

Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 01:46PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 02:27PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232



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

SIN No:KHA241003877



Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 01:46PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 02:56PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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

SIN No:KHA241003877



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Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 01:46PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 03:59PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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)

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:KHA241003882

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



Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 03:22PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 04:47PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	243	mg/dL	<200	CHO-POD
TRIGLYCERIDES	162	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	193	mg/dL	<130	Calculated
LDL CHOLESTEROL	160.81	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.41	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<0.11	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



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

SIN No:KHA241003876

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.10	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.93	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.7	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	95.75	U/L	30-120	IFCC
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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. 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 Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No:KHA241003876

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Patient Name : Mrs.ANITA SUNIL BAGAL	Collected : 26/Oct/2024 08:54AM
Age/Gender : 59 Y 9 M 25 D/F	Received : 26/Oct/2024 03:10PM
UHID/MR No : CKHA.0000071818	Reported : 26/Oct/2024 03:31PM
Visit ID : CKHAOPV122873	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7703	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



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

SIN No:KHA241003878

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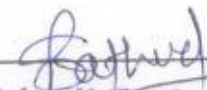
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Anita Sindi Bagal on 28/10/24

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. <u>Hyperlipidemia</u></p> <p>2. _____</p> <p>3. _____</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


Dr. Shivaji Rathod
 Medical Officer General Physician
 Apollo Clinic, No. 2015/08/4599

This certificate is not meant for medico-legal purposes

Anita Bagal

Date : 26/10/2024 Department : General Physician
 Patient Name : Mrs. ANITA SUNIL BAGAL Doctor : Dr. SHIVAJI RATHOD
 UHID : CKHA.0000071818 Registration No. : 2015084599
 Age / Gender : 59Yrs 9Mths 25Days / Female Qualification : MBBS
 Consultation Timing : 8:52 AM

Height : 149	Weight : 61.8	BMI : 23	Waist Circum : 98
Temp : 97.1	Pulse : 84	Resp : 20	B.P : 137/94

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

26-10-2024 12:09:10

ID: 0

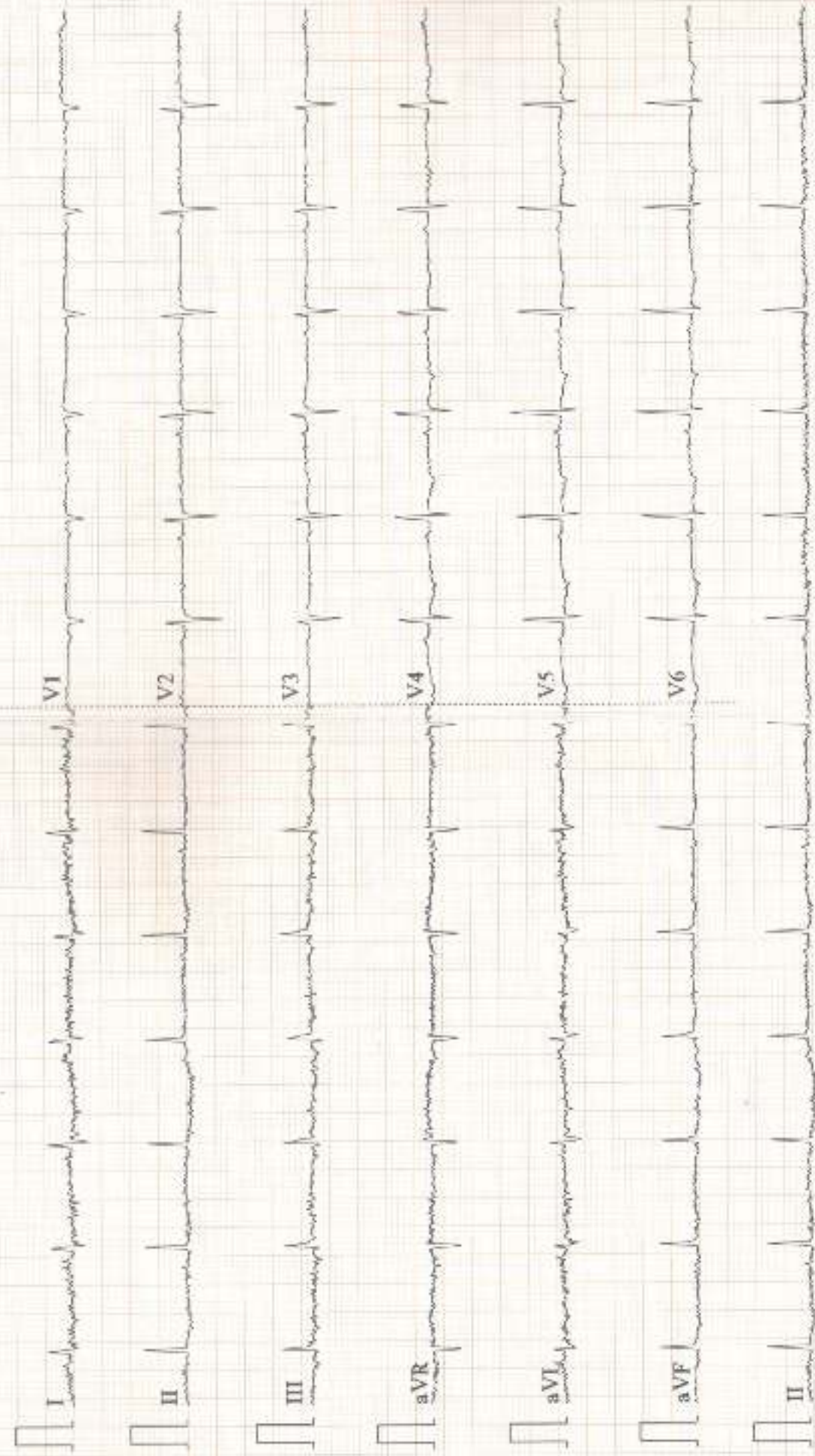
anita bagal
Female 59Years
kg / mmHg
Req. No. :

HR : 80 bpm
P : 98 ms
PR : 128 ms
QRS : 80 ms
QT:QTcBz : 344/397 ms
PQRST : -6.68,-81
RV5/SV1 : 0.762/0.306 mV

Diagnosis Information:

Sinus rhythm
Possible anterior infarct - age undetermined
Inferior/lateral T wave abnormality may be due to myocardial ischemia
Abnormal ECG

Report Confirmed by:



POWER PRESCRIPTION

NAME: Anida Bagal

GENDER: M/F

DATE: 26/10/24

AGE: 59/y

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+1.50			6/6
NEAR	+4.00			N.G.

	SPH	CYL	AXIS	VISION
DISTANCE	+2.00			6/6
NEAR	+4.50			N.G.

INSTRUCTIONS:

Colour: vision chart



SIGNATURE

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10 50/52, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 015.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email: ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Khairadi | Nigdi Pradhikaran | Viman Nagar | Wadawale

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : ANITA BAGAL
Referred By : Apollo Clinics,

Date : 26/10/2024
Age : 59 yrs. Sex : F.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and echotexture. No focal mass lesions seen. Intrahepatic biliary radicals and veins are normal.

GB is well distended and appears normal. No calculi are noted. Gall bladder wall is normal. CBD and PV are normal.

Pancreas is normal in size, shape and echotexture. No focal mass lesion seen. Pancreatic duct is normal.

Spleen is normal in size, shape and echotexture. No focal mass lesion seen.

Right kidney is normal in size, shape and echotexture. It measures 10.4 x 4.3 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 10.6 x 5.0 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

No ascites. No para-aortic lymphadenopathy.

Bladder is well distended and normal in outline. Bladder wall is normal.

Uterus is not visualized consistent with h/o hysterectomy.

No adnexal mass lesion seen. No free fluid is seen in PGB.

Impression:

- > USG of the abdomen and pelvis does not reveal any significant abnormality.
Suggest- Clinico- Lab correlation.

This report is a professional opinion based on real time imaging findings and not a diagnosis by itself. Its has to correlated and interpreted with clinical and other investigations findings. Kindly bring the previous sonography reports for reference.

Dr. Harsha V. Jagtap
DMRD, DNB (Radiodiagnosis)

Thanks for the referral

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLCT15819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.


Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apolohl.com | www.apolohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : ANITA BAGAL

Date : 26/10/2024

Referred By : Apollo Clinics.

Age : 59 yrs. Sex : F.

SONOMAMMOGRAPHY.

Clinical Profile : Routine check up.

Left breast

Left breast parenchyma appears normal.
No obvious focal solid / cystic lesion is noted.

The nipple and areolar region appears normal.

The left retromammary area appears normal.

The left axillary region appears normal.

Right breast

Right breast parenchyma appears normal.
No obvious focal solid / cystic lesion is noted.

The nipple and areolar region appears normal.

The right retromammary area appears normal.

The right axillary region appears normal.

Impression:

- > Normal Sonomammography of bilateral breasts.
 - > No e/a focal solid / cystic lesion bilaterally.
- Suggest- Clinical Correlation.

Dr. Harshad V Jagtap
DMRD, MNB (Radiodiagnosis)

Thanks for the referral

Apollo Health and Lifestyle Limited

ICIN - U85110TG2000PLC115819

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APOLLO CLINICS NETWORK MAHARASHTRA

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs. ANITA SUNIL BAGAL	Age	: 59Yrs 8Mths 25Days
UHID	: CKHA.0000071818	OP Visit No.	: CKHAOPVI22873
Printed On	: 25-10-2024 04:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 35E7703		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

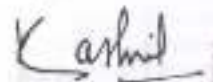
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



Dr.SANKET KASLIWAL
MBBS DMRE
2014/01/0200
Radiology

Patient Name	: Mrs. ANITA SUNIL BAGAL	Age	: 59Yrs 8Mths 25Days
UHID	: CKHA.0000071818	OP Visit No.	: CKHAOPV122873
Printed On	: 26-10-2024 03:48 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35F7703		

DEPARTMENT OF CARDIOLOGY

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	20	PULMONARY VE(m/sec)	0.9
LEFT ATRIUM (mm)	25	PG (mmHg)	3.9
		AORTIC VEL (m/sec)	1.2
IVS - D (mm)	10	PG (mmHg)	6.4
LVIDD - D (mm)	40	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
 No regional wall motion abnormality.
 Normal LV systolic function.
 Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
 Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
 Normal Tricuspid & pulmonary valve.
 No tricuspid regurgitation.. No pulmonary hypertension.
 Intact IAS and IVS.
 No clots, vegetations, pericardial effusion noted.
 Aortic arch appears normal

IMPRESSION:

Normal PA pressures.
Normal LV systolic function, No RWMA. LVEF 60%.

---End Of The Report---

Vikrant

Dr. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
2015/02/0627
Cardiology



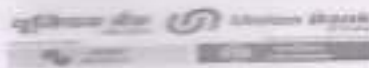
नाम : अनिता सुनिल बागल
Name : ANITA SUNIL BAGAL
कर्मचारी क्र / Employee No.: 319097
जन्म तिथि / Birth Date : 01.01.1965
रक्त समूह / Blood Group : O+
संपर्क नं. / Contact Tel. No.: 9373105405

हस्ताक्षर / Signature

जारी करने का स्थान
Place of Issue : R.O. Kolhapur

जारी करने की तारीख
Date of Issue : 25.09.2009

जारीकर्ता प्राधिकारी / Issuing Authority



Union Bank of India
RO - PUNE METRO
"JEEVAN PRAKASHI", 67, L.I.C. BLDG.,
University Rd., Pune 411 004, Shivaj Nagar,
Pune, Maharashtra, Pin

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai 400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Female

Staff/Sevt./Kam. SAGAL ANITA SUNIL

PF. No. 219257 Designation : Manager-Dy. Branch Head

Checkup for Financial Year 2024-2025 Approved Charges Rs. 5000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Succeeded

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