




<b>Name</b> : Mrs. JAYA BHARVE	<b>Age</b> : 27 Y	<b>UHID</b> :CVIM.0000237458
<b>Address</b> : pune	<b>Sex</b> : F	
<b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :CVIMOPV595258
		<b>Bill No</b> :CVIM-OCR-63422
		<b>Date</b> : 09.03.2024 10:58

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

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Jaya Bhorve on 02/03/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

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

*This certificate is not meant for medico-legal purposes.* Dr. Archana V. MBBS  
 Registration No. 103429

09/13/24

Jaya Bhalve

Age = 27 Y 2/F

Height : 157	Weight : 47	BMI : 19	Waist Circum : 82
Temp : 97.8	Pulse : 90	Resp : 20	B.P : 110/70

General Examination / Allergies History

S/E  
C/S  
R/S  
P/A  
CNS

NAD

Clinical Diagnosis & Management Plan

- Annual health check
- No active complaints
- Medical history - Nil.
- Surgical history - Nil.
- Family history - Nil.
- Addiction - Nil.
- Diet - Mixed.

Basit

Follow up date:

Doctor Signature

Date : 09-03-2024  
 MR NO : CVIM.0000237458  
 Name : Mrs. JAYA BHARVE  
 Age/ Gender : 27 Y / Female

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 10:57

Height : 57	Weight : 47	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

SI JAYA  
 09/03/2024

Follow up date:

  
 Doctor Signature



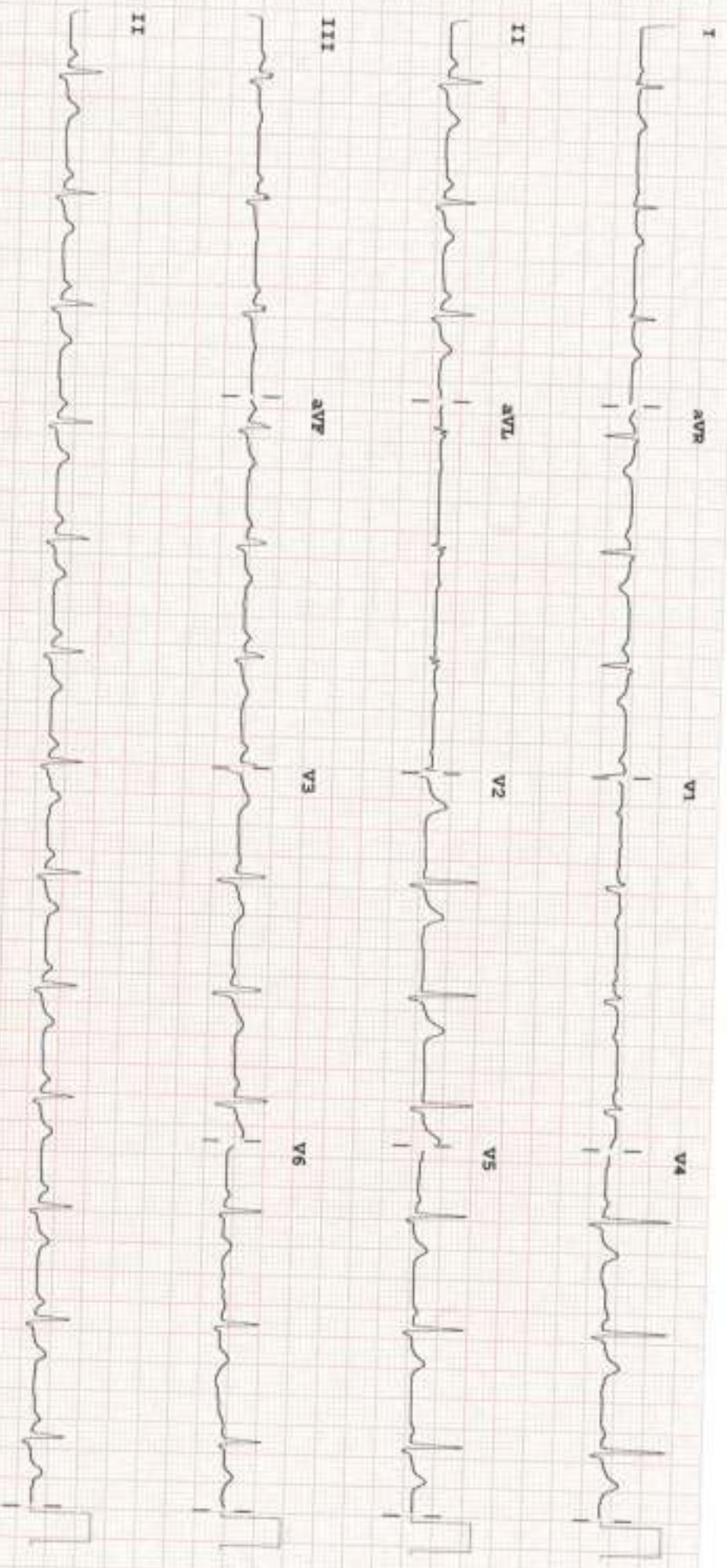
Rate 79 Sinus rhythm  
PR 136 Baseline wander in lead(s) V6  
QRSD 91 normal P axis, V-rate 50-99  
QT 355  
QTc 407

--AXIS--  
P 68  
QRS 48  
T 46

12 Lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

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

PHILIPS

P 50-0.50-40 Hz W

PH100B CL? P?

RECHONDA WATVIA

Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 01:27PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 01:58PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBC's are Normocytic Normochromic,  
WBC's eosinophilia  
Platelets are Adequate  
No hemoparasite seen.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist  
SIN No:BED240063594



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





Certificate No: MC-5697

Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 01:27PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 01:59PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

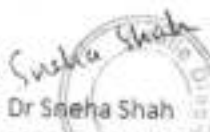
**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	12-15	Spectrophotometer
PCV	41.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	96	fL	83-101	Calculated
MCH	33.4	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,670	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.8	%	40-80	Electrical Impedance
LYMPHOCYTES	26.8	%	20-40	Electrical Impedance
EOSINOPHILS	9	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3921.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1787.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	600.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	313.49	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.69	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.19		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	239000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	8	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic,  
WBC's eosinophilia  
Platelets are Adequate

Page 2 of 14

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist  
SIN No:BED240063594



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



Certificate No: MC-5697

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Visit ID : CV/MOPV596258	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**DEPARTMENT OF HAEMATOLOGY**

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

**No hemoparasite seen.**

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

SIN No: BHD240063594

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Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 01:27PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 02:21PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

*Sneha Shah*  
  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:BED240063594

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Certificate No: MC-5697

Patient Name : Mrs. JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 01:28PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 01:56PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID : bobS13218	

**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:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  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)	85	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 5 of 14



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

SIN No: EDT240029004

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2009PLC115819)

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www.apolloclinic.com | Email: DR.ingie@apollohld.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Ryoti Milkheron Primitia, Cooperative Society Limited, Shop No. 51 & 50th Floor, Building 'C', Waze Nagar, Pune, Maharashtra, India - 411014



1860 500 7788

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**DEPARTMENT OF BIOCHEMISTRY**

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

**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
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240029004

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

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Certificate No: MC-5697

Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 01:29PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 03:05PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	143	mg/dL	<200	CHO-POD
TRIGLYCERIDES	34	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	60	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	84	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.88	mg/dL	<100	Calculated
VLDL CHOLESTEROL	6.72	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.40		0-4.97	Calculated

**Comment:**

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

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

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

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

SIN No: SE04656195

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

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Certificate No: MC-5697

Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 01:29PM
UHD/IR No : CVIM.0000237458	Reported : 09/Mar/2024 03:05PM
Visit ID : CVIMOPV595258	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.77	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.6	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	72.39	U/L	30-120	IFCC
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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

SIN No: SE04656195

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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.44	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.14	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.22	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.14	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.81	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.56	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.47	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated



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

SIN No:SE04656195

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Apollo Health and Lifestyle Limited (CIN - URS110TG2000PLC115819)

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Ryati Widespread Franchise, Cooperative Society  
Limited, Shop No. 51 & 52nd Floor, Building 'C',  
Viman Nagar, Pune, Maharashtra, India - 411004







Certificate No: MC-5497

Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 01:29PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 03:05PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	8.46	U/L	<38	IFCC



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

SIN No:SE04656195

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
Apollo Health and Lifestyle Limited (CIN - U95110TG2000PLC115819)

Regd. Office: 1-18-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
www.apollohd.com | Email ID: enquiry@apollohd.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Ryad Mileem Prabha, Cooperative Society  
Limited, Shop No.51 & 50th Floor, Building "C",  
Viman Nagar, Pune, Maharashtra, India - 411014



Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 DiF	Received : 09/Mar/2024 01:28PM
UHID/IR No : CVIM.0000237458	Reported : 09/Mar/2024 02:54PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOETHYRONINE (T3, TOTAL)	0.89	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.05	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.628	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No: SPL24042290

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



Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 03:06PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 03:23PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	10 - 12	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2301780

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

Regd Office: 1-10-60/62, Ashoka Baghrajathi Chambers, 5th Floor, Bagunpeta, Hyderabad, Telangana - 500 014 |  
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Ryast Bhiksham Premises, Cooperative Society  
Limited, Shop No.51 & 52nd Floor, Building "C",  
Vinson Nagar, Pune, Maharashtra, India - 411014







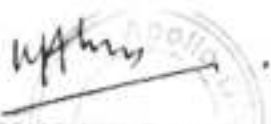
Certificate No: MC-5697

Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 03:31PM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 08:23PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 08:37PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS13218	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist

SIN No:Upp017088

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

Apollo Health and Lifestyle Limited (CIN - U051109G2000PLC115819)

Regd. Office: 1-10-89/62, Ashoka Raghupathi Chambers, 5th Floor Begumpet, Hyderabad, Telangana - 500 016 |  
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 040-4904 7777, Fax No: 4904 7784

Nyati Millenium Prastha, Cooperative Society Limited, Shop No. 57 & 58/1 Floor, Building 'C', Vasant Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5697

Patient Name : Mrs.JAYA BHARVE	Collected : 09/Mar/2024 11:01AM
Age/Gender : 27 Y 1 M 29 D/F	Received : 09/Mar/2024 03:06PM
UHID/MR No : CVIM.0000237458	Reported : 09/Mar/2024 03:25PM
Visit ID : CVIMOPV595258	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bob513218	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

SIN No:UF011110

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



Patient Name	: Mrs. JAYA BHARVE	Age	: 27 Y F
UHID	: CVIM.0000237458	OP Visit No	: CVIMOPV595258
Reported on	: 11-03-2024 11:13	Printed on	: 11-03-2024 13:53
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

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

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

Printed on: 11-03-2024 11:13

---End of the Report---

*Preeti*

**Dr. PREETI P KATHE**  
**DMRE, MD, DNB**  
Radiology



# NO SAMPLE GIVEN

TO,

APOLLO CLINIC

VIMAN NAGAR

Dear sir / madam

I Jaya Prakash Bharve working at

Company Name Bank of Baroda

Have not given the Serology Sample do not wish given it.

USG & 2D + eye (ophthal) + crested

I AGREE

yes

UHID =

 SIGN -