



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name : **Sachin Sopan Shete**
कर्मचारी कूट क्र.
E.C.No. : **106401**



जारी करने वाली प्राधिकारी
Issuing Authority
Z.M. (Co-ord/Security)
Zone

हस्ताक्षर
Signature of Holder



भारत सरकार
Government of India



सचिन सोपान शेटे
Sachin Sopan Shete
जन्म तारीख / DOB : 19/06/1977
पुरुष / Male



9289 0421 5904

माझे आधार, माझी ओळख



भारत सरकार
Government of India



Issue Date: 04/06/2012



मिनल सचिन शेटे
Minal Sachin Shete
जन्म तारीख / DOB: 25/04/1978
महिला / Female



9980 7786 4776

मेरा आधार, मेरी पहचान

Fwd: Health Check up Booking Confirmed Request(bobS7643),Package Code-
PKG10000376, Beneficiary Code-249404

Sachin Shete <sachinshete894@gmail.com>

Sat 10-02-2024 09:47

To:Wanowrie Apolloclinic <wanowrie@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Mon, 5 Feb, 2024, 15:08

Subject: Health Check up Booking Confirmed Request(bobS7643),Package Code-PKG10000376,
Beneficiary Code-249404

To: <Sachinshete894@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **SACHIN SOPAN SHETE,**

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 03-02-2024
Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female
Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital : Apollo Clinic, Plot no B-1, Amba Vatika Co-op Housing society,
Near Coffee Day, Khondawa Khurd, Wanowrie -411018
City : Pune
State :
Pincode : 411018
Appointment Date : 10-02-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 am - 09:30 am
Booking Status : Booking Confirmed


Member Information		
Booked Member Name	Age	Gender
Minal Sachin shete	45 year	Female

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

minalshete@yahoo.co.in

Name : Mrs. Minal Shete	Age : 45 Y	UHID :CWAN.0000134546
	Sex : F	
Address : Salisbury Park, Pune		OP Number :CWANOPV226139
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No :CWAN-OCR-50183
		Date : 10.02.2024 09:54

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	6 GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 LBC PAP TEST- PAPSURE	
<input checked="" type="checkbox"/>	13 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	14 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<input checked="" type="checkbox"/>	16 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	17 SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	18 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	19 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	20 ENT CONSULTATION	
<input checked="" type="checkbox"/>	21 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	22 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	23 LIPID PROFILE	
<input checked="" type="checkbox"/>	24 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	25 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	26 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	27 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Wt - 55.8 kg

Ht - 1.65 m

BP - 150/100 mmHg

FREE CONSULTATIONS
DENTAL / PHYSIO / AUDIOMETRY



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Minal Sheke on 13/2/2024

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>Dyslipidemia</u></p> <p>2. <u>Increase in B.P. - Advise Monitoring B.P regularly</u></p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>TMS / Stress Test</u></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"/>



This certificate is not meant for medico-legal purposes

Dr. Mushera
Medical Officer
The Apollo Clinic, (Location)

DR. MUSHERA BAHAINWALA

Reg. No. 147537
Apollo Clinic Wankar
NIBM Road, Kondhwa.

Date : 10-02-2024
 MR NO : CWAN.0000134546
 Name : Mrs. Minal Shete
 Age/ Gender : 45 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:53

Height : 145 cm.	Weight : 55.5 kg.	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 150/96

General Examination / Allergies History

FM - D.M. 1140.
 Had h/o HFN.
 was given meds
 & stopped x
 6 months.

Clinical Diagnosis & Management Plan

: For DM
 - Has been having chest pain radiating to the left hand on 40%
 - Irregular periods.
 Off - 105
 105
 Resp. } was
 Abd }

Adv: - Monitor B.P. regularly.
 - Flyp & Reports
 - Ur. O3 & B12 levels



Dr. Mushfiya Bahrainwala
 M.B.B.S.
 Reg. No.: 47527

SAMPLE
 HC
 9763461253
 Clinic
 9121226368
PATHOLOGY **COLLECTION**
 Follow up date:

Doctor Signature

Measurement Results:

QRS : 88 ms
 QT/QTcB : 356 / 412 ms
 PR : 126 ms
 P : 100 ms
 RR/PP : 748 / 730 ms
 P/QRS/T : 60 / 35 / 35 degrees
 QTd/QTcBd : 34 / 39 ms
 Sokolow : 2.2 mV
 NK : 11



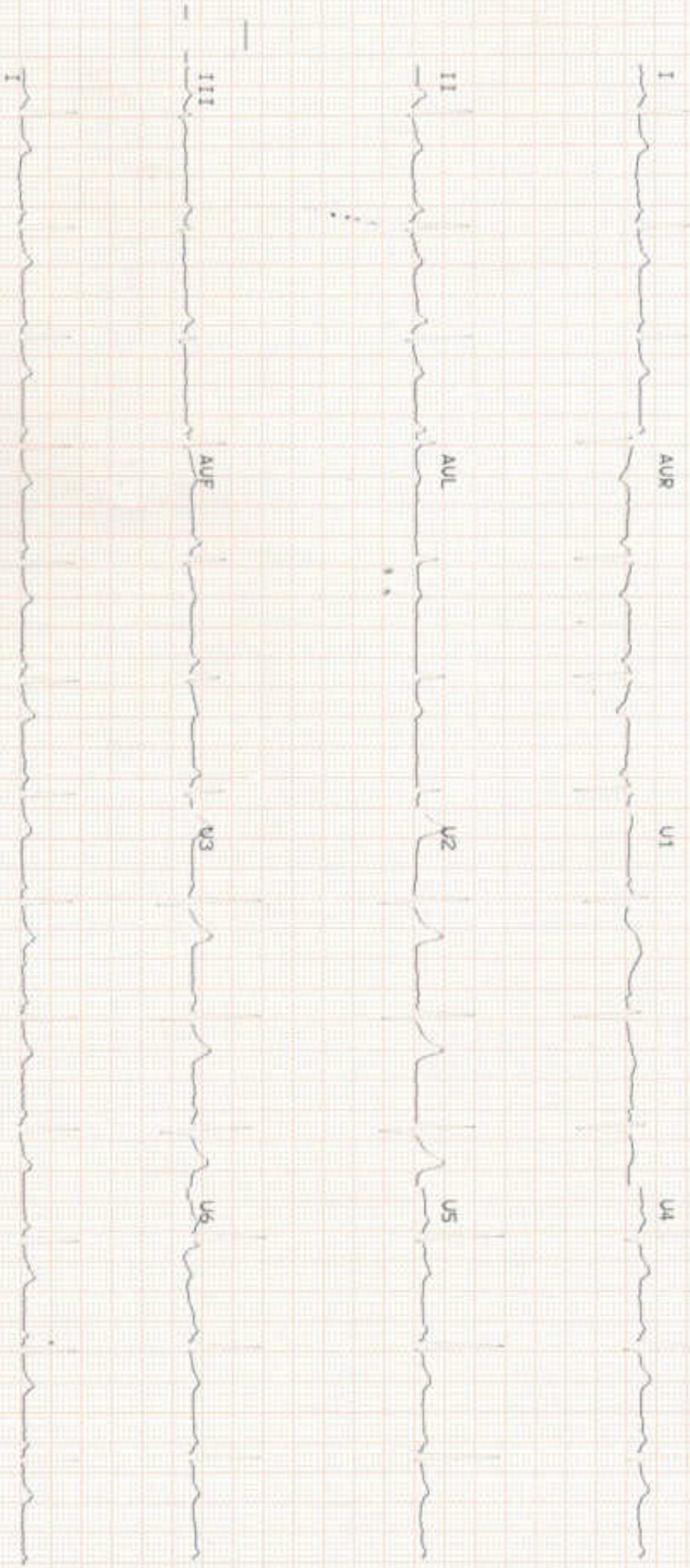
Interpretation:

R/S Inversion area between U1 and U2
 probably normal ECG

(Signature)

Dr. Mushfiya Bahrainwala
 M.B.S.
 Reg. No.: 47527

Unconfirmed report



2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MRS. MINAL SHÈTE

Age/Sex :45/F

Date :10/02/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Borderline concentric LV hypertrophy

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – Diastolic flows are altered, Type I.

Cardiac valves -

Mitral valve –Normal, No mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –10mm Hg

Tricuspid valve – No tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
28	32	12	11.6	34	26	60%

Conclusion:-

Borderline concentric LV hypertrophy.

No RWMA, normal LV systolic function, LVEF – 60%

LV Diastolic dysfunction.

Normal PA pressure.

Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

PATIENT CASE SHEET



Name: Mrs Menal Shete Age: 45 Gender: F

Address: Pune

UHID / Emp Id: 134546

Ref. by Doctor

Treating Doctor

Dr. Apurva

Past Dental History:

H/O RCT T $\frac{6}{6}$

Past Medical History: NAD

Chief Complaint(s):

Regular dental checkup.

Investigation: RVG OPG CBCT

The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mrs. Minak Shete

DATE :- 10/2/24

AGE/SEX :- 45 / F

UHD :

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 +0.75 sph	6/6 -2.50 ds
Near Vision	N/6 +1.25	N/6 +1.25
Anterior Segment Pupil	NORMAL ✓	NORMAL
Fundus	NORMAL ✓	NORMAL
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL NA	NORMAL
Family History/Medical History	NA	

IMPRESSION:- presbyopic

Advice :- use progressive glasses R +0.00
L -2.50
Add +1.25

parag
Ophthalmologist



Apollo Health and Lifestyle Limited

(CIN - UBS110TG2000PLC115B19)

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

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 778

Patient Name	: Mrs. Minal Shete	Age	: 45 Y F
UHID	: CWAN.0000134546	OP Visit No	: CWANOPV226139
Reported on	: 10-02-2024 13:00	Printed on	: 13-02-2024 12:01
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Clinical History:

No complaints. Patient has come for a routine work up.
Menstrual history normal.
No family history of breast disease.
Physical examination is normal

Technique : Real time B-Mode USG of both breasts performed using high frequency linear transducer.

Study shows normal appearance and distribution of fibro glandular breast parenchyma.
No evidence of focal solid or cystic lesion.
No obvious asymmetry or distortion is noted.
No duct ectasia bilaterally.
Nipple areolar complex normal in both breasts.
No abnormal axillary lymphadenopathy detected.

CONCLUSION:

No significant abnormality detected.

Printed on: 10-02-2024 13:00

---End of the Report---


Dr. SATINDER LAMBA
MBBS, DMRE
Dr. Satinder Lamba Radiology
(Ex-Major) Radiologist
Reg. No. 2004/02/388

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115B19)

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

 **1860 500 7788**

Patient Name	: Mrs. Minal Shete	Age	: 45 Y F
UHID	: CWAN.0000134546	OP Visit No	: CWANOPV226139
Reported on	: 10-02-2024 12:52	Printed on	: 10-02-2024 12:58
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows bright echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is suboptimally distended. No obvious calculus/ focal lesion is seen.

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus measures 8.0 x 3.4 x 5.2 cms normal in size, shape and echo pattern. Endometrial echo-complex appears normal and measures 5.2 mm. No focal myometrial lesion noted. A neobthian follicle noted in the cervix measures 8.5 mm.

Both ovaries appear normal in size, shape and echotexture. No focal lesion noted. Right ovary : 2.2 x 1.2 cms Left ovary : 1.9 x 1.3cms. No evidence of any adnexal pathology noted.

No free fluid / abdominal lymphadenopathy.

Apollo Health and Lifestyle Limited

ICN - UES110TG2006PLC115819

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APOLLO CLINICS NETWORK, MAHARASHTRA

Pune (Kundh / Wansad) | Noida (Pradhikaran) | Viman Nagar | Wanowle

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. Minal Shete
UHID : CWAN.0000134546
Reported on : 10-02-2024 12:52
Adm/Consult Doctor :

Age : 45 Y F
OP Visit No : CWANOPV226139
Printed on : 10-02-2024 12:58
Ref Doctor : SELF

IMPRESSION:-

Grade I Hepatic steatosis.

No other 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:10-02-2024 12:52

---End of the Report---



Dr. SATINDER LAMBA
MBBS, DMRE

Dr. Satinder K. Lamba Radiology
(Ex-Major) Radiologist
Reg. No. 2004/02/388

Apollo Health and Lifestyle Limited

ICIN - U85110TG2000PLC113819

Regd. Office: 1-10-60/52, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4004 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. Minal Shete Age : 45 Y F
UHID : CWAN.0000134546 OP Visit No : CWANOPV226139
Reported on : 12-02-2024 10:16 Printed on : 12-02-2024 10:16
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:12-02-2024 10:16

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

Apollo Health and Lifestyle Limited

(CIN - URS110TG2000PLC115819)

Regd. Office: 1-10-60/52, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.


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APOLLO CLINICS NETWORK MAHARASHTRA

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



Patient Name	: Mrs. Minal Shete	Age/Gender	: 45 Y/F
UHID/MR No.	: CWAN.0000134546	OP Visit No	: CWANOPV226139
Sample Collected on	:	Reported on	: 12-02-2024 15:10
LRN#	: RAD2232305	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 106401		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Clinical History:

No complaints. Patient has come for a routine work up.
Menstrual history normal.
No family history of breast disease.
Physical examination is normal

Technique : Real time B–Mode USG of both breasts performed using high frequency linear transducer.

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No evidence of focal solid or cystic lesion.
No obvious asymmetry or distortion is noted.
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Nipple areolar complex normal in both breasts.
No abnormal axillary lymphadenopathy detected.

CONCLUSION:

No significant abnormality detected.

Dr. SATINDER LAMBA
MBBS, DMRE
Radiology

Patient Name	: Mrs. Minal Shete	Age/Gender	: 45 Y/F
UHID/MR No.	: CWAN.0000134546	OP Visit No	: CWANOPV226139
Sample Collected on	:	Reported on	: 10-02-2024 12:58
LRN#	: RAD2232305	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 106401		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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No free fluid / abdominal lymphadenopathy.

IMPRESSION:-

Grade I Hepatic steatosis.

No other 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.



Patient Name : Mrs. Minal Shete

Age/Gender : 45 Y/F

Dr. SATINDER LAMBA
MBBS, DMRE
Radiology

Patient Name	: Mrs. Minal Shete	Age/Gender	: 45 Y/F
UHID/MR No.	: CWAN.0000134546	OP Visit No	: CWANOPV226139
Sample Collected on	:	Reported on	: 12-02-2024 10:16
LRN#	: RAD2232305	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 106401		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology



Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 01:57PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 03:46PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF HAEMATOLOGY

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:BED240033889

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 01:57PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 03:46PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.3	g/dL	12-15	Spectrophotometer
PCV	37.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	82.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	35.2	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,740	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.1	%	40-80	Electrical Impedence
LYMPHOCYTES	29	%	20-40	Electrical Impedence
EOSINOPHILS	0.9	%	1-6	Electrical Impedence
MONOCYTES	7	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3621.94	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1664.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	51.66	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.8	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	175000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	28	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:BED240033889

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





Patient Name	: Mrs.MINAL SHETE	Collected	: 10/Feb/2024 10:21AM
Age/Gender	: 45 Y 9 M 15 D/F	Received	: 10/Feb/2024 01:57PM
UHID/MR No	: CWAN.0000134546	Reported	: 10/Feb/2024 03:46PM
Visit ID	: CWANOPV226139	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 106401		

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No: BED240033889

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 01:57PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 05:27PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF HAEMATOLOGY

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

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



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

SIN No: BED240033889

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:20PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 04:21PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	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.



DR. Sanjay Ingle
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Consultant Pathologist



SIN No: PLF02103905

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

Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 02:13PM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 07:34PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 07:55PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	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
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Consultant Pathologist

SIN No:PLP1417989

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 01:58PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 05:37PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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. Sanjay Ingle
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Consultant Pathologist

SIN No: EDT240014996

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:20PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 06:55PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	270	mg/dL	<200	CHO-POD
TRIGLYCERIDES	188	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	68	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	202	mg/dL	<130	Calculated
LDL CHOLESTEROL	164.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



DR. Sanjay Ingle
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Consultant Pathologist

SIN No: SE04625480

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:20PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 06:55PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.85	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.7	U/L	<35	IFCC
ALKALINE PHOSPHATASE	105.17	U/L	30-120	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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
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Consultant Pathologist

SIN No:SE04625480

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:20PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 06:55PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	21.51	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.86	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.65	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.34	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.26	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.47	mmol/L	101-109	ISE (Indirect)



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SIN No: SE04625480

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:20PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 06:55PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	21.15	U/L	<38	IFCC



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SIN No:SE04625480

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:20PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 03:50PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.887	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



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SIN No:SPL24022340

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:17PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 02:35PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. Sanjay Ingle
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Consultant Pathologist

SIN No: UR2279835

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





Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:21AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 10/Feb/2024 02:17PM
UHID/MR No : CWAN.0000134546	Reported : 10/Feb/2024 02:35PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



DR. Sanjay Ingle
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Consultant Pathologist



SIN No:UF010549

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

Patient Name : Mrs.MINAL SHETE	Collected : 10/Feb/2024 10:23AM
Age/Gender : 45 Y 9 M 15 D/F	Received : 11/Feb/2024 02:15PM
UHID/MR No : CWAN.0000134546	Reported : 12/Feb/2024 04:03PM
Visit ID : CWANOPV226139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 106401	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	2741/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. 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 ***



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SIN No:CS074172

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

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