

Name : Mrs. INDIRA CHINNADODI
Address : Kondhwa Bk Pune Maharashtra INDIA 411048
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

Age : 60Y 11M 20D
sex : Female

UHID : APH1.0001233342



APH1.0001233342

OP No: CWANOPV239912
Bill No: CWAN-OCR-52086
Date: Sep 14th, 2024, 10:24 AM

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

BP - 100 / 60 mmHg

HT - 153 cm

WT - 53.2 kg



APH1.0001233342

Bill of Supply

Name : Mrs. INDIRA CHINNADODI
Age/Gender : 60Y 11M 21D / Female
Contact No. : 8390445558
Address : Kondhwa Bk Pune Maharashtra INDIA 411048
UHD : APH1.0001233342

Bill No. : CWAN-OCS-187429
Bill/Reg Date : Sep 14, 2024 10:36 AM
Referred by : Self
Prescribed Doctor : --
Emp No/Auth Code : --
Center : Wanowrie

#	Department	Description of Service	SAC Code	Qty	Rate	Gross Value	Discount	Tax	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Va
1	Lab Tests	VITAMIN B12	--	1	1529.00	1529.00	0.00	0.00	0.00	0.00	0.00	0.00	1529

Payments	Receipt No	Mode	Amount
----------	------------	------	--------

Settlement
14-Sep-2024 CWANRCA190355 Phone pe 1529.00

Bill Amount : 1529
Total Discount : 0
Amount Paid : 1529
Patient Payment : 1529

Received With Thanks: One Thousand Five Hundred And Twenty-Nine Rupee Only

Authorized Signature (, Yasmeen Has

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad 500038, Telangana. |
www.apollohl.com | Email ID: enquiry@apollohl.com . PH No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** **Vizag** (Seethamma Peta) **Karnataka:** **Bangalore** (Besevanegudi | Bellandur | Electronics City | ITSI Layout | Indra Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Kerala:** (VV Mohalla) **Tamil Nadu:** **Chennai** (Arinagar | Kotturpuram | T. Nagar | Velasarevoikkam | Velachery) **Maharashtra:** **Pune** (Aundh | Nigdi | Pradhikaran | Viman Nagar | Wanowrie | Kharadi) **Uttar Pradesh:** **Ghaziabad** (Indrapuram)

Online appointments: www.apolloclinic.com

GSTIN: 27AADCA0733E1Z7

Address:

Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Taluka Haveli, Pune-411018

1860 500 7788

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Indira Chinnadodi on 16/12/2024

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input 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>Vit-B12 is high- Stop B12 medications</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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Mushfiya
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Date : 9/14/2024 Department : General Physician
 Patient Name : Mrs. INDIRA CHINNADODI Doctor : Dr. MUSHFIYA BAHRAINWALA
 UHID : APH1.0001233342 Registration No. : 2020010062
 Age / Gender : 60Yrs 11Mths 20Days / Female Qualification : MBBS and PG in Hospital Management

Consultation Timing : 10:27 AM

Height : 153 cm.	Weight : 53 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/100 mmHg

General Examination / Allergies

History

On:

- Zimine 45.
- Tenwa AM O.D
- Tuzlac M O.D
- Gabaprin 500-400mg
- Twina Plus
- Mellevedāman

Clinical Diagnosis & Management Plan

For AHC

Bloating + Indigestion

O/E. CVS
 CVS
 Resp
 Abcd } NAD

Flap & Reports

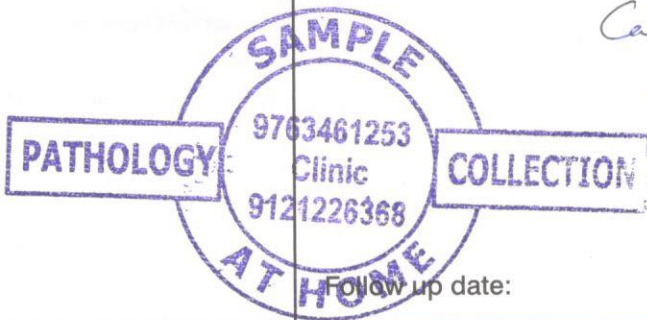
DENTAL

O/E - Stains +
 Calculus +

Generalized attrition

Adv - Bonding agent

27/09/2024
 Doctor Signature



Follow up date:

Apollo Clinic, Wanowrie

"AMBA VATICA", Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Taluka Haveli, Pune, Pin: 411048 | Phone: (020) 2683 0291/95

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BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

GE MAC1200 ST CHINNADODI, INDIRA 001233342, APOLLO CLINIC WANOWRIE

Female

HR 75 bpm

WNL

Measurement Results:

QRS : 94 ms
 QT/QTcB : 394 / 442 ms
 PR : 148 ms
 P : 118 ms
 RR/PP : 794 / 790 ms
 P/QRS/T : 25/ 20/ 30 degrees
 QTd/QTcBD : 16 / 18 ms
 Sokolow : 1.7 mV
 NK : 10

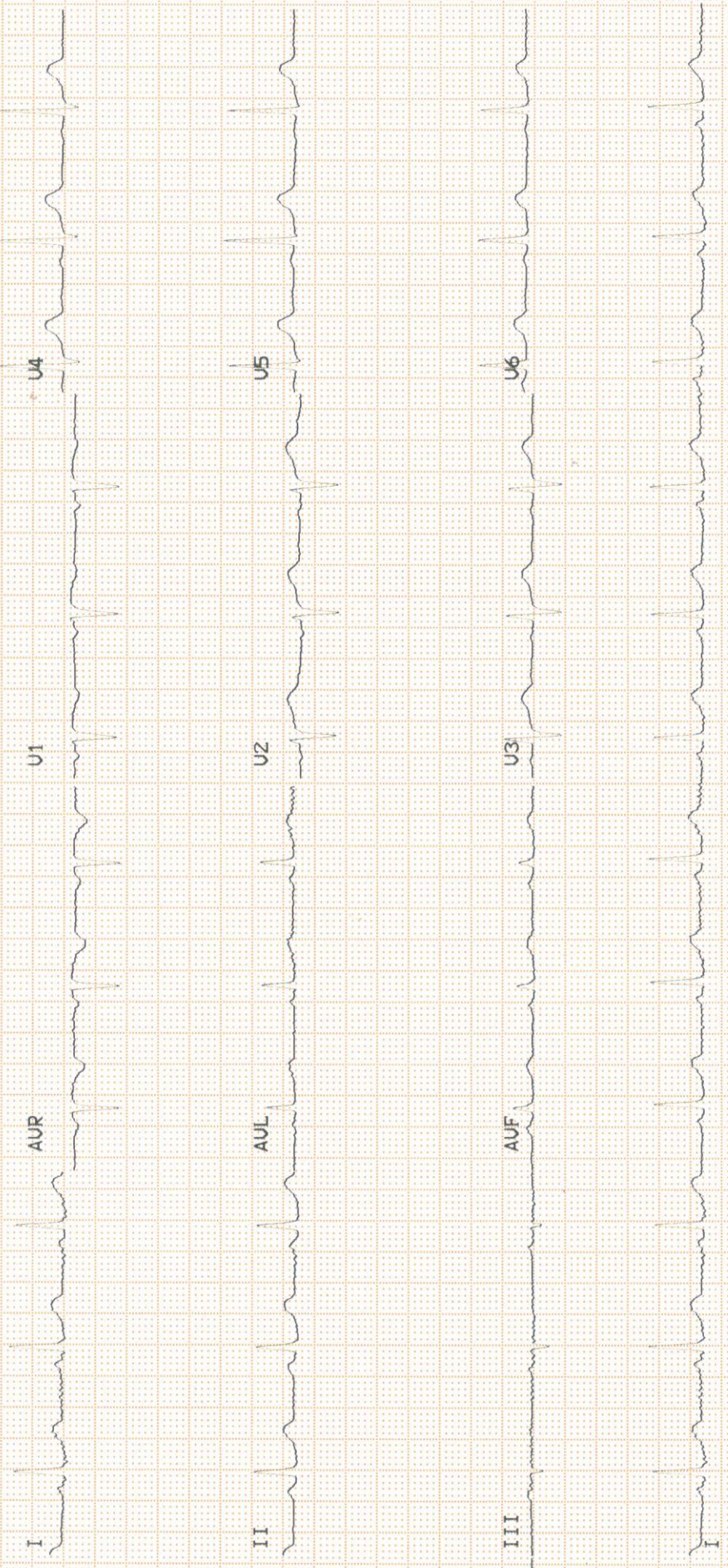
Interpretation:

normal ECG



DR. MUSHFIYA BAHRAINWALA
 M.B.B.S
 Reg. No.: 47527
 Apollo Clinic Wanowarie
 NIBM Road, Kondhwa.

Unconfirmed report.





Apollo Clinic

CONSENT FORM

Patient Name: Indira chinadoddi Age: 61

UHID Number: APH1.0001233342 Company Name:

I Mr/Mrs/Ms Indira chinadoddi Employee of

(Company) Want to inform you that I am not interested in getting PAP SMEAR (will be

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

And I claim the above statement in my full consciousness. reports collecting)

Patient Signature: Indira

Date: 14/9/24

The Apollo Clinic

Wanowrie

Pune-411048

PATIENT NAME :- Mrs. Indira Chinnadoddi DATE :- 14/9/24

AGE/SEX :- 60/F UHID : 1233342

EYE CHECK UP COMPLETE PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 ✓	6/6 ✓
Near Vision	N/6 ✓	N/6 ✓
Anterior Segment Pupil	NORMAL	NORMAL
Fundus	NORMAL ✓	NORMAL ✓
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL ✓	NORMAL ✓
Family History/Medical History	NO	

IMPRESSION:- Both eyes normal vision with glasses.

Advice :-

Ophthalmologist

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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@apollohl.com | www.apollohl.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	: Mrs. INDIRA CHINNADODI	Age	: 60Yrs 11Mths 22Days
UHID	: APH1.0001233342	OP Visit No.	: CWANOPV239912
Printed On	: 16-09-2024 12:59 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22D33325		

DEPARTMENT OF RADIOLOGY

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.


Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---


Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : Mrs. INDIRA CHINNADODI Age/Sex : 60/F Date : 14/09/2024

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – Diastolic flows are altered, Type I.

Cardiac valves -

Mitral valve –Normal, no mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –8 mm Hg

Tricuspid valve – no tricuspid regurgitation, No PAH.

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
27	31	14	12	42	35	60%

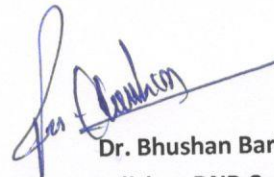
Conclusion:-

Mild concentric LV hypertrophy.

No RWMA, normal LV systolic function, LVEF – 60%

LV Diastolic dysfunction.

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

Patient Name	: Mrs. INDIRA CHINNADODI	Age	: 60Yrs 11Mths 20Days
UHID	: APH1.0001233342	OP Visit No.	: CWANOPV239912
Printed On	: 14-09-2024 11:02 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22D33325		

DEPARTMENT OF RADIOLOGY

Technique : Real time B-Mode USG of both breasts performed using high frequency linear transducer.

Study shows normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No duct ectasia bilaterally.

Nipple areolar complex normal in both breasts.

No abnormal axillary lymphadenopathy detected.

CONCLUSION:

No significant abnormality detected.

---End Of The Report---



Dr. SHAAZ AHMED KHAN
MBBS,DMRE

Patient Name	: Mrs. INDIRA CHINNADODI	Age	: 60Yrs 11Mths 20Days
UHID	: APHI.0001233342	OP Visit No.	: CWANOPV239912
Printed On	: 14-09-2024 10:58 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22D33325		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size and shows fatty change. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended. No evidence of calculus. Wall thickness appears normal.No evidence of periGB collection. No evidence of focal lesion.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal mass lesion/calcification.No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness andCM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality.

Uterus Post hysterectomy status.

No evidence of any adnexal pathology.

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.

IMPRESSION:-

Grade I fatty liver.

Rest of the study within normal limits.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr. SHAAZ AHMED KHAN

MBBS,DMRE

--

Radiology

Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 14/Sep/2024 04:14PM
UHID/MR No : APH1.0001233342	Reported : 14/Sep/2024 04:58PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



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

SIN No:CWA240900380

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



Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 14/Sep/2024 04:14PM
UHID/MR No : APH1.0001233342	Reported : 14/Sep/2024 04:58PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.85	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.8	fL	83-101	Calculated
MCH	26.8	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,370	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	25.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	9	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4032.21	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1605.24	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	146.51	Cells/cu.mm	20-500	Calculated
MONOCYTES	573.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	12.74	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.51		0.78- 3.53	Calculated
PLATELET COUNT	271000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**

Page 2 of 19



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

SIN No:CWA240900380

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



Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 14/Sep/2024 04:14PM
UHID/MR No : APH1.0001233342	Reported : 14/Sep/2024 04:58PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232



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

SIN No:CWA240900380

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



Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 14/Sep/2024 04:14PM
UHID/MR No : APH1.0001233342	Reported : 14/Sep/2024 05:46PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	Positive			Microplate Hemagglutination



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

SIN No: CWA240900380

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



Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 14/Sep/2024 03:54PM
UHID/MR No : APH1.0001233342	Reported : 14/Sep/2024 04:30PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	97	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA240900379

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



Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 01:50PM
Age/Gender : 60 Y 11 M 20 D/F	Received : 14/Sep/2024 07:20PM
UHID/MR No : APH1.0001233342	Reported : 14/Sep/2024 07:51PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	136	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:CWA240900489

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



Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 15/Sep/2024 12:21PM
UHID/MR No : APH1.0001233342	Reported : 15/Sep/2024 05:04PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	mg/dL		Calculated


Comment:

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

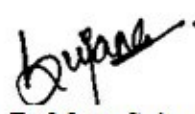
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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. RAJESH BATTINA
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SIN No:CWA240900381

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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 15/Sep/2024 12:21PM
UHID/MR No : APH1.0001233342	Reported : 15/Sep/2024 05:04PM
Visit ID : CWANOPV239912	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22D33325	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

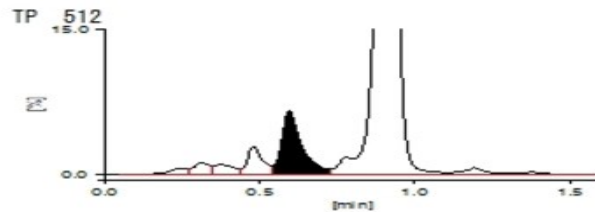
Chromatogram Report

V5.28 1 2024-09-15 16:23:00
 ID CWA240900381
 Sample No. 09150158 SL 0005 - 01
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.25	8.69
A1B	0.7	0.31	13.43
F	0.8	0.37	14.64
LA1C+	1.7	0.48	30.96
SA1C	6.6	0.60	92.70
AO	92.0	0.90	1677.57
H-V0			
H-V1			
H-V2			

Total Area 1837.99


HbA1c 6.6 % IFCC 49 mmol/mol
HbA1 7.8 % HbF 0.8 %

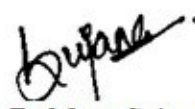


15-09-2024 16:23:00 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

1 / 1


 Dr. RAJESH BATTINA
 PhD.(Biochemistry)
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	171	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.79	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.40		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31.44	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.6	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	70.73	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.55	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*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
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 Consultant Pathologist

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.52	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.89	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.26	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.45	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.9	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100.69	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.55	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated



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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.79	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.568	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

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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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	1.004		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	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA240900378

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Patient Name : Mrs.INDIRA CHINNADODI	Collected : 14/Sep/2024 10:52AM
Age/Gender : 60 Y 11 M 20 D/F	Received : 14/Sep/2024 08:17PM
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

*** End Of Report ***

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:CWA240900375

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



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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

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This report is not valid for medico legal purposes.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA240900375

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



Patient Name	: Mrs.INDIRA CHINNADODI	Collected	: 14/Sep/2024 10:51AM
Age/Gender	: 60 Y 11 M 20 D/F	Received	: 14/Sep/2024 04:11PM
UHID/MR No	: APH1.0001233342	Reported	: 14/Sep/2024 05:48PM
Visit ID	: CWANOPV239916	Status	: Final Report
Ref Doctor	: Self	Centre Name	: ONEHUB WANOWRIE

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	1354	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***

Page 1 of 1



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

SIN No: CWA240900373

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

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Maharashtra, India - 411018

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www.apolloclinic.com



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