Certificate No: MC- 5697

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 12:55PM
UHID/MR No	: CVIM.0000241392	Reported	: 25/Jun/2024 02:04PM
Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7034		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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 hemoparasite seen.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240163260
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo TOUCHING LIVES

Certificate No: MC-5697

Apollo Clinic Expertise. Closer to you.

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
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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
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	**35.70**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.37	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**81.7**	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	**14.5**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,340	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.6	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3582.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1927.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	355.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	418.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	57.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.86		0.78- 3.53	Calculated
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	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

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

SIN No:BED240163260
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Certificate No: MC- 5697

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasite seen.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240163260

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Certificate No: MC- 5697

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 12:55PM
UHID/MR No	: CVIM.0000241392	Reported	: 25/Jun/2024 02:27PM
Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240163260

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

Apollo TOUCHING LIVES

Certificate No: MC-5697

Apollo Clinic Expertise. Closer to you.

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 01:06PM
UHID/MR No	: CVIM.0000241392	Reported	: 25/Jun/2024 01:38PM
Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7034		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	79	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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

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

SIN No:PLF02177937

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

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 12:55PM
UHID/MR No	: CVIM.0000241392	Reported	: 25/Jun/2024 02:02PM
Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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*				
HBA1C, GLYCATED HEMOGLOBIN	**6.5**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	140	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.

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

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

SIN No:EDT240069720

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

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 01:12PM
UHID/MR No	: CVIM.0000241392	Reported	: 25/Jun/2024 05:32PM
Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7034		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**215**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	**186**	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**165**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**127.24**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**37.27**	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.28		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.21**		<0.11	Calculated

Comment:

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

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

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

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04759795

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

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
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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
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.71	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**35.63**	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	38.82	U/L	30-120	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.6-8.3	Biuret
ALBUMIN	5.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:

· ALP – Disproportionate increase in ALP compared with AST, ALT.

· Bilirubin may be elevated.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04759795

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DEPARTMENT OF BIOCHEMISTRY

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

- 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 Sneha Shah
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Consultant Pathologist

SIN No:SE04759795

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.83	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	**15.53**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**7.3**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**7.78**	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.73	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.19	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.4	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.86	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.90	g/dL	6.6-8.3	Biuret
ALBUMIN	5.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04759795

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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*	36.61	U/L	<38	IFCC

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04759795

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

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 01:14PM
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Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7034		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.98	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.414	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24105804

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

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 01:14PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24105804

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

Certificate No: MC- 5697

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 12:48PM
UHID/MR No	: CVIM.0000241392	Reported	: 25/Jun/2024 01:05PM
Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7034		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE+		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10 - 12	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	5 - 6	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2373373

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

Certificate No: MC- 5697

Patient Name	: Mrs.ASMITA KADAM	Collected	: 25/Jun/2024 08:59AM
Age/Gender	: 38 Y 0 M 0 D/F	Received	: 25/Jun/2024 12:48PM
UHID/MR No	: CVIM.0000241392	Reported	: 25/Jun/2024 01:05PM
Visit ID	: CVIMOPV612620	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

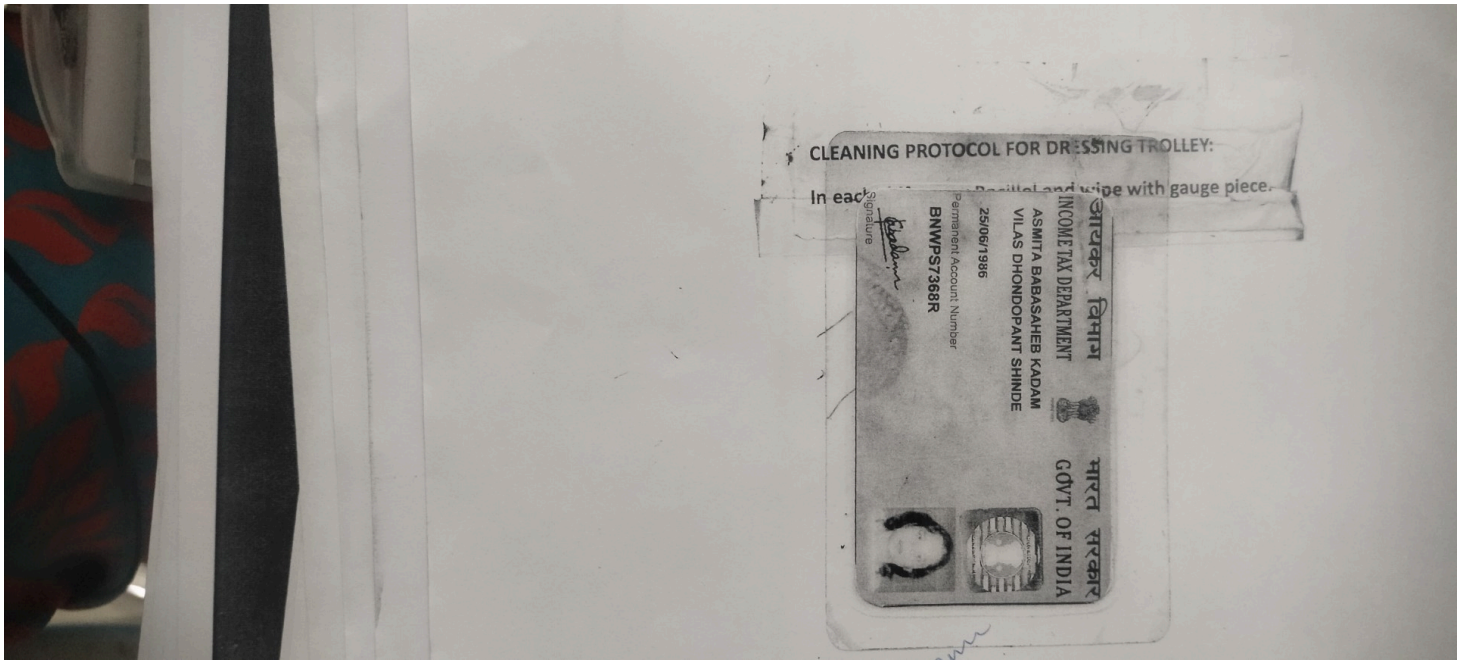
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Result/s to Follow:
LBC PAP SMEAR

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2373373
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab


CLEANING PROTOCOL FOR DRESSING TROLLEY:
In eac
with gauge piece.
आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
ASMITA BABASAHEB KADAM
VILAS DHONDOPANT SHINDE
25/06/1986
Permanent Account Number
BNWPS7368R
Signature

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 2024-06-24 12:06

To:meaamu@gmail.com <meaamu@gmail.com>
Cc:Vimannagar Apolloclinic <vimannagar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>;Dr. Neha Gupta <neha.gupta@apolloclinic.com>

Apollo Health and Lifestyle Ltd

Dear ASMITA BABASAHEB KADAM,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIMAN NAGAR clinic** on **2024-06-25** at **08:30-08:45**.

Payment Mode	
Corporate Name	**ARCOFEMI HEALTHCARE LIMITED**
Agreement Name	**[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]**
Package Name	**[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]**

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: NYATI MILLENIUM PREMISES, COOPERATIVE SOCIETY LIMITED, SHOP NO.S1 & STILT FLOOR, BUILDING "C"".

Contact No: (020) 2663 4331 - 32 - 34.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Patient Name	: Mrs. ASMITA KADAM	**Age/Gender**	: 38 Y/F
UHID/MR No.	: CVIM.0000241392	**OP Visit No**	: CVIMOPV612620
Sample Collected on	:	**Reported on**	: 25-06-2024 10:33
LRN#	: RAD2360849	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E7034		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows grade II 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 partially distended however No obvious pericholecystic fluid is noted. Follow up scan in fasting state is advised

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 echoreflective calculus or soft tissue mass noted.

Uterus is anteverted & normal in size. No focal lesion is seen. The endometrium is central & intrauterine contraceptive devise seen in lower position.

Both ovaries are mildly bulky with Multiple tiny follicles are seen in both the ovaries (about 5 to 6mm in diameter) which are peripherally arranged & with central solid parenchyma. No focal lesion seen.
Left ovary –volume 12-13 cc. Right ovary volume 15-16 cc.

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

Visualized bowel loops appear normal with excessive bowel gases, limiting the evaluation. No abnormal bowel wall thickening or bowel dilatation noted. no probe tenderness / inflammatory changes / collection in RIF at present. Follow up is advised

IMPRESSION:

- **Findings represent polycystic morphology of both ovaries.**
- **Fatty infiltration of liver**
- **Intrauterine contraceptive devise seen in lower position.**

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. Not valid for medicolegal purpose.

Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology