

Customer Pending Tests
DENTAL & ENT CONSULTATION NOT AVAILABLE IN APOLLO.

Name : Mrs. Sarika Anand Hanamghar

Age: 48 Y

UHID:SPUN.0000046369

Sex: F



Address : Wadgaon Bk Pune

OP Number:SPUNOPV61314

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10279

Date : 16.02.2024 09:52

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
✓ 6	GYNAECOLOGY CONSULTATION	
✓ 7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
✓ 9	URINE GLUCOSE(POST PRANDIAL) 12.05 pm	
✓ 10	PERIPHERAL SMEAR	
✓ 11	ECG	
✓ 12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X 14	DENTAL CONSULTATION	
✓ 15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12.05 pm	
✓ 16	URINE GLUCOSE(FASTING)	
✓ 17	SONO MAMOGRAPHY - SCREENING	
✓ 18	HbA1c, GLYCATED HEMOGLOBIN	
✓ 19	X-RAY CHEST PA	
X 20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
✓ 24	BODY MASS INDEX (BMI)	
✓ 25	OPHTHAL BY GENERAL PHYSICIAN	
✓ 26	ULTRASOUND - WHOLE ABDOMEN	
✓ 27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sarika Hanamghaw on 16/02/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" 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.....</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. Samrat Shah 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 16/02/24
MRNO :
Name : Mrs. Sarika
Age/Gender :
Mobile No :
Hanamghar
48/F

Department : Gen Physician
Consultant :
Reg. No : Dr. Samrat
Qualification :
Consultation Timing : Shah

5702-964.

Pulse: 74/min	B.P: 120/70	Resp: 18/min	Temp: 98°F
Weight: 82kg	Height: 167cm	BMI: 29.4	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

→ r/o SOB on minimal exertion : 2yrs
→ hypothyroidism. 7. Thyroid nodule 2.5cm.

Adv

Req Needcare 100
Over awk (5)

Gen D3 Nanogels
Over awk (12)

found fit to join duty

Req Thyronorm 50
@ GAm.

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant General Medicine
Apollo Speciality Hospital
Doctor's Sign

Date :
MRNO :
Name :
Age/Gender :
Mobile No :

16/02/24
Mrs. Sarika
Hanamghar
48/F

Department : Gynec
Consultant :
Reg. No : Dr. Sayaji
Qualification :
Consultation Timing : Kari Bogum

Spot 9 G.I.

Pulse: 74/min	B.P: 120/70	Resp: 18/min	Temp: 98.6
Weight: 82 kg	Height: 167 cm	BMI: 29.4	Waist Circum: -

General Examination / Allergies
History:

Clinical Diagnosis & Management Plan

48 y / F.
M/H - 3/25 days.
M/P - 1/2/24.
K/c/o hypothyroidism
On T. Thyroxin 25mcg.
Breasts - No lump detected.
P/A - soft.
P/S - ex erosion (+)
Bleeds on touch.
P/V - leucorrhoea (+)
Pap smear taken

Follow up date:

Doctor Signature



Patient Name : Mrs SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 11:52AM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	11.4	g/dL	12-15	Spectrophotometer
PCV	34.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.94	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,730	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.8	%	40-80	Electrical Impedance
LYMPHOCYTES	27.4	%	20-40	Electrical Impedance
EOSINOPHILS	14.6	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5040.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2666.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1420.58	Cells/cu.mm	20-500	Calculated
MONOCYTES	603.26	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.89		0.78- 3.53	Calculated
PLATELET COUNT	306000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's Eosinophilia
Platelets are Adequate
No Abnormal cells/hemoparasite seen.

Page 1 of 12




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240039744

This test has been performed at Apollo Health and Lifestyle Ltd - Sankar Path Pune, Diagnostics Lab.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: T-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID:enquiry@apollohl.com

www.apollodiagnosics.in

Patient Name : Mrs.SARIKA ANAND HANAMGHAR
Age/Gender : 48 Y 4 M 12 D/F
UHID/MR No : SPUN.0000046369
Visit ID : SPUNOPV61314
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
Received : 16/Feb/2024 11:25AM
Reported : 16/Feb/2024 11:52AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240039744

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohi.com | Email ID:enquiry@apollohi.com



Patient Name : Mrs. SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 12:53PM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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



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

SIN No: BED240039744

This test has been performed at Apollo Health and Lifestyle in Sadashiv Peti, Apollo Diagnostics Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLCT15819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name : Mrs. SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 12:41PM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 01:52PM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 02:45PM
Visit ID : SPUNOPV81314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	98	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	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: PLP1419893

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

Apollodiagnosics
Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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Patient Name : Mrs. SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 02:05PM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	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 (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: EDT240017421

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



Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 DiF	Received : 16/Feb/2024 11:19AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 11:59AM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	125	mg/dL	<200	CHO-POD
TRIGLYCERIDES	64	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	78	mg/dL	<130	Calculated
LDL CHOLESTEROL	64.98	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.72	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.65		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.



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

SIN No:SE04631162

This test has been performed at Apollo Health and Lifestyle Ltd- Saccamiv Pettu Patti, Diagnostics Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:16AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 11:59AM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.62	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	58.57	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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.



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04631162

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

Patient Name : Mrs. SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:19AM
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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	0.67	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.21	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.64	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.33	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.37	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.7	mmol/L	101-109	ISE (Indirect)


Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04631162

This test has been performed at Apollo Health and Lifestyle Ltd- Satellite Petri Pulse, Diagnostics Lab



Patient Name : Mrs. SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
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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	11.42	U/L	<38	IFCC

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04631162

This test has been performed at Apollo Health and Lifestyle - Sadasiv Peeth Pusa, Diagnostics Lab



Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:19AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 01:36PM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.90	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.345	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: SPL24025965

This test has been performed at Apollo Health and Lifestyle 100- Sakashiv Petri Pulse, Diagnostics Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID enquiry@apollohl.com

Patient Name	: Mrs.SARIKA ANAND HANAMGHAR	Collected	: 16/Feb/2024 10:37AM
Age/Gender	: 48 Y 4 M 12 D/F	Received	: 16/Feb/2024 11:26AM
UHID/MR No	: SPUN.0000046369	Reported	: 16/Feb/2024 11:47AM
Visit ID	: SPUNOPV61314	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 85412		

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	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8 - 10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5 - 6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 11 of 12



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2284092

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



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

 Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID:enquiry@apollohl.com

www.apolldiagnostics.in

Patient Name : Mrs.SARIKA ANAND HANAMGHAR
 Age/Gender : 48 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046369
 Visit ID : SPUNOPV61314
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
 Received : 16/Feb/2024 11:26AM
 Reported : 16/Feb/2024 11:45AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 ***

Result/s to Follow:
 LBC PAP TEST (PAPSURE)


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF010595

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





Patient Name:	MRS. SARIKA HANAMGHAR 48Y	MR No:	SPUN/00046269
Age:	48 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	F	Physician:	SELF
Image Count:	1	Date of Exam:	16-Feb-2024
Arrival Time:	16-Feb-2024 10:41	Date of Report:	16-Feb-2024 11:00

X-RAY CHEST PA VIEW

HISTORY: check up

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

Dr. Md. Shahed Hussain, MD.
Consultant Radiologist
REG NO : 73290

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



Name	Mrs Sarika Anad Hanamghar	Age	48 Years
Patient ID	DD/162/2023-2024/1365	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	16/02/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10x4.5 cms and **the left kidney** measures 10.9x4.5cm. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus is bulky and measures 10.6x5.3x4.6cms in size. A 4.7x4.6cm right lateral wall myometrial fibroid is noted. Rest of the myometrium appears uniform in echotexture. The endometrium measures 9mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

Bulky uterus with a 4.7x4.6cm right lateral wall myometrial fibroid.


 Dr. Lalitkumar S Deore
 MD(Radiology) (2001/04/1571)

Name	Mrs Sarika Anad Hanamghar	Age	48 Years
Patient ID	DD/162/2023-2024/1365	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	16/02/2024

SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

* **No significant abnormality is seen.**

(Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptom and other related test. Please interpret accordingly)


Dr. Lalit Deore
MD(Radiology)

2D ECHO / COLOUR DOPPLER

Name : Mrs. Sarika Hanamghar
Ref by : HEALTH CHECKUP

Age : 48YRS / F
Date : 16/02/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR. SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

EYE REPORT



TOUCHING LIVES
ASH/PUN/OPHT/06/02-0216

Name: Mrs. Sarika Hanamghar

Date: 16/02/24

Age / Sex: 48 Y / F

Ref No.:

Complaint: No complaints

Examination

NO DM
NO HTN
Spectacle Rx

Unaided Vision
 R 6/6 N10
 L 6/6 N8Ⓟ

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	PLANO	—	—	6/6	PLANO	—	—
Add Read	+1.75	—	—	NG	+1.75	—	—	NG
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R
 L

Medications: ∴ BE colour vision Normal.

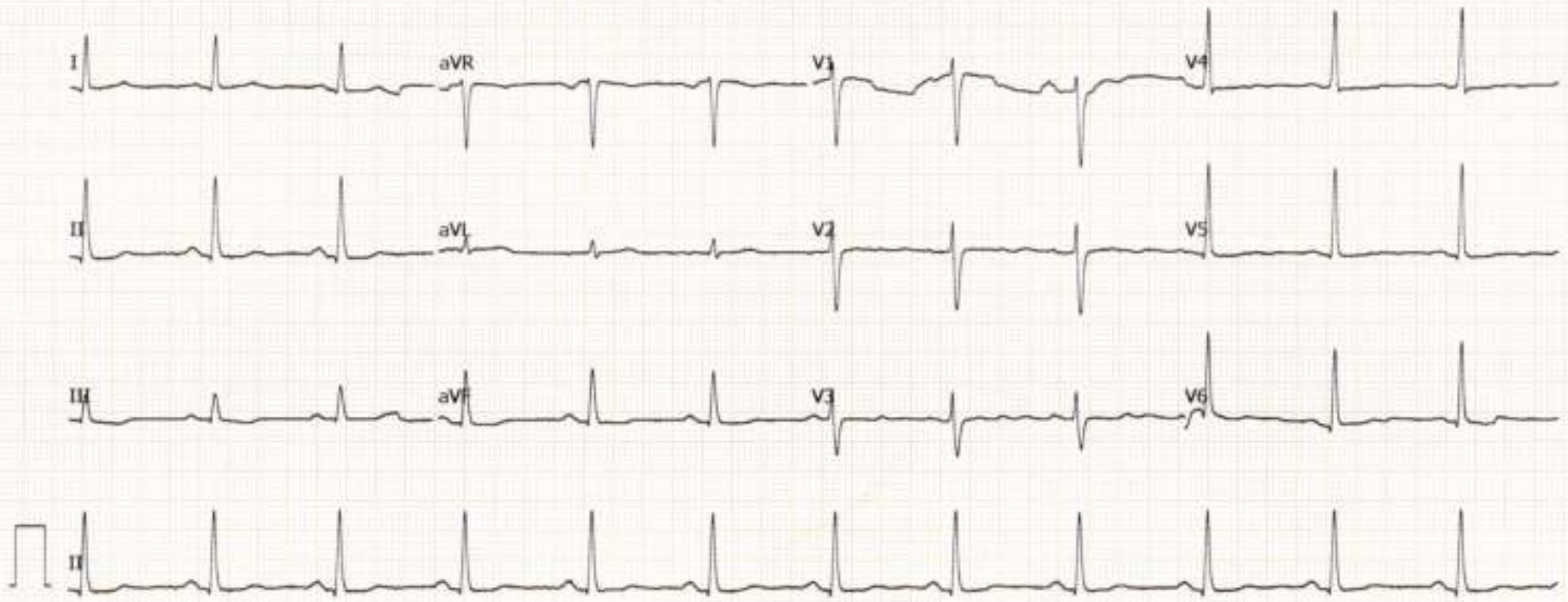
Trade Name	Frequency	Duration

Follow up: 1 Yr

Consultant:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	92 ms	Normal sinus rhythm
QT / QTcBaz :	384 / 417 ms	Nonspecific T wave abnormality
PR :	162 ms	Abnormal ECG
P :	114 ms	
RR / PP :	840 / 845 ms	
P / QRS / T :	63 / 50 / 0 degrees	



Appointment Id	Corporate Name	Name	Email id	Action
82597	AMANSH HEALTHCARE PRIVATE LIM...	Anirudha Shelke	aniruddha.shelke314@gmail.com, booking@bookmyscans.com, pratik.p@apolloh.com, m...	 
82255	LTIMINDTREE LIMITED...	Sapna Parag Karve	Parag Karve <Parag Karve@timindtree.com>	 
82253	LTIMINDTREE LIMITED...	Parag Pramod Karve	Parag Karve@timindtree.com	 
81897	VISIT HEALTH PRIVATE LIMITED...	TANVI UDAY THATTE	arko.sarkar@getvisitapp.com	 
81863	VISIT HEALTH PRIVATE LIMITED...	UDAY V KALHE	arko.sarkar@getvisitapp.com	 
81820	VISIT HEALTH PRIVATE LIMITED...	TANVI UDAY THATTE	arko.sarkar@getvisitapp.com	
80911	ARCOFEMI HEALTHCARE LIMITED...	Anand G Hanamghar	sarikahanamghar1@gmail.com	 
80909	ARCOFEMI HEALTHCARE LIMITED...	MS. HANAMGHAR SARIKA	sarikahanamghar1@gmail.com	 
80672	CIPLA LIMITED...	Nihal Abdul mulla	providersupport@bajajfinservhealth.in	 

नोंदविण्याचा क्रमांक / Enrollment No 1271/40045/01716

24/10/2013

To,
सरिका आनंद हनमघर
Sarika Anand Hanamghar
W/O: Anand Hanamghar
Survey No 48/15 Charwad Wadi
Wadgaon Budruk
Pune City
Vadgaon Budruk Pune City Pune
Maharashtra 411041
9850501193

Ref. 263 / 24K / 221773 / 221794 / P



SH576440880FT



आपला आधार क्रमांक / Your Aadhaar No. :

8478 8342 8824

आधार - सामान्य माणसाचा अधिकार



भारत सरकार

Government of India



सरिका आनंद हनमघर
Sarika Anand Hanamghar
जन्म तारीख / DOB : 04/10/1975
स्त्री / Female



8478 8342 8824

आधार - सामान्य माणसाचा अधिकार

Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:25AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 11:52AM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	11.4	g/dL	12-15	Spectrophotometer
PCV	34.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.94	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,730	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.8	%	40-80	Electrical Impedance
LYMPHOCYTES	27.4	%	20-40	Electrical Impedance
EOSINOPHILS	14.6	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5040.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2666.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1420.58	Cells/cu.mm	20-500	Calculated
MONOCYTES	603.26	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.89		0.78- 3.53	Calculated
PLATELET COUNT	306000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's Eosinophilia
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:BED240039744

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

ApollO Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra

Patient Name : Mrs.SARIKA ANAND HANAMGHAR
Age/Gender : 48 Y 4 M 12 D/F
UHID/MR No : SPUN.0000046369
Visit ID : SPUNOPV61314
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
Received : 16/Feb/2024 11:25AM
Reported : 16/Feb/2024 11:52AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:BED240039744

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

Patient Name : Mrs.SARIKA ANAND HANAMGHAR
 Age/Gender : 48 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046369
 Visit ID : SPUNOPV61314
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
 Received : 16/Feb/2024 11:25AM
 Reported : 16/Feb/2024 12:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:BED240039744

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

Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 12:41PM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 01:52PM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 02:45PM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	98	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	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: PLP1419893

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

Apollo Speciality Hospitals Private Limited
(Formerly known as Apollo Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra

Patient Name : Mrs.SARIKA ANAND HANAMGHAR
 Age/Gender : 48 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046369
 Visit ID : SPUNOPV61314
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
 Received : 16/Feb/2024 11:25AM
 Reported : 16/Feb/2024 02:05PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	137	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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:EDT240017421

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

Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:19AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 11:59AM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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	125	mg/dL	<200	CHO-POD
TRIGLYCERIDES	64	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	78	mg/dL	<130	Calculated
LDL CHOLESTEROL	64.98	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.72	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.65		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 Sneha Shah
MBBS, MD (Pathology)
Consultant-Pathologist



SIN No:SE04631162

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

Apollo Speciality Hospitals Private Limited
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CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
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Pune, Maharashtra

Patient Name : Mrs.SARIKA ANAND HANAMGHAR
Age/Gender : 48 Y 4 M 12 D/F
UHID/MR No : SPUN.0000046369
Visit ID : SPUNOPV61314
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
Received : 16/Feb/2024 11:19AM
Reported : 16/Feb/2024 11:59AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.62	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	58.57	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:SE04631162

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

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra

Patient Name : Mrs.SARIKA ANAND HANAMGHAR
 Age/Gender : 48 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046369
 Visit ID : SPUNOPV61314
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
 Received : 16/Feb/2024 11:19AM
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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	0.67	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.21	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.64	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.33	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.37	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.7	mmol/L	101-109	ISE (Indirect)



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:SE04631162

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

Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:19AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 11:59AM
Visit ID : SPUNOPV61314	Status : Final Report
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Emp/Auth/TPA ID : 85412	

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	11.42	U/L	<38	IFCC



Dr Sneha Shah
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SIN No:SE04631162

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Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 16/Feb/2024 11:19AM
UHID/MR No : SPUN.0000046369	Reported : 16/Feb/2024 01:36PM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

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)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.90	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.345	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:SPL24025965

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

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Patient Name : Mrs.SARIKA ANAND HANAMGHAR
 Age/Gender : 48 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046369
 Visit ID : SPUNOPV61314
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
 Received : 16/Feb/2024 11:26AM
 Reported : 16/Feb/2024 11:47AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8 - 10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5 - 6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr Sneha Shah
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SIN No:UR2284092

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

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Patient Name : Mrs.SARIKA ANAND HANAMGHAR
 Age/Gender : 48 Y 4 M 12 D/F
 UHID/MR No : SPUN.0000046369
 Visit ID : SPUNOPV61314
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85412

Collected : 16/Feb/2024 10:37AM
 Received : 16/Feb/2024 11:26AM
 Reported : 16/Feb/2024 11:45AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 Sneha Shah
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SIN No:UF010595

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

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Patient Name : Mrs.SARIKA ANAND HANAMGHAR	Collected : 16/Feb/2024 10:37AM
Age/Gender : 48 Y 4 M 12 D/F	Received : 17/Feb/2024 03:02PM
UHID/MR No : SPUN.0000046369	Reported : 20/Feb/2024 12:09PM
Visit ID : SPUNOPV61314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 85412	

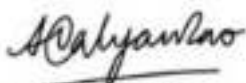
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	3284/24
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. Inflammatory cells, predominantly neutrophils. 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	SEVERE INFLAMMATION

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

Page 13 of 13
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ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS074521

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

Apollo Speciality Hospital Private Limited
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