

Dental Service not available in Apollo

ENT Doctor was not available in Apollo

Gynec Consultation and LBC PAPSURE test not Done because Client will be coming according to Doctors Availability in Apollo and her own time management schedule.

Name : Mrs. Rupali Payal

Age: 38 Y

UHID:SPUN.0000017970

Sex: F



Address : Pune

OP Number:SPUNOPV60460

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10104

Date : 13.01.2024 09:49

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	6 GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 LBC PAP TEST- PAPSURE	
<input checked="" type="checkbox"/>	13 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	14 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:30	
<input checked="" type="checkbox"/>	16 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	17 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	18 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	19 ENT CONSULTATION	
<input checked="" type="checkbox"/>	20 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	21 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	22 LIPID PROFILE	
<input checked="" type="checkbox"/>	23 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	24 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	25 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	26 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Payal Rupali on 13/01/24

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 
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

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

Date : 13/01/24
MRNO :
Name : Rupali Payal
Age/Gender :
Mobile No : 38 / F

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

SPO2L 100%

Pulse : 78/min	B.P : 130/80	Resp : 18/min	Temp : 98°F
Weight : 58.5/Kg	Height : 149 cm	BMI : 26.3	Waist Circum : -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Iron deficiency Anemia ⊕

Adm
Tab Eicos Fe
1 - 0 - 0 x (90)

Follow up date:

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

Doctor Signature

Shah

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 01:38PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	10	g/dL	12-15	Spectrophotometer
PCV	30.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	63.2	fL	83-101	Calculated
MCH	20.7	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	16.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,410	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.4	%	40-80	Electrical Impedance
LYMPHOCYTES	31.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4549.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2319.33	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	140.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	392.73	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.41	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	355000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
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				

Page 1 of 14



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240009622

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



Patient Name	: Mrs.RUPALI PAYAL	Collected	: 13/Jan/2024 10:01AM
Age/Gender	: 38 Y 8 M 19 D/F	Received	: 13/Jan/2024 11:22AM
UHID/MR No	: SPUN.0000017970	Reported	: 13/Jan/2024 01:38PM
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DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240009622

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Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 12:37PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240009622

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Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 01:38PM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 02:55PM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 03:41PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	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)	96	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:PLP1408532

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



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Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 02:29PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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:EDT240004120

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



Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:25AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 11:58AM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	71	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.11	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04600168

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Visit ID : SPUNOPV60460	Status : Final Report
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Emp/Auth/TPA ID : 874521	

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	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8.52	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.10	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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.

Page 7 of 14



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04600168

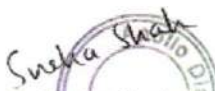
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
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DEPARTMENT OF BIOCHEMISTRY

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



Dr Sneha Shah
MBBS, MD (Pathology)
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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	0.61	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	20.59	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.53	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.91	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.07	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.36	mmol/L	101-109	ISE (Indirect)

Page 9 of 14



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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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	15.57	U/L	<38	IFCC

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04600168

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Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

DEPARTMENT OF IMMUNOLOGY

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

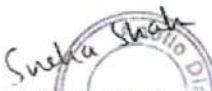
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.16	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.700	µIU/mL	0.34-5.60	CLIA

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SPL24006427

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



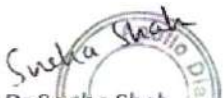
Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:20AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 11:33AM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	6.0		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 14


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2262311

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



Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 01:38PM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 03:03PM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 03:27PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP016204

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



Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:20AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 11:32AM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF010193

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



Apollo Clinic

CONSENT FORM

Patient Name: Rupali payal Age: 38 / F
UHID Number: Company Name: Arco femi

I Mr/Mrs/Ms Rupali payal Employee of Arco femi
(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Dental Service not available in Apollo
ENT DOCTOR Not available in Apollo

Patient Signature: Rupali Date: 13/01/24

Gynec Consultation and LBe Papsure
test will be done as per Doctor
availability in hospital and
client time management

X-RAY CHEST PA VIEW

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.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

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.

2D ECHO / COLOUR DOPPLER

Name : Mrs. Rupali Payal
Ref by : HEALTH CHECKUP

Age : 38YRS / F
Date : 13

13 /01/2024

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

Name	Mrs Rupali Ram Payal	Age	39 Years
Patient ID	DD/131/2023-2024/1161	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	13/01/2024

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. A 4mm polyp is noted. 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 9.7x5.5cms and **the left kidney** measures 11x5.3cms. 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 measures 9.4x4.3x3.2 cms in size. The myometrium appears uniform in echotexture. The endometrium measures 8mm

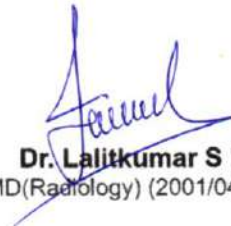
Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

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

IMPRESSION:

A 4mm polyp in the gall bladder.

No other significant abnormality is seen.



Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Date: 13/01/24

Name: Mrs. Rupali Payal

Age / Sex: 38 y / F

Ref No.:

Complaint: NO complaints

Examination

NO DM

NO HTN on Rx - 5 yrs

Spectacle Rx

aided Vision
 R 6/6 NG
 L 6/6 NG

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-0.75	-1.00	80°	6/6	-0.75	-1.00	80°
ADD (Near)	+0.75	—	—	NG	+0.75	—	—	NG
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
 R -0.75 / -1.00 x 80°
 L -0.75 / -1.00 x 80°

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant:

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

Payal, Rupali



13.01.2024 10:47:35 AM

Apollo Spectra Hospital
SWARGATE
PUNE-4110

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

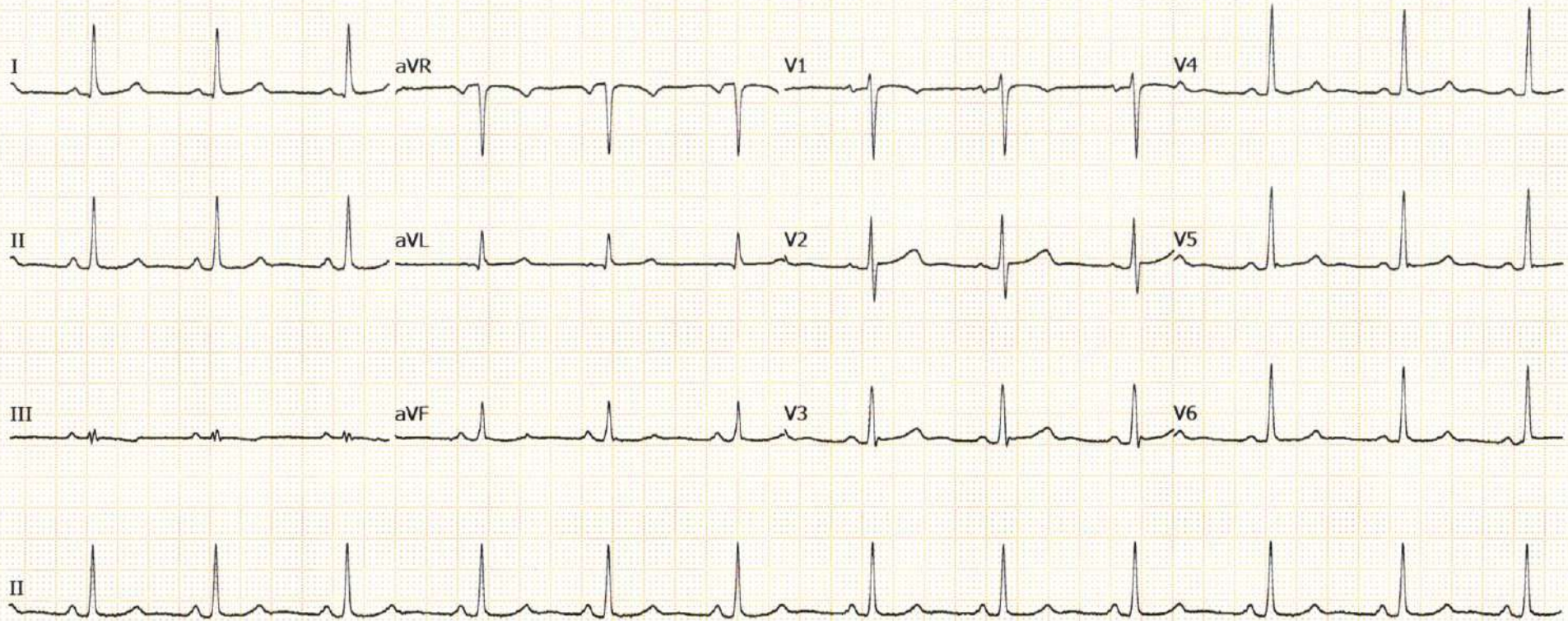
Room:

71 bpm
-- / -- mmHg

149 cm
58.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	80 ms	Normal sinus rhythm
QT / QTcBaz :	402 / 436 ms	Normal ECG
PR :	138 ms	
P :	92 ms	
RR / PP :	838 / 845 ms	
P / QRS / T :	55 / 33 / 22 degrees	



Id	Corporate Name	Name	Email id	Mobile	Agreement
	EATON TECHNOLOGIES PVT LTD.	Kaustubh Bapat	kaustubh.bapat@danfoss.com	9657002640	EATON TECHNOLOGIES PMC
	VISIT HEALTH PRIVATE LIMITED.	Rahul Madhukar Kulkarni	rahul.m.kulkarni@oracle.com	9881128082	VISIT HEALTH VH00RC AHC
	ARCOFEMI HEALTHCARE LIMITED.	MS. PAYAL RUPALI	rupalithora85@gmail.com	8793323876	ARCOFEMI MEDIWHEEL FEM/
	ARCOFEMI HEALTHCARE LIMITED.	MS. DABHADE DEEPTI	deepdidabhade1@gmail.com	7769009888	ARCOFEMI MEDIWHEEL FEM/
	VISIT HEALTH PRIVATE LIMITED.	Nilesh Badak Nilesh Badak	arko.sarkar@getvisittapp.com	8149763889	VISIT HEALTH NB DIAGNOS:

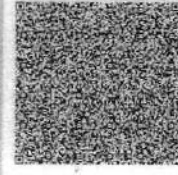
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AFTPT2921B



नाम / Name
RUPALI RAM PAYAL

पिता का नाम / Father's Name
DINKAR THORAT

जन्म की तारीख /
Date of Birth
24/04/1985

Rupali
हस्ताक्षर / Signature

31032019

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:22AM
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Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	10	g/dL	12-15	Spectrophotometer
PCV	30.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.84	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	63.2	fL	83-101	Calculated
MCH	20.7	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	16.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,410	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.4	%	40-80	Electrical Impedance
LYMPHOCYTES	31.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4549.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2319.33	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	140.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	392.73	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.41	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	355000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
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				

Page 1 of 14



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240009622



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. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 01:38PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

DEPARTMENT OF HAEMATOLOGY

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240009622



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Begumpet, Hyderabad, Telangana - 500016

Address:

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

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 12:37PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240009622



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,
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Address:

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

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 01:38PM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 02:55PM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 03:41PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	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)	96	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:PLPT1408532

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

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P.No.9 & 10a, S.NO.264, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:22AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 02:29PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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)

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

SIN No:EDT240004120



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

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Address:

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

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:25AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 11:58AM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	71	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.11	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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

SIN No:SE04600168



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. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 10:01AM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:25AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 11:58AM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8.52	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.10	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		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 > 1In 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.

Page 7 of 14


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04600168



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DEPARTMENT OF BIOCHEMISTRY

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

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

SIN No:SE04600168



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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	0.61	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	20.59	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.53	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.91	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.07	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.36	mmol/L	101-109	ISE (Indirect)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04600168



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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	15.57	U/L	<38	IFCC

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

SIN No:SE04600168



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Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:25AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 12:04PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 874521	

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)	0.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.16	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.700	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

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

SIN No:SPL24006427



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Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 11:20AM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 11:33AM
Visit ID : SPUNOPV60460	Status : Final Report
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Emp/Auth/TPA ID : 874521	

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	6.0		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No:UR2262311



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Patient Name : Mrs.RUPALI PAYAL	Collected : 13/Jan/2024 01:38PM
Age/Gender : 38 Y 8 M 19 D/F	Received : 13/Jan/2024 03:03PM
UHID/MR No : SPUN.0000017970	Reported : 13/Jan/2024 03:27PM
Visit ID : SPUNOPV60460	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



SIN No:UPP016204

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Visit ID : SPUNOPV60460	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

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

SIN No:UF010193



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