.

P2L2
Both FTNUD
WD = 5 1/2 yrs

M1H
Regular
LMP = 3/8/23

Lax vagina
P/S Ex - Hyperstrophu
UB taken

Asu Biogel's Ex.
Cap Donyral DR 100mg
BD 0-0
Sul Pan 40 800
x14 days.

Tab Metrogyl 400mg
TDS 0-0-0
x7 days.

Course of CC vaginody
x3 days

H → Tab Foscom 150 mg
W Di 1D3/DS

Dr. UBC reports

Sofamycin out of
[Signature]

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12/08/23

Mrs Pooja Gupta
30/F

Few

6/9

6/9

New

WML

WML

WML

WML

WML

[Signature]

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
66A/2, New Rohtak Road, Karol Bagh,
New Delhi-110 005

Ph.: 011-49407700, 8448702877
www.apollospectra.com

Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Gupta
98600

38 Years Female
155 cm 65.2 kg

18.08.2023 10:58:03
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

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

74 bpm
--- / --- mmHg

Normal sinus rhythm
Normal ECG

QRS: 64 ms
QT/QTcBaz: 368 / 408 ms
PR: 148 ms
p: 100 ms
RR/PP: 804 / 810 ms
P/QRS/T: 50 / 50 / 21 degrees

BP: 110/70 mmHg
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

