

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

	Tio
Medically Fit	
Fit with restrictions/recommend	dations
not impediments to the job.	nave been revealed, in my opinion, these are
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	follow the advice/medication that has been
However the employee should	follow the advice/medication that has been
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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

Ph No: 010-1901 7777, Fax No: 1901 7711 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT







: Mrs.SAYANTANI DASGUPTA

Age/Gender

: 39 Y 5 M 7 D/F

UHID/MR No

Visit ID Ref Doctor

Emp/Auth/TPA ID : 76167

: CVIM.0000106137

: CAUNOPV165688

: Dr.SELF

Collected : 27/Jan/2024 09:47AM

: 27/Jan/2024 01:26PM Received

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

: 27/Jan/2024 02:32PM

DEPARTMENT OF HAEMATOLOGY

Reported

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		kantoninga tangga baga tangga panggangan kangga baga panggan pantangan panggan panggan baga baga panggan baga Tanggan panggan pangga		у ражин у дону дону дону дону дону дону дону д
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.4	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,570	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D)LC)			
NEUTROPHILS	67.8	%	40-80	Electrical Impedance
LYMPHOCYTES	24.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT		AVEC NOVEMBER STONE TO A INCLUDENCE STONE OF SECURITIES TO A SECURITIES AND A SECURITIES AT THE SECURITIES AND A SECURITIES A		
NEUTROPHILS	3776.46	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1381.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.55	Cells/cu.mm	20-500	Calculated
MONOCYTES	317.49	Cells/cu.mm	200 1000	Calculated
BASOPHILS	11.14	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	229000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR	graphic mengangan ang at ang globa, pigkit kangsalan (Plankangkaha Radaka) (Plankan) (and the second second weighting by highling and analysis black of familiar Photograph decreased from some second, any grouppy groups.	
RRC's are Normacytic Normachromic	ing y at the play second purple from a popular group of propage construction for the second and children is abstract to the second construction of the secon			

RBC's are Normocytic Normochromic,

WBC's are normal in number and morphology

Platelets are Adequate

Page 1 of 14



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

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











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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 No Abnormal cells/hemoparasite seen.

Page 2 of 14



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

SIN No:BED240019808

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APOLLO CLINICS NETWORK

Centriole, Plot #90, 3urvey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007



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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
BLOOD GROUP ABO AND RH FACTOR	, WHOLE BLOOD EDTA		el jorgillante, pero parte ant mengajir parte di ligit perite di professionale del mentali productione del mentali	
BLOOD GROUP TYPE	A	Marchine (and philosophy and habe delegation in the an increase lead Milk Andreas (All Section 1).		Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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SIN No:BED240019808

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POLLO CLINICS NETWORK









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Age/Gender: 39 Y 5 M 7 D/F

UHID/MR No : CVIM.0000106137 Visit ID : CAUNOPV165688

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Ref Doctor : Dr.SEL Emp/Auth/TPA ID : 76167 Collected : 27/Jan/2024 09:47AM Received : 27/Jan/2024 01:25PM

Received : 27/Jan/2024 01:25PM Reported : 27/Jan/2024 04:12PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	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 occasions.

2. 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)	119	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

Page 4 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240008457

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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	анень иссорительного до соружу до контондурования на населения на
FAIR TO GOOD CONTROL	7-8
UNSATISFACTORY CONTROL	8-10
POOR CONTROL	>10

Note: Dictary 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)

Page 5 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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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	277	mg/dL	<200	CHO-POD
TRIGLYCERIDES	190	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	60	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	217	mg/dL	<130	Calculated
LDL CHOLESTEROL	179.38	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.92	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.61		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	\$ 100 miles 100		
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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04610885

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



Centriole, Plot #90, Survey #129, 130/1+2, fft Road, Aundh, Pune, Maharashtra, India - 411007



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Patient Name : Mrs.SAYANTANI DASGUPTA

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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		mental legeration and control of the state o	endinente reconstitui, quae este este este en entre en este en este en entre en entre en entre entre entre entre	energia. Name anciente con escribir problem commentation e en anticipa e en anticipa e en considera e en entre
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.01	U/L	. <35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	101.67	U/L	30-120	IFCC
PROTEIN, TOTAL	7.84	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19	all and the first term of the section of the sectio	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 > 1In 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. 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 Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Range	Method					
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM									
CREATININE	0.65	mg/dL	0.55-1.02	Modified Jaffe, Kinetic					
UREA	25.65	mg/dL	17-43	GLDH, Kinetic Assay					
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated					
URIC ACID	6.97	mg/dL	2.6-6.0	Uricase PAP					
CALCIUM	9.97	mg/dL	8.8-10.6	Arsenazo III					
PHOSPHORUS, INORGANIC	3.78	mg/dL	2.5-4.5	Phosphomolybdate Complex					
SODIUM	136.8	mmol/L	136–146	ISE (Indirect)					
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)					
CHLORIDE	102.98	mmol/L	101–109	ISE (Indirect)					

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE	69.41	U/L	<38	IFCC
(GGT), SERUM				

Page 10 of 14



SIN No:SE04610885

MBBS, MD (Pathology) Consultant Pathologist

Dr Sneha Shah

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.96	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.042	μIU/mL	0.34-5.60	CLIA

Comment:

of the Control of the	For present females	Bio Ref Range for TSH in ulU/ml (As per American
A Proposition of	For pregnant females	Thyroid Association)
refered to most	First trimester .	0.1 - 2.5
STORY STORY	Second trimester	0.2 - 3.0
NA COLUMN TO	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	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	Ν	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	Ν	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

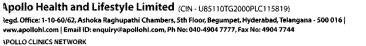
Page 11 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24013037

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



Centriole, Plot #90, Survey #129, 130/1+2, ITI Road Aundh, Pune, Maharashtra, India - 411007









: Mrs.SAYANTANI DASGUPTA

Age/Gender

: 39 Y 5 M 7 D/F

UHID/MR No

: CVIM.0000106137

Visit ID

: CAUNOPV165688

Emp/Auth/TPA ID

: 76167

: 27/Jan/2024 09:47AM

Collected Received

: 27/Jan/2024 01:36PM : 27/Jan/2024 02:53PM

Reported Status

: Final Report

Ref Doctor : Dr.SELF Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Page 12 of 14

Dr Sheha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24013037

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819) legd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangs www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road,











: Mrs.SAYANTANI DASGUPTA Patient Name

: 39 Y 5 M 7 D/F Age/Gender

UHID/MR No : CVIM.0000106137 Visit ID : CAUNOPV165688

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 76167

: 27/Jan/2024 09:47AM Collected

Received : 27/Jan/2024 01:30PM : 27/Jan/2024 01:56PM Reported

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (C	UE) , URINE		$_{11364}$ (and $_{12}$))))).	
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5	kymmethodox afad afanolo da Aria Salah (1968) Bada Aria Bada Salah Bada Salah (1969) Aria Aria Aria Aria Aria Aria Aria Aria	5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020	Per para 1907 TV VIVI BANA LIMBADA ON MARKAN PARAN PARAN BANK ANN BANK AND	1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION	yamagagang manggapannang adhamas kala di gi kan mana akala da		A STATE OF S	
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	uradus dell'illustration de la mandrial del proprio describation del proprio del proprio del proprio del propri	NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	and an analysis of the second	NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	уустандын үүр төрөө байга тоогоороон үүр төөрөө байгаар байгаар байгаар байгаар байгаар байгаар байгаар байгаар	NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY	page granning constanting developing and an application of the developing of the dev		
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL	gogg geg y y g dy, money y y com a wyshem byn gaels fraud Anablid Efneld a MAPAT AAA AFRI y a 19 1996	0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

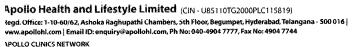
Page 13 of 14



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

SIN No:UR2269387

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





Felangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal







Certificate No: MC- 5697

Patient Name Age/Gender

: Mrs.SAYANTANI DASGUPTA

UHID/MR No

: 39 Y 5 M 7 D/F CVIM.0000106137

Visit ID

: CAUNOPV165688

Emp/Auth/TPA ID : 76167

Collected Received

: 27/Jan/2024 09:47AM : 27/Jan/2024 01:33PM

Reported

: 27/Jan/2024 01:53PM

Status

: Final Report

Ref Doctor : Dr.SELF Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE	felencing state and the second state of the se	NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:

LBC PAP TEST (PAPSURE)

Page 14 of 14



SIN No:UF010363

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Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007



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RR/PP
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QTD/QTcBD
Sokolow
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QRS
QT/QTcB
PR
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Female, 39 Years (28.08.1984)
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: Mrs. Sayantani Dasgupta

UHID

: CVIM.0000106137

Reported on : 27-01-2024 16:48

Adm/Consult Doctor

Age

OP Visit No : CAUNOPV165688 Printed on

: 29-01-2024 15:18

:39 Y F

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

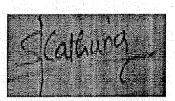
Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

Printed on:27-01-2024 16:48

---End of the Report---



Dr. SUHAS SANJEEV KATHURIA MBBS, DMRE, RADIOLOGY Radiology

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(CIN-U85110TG2000PLC115819)

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT 7788
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1860 500 7788
- Toph - Th Web



: Mrs. Sayantani Dasgupta

UHID

: CVIM.0000106137

Reported on

Adm/Consult Doctor

: 27-01-2024 17:41

Age

: 39 Y F

OP Visit No

: CAUNOPV165688

Printed on

: 27-01-2024 17:42

Ref Doctor

etor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> appears normal in size, shape and echotexture. No focal lesion is seen. PV and CBD are normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder Cholecystectomy status.

Spleen appears normal. No focal lesion seen. Spleenic vein appears normal.

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

Both <u>the kidneys</u> appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney - 8.5 x 4.5 cm.

Left kidney -9.1×5.1 cm.

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

<u>Uterus</u> appears normal in size measuring 7.3 x 4.0 x 6.1 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9.5 mm.

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Page 1 of 2

	TO BOOK A	N APPOIN	TMENT		
Co	1860	500	77	88	



: Mrs. Sayantani Dasgupta

UHID

Reported on

: CVIM.0000106137

: 27-01-2024 17:41

Printed on

Age

: CAUNOPV165688 : 27-01-2024 17:42

: 39 Y F

Ref Doctor : SELF

OP Visit No

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

Right ovary $-2.4 \times 2.0 \text{ cm}$.

Left ovary $-2.3 \times 1.8 \text{ cm}$.

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

IMPRESSION:-

Adm/Consult Doctor :

No significant abnormality detected.

Suggest – clinical correlation.

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

Printed on:27-01-2024 17:41

---End of the Report---



Dr. SUHAS SANJEEV KATHURIA MBBS, DMRE, RADIOLOGY Radiology

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Page 2 of 2

	10 80	OK AN	I APPOIN	IMENT	
6	18	60	500	778	38



PATIENT NAME:-MRS. SAYANTANI DASGUPTA

REFERRED BY :- ARCOFEMI

AGE :- 39YRS/F

DATE :- 27.01.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve

: Normal.

Aortic Valve

: Normal.

Tricuspid Valve

: Normal.

Pulmonary Valve

: Normal.

RWMA: Absent.

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

IVC : Normal.

AO - 23 mm, LA - 29 mm, LVIDd - 39 mm, LVISd - 19 mm, IVS - 10 mm, PW - 10 mm.

CONCLUSION:

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

Apoll Pinic - Aundh
Dr. Satva Varyawanshi

DR.SATYAJEET SURYAWANSHI²⁷⁹⁸ (CONSULTANT CARDIOLOGIST)

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

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1860 500 7788



27/0124

PATIENT NAME: - Bayantani Dasgupla

AGE:- Sgys.

MARRIED/UNMARRIED:

MENSTRUAL HISTORY: - cycle - ugular

MENARCHE:- 1245

PMC: 3/28-30 cmg flow.

LMP: 8 /01/24

OBSTETRIC HISTORY:- G P L A Muly non.

PASTHISTORY: DM/HT/TB/ALLERGIES/ASTHMA/SURGERIES Gall Bladdes.

FAMILY HISTORY: DM/HT/IHD/MALIGNANCIES

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llo Health and Lifestyle Limited
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Office. 1-10-60/62, Ashoka fiaghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
: 040-49047777, Fax No: 4904 7744 [Entail ID: enquiry@apollohl.com www.apollohl.com
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Sayantana Dosqueta Date

27.01.24

AGE/Sex

391 F

UHID/ MR NO

106137

	RIGHT EYE	LEFT EYE
FAR VISION	VA 616	JA 616
NEAR VISION	N/6	MG
ANTERIOR SEGMENT PUPIL	Je D	LaD
COLOUR VISION	(N)	(9)
FAMILY / MEDICAL		

Impression: WNG	
	8

Optometrist:-

Mr. Ritesh Sutnase

14123	ACTE!	Lifestyle	Limites

FG2000PLC115819)

-10-50/52. Ashoka Raghupathi Chambers, 5th Floor, Bequmpet, Hyderabad, Telangana - 500-215, 34 7777, Fax No. 4904-7744 [Email | D: enquiry@apollohi.com | www.apollohi.com

ICS NETWORK MAHARASHTRA

Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

TO BOOK AN APPOINTMENT

© 1860,500 7788

Date

: 27-01-2024

MR NO

: CVIM.0000106137

Name

: Mrs. Sayantani Dasgupta

Age/ Gender : 39 Y / Female

Consultation Timing: 09:35

Department

: GENERAL

Doctor

Registration No :

Qualification

Height	158
Weight	72_
EP	130186
Pulse	82
VV2:5	90
	96
BMI	29
Consultation with Report	
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