

Patient Name : Mrs.RUPANSHU SAPNA  
Age/Gender : 30 Y 11 M 19 D/F  
UHID/MR No : SCHI.0000022798  
Visit ID : SCHIOPV34403  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 187173

Collected : 03/Aug/2024 09:27AM  
Received : 03/Aug/2024 09:41AM  
Reported : 03/Aug/2024 01:44PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240203214



Patient Name : Mrs.RUPANSHU SAPNA  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.9	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	40.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.65	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,790	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	<b>11</b>	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3985.73	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1860.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.54	Cells/cu.mm	20-500	Calculated
MONOCYTES	746.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.37	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	152000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>24</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Collected : 03/Aug/2024 12:45PM  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD

**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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	122	mg/dL	70-140	GOD - POD

**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.



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UHID/MR No : SCHI.0000022798	Reported : 03/Aug/2024 02:36PM
Visit ID : SCHIOPV34403	Status : Final Report
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Emp/Auth/TPA ID : 187173	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Nidhi Sachdev  
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SIN No:EDT240083586



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	149	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>173</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>32</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	82.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>34.6</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.66		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.37</b>		<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.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>79</b>	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>58.0</b>	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	125.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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.



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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	27.70	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	12.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.80</b>	mg/dL	2.5-6.2	Uricase
CALCIUM	9.90	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	<b>5.2</b>	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	12-43	Glycylglycine Nitoranalide



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.41	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.43	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.065	µIU/mL	0.38-5.33	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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Dr Nidhi Sachdev  
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SIN No:SPL24127640



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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	POSITIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE (+)		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	10-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8-10	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	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.

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SIN No:UR2398792



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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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



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Consultant Pathology  
SIN No:UF012003



Patient Name : Mrs.RUPANSHU SAPNA	Collected : 03/Aug/2024 12:27PM
Age/Gender : 30 Y 11 M 19 D/F	Received : 03/Aug/2024 03:44PM
UHID/MR No : SCHI.0000022798	Reported : 04/Aug/2024 08:30PM
Visit ID : SCHIOPV34403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 187173	

**DEPARTMENT OF CYTOLOGY**

**LBC PAP SMEAR , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	L-1222-24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smear shows sheets of superficial and intermediate squamous cells.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

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Dr. Tanish Mandal  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist  
SIN No: CS084339





Name : Mrs. Rupanshu Sapna

Age: 30 Y

UHID: SCHI.0000022798

Sex: F



OP Number: SCHIOPV34403

Address : delhi - 110019

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-11732

Date : 03.08.2024 09:25

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

Height: 155 cm  
 Weight: 56.7 kg  
 B.P.: 110/70 mmHg  
 Pulse: 72/mts.  
 SpO2: 99%

5724

**Health Check up Booking Confirmed Request(22S30453),Package Code-PKG10000377, Beneficiary Code-295710**

Mediwheel <wellness@mediwheel.in>

Thu 8/1/2024 12:06 AM

To:ANANT KUMAR <ANANT.KUMAR5@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



**011-41195959**

Dear **Anant kumar,**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Health Annual Plus Check

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Name of Diagnostic/Hospital** : Apollo Spectra - Nehru Enclave

**Address of Diagnostic/Hospital-** : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019

**City** : Delhi

**State** : DELHI

**Pincode** : 110065

**Appointment Date** : 03-08-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 9:00 AM - 9:30 AM



To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	RUPANSHU SAPNA
DATE OF BIRTH	15-08-1993
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	03-08-2024
BOOKING REFERENCE NO.	24S187173100109654S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR ANANT
EMPLOYEE EC NO.	187173
EMPLOYEE DESIGNATION	WEALTH EXECUTIVE
EMPLOYEE PLACE OF WORK	DELHI,DILSHAD GARDEN
EMPLOYEE BIRTHDATE	05-10-1992

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **31-07-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

Sub_order	Order_Id	Client Nam	Patient Nai	Email	Agreement Package N:	Mobile	Order Date
541181	539982	ARCOFEMI	Rupanshu	Anant.kum	ARCOFEMI	ARCOFEMI	9.32E+09 #####



सत्यमेव जयते

भारत निर्वाचन आयोग  
परिचय पत्र

ELECTION COMMISSION OF INDIA  
IDENTITY CARD

HZW5891114



मतदाता का नाम	: रूपांशु सपना
Elector's name	: Rupanshu Sapna
पिता का नाम	: बैजनाथ मण्डल
Father's Name	: Baijnath Mandal
लिंग / Sex	: महिला / Female
जन्म दिनांक	: 15/08/1993
Date of Birth	: 15/08/1993


## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rupanshu on 3/8

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	


  
 Dr. M. S. Rao
  
**Medical Officer**
  
**The Apollo Clinic, Uppal**

*This certificate is not meant for medico-legal purposes*

PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Rupansky	UHID No :	22798
AGE / GENDER :-	30y f	RECEIPT No :-	
PANEL :	Arcefeny	EXAMINED ON :-	3/8

Chief Complaints:

R/C

Past History:

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

Personal History:

Alcohol	:	<del>Nil</del>	Activity	:	<del>Active</del>
Smoking	:	Nil	Allergies	:	Nil

Family History:

DM / HT

General Physical Examination:

Height	155	:	cms	Pulse	72/r	:	bpm
Weight	86.7	:	Kgs	BP	110/70	:	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	<del>Normal</del>
Respiratory system	:	<del>Normal</del>
Abdominal system	:	<del>Normal</del>
CNS	:	<del>Normal</del>
Others	:	<del>Normal</del>

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Rekanshi</u>	UHID No :
AGE :-	SEX :
PANEL :	RECEIPT No :-
	EXAMINED ON :-

Investigations:

All the reports of tests and investigations are attached herewith

Tu-173  
 SA 1779 SSOT S8  
 ure acid 6.8

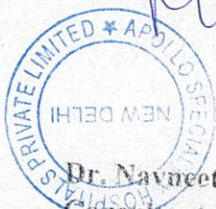
ure 10-10-15

Recommendation:

low fat diet  
 ure 5g

Turso col 150mg (1x) meal  
 cap Quatop 1020 1-2 meal

My vike D3 60 1 once a week  
 2 meal



Dr. Navneet Kaur  
 Consultant Physician



NAME :	RUPANSHU SAPNA	AGE/SEX	30	YRS/ F
UHID :	22798			
REF BY :	APOLLO SPECTRA	DATE:-	03.08.2024	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. *Few bright echogenic foci giving comet tail artifacts are seen in fundal wall likely due to cholesterolosis.* No definite calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Uterus** is antverted and normal in size .. It measures 8.4 x 3.8 cm. Outline is smooth. Myometrium is normal. Endometrial echoes are normal and measures 9.1 mm

Both ovaries are normal in size ,shape and echotexture.


**Right ovary:** 2.3 x 1.7 cm

**Left ovary:** 2.6 x 1.9 cm

No obvious adnexal mass is seen. No free fluid seen.

**IMPRESSION: FATTY CHANGES IN LIVER GRADE 1.**

**Please correlate clinically and with lab. Investigations.**

  
**DR. DEEPIKA AGARWAL**  
CONSULTANT RADIOLOGIST  
**Dr. DEEPIKA AGARWAL**  
Consultant Radiologist  
DMC No. 56777  
Apollo Speciality Hospitals (P) Ltd.  
A-2, Chirag Enclave, Greater Kailash-1  
New Delhi-110048

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040-4904 7777 | www.apollohl.com

Miss. Rupanshu Sapna 3/8/24  
30/F

Eye checkup  
H/o myopia  
No H/o systemic disease

V < 6/6 (P)      MET < 13 ] unity  
         6/6 (P)

V < 6/6 - nlc  
         6/6  
POG < -0.25 DC x 80°  
             -0.25 x 90°

⊙ Bev < -0.50 DC x 90° 6/6 - nlc  
             -0.50 DC x 90° 6/6

color < Normal  
             B/A

slit lamp exam

A/S Normal B/A

pupil reaction Normal B/A

Fundus < wnl B/A

Adv

continue same glasses

Dankhon  
3/8/24

## DIGITAL X-RAY REPORT

NAME: RUPANSHU	DATE: 03.08.2024
UHID NO : 22798	AGE: 30 YRS/ SEX: F

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. DEEPIKA AGARWAL**  
Consultant Radiologist

**Dr. DEEPIKA AGARWAL**  
Consultant Radiologist  
DMC No. 56777  
Apollo Speciality Hospitals (P) Ltd.  
A-2, Chirag Enclave, Greater Kailash-1  
New Delhi-110048

usu - 34v / ♀ 1A+H

mP - 18/7/24

breast

P/A

P/S

P/V

Normal

Rupanshu

Sapna

304 / 1E

3/8/24

Adv

- C17

*Adv*

**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151



Specialists in Surgery

For Appointment : +91 11 4046 5555  
Mob.: +91 9910995018  
Email: drusha.maheshwari@apollospectra.com

08/08/2024

Mrs. Rupamshu Sapna  
304/F.

C/C:- Regular Dental Check-up

M/H:- N.R.H.

PDH:- N.R.H.

O/E:- Calculus +

Stains +

Caries

Generalised Spacing

78

occlusal Pit

Advised :- Scaling

Restoration 78

Apollo Spectra Hospitals: Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
Ph: 011-40465555, 9910995018 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd.

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | www.apollohl.com

ID: 22798

RUPANSHU SAPNA

Female 30Years

Req. No. :

03-08-2024 11:15:59

HR : 66 bpm

P : 100 ms

PR : 135 ms

QRS : 92 ms

QT/QTcBz : 364/383 ms

P/QRS/T : 49/46/22 °

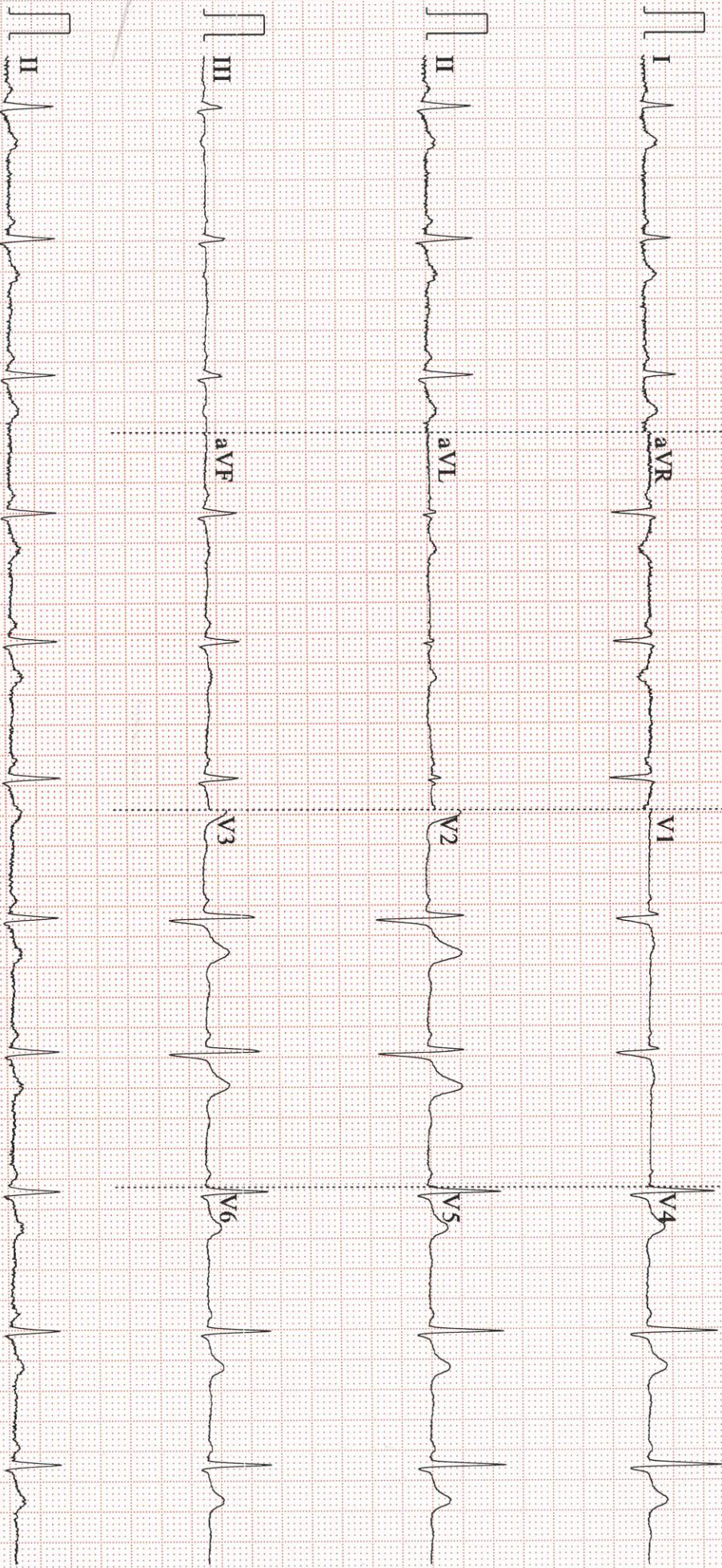
RV5/SV1 : 1.221/0.537 mV

Diagnosis Information:

Sinus Rhythm

\*\*\*Normal ECG\*\*\*

Report Confirmed by:



Patient Name : Mrs. Rupanshu Sapna Age : 30 Y/F  
 UHID : SCHI.0000022798 OP Visit No : SCHIOPV34403  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 03-08-2024 16:16  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_ msec.  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_ msec. Pred. RVSP=RAP+ \_\_\_\_\_ mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/**3**/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.7 (2.0 – 3.7cm)	LA es	3.1 (1.9 – 4.0cm)
LV es	2.7 (2.2 – 4.0cm)	LV ed	4.3 (3.7 – 5.6cm)
IVS ed	0.8 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVd (ml)	
EF	62% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS :**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy

	Contraction	<u>Normal</u> /Reduced
Regional wall motion abnormality		<u>Absent</u>
LA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RA		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus
RV		<u>Normal</u> /Enlarged/ <u>Clear</u> /Thrombus

## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=62%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



*Dr. M K Gupta*  
**M.B.B.S, MD,FIACM**  
*Senior Consultant Cardiologist*



# Apollo Clinic

## CONSENT FORM

Patient Name: Rupanshu same Age: 30  
UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms Rupanshu Employee of .....  
(Company) Want to inform you that I am not interested in getting Diet Consultation  
Ear Consultation  
Tests done which is a part of my routine health check package.  
And I claim the above statement in my full consciousness.

Patient Signature: ..... Date: 13/08/20