

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mr. Ananti Dhananjay Gaikwad on 12/02/2024

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 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are impediments to the job.</p> <p>1. <u>USG - Grade I fatty liver with focal</u> <u>fat sparing</u></p> <p>2. _____</p> <p>3. _____</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. _____

Medical Officer

Apollo Clinic, (NIGDI) Dr. Anant A. A. Inamdar

This certificate is not meant for medico-legal purposes. MBBS Reg. No. 2021/06/6236



Certificate No: MC-5997

Patient Name	: Mrs.ARATI DHANANJAY GAIKWAD	Collected	: 10/Feb/2024 08:12AM
Age/Gender	: 46 Y 4 M 4 D/F	Received	: 10/Feb/2024 01:38PM
UHID/MR No	: CPIM.0000035606	Reported	: 10/Feb/2024 03:10PM
Visit ID	: CPIMOPV156732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE7509		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.

Impression: Iron Deficiency Anemia

Advice: Iron studies & Hb Electrophoresis




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

STN No:BED240052721

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

Patient Name	: Mrs.ARATI DHANANJAY GAIKWAD	Collected	: 10/Feb/2024 08:12AM
Age/Gender	: 48 Y 4 M 4 D/F	Received	: 10/Feb/2024 01:38PM
UHID/MR No	: CPIM.0000035606	Reported	: 10/Feb/2024 03:10PM
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Emp/Auth/TPA ID	: bobE7509		

DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis




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

SIN No:HE0240032721

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



Certificate No: NC-5837

Patient Name : Mrs.ARATI DHANANJAY GAIKWAD Age/Gender : 48 Y 4 M 4 D/F UHID/MR No : CPIM.0000035606 Visit ID : CPIMOPV156732 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE7509	Collected : 10/Feb/2024 08:12AM Received : 10/Feb/2024 01:38PM Reported : 10/Feb/2024 05:38PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDWHEEL - 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:HEI0240032721

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



Patient Name	Mrs.ARATI DHANANJAY GAIKWAD	Collected	10/Feb/2024 11:32AM
Age/Gender	46 Y 4 M 4 D/F	Received	10/Feb/2024 04:32PM
UHID/MR No	CPIM.0000035606	Reported	10/Feb/2024 05:10PM
Visit ID	CPIMOPV156732	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	bobE7509		

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
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:PLP1417387

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

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Patient Name	: Mrs.ARATI DHANANJAY GAIKWAD	Collected	: 10/Feb/2024 08:12AM
Age/Gender	: 46 Y 4 M 4 D/F	Received	: 10/Feb/2024 01:50PM
UHID/MR No	: CPIM.0000035606	Reported	: 10/Feb/2024 05:25PM
Visit ID	: CPIMOPV156732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE7509		

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fruictosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: 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: EDT240014273

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



Patient Name	: Mrs.ARATI DHANANJAY GAIKWAD	Collected	: 10/Feb/2024 08:12AM
Age/Gender	: 48 Y 4 M 4 D/F	Received	: 10/Feb/2024 02:04PM
UHID/MR No	: CPIM.0000035606	Reported	: 10/Feb/2024 08:35PM
Visit ID	: CPIMOPV156732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 60bE7509		

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	172	mg/dL	<200	CHO-POD
TRIGLYCERIDES	104	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	61	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.89	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.80		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/IDL RATIO, LDL/IDL, 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 Ingole
M.E.B.S.(M.D)(Pathology)
Consultant Pathologist

SIN No. SE04624297

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



Patient Name : Mrs. ARATI DHANANJAY GAIKWAD	Collected : 10/Feb/2024 08:12AM
Age/Gender : 46 Y 1 M 4 D/F	Received : 10/Feb/2024 02:04PM
UI ID/MR No : CPIM.0000035608	Reported : 10/Feb/2024 06:35PM
Visit ID : CPIMOPV156732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7509	

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)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.94	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.80	U/L	30-120	IFCC
PROTEIN, TOTAL	6.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.55	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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. • Diagnostic: 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 disease, 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 Ingole
M.B.B.S, M.D. (Pathology)
Consultant Pathologist

SIN No: SF04624297

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





Certificate No: MC-5697

Patient Name	: Mrs.ARATI DHANANJAY GAIKWAD	Collected	: 10/Feb/2024 08:12AM
Age/Gender	: 46 Y 4 M 4 D/F	Received	: 10/Feb/2024 02:04PM
UHID/MR No	: CPIM.D000035608	Reported	: 10/Feb/2024 06:35PM
Visit ID	: CPIMOPV156732	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE7509		

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 TRANSPEPTIDASE (GGT) , SERUM	13.90	U/L	<38	IFCC



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

SIN No:SE04624297

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





Certificate No: MC-5697

Patient Name : Mrs.ARATI DHANANJAY GAIKWAD Age/Gender : 46 Y 4 M 4 D/F UHID/MR No : CPIM.0000035606 Visit ID : CPIMOPV156732 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE7509	Collected : 10/Feb/2024 08:12AM Received : 10/Feb/2024 02:04PM Reported : 10/Feb/2024 04:21PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.854	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 thyrenidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24021435

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

Patient Name : Mrs. ARATI DHANANJAY GAIKWAD	Collected : 10/Feb/2024 08:12AM
Age/Gender : 48 Y 4 M 4 D/F	Received : 10/Feb/2024 02:01PM
UHID/MR No : CPIM.0000035606	Reported : 10/Feb/2024 02:30PM
Visit ID : CPIMOPV156732	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7509	

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

*** End Of Report ***




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: UH010477

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

CONCENT FORM

Name of the patient : MRS. Arendi Gaikwad

Company Name: _____

Test name : CBC PAP

Reason: I have recently done this test.

A. Gulim
Signature & date

10/02/24

ID: 547
ARATI GAIKWAD
Female 46Y ears

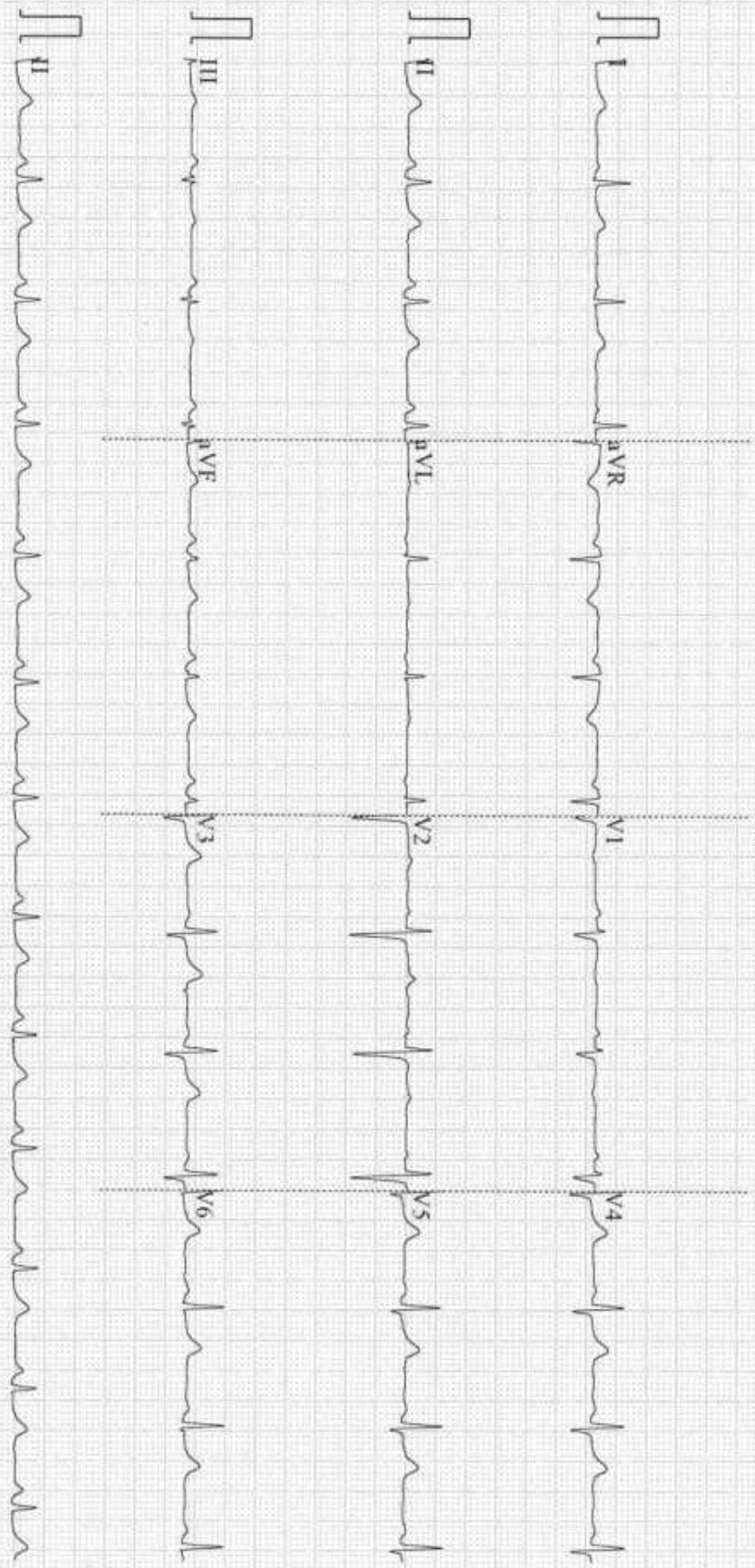
10-02-2024 08:28:12 AM

HR : 74 bpm
P : 107 ms
PR : 144 ms
QRS : 73 ms
QT/QTc : 383/427 ms
P/ORS/T : 72/29/48 °
RV5/SVI : 0.659/0.332 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236



Patient Name	: Mrs. ARATI DHANANJAY GAIKWAD	Age	: 46 Y F
UHID	: CPIM.0000035606	OP Visit No	: CPIMOPV156732
Reported on	: 10-02-2024 17:14	Printed on	: 10-02-2024 19:24
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on: 10-02-2024 17:14

---End of the Report---



Dr. KIRAN PRAHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mrs. ARATI DHANANJAY GAIKWAD Age : 46 Y F
UHID : CPIM.0000035606 OP Visit No : CPIMOPV156732
Reported on : 10-02-2024 08:48 Printed on : 10-02-2024 12:24
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (14.1cm) and bright echotexture. No focal lesion is seen. PV and CBD normal. Right lobe in the subdiaphragmatic region shows a 40x24mm hypoechoic area--may suggest focal fat sparing. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of 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 appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6.1 mm. No intra/extra uterine gestational sac seen.

Patient Name : Mrs. ARATI DHANANJAY GAIKWAD Age : 46 Y F
UHID : CPIM.0000035606 OP Visit No : CPIMOPV156732
Reported on : 10-02-2024 08:48 Printed on : 10-02-2024 12:24
Adm/Consult Doctor : Ref Doctor : SELF

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

GRADE I FATTY LIVER AS DESCRIBED WITH FOCAL FAT SPARING

(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 08:48

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mrs. ARATI DHANANJAY GAIKWAD Age : 46 Y F
UHID : CPIM.0000035606 OP Visit No : CPIMOPV156732
Reported on : 10-02-2024 08:49 Printed on : 10-02-2024 12:23
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals 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 abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.

Patient Name : Mrs. ARATI DHANANJAY GAIKWAD Age : 46 Y F
UHID : CPIM.0000035606 OP Visit No : CPIMOPV156732
Reported on : 10-02-2024 08:49 Printed on : 10-02-2024 12:23
Adm/Consult Doctor : Ref Doctor : SELF

(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 08:49

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. ARATI GAIKWAD	Age/Sex: 46 / F
Ref: ARCOFEMI	Date: 10.02.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	30.0 mm	Aortic Root	28.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	39.0 mm	LVID (s)	21.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION



DR. RAJENDRA V. CHAVAN
MD (MEDICINE), DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: T-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, Kharad) | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 10.02.24

Patient Name *Arati Gaikwad*

UHID:

Age / Sex: *46 yr 1 F*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 > 18pt</i>	<i>6/6 > 18pt</i>
Near Vision	<i>16</i>	<i>16</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

same Rx.

IMPRESSION:-

[Signature]
OPTOMETRIST

Mr. Arati Garkwad.
46yrs / F.10th Feb 2024

Ht - 4'9" ; wt - 57.7 kg.

Δ - Calcium deficiency. ; Abd. discomfort ; Gases.

Dietary habit - Mixed diet.Job - Very Sedentary lifestyle.Daily DietMorning Time :- 1 glass luke warm water
+ 2 pinch ajwain powder
+ lemon juice
+ Normal salt.Morning Exercise - walk 40-45 min.Morning Time - 1 cup green tea less sugarBreakfast :- Chapati + Bhaji / Methi Thepla /
Palak paratha / Idli sambar.
+ 1 Fruit + 1 Boiled egg (whole)

11 am - Buttermilk.

1 - 2 pm - Lunch :- Salad - 2 cucumbers / 2 Tomato,
Sabji (Hing).
+ 1-2 Chapati + less oily
+ Dal / Sprouts / Boiled egg / 2-3 pcs chicken or fish
Curry. (week once)**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

1860 500 7788

Ananti Gaikwad

46yrs

10/2/24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Camp: 6/2/24
 PM c -
 In Ai
 Pincer I : PTMS 194ms (17)
 NO Abidp
 PAI - sub

Green - visible
 (H/O - Biopsy 24ms)
 Private
 Family (H/O Bare G)
 in mother

29.1.24
 Pap. Zullamnamy
 pap
 (USG + sonomemo)
 WNL

21 2
 (4 days Heavy)
 Abidp

No acute Ob-gyn
 problem at now

An
 Anant Suresh
 Follow up date:

TAC 14001
 Dr. Archan Gupta
 MBBS, DGO
 Reg. No. 73653
 Doctor Signature

Date : 10-02-2024
MR NO : CPIM.0000035606

Department : GENERAL
Doctor :

Name : Mrs. ARATI DHANANJAY GAIKWA
Age/ Gender : 46 Y / Female

Registration No :
Qualification :

Consultation Timing: 08:07


wt 57.4
ht 147
BP - 130/80
BMI - 26.

Diet Mix.

S/E
CVS: S1s2 (+)
RS: AEBG
CVS: NAD.
PD: NAD.
No known allergy-
No past sx

Anam

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6238

Name : Mrs. ARATI DHANANJAY GAIKWAD Address : Pl. NO - 163M, BLDG B2, SUKHWANI IMPERIAL MORWADI, PIMPRI Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 46 Y Sex : F	UHID :CPIM.0000035606  OP Number :CPIMOPV156732 Bill No :CPIM-OCR-75943 Date : 10.02.2024 08:07
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM - PERIPHERAL SMEAR	
<input type="checkbox"/>	6 GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	TBC PAP TEST - PAPSURE <i>Consent done</i>	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>- 11:30 AM</i>	
<input checked="" type="checkbox"/>	URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input type="checkbox"/>	X-RAY CHEST PA	
<input type="checkbox"/>	ENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPTICAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

*Vit D
B12 } 3050*

*HB -
wt - 57.7 kg*