

Name: Mrs. VANDANA SHARMA
Age/Gender: 36 Y/F
Address: WARJE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000116768
Visit ID: CPIMOPV157342
Visit Date: 23-02-2024 09:42
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. VANDANA SHARMA

Age/Gender: 36 Y/F

Address: WARJE

Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL

Rate Plan: PIMPRI_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: CPIM.0000116768

Visit ID: CPIMOPV157342

Visit Date: 23-02-2024 09:42

Discharge Date:

Referred By: SELF

Doctor's Signature

Name: Mrs. VANDANA SHARMA
Age/Gender: 36 Y/F
Address: WARJE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RUCHIR DASHORA

MR No: CPIM.0000116768
Visit ID: CPIMOPV157342
Visit Date: 23-02-2024 09:42
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Doctor's Signature

Name: Mrs. VANDANA SHARMA
Age/Gender: 36 Y/F
Address: WARJE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000116768
Visit ID: CPIMOPV157342
Visit Date: 23-02-2024 09:42
Discharge Date:
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IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. VANDANA SHARMA
Age/Gender: 36 Y/F
Address: WARJE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000116768
Visit ID: CPIMOPV157342
Visit Date: 23-02-2024 09:42
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-02-2024 13:37	80 Beats/min	120/70 mmHg	18 Rate/min	98 F	150 cms	69.1 Kgs	%	%	Years	30.71	cms	cms	cms		AHLL09249

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Vitals

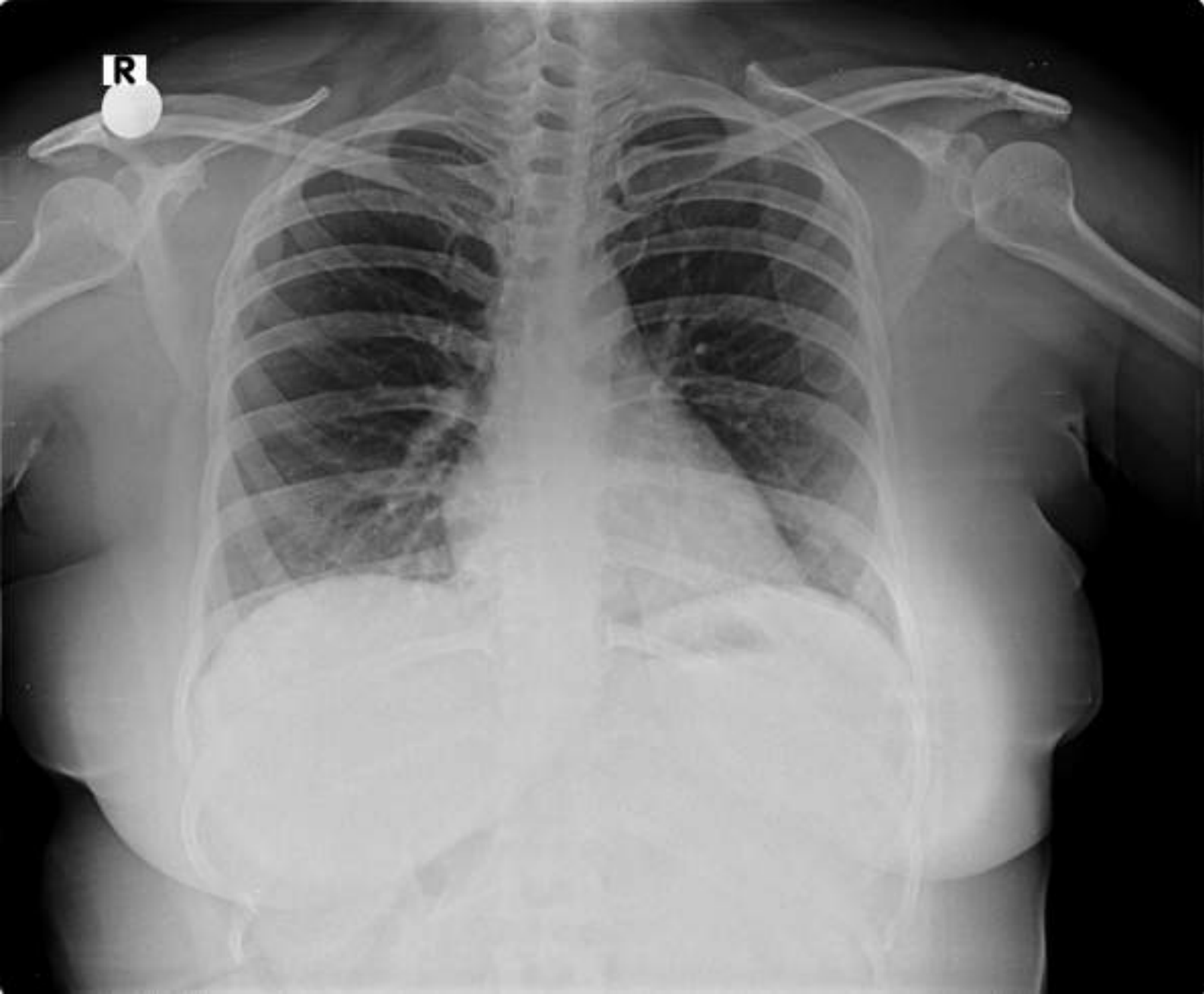
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R



Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 12.19PM
Age/Gender : 35 Y 7 M 1 DF	Received : 23/Feb/2024 03.18PM
UHID/MR No : CPIM.000C116788	Reported : 23/Feb/2024 04.48PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of \geq or = 126 mg/dL, and/or a random / 2 hr post glucose value of \geq 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	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 PI.Pt423674

This test has been performed at Apollo Health and Lifestyle 1st- Sadashiv Peth Pune, Diagnostic Lab



Patient Name	Mrs. VANDANA SHARMA	Collected	23/Feb/2024 09:44AM
Age/Gender	36 Y 7 M 1 D/F	Received	23/Feb/2024 03:19PM
UHID/VR No	CPIM.0000116768	Reported	23/Feb/2024 04:38PM
Visit ID	CPMOPV157342	Status	Final Report
Ref Doctor	Dr. SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Alt/TPA ID	367574		

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	225	mg/dL	<200	CHO-POD
TRIGLYCERIDES	184	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	168	mg/dL	<130	Calculated
LDL CHOLESTEROL	130.91	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.77	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.95		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithms now include absolute risk estimation and lower LDL cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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

SJN No:SE14113553

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



Patient Name	: Mrs. VANDANA SHARMA	Collected	: 23/Feb/2024 09:44AM
Age/Gender	: 38 Y 7 M 10 F	Received	: 23/Feb/2024 01:39PM
UHQ/MR No	: CPIM.G000116788	Reported	: 23/Feb/2024 02:10PM
Visit ID	: CP/MOPV157342	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 387574		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF010674

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



ID: 213
VANDANA SHARMA
Female 36Years

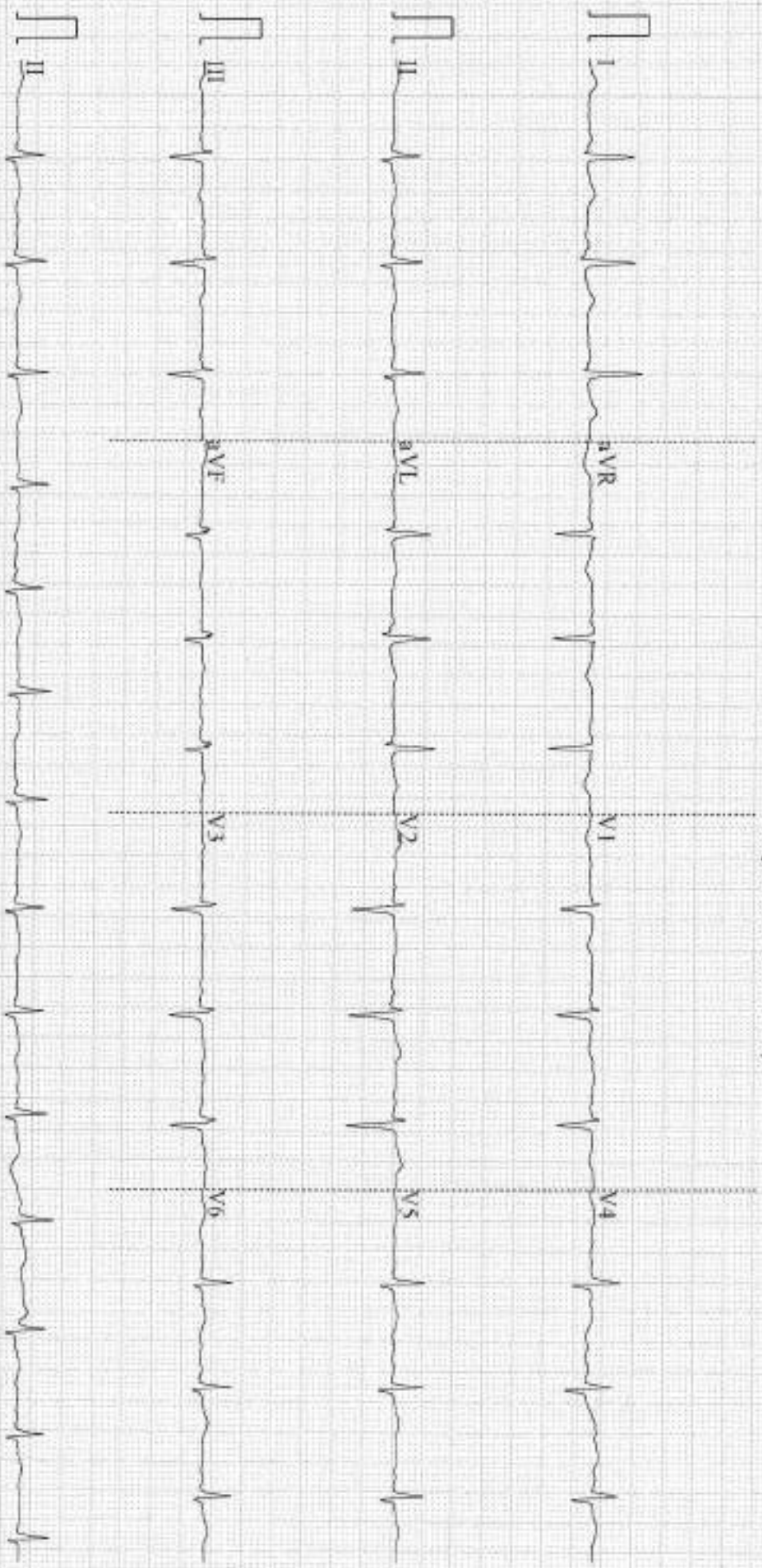
23-02-2024 10:32:57 AM
HR : 84 bpm
P : 98 ms
PR : 121 ms
QRS : 95 ms
QT/QTc : 384/456 ms
P/ORS/ST : 30-1/27 °
RV5/SVI : 0.515/0.541 mV

Diagnosis Information:
Sinus Rhythm
Low Voltage(Chest Leads)

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

WOM
Anam

Report Confirmed by:



Patient Name : Mrs. VANDANA SHARMA
UHID : CPIM.U000116768
Reported on : 23-02-2024 14:36
Adm/Consult Doctor :

Age : 36 Y F
OP Visit No : CPIMOPV157342
Printed on : 23-02-2024 18:20
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:23-02-2024 14:36

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. VANDANA SHARMA	Age/Sex: 36 / F
Ref: ARCOFEMI	Date: 23.02.2024

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 / IYS 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/MR, Trivial 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
IYS (d)	09.0 mm	IYS (s)	14.0 mm
LVID (d)	42.0 mm	LVID (s)	24.0 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/IYS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION



DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

ICD - UBS110TGJ000PLC115819

Regd. Office: 1-10-61162, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500016.

Ph No: 040-4504 7777, Fax No: 4504 7744 | Email: Tx:enquiry@apollohli.com | www.apollohli.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh, Kharadi) | Noida (Pradhikaran, Vihar Nagar) | Ranowal

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Apollo Clinic,
 Nigdi, Pune - 411044.

Date - 23.02.24

Patient Name *Vandana Sharma*

UHID:

Age / Sex: *36yrs IF*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6 respect</i>	<i>N6 respect</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>WNL</i>	<i>WNL</i>
Family History/Medical History	<i>---</i>	<i>---</i>

same as

IMPRESSION:-

[Signature]
OPTOMETRIST

CONCENT FORM

Name of the patient : VANDANA SHARMA

Company Name: BANK OF BARODA

Test name: LCG Consultation Gynae. & Ultrasound.

Reason: Going through with IVF treatment - some has been done by my Gynae. Dr. Dr. Balkavade


Signature & date
23/02/2021

Date : 23-02-2024
MR NO : CPIM.0000116768

Department : GENERAL
Doctor :

Name : Mrs. VANDANA SHARMA
Age/ Gender : 36 Y / Female

Registration No : 177 156
Qualification : wt 69.1

Consultation Timing: 09:42

BP 120/70
Mother } HTN
Father } DM


S/E IUF R

Diet Veg

CUS: S₁S₂(+)
RS: ACBC
COS: NAD
PA: NAD.

No known allergy
No past sx

Anam
Dr. Anam A. A. Inamdar
MBBS
Reg. No. 2021/08/6235

Name : Mrs. VANDANA SHARMA	Age: 36 Y	ICD:CPIM 009116768 
Address : WARJE	Sex: F	OP Number:CPIMOPV157542
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No:CPIM-PCR-76245
		Date : 23 02 2024 09:42

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	GLUCOSE, FAS.ING	
<input checked="" type="checkbox"/>	HEMOGRAM - PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	VENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	GYNACOLOGY CONSULTATION <i>→ consent done</i>	
<input checked="" type="checkbox"/>	DIEET 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"/>	ECC	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	LBC PAP TEST PAPSURE <i>consent done</i>	
<input checked="" type="checkbox"/>	OPTICAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RF/RF7)	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN <i>consent done.</i>	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, FAST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Audio Vit + Ecz

69-1
150
120/70

Complete

Health Check up Booking Confirmed Request(bobS10722),Package Code-PKG10000377, Beneficiary Code-296547

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Thu 22-02-2024 17:58

To:pradeep.sharma4@bankofbaroda.co.in <pradeep.sharma4@bankofbaroda.co.in>

Cc:Customer Care :Mediwheel : New Delhi <customer@mediwheel.in>



011-41195959

Dear PRADEEP KUMAR SHARMA,

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

Booking Date : 21-02-2024

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital- Apollo Clinic, Shop 14 -20, City Pride building , Below kotak mahindra bank, Next to Bhel chowk, NIGDI pradhikaran, Nigdi(Pimpri), Pune, Maharashtra

City : Pune

State :

Pincode : 411004

Appointment Date : 23-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am-9:00am

Booking Status : Booking Confirmed

Member information		
Booked Member Name	Age	Gender
MRS. SHARMA VANDANA	36 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.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.

Date : 23-02-2024
MR NO : CPIM.0000116768

Department : GENERAL
Doctor :

Name : Mrs. VANDANA SHARMA

Registration No : Ht 156

Age/ Gender : 36 Y / Female

Qualification : wt 69.1

Consultation Timing: 09:42

BP 120/70

Mother } HTN
Father } DM

S/E IUF R

Diet Veg

C/S: S₁S₂(+)

RS: ACBG

C/S: NAD

PA: NAD.

No known allergy

No past sx

Anam

Patient Name : Mrs. VANDANA SHARMA Age : 36 Y/F
 UHID : CPIM.0000116768 OP Visit No : CPIMOPV157342
 Conducted By: : Conducted Date : 23-02-2024 12:33
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. VANDANA SHARMA	Age/Sex: 36 / F
Ref: ARCOFEMI	Date: 23.02.2024

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

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1. Normal transvalvular pressure gradients, No AR/MR, Trivial 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)	42.0 mm	LVID (s)	24.0 mm
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IMPRESSION :
NORMAL CARDIAC CHAMBER DIMENSIONS
GOOD BIVENTRICULAR FUNCTION

Patient Name : Mrs. VANDANA SHARMA
UHID : CPIM.0000116768
Conducted By: :
Referred By : SELF

Age : 36 Y/F
OP Visit No : CPIMOPV157342
Conducted Date : 23-02-2024 12:33

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

Patient Name : Mrs. VANDANA SHARMA
UHID : CPIM.0000116768
Conducted By: :
Referred By : SELF

Age : 36 Y/F
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Patient Name : Mrs. VANDANA SHARMA
UHID : CPIM.0000116768
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Age : 36 Y/F
OP Visit No : CPIMOPV157342
Conducted Date :

Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 09:44AM
Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 03:05PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

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.



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

SIN No:BED240046795

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

Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 09:44AM
Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 03:05PM
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Emp/Auth/TPA ID : 367574	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	35.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.07	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.3	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,740	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.1	%	40-80	Electrical Impedance
LYMPHOCYTES	26.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3564.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1532.58	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	505.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.33		0.78- 3.53	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	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.

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

SIN No:BED240046795

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



Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 09:44AM
Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 03:05PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

DEPARTMENT OF HAEMATOLOGY

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



Sneha Shah

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 MBBS, MD (Pathology)
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SIN No:BED240046795

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DEPARTMENT OF HAEMATOLOGY

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

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

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SIN No:BED240046795

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Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 09:44AM
Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 01:24PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 03:56PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)

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SIN No:EDT240020825

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



Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 09:44AM
Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 03:19PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 04:38PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	225	mg/dL	<200	CHO-POD
TRIGLYCERIDES	184	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	168	mg/dL	<130	Calculated
LDL CHOLESTEROL	130.91	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.77	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.95		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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
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Consultant Pathologist

SIN No:SE04638555

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Visit ID : CPIMOPV157342	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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.72	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	99.84	U/L	30-120	IFCC
PROTEIN, TOTAL	6.91	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		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.



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SIN No:SE04638555

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.47	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.35	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.44	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.85	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.72	mmol/L	101-109	ISE (Indirect)



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.53	U/L	<38	IFCC



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Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 03:20PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 04:08PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.408	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:SPL24030732

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



Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 09:44AM
Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 01:31PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 02:09PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2289175

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Patient Name : Mrs.VANDANA SHARMA	Collected : 23/Feb/2024 09:44AM
Age/Gender : 36 Y 7 M 1 D/F	Received : 23/Feb/2024 01:33PM
UHID/MR No : CPIM.0000116768	Reported : 23/Feb/2024 02:10PM
Visit ID : CPIMOPV157342	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 367574	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

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

SIN No:UF010674

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



 **બંક ઝાંખ ભરોડા**
Bank of Baroda

નામ **VANDANA SHARMA**
Name

કર્મચારી સ્ક્રૂ નં
E.C.No. **77735**


જારીકર્તા અધિકારી (સ.સ.સ.)
Issuing Authority (S.S.S.)




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Signature of Holder