

Patient Name : Mrs. SUREKHA MANOJKUMAR KAMBLE Age : 50 Y/F
 UHID : CPIM.0000038367 OP Visit No : CPIMOPV157127
 Conducted By: : Conducted Date : 21-02-2024 15:16
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MRS. SUREKHA KAMBLE</i>	<i>Age/Sex: 50 / F</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 19.02.2024</i>

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	31.0 mm	Aortic Root	28.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	46.0 mm	LVID (s)	25.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

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KAMBLE

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***NORMAL CARDIAC VALVES
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

***DR. RAJENDRA V. CHAVAN
MD (MEDICINE), DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST***

Patient Name : Mrs. SUREKHA MANOJKUMAR
KAMBLE

Age : 50 Y/F

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Patient Name : Mrs.SUREKHA MANOJKUMAR KAMBLE	Collected : 19/Feb/2024 08:41AM
Age/Gender : 50 Y 9 M 4 D/F	Received : 19/Feb/2024 01:28PM
UHID/MR No : CPIM.0000038367	Reported : 19/Feb/2024 02:17PM
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Emp/Auth/TPA ID : 358536	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.**



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

SIN No:BED240042507

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.9	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	35.7	%	20-40	Electrical Impedance
EOSINOPHILS	6.2	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2630	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1877.82	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	326.12	Cells/cu.mm	20-500	Calculated
MONOCYTES	399.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	226000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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



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DEPARTMENT OF HAEMATOLOGY

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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)	107	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.

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:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	113	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.54	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.04	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.66		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04634067

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.26	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	79.56	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.17	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.65	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.24	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.89	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.09	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.73	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.71	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.107	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

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SIN No:SPL24027931

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8 - 10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2286123

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



Patient Name : Mrs.SUREKHA MANOJKUMAR KAMBLE	Collected : 19/Feb/2024 08:41AM
Age/Gender : 50 Y 9 M 4 D/F	Received : 19/Feb/2024 01:48PM
UHID/MR No : CPIM.0000038367	Reported : 19/Feb/2024 02:14PM
Visit ID : CPIMOPV157127	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358536	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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

SIN No:UF010618

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





भारत सरकार

Government of India



सुरेखा मनोजकुमार कांबळे

Surekha Manojkumar Kamble

जन्म तारीख / DOB : 15/05/1973

स्त्री / Female



5530 3696 6671

आधार - सामान्य माणसाचा अधिकार

Date : 19-02-2024
MR NO : CPIM.0000038367

Department : GENERAL
Doctor :

Name : Mrs. SUREKHA MANOJKUMAR K
Age/ Gender : 50 Y / Female
Registration No :
Qualification :

Consultation Timing: 08:35

HT - 162
WE - 75
BP - 140/80
Matter: DM

Diet Mix

S/E
CNS: S₁, S₂ ⊕
AS: ACBE
CNS: NAD
PA: NAD
No known allergy,
Hysterectomy 2021

Anam

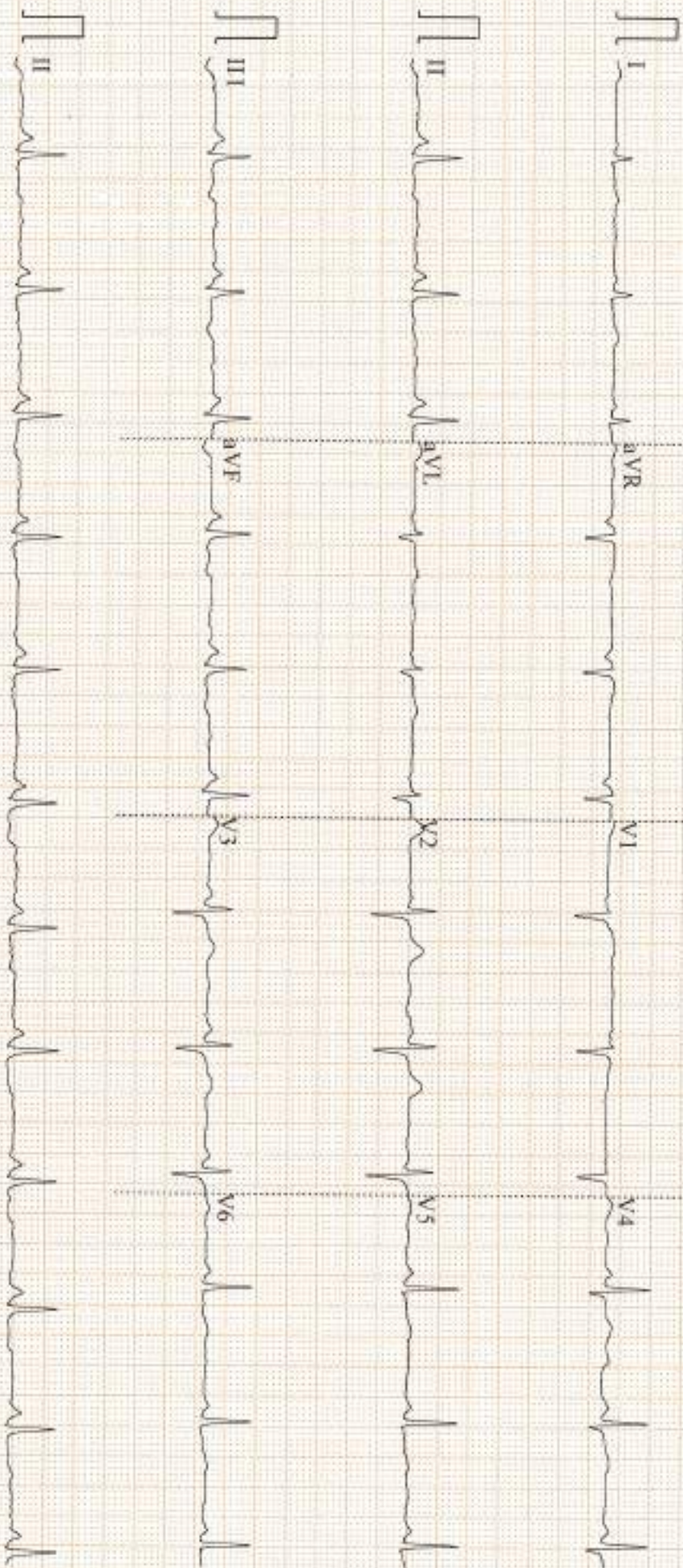
ID: 166
SUREKHA KAMBLE
Female 50 Years

19-02-2024 08:57:57 AM
HR : 71 bpm
P : 94 ms
PR : 124 ms
QRS : 92 ms
QT/QTc : 374/406 ms
P/QRST : 73/76/-27 °
RV5/SVI : 0.879/0.509 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG



Report Confirmed by:



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

Appointment Date : 19-02-2024

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MS. KAMBLE SUREKHA MANOJ	50 year	Female

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

- Tests included in this Package** :
- Bmi Check
 - Pap Smear
 - Mammography
 - Int Consultation
 - Dietician Consultation
 - Gynae Consultation
 - Thyroid Profile
 - ESR
 - Blood Glucose (Fasting)
 - General Physician Consultation
 - TMT OR 2D ECHO
 - Blood Group
 - Blood Glucose (Post Prandial)
 - Chest X-ray
 - ECG
 - USG Whole Abdomen
 - Eye Check-up consultation
 - Urine Sugar Fasting
 - Urine Sugar PP
 - Dental Consultation
 - Urine analysis
 - CBC
 - HbA1c
 - Lipid Profile
 - Kidney Profile
 - Liver profile

Thanks,
Mediwheel Team

Patient Name	: Mrs. GUREKHA MANOJKUMAR KAWRLE	Collected	: 19/Feb/2024 08:41 AM
Age/Gender	: 50 Y 0 M 4 D/F	Received	: 19/Feb/2024 01:28 PM
UHID/MR No	: CPM1.00C0338367	Reported	: 19/Feb/2024 02:17 PM
Visit ID	: CPINOPV157127	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Aut/TPA ID	: 358536		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.**

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

Slth No: H4D24HH42507

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



Patient Name	Mrs. SURFKHA MANJUMIMAR KAMRI F	Collected	19/Feb/2024 08:41AM
Age/Gender	50 Y 9 M 4 DF	Received	19/Feb/2024 01:28PM
UHID/MR No.	CPIM.0000038367	Reported	19/Feb/2024 02:07PM
Visit ID	CPIMOPV157127	Specie	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Unit/TPA ID	358536		

DEPARTMENT OF HAEMATOLOGY

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

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

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

SIN No. BED240042507

This test has been performed at Apollo Health and Lifestyle Lab - Sakinaka Park Pune, Diagnostics Lab



Patient Name : Mrs. SUREKHA MANOJKUMAR KAMRI F
 Age/Gender : 50 Y 5 M 4 DF
 UHIDMR No : CPIM.0000038367
 Visit ID : CPIMOPV157127
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 358536

Collected : 19-Feb-2024 08:41AM
 Received : 19-Feb-2024 01:27PM
 Reported : 19-Feb-2024 04:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	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	Pre-diabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random ≥ 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL) or which may result in Toxicic Ketonides (>3) is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	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.

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:

Page 5 of 11



Dr. Van, Aring B
 M.B.B.S. M.D.(Pathology)
 Consultant Pathologist

SIN No-FDT2400018757

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

Patient Name	: Ms SURKHA MANOJKUMAR KAMRIF	Collected	: 18-Feb-2024 08:41 AM
Age/Gender	: 50 Y 9 M 4 D F	Received	: 19-Feb-2024 01:27 PM
UINUMR No	: CPIM.D3E00383b7	Reported	: 19-Feb-2024 04:28 PM
Visit ID	: CPIMOPV157127	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI - HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 358536		

DEPARTMENT OF BIOCHEMISTRY

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

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

REFERENCE RANGE	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 prescription or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and evaluating Glycemic Control by American Diabetes Association guidelines, 2023.

2. Trend 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/ B12 deficiency), Liver Disorders, Chronic Kidney Disease, Chronic Condition is advised interpretation of the Values.

4. Fairly 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 > 2.5%

B. Hb genotype Hemoglobinopathy.

Hb Electrophoresis is recommended method for detection of Hemoglobinopathy.

Dr. Sanjay Nigle
M.B.B.S, M.D. Pathology
Consultant Pathologist

SEN No. EDT040018797

This test has been performed at Apollo Health and Lifestyle 3D, Saijashree Park Pune, Diagnostics Lab.

Apollo Health and Lifestyle Limited (Pune) Regd. Office: 40, 1104/3

Regd. Office: 1, 30, 1102, Saijashree Park, Saijashree Park, Pune. Regd. Office: 1102/3, Saijashree Park, Saijashree Park, Pune.

www.apolloclinics.com | 1800 104 104 | 1800 104 104 | 1800 104 104

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1860 500 7788

www.apolloclinics.com

Patient Name	: Mrs. STIREKHA MANOJKUMAR KAMBLE	Collected	: 13/Feb/2024 08:41AM
Age/Gender	: 50 Y 9 M 4 D/F	Received	: 13/Feb/2024 01:47PM
UHIDMR No	: CPIM.0000325367	Reported	: 13/Feb/2024 02:41PM
Visit ID	: CPIMOPV157127	Specie	: Final Report
Ref Doctor	: Dr.SELF	Sporkar Name	: ARCOFFEM HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35B536		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-50	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	113	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.04	mg/dL	<30	Calculated
CHOL/HDL RATIO	3.66		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 at the same patient on different days may show physiological and analytical variations.
2. NCEP ATPIII identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention therapeutic target includes absolute risk estimation and lower LDL cholesterol target levels to determine eligibility of drug therapy.
4. Low LDL levels are associated with coronary heart disease due to cholesterol HDL being available to participate in reverse cholesterol transport, a 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 an first-degree relative with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol, Non-HDL Cholesterol, CHOL/HDL RATIO, HDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When triglycerides are more than 400 mg/dL, LDL cholesterol is a direct measurement.

Dr. Sanjiv Ingle
M.B.B.S., M.D.(Pathology)
Consultant Pathologist

SEN No: SFH0654067

This test has been performed at Apollo Health and Lifestyle Ltd, Solachur Path, Pune, Maharashtra

Apollo Health and Lifestyle Limited, Apollo Health and Lifestyle Limited, Pune

Regd. Office: 110, 10th Floor, Apollo Health and Lifestyle Limited, 110, 10th Floor, Apollo Health and Lifestyle Limited, Pune

www.apollohealthandlifestyle.com | Contact: 1860 500 7788 | 020 2604 1111

020 2604 1111

Disclaimer: The above information is for informational purposes only and is not intended to be used for medical diagnosis or treatment. It is not intended to be used for medical diagnosis or treatment. It is not intended to be used for medical diagnosis or treatment. It is not intended to be used for medical diagnosis or treatment.



Patient Name	: Mrs.SUREKHA MANOJIKUMAR KAMRUP	Collected	: 19/Feb/2024 08:41AM
Age/Gender	: 50 Y 5 M 4 DF	Received	: 19/Feb/2024 01:47PM
JHIDMR No	: CPIM.000008367	Reported	: 19/Feb/2024 02:41PM
Visit ID	: CPIMQPV157127	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 358536		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.26	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	79.56	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.17	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, including its ability to store energy (AST & ALT), synthesis and secretion of bile (bilirubin, ALP), cholesterol (ALP, TG), protein synthesis (Albumin)

Common patterns seen

1. Hepatocellular Injury:

- AST - Elevated levels can be seen. However, it is not specific to the liver and can be raised in cardiac and vascular injury.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also occur in parallel with increasing BUN. Disproportionate increase in AST, ALT compared with ALP + bilirubin may be elevated.
- AST:ALT Ratio - In case of hepatic injury, AST:ALT ratio. In alcoholic liver disease AST:ALT usually >2. This ratio also can seen to be elevated in NAFLD, Wilson's disease, 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, conclude with liver biopsy. If CPT elevated indicates hepatic cause of increased ALP.

3. Synthetic function Impairments - Gamma-GT, Liver Enzyme values, Gamma levels - Correlation with PT (Prothrombin Time) ratio.



Dr Sanjay Ingole
 MBBS, M. D. Pathology
 Consultant Pathologist

SIN No:SF04674067

This test has been performed at Apollo Health and Lifestyle - 3d, Sahayra, Perth Pune, Hingmatias Lab



Registration No. UD-6657

Patient Name	: Mrs. SUREKHA MANOJKUMAR KAMBLE	Collected	: 19/Feb/2024 08:41AM
Age/Gender	: 50 Y 9 M 4 D/F	Received	: 19/Feb/2024 01:47PM
LHID/MR No	: CPIM.0000038367	Reported	: 19/Feb/2024 02:41PM
Visit ID	: CPIMOPV157127	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 358536		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.65	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.24	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.89	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.00	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.73	mmol/L	101-109	ISE (Indirect)



Dr. Sanjay Bhat
MBBS MD (Pathology)
Consultant Pathologist

SIN No. SBH464807

This test has been performed at Apollo Health and Lifestyle Ltd, Sadashiv Petli Park, Durgamwadi



Patient Name	: Mrs SHREKHA MANOJ KUMAR KAMBI	Collected	: 19/Feb/2024 08:41AM
Age/Gender	: 50 Y 0 M 4 D/F	Received	: 19/Feb/2024 01:50PM
UHID/IR No	: CPIM.0000038367	Reported	: 19/Feb/2024 03:05PM
Visit ID	: CPIMOPV157127	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 368536		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH), SERUM				
TRI-IODOETHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.107	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 - 4.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Tri-iodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and is 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 transfer hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, emotional 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, Inadequate Hormone Replacement Therapy
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Graves' 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	Primary Adenoma, TSH-secreting Pituitary Adenoma



DR Sarjay Singh
M B B.S.M D Pathology
Consultant Pathologist

SIN No: SPL24027031

This test has been performed at Apollo Health and Lifestyle Lab, S. Jayashree Path, Pune, Diagnostic Lab

Patient Name : Mrs.SUREKHA MANJUKUMAR KAMRUF	Collected : 19/Feb/2024 08:41AM
Age/Gender : 50 Y 3 M 4 DF	Received : 19/Feb/2024 01:48PM
UHIDMR No : CPIM/0600038367	Reported : 19/Feb/2024 02:18PM
Wall ID : CPIMDPV157127	Status : Final Report
Ref Doctor : Dr.SS.F	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358538	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8 - 10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SLN No: ER2266125

This test has been performed at Apollo Health and Lifestyle Ltd., Sreejith Path Pune, Diagnostic Lab



Patient Name	: Mrs SUREKHA MANOJKUMAR K/WBLC	Collected	: 19-Feb-2024 08:41AM
Age/Gender	: 50 Y 9 M 4 D/F	Received	: 19-Feb-2024 01:48PM
UHID/MR No	: CPIM.D01DQ38367	Reported	: 19-Feb-2024 02:14PM
Visit ID	: CPIMOPV157127	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Acch/TPA ID	: 358536		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

***** End Of Report *****

Dr Sarjay Ingle
M B B.S, M D Pathology
Consultant Pathologist

SIN No: UT010618

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

19/2/24

CONCENT FORM

Name of the patient: Mrs. Surekha Kumbale

Company Name: Azcajemi

Test name: LBC. POP Test.

Reason: Hygientary done



Signature & date

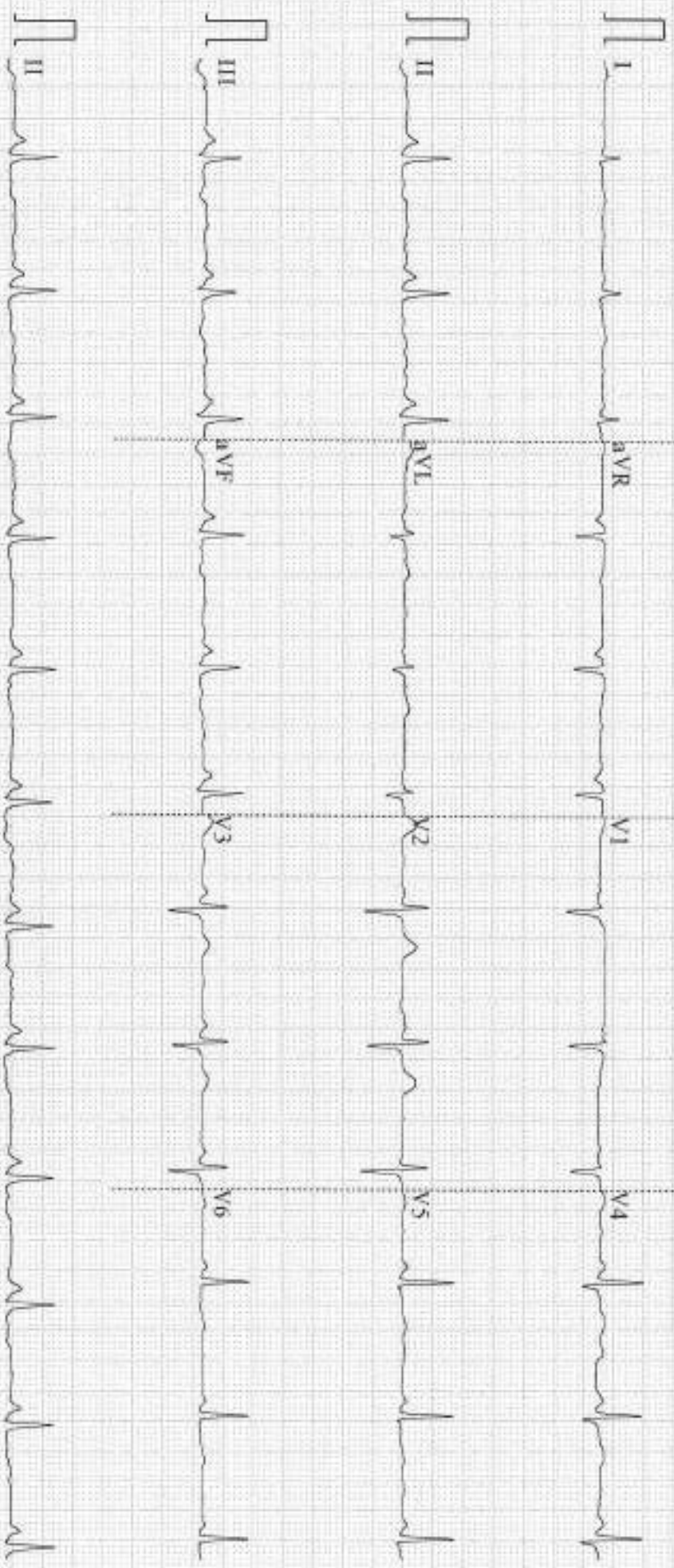
ID: 166
SUREKHA KAMBLE
Female 50Years

19-02-2024 08:57:57 AM
HR : 71 bpm
P : 94 ms
PR : 124 ms
QRS : 92 ms
QT/QTc : 374/406 ms
P/QRST : 73/76/-27 °
RV5/SV1 : 0.879/0.509 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

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

Report Confirmed by:



Patient Name : Mrs. SUREKHA MANOJKUMAR KAMBLE Age : 50 Y F
UHID : CPIM.0000038367 OP Visit No : CPIMOPV157127
Reported on : 19-02-2024 16:01 Printed on : 19-02-2024 16:48
Adm/Consult Doctor : Ref Doctor : SET.F

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Printed on: 19-02-2024 16:01

--End of the Report--

Patient Name : Mrs. SUREKHA MANOJKUMAR KAMBLE Age : 50 Y F
UHID : CPJM.0000038367 OP Visit No : CPIMOPV157127
Reported on : 19-02-2024 11:31 Printed on : 19-02-2024 13:14
Adm./Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals 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 abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.

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

Patient Name : Mrs. SUREKHA MANOJKUMAR KAMBLE Age : 50 Y F
UHID : CPIM.0000038367 OP Visit No : CPIMOPV157127
Reported on : 19-02-2024 11:31 Printed on : 19-02-2024 13:14
Adm/Consult Doctor : Ref Doctor : SELF

Printed on: 19-02-2024 11:31

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mrs. SUREKHIA MANOJKUMAR KAMBLE Age : 50 Y F
UHID : CPIM.0000038367 OP Visit No : CPIMOPV157127
Reported on : 19-02-2024 11:31 Printed on : 19-02-2024 13:07
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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 and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

Uterus/Both ovaries not seen

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

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.

Patient Name	: Mrs. SUREKHA MANOJKUMAR KAMBLE	Age	: 50 Y F
UHID	: CPIM.0000038367	OP Visit No	: CPIMOPV157127
Reported on	: 19-02-2024 11:31	Printed on	: 19-02-2024 13:07
Adm/Consult Doctor	:	Ref Doctor	: SELF

Printed on: 19-02-2024 11:31

--End of the Report--



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. SUREKHA KAMBLE	Age/Sex: 50 / F
Ref: ARCOFEMI	Date: 19.02.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	31.0 mm	Aortic Root	28.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	46.0 mm	LVID (s)	25.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION


DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

ICR - U85410TG2000PLC115819

Regd. Office - 110-62/62, Ashoka Reghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No. 040-4904 7777, Fax No. 4904 7799 | Email: customer@apolloh.com | www.apolloh.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Mumbai | Nigdi Pradhikaran | Varan Nagar | Worli

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 19.07.24

Patient Name *Surecha Kamble*

UHID:

Age / Sex: *50yr / F*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

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

same for

IMPRESSION:-

[Signature]
OPTOMETRIST

Date : 19-02-2024
MR NO : CPIM 0000036367

Department : GENERAL
Doctor :

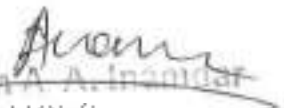
Name : Mrs. SUREKHA MANOJKUMAR K
Age/Gender : 50 Y / Female
Registration No :
Qualification :


Consultation Timing: 08:35

HT - 162
WE - 75
BP - 140/80
Mothher: DAY

Diet Mix

S/E
CDS: S₁, S₂ ⊕
AS: A/B/C
CNS: NAD.
PA: NAD.
No known allergy.
Hysterectomy 2021

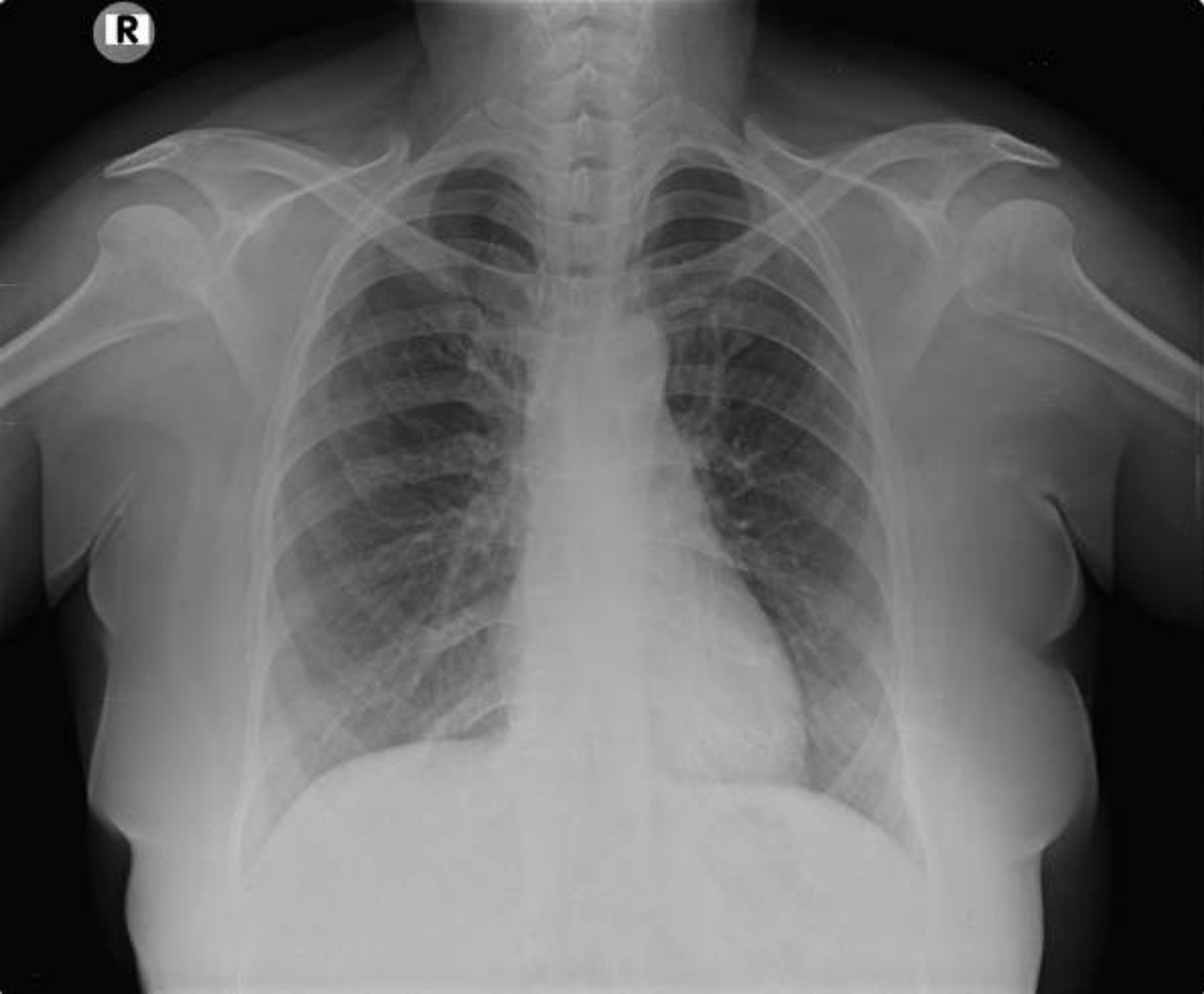

Dr. Anam A. Inqalbat
MBBS
Reg. No. 20110016236

Name : Mrs. SUREKHA MANOJKUMAR KAMBLE	Age: 30 Y Sex: F	T.HID: CPM000038367  OP Number: CPMOPV157127 Bill No : CPM-OCR-76142 Date : 19.02.2024 08:37
Address : D-1/501, SWAPNA NAGARI, LIHYAN NAGAR, PIMPRI		
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OF AGREEMENT		

Sno	Service Type/ServiceName	Department
	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D BCTIO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	2 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	3 BOND MAMMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	4 HSAc, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	5 LFTIC	
<input checked="" type="checkbox"/>	6 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	7 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	8 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	9 HEMOGRAM - PERIPHERAL SMEAR	
<input type="checkbox"/>	10 ENT CONSULTATION	
<input checked="" type="checkbox"/>	11 FITNESS BY GENERAL PHYSICIAN	
<input type="checkbox"/>	12 GYNACOLOGY CONSULTATION	
<input type="checkbox"/>	13 DIET CONSULTATION	
<input checked="" type="checkbox"/>	14 COMPLETE URINE EXAMINATION	
<input type="checkbox"/>	15 URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	16 PERIPHERAL SMEAR	
<input type="checkbox"/>	17 ECG	
<input checked="" type="checkbox"/>	18 BLOOD GROUP ABO AND RH FACTOR	
<input type="checkbox"/>	19 LIPID PROFILE	
<input type="checkbox"/>	20 BODY MASS INDEX (BMI)	
<input type="checkbox"/>	21 LBC PAP TEST - PAPSURE	
<input checked="" type="checkbox"/>	22 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	23 RENAL PROFILE/RENAL FUNCTION TEST (RF1/KF1)	
<input checked="" type="checkbox"/>	24 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	25 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<input checked="" type="checkbox"/>	26 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	27 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

L. Adio

R



Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
19-02-2024 15:03	84 Beats/min	140/80 mmHg	20 Rate/min	97 F	162 cms	75 Kgs	%	%	Years	28.58	cms	cms	cms		AHLL03446

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
19-02-2024 15:03	84 Beats/min	140/80 mmHg	20 Rate/min	97 F	162 cms	75 Kgs	%	%	Years	28.58	cms	cms	cms		AHLL03446

Established Patient: No

Vitals

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Established Patient: No

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Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
19-02-2024 15:03	84 Beats/min	140/80 mmHg	20 Rate/min	97 F	162 cms	75 Kgs	%	%	Years	28.58	cms	cms	cms		AHLL03446

Name: Mrs. SUREKHA MANOJKUMAR KAMBLE
Age/Gender: 50 Y/F
Address: D-1/301, SWAPNA NAGARI, UDHYAM NAGAR, PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000038367
Visit ID: CPIMOPV157127
Visit Date: 19-02-2024 08:35
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SUREKHA MANOJKUMAR KAMBLE
Age/Gender: 50 Y/F
Address: D-1/301, SWAPNA NAGARI, UDHYAM NAGAR, PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000038367
Visit ID: CPIMOPV157127
Visit Date: 19-02-2024 08:35
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. SUREKHA MANOJKUMAR KAMBLE
Age/Gender: 50 Y/F
Address: D-1/301, SWAPNA NAGARI, UDHYAM NAGAR, PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RUCHIR DASHORA

MR No: CPIM.0000038367
Visit ID: CPIMOPV157127
Visit Date: 19-02-2024 08:35
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. SUREKHA MANOJKUMAR KAMBLE
Age/Gender: 50 Y/F
Address: D-1/301, SWAPNA NAGARI, UDHYAM NAGAR, PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000038367
Visit ID: CPIMOPV157127
Visit Date: 19-02-2024 08:35
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. SUREKHA MANOJKUMAR KAMBLE
Age/Gender: 50 Y/F
Address: D-1/301, SWAPNA NAGARI, UDHYAM NAGAR, PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: CPIM.0000038367
Visit ID: CPIMOPV157127
Visit Date: 19-02-2024 08:35
Discharge Date:
Referred By: SELF

Doctor's Signature

Patient Name	: Mrs. SUREKHA MANOJKUMAR KAMBLE	Age/Gender	: 50 Y/F
UHID/MR No.	: CPIM.0000038367	OP Visit No	: CPIMOPV157127
Sample Collected on	:	Reported on	: 19-02-2024 13:07
LRN#	: RAD2240977	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 358536		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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 and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

UterusBoth ovaries not seen


No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

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.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)

Radiology

Patient Name : Mrs. SUREKHA MANOJKUMAR KAMBLE

Age/Gender : 50 Y/F

UHID/MR No. : CPIM.0000038367

OP Visit No : CPIMOPV157127

Sample Collected on :

Reported on : 19-02-2024 13:14

LRN# : RAD2240977

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 358536

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG OF BOTH BREASTS

Real time B-Mode USG of both breasts:

Sono mammography study reveals normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

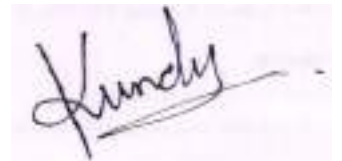
No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

CONCLUSION:

No significant abnormality is seen in this study.

(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.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mrs. SUREKHA MANOJKUMAR KAMBLE

Age/Gender : 50 Y/F

UHID/MR No. : CPIM.0000038367

OP Visit No : CPIMOPV157127

Sample Collected on :

Reported on : 19-02-2024 16:48

LRN# : RAD2240977

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 358536

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

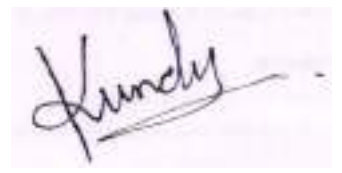
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology