

Certificate No: MC-5597

Patient Name : Mrs.SAYALI UIKE	Collected : 09/Mar/2024 09:31AM
Age/Gender : 34 Y 10 M 12 D/F	Received : 09/Mar/2024 02:05PM
UHID/MR No : CKHA.0000072283	Reported : 09/Mar/2024 03:25PM
Visit ID : CKHAOPV110502	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789655585	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis+, Microcytes+, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia
Advice: Iron studies & Hb Electrophoresis.



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



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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.5	g/dL	12-15	Spectrophotometer
PCV	31.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	69.3	fL	83-101	Calculated
MCH	23.3	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	17.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,840	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2797.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1568.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	111.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	348.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.78		0.78- 3.53	Calculated
PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC's Anisopoikilocytosis+, Microcytes+, Elliptocytes++, tear drop cells +, Pencil cells				
WBC's are normal in number and morphology				
Platelets are Adequate				
No hemoparasite seen.				
Impression: Iron Deficiency Anemia				
Advice: Iron studies & Hb Electrophoresis.				



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Consultant Pathologist





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DEPARTMENT OF HAEMATOLOGY

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



DR.Sanjay Ingle
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Patient Name : Mrs.SAYALI UIKE	Collected : 09/Mar/2024 09:31AM
Age/Gender : 34 Y 10 M 12 D/F	Received : 09/Mar/2024 01:47PM
UHID/MR No : CKHA.0000072283	Reported : 09/Mar/2024 03:06PM
Visit ID : CKHAOPV110502	Status : Final Report
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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	93	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. Sanjay Ingle
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Patient Name : Mrs.SAYALI UIKE	Collected : 09/Mar/2024 12:26PM
Age/Gender : 34 Y 10 M 12 D/F	Received : 09/Mar/2024 05:16PM
UHID/MR No : CKHA.0000072283	Reported : 09/Mar/2024 07:30PM
Visit ID : CKHAOPV110502	Status : Final Report
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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	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.



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Patient Name : Mrs.SAYALI UIKE	Collected : 09/Mar/2024 09:31AM
Age/Gender : 34 Y 10 M 12 D/F	Received : 09/Mar/2024 01:57PM
UHID/MR No : CKHA.0000072283	Reported : 09/Mar/2024 03:44PM
Visit ID : CKHAOPV110502	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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 Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	117	mg/dL	<200	CHO-POD
TRIGLYCERIDES	101	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	64.43	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.23	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.65		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	129.56	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	105.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	73.75	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	3.99	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.79	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.82	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.93	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.14	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107.14	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	3.99	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.56	U/L	<38	IFCC



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Visit ID : CKHAOPV110502	Status : Final Report
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.81	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.21	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.065	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. Sanjay Ingle
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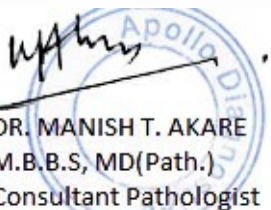
Certificate No: MC-5597

Patient Name : Mrs.SAYALI UIKE	Collected : 09/Mar/2024 09:31AM
Age/Gender : 34 Y 10 M 12 D/F	Received : 09/Mar/2024 06:54PM
UHID/MR No : CKHA.0000072283	Reported : 09/Mar/2024 07:31PM
Visit ID : CKHAOPV110502	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



Certificate No: MC-5587

Patient Name : Mrs.SAYALI UIKE	Collected : 09/Mar/2024 09:31AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:

BLOOD GROUP ABO AND RH FACTOR, GLUCOSE (POST PRANDIAL) - URINE

Sneha Shah
Dr Sneha Shah
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Certificate No: MC-5597

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Age/Gender : 34 Y 10 M 12 D/F	Received : 09/Mar/2024 05:21PM
UHID/MR No : CKHA.0000072283	Reported : 09/Mar/2024 07:23PM
Visit ID : CKHAOPV110536	Status : Final Report
Ref Doctor : Dr.	

DEPARTMENT OF IMMUNOLOGY
ALP VITAMIN PANEL - LEVEL 1

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	18.02	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	369	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.
 - The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
- Patients taking vitamin B12 supplementation may have misleading results.

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



Certificate No: MC-5597

Patient Name : Mrs.SAYALI UIKE	Collected : 09/Mar/2024 12:35PM
Age/Gender : 34 Y 10 M 12 D/F	Received : 09/Mar/2024 05:21PM
UHID/MR No : CKHA.0000072283	Reported : 09/Mar/2024 07:23PM
Visit ID : CKHAOPV110536	Status : Final Report
Ref Doctor : Dr.	

DEPARTMENT OF IMMUNOLOGY
ALP VITAMIN PANEL - LEVEL 1

- 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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

*** End Of Report ***

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



Name: Mrs. SAYALI UIKE
Age/ Sex: 34 Yrs / F

Date:09/03/2024

2D ECHO/COLOUR DOPPLER


M - Mode values		Doppler Values	
AORTIC ROOT (mm)	23	PULMONARY VE(m/sec)	1
LEFT ATRIUM (mm)	25	PG (mmHg)	4
		AORTIC VEL (m/sec)	0.8
IVS - D (mm)	9	PG (mmHg)	3
LVID - D (mm)	39	MITRAL E WAVE(m/sec)	0.8
LVID - S (mm)	23	A WAVE (m/sec)	0.6
LVPW - D (mm)	9		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
 No regional wall motion abnormality.
 Normal LV systolic function.
 Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
 Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
 Normal Tricuspid & pulmonary valve.
Trivial tricuspid regurgitation.RVSP-22+10 mm Hg. No pulmonary hypertension.
 Intact IAS and IVS.
 No clots, vegetations, pericardial effusion noted.
 Aortic arch appears normal

IMPRESSION:

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

for: 

DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

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**

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sayah Mike on 11/03/24

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<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>IDA</u></p> <p>2. <u>HbA1c = pre diabetes</u></p> <p>3. <u>ALT ↑ / AST ↑</u> <u>vit D ↓</u> <u>Both ovaries bulky + PCOS</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Zuhra
Dr. Zuhra Khan
 Dr. **MBBS General Physician**
 Medical Officer: 2020/03/1804
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK MAHARASHTRA
 Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 09-03-2024
MR NO : CKHA.0000072283

Department : GENERAL
Doctor :

Name : Mrs. SAYALI UIKE

Registration No :

Age/ Gender : 34 Y / Female

Qualification :

Consultation Timing: 09:25

95

Height : 158	Weight : 70.1	BMI : 28	Waist Circum : 87
Temp : 97.6 F	Pulse : 78	Resp : 22	B.P : 97/64

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

LMP - 29/02/2024
Irregular

Present complains - Dry cough - 1 month.
No wt. loss / fever.

Comorbidity - } H/O - PCOS - not on any Rx.

Allergies - } Nil.

Surgical H/O - } LSCS (2021).

Family H/O - NO.

Addiction - NO

OE

CVS- }

CNS- }

P/A- }

Chest- }

NAD.

H/O covid infection - 2022.

Vaccinated with - 2 doses.

Follow up date:

Sham

Doctor Signature

Date : 09-03-2024
 MR NO : CKHA.0000072283
 Name : Mrs. SAYALI UIKE
 Age/ Gender : 34 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:25

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
 History



Clinical Diagnosis & Management Plan

pt. came for Routine ENT check-up;
 - No active ENT complaints;

OE; BIL EAC - clear; BIL TM - intact,

- AP, PPW - Mild congestion

- Do Nose - DNs to (RT).

P.

- Steam inhalation;



Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Ms Sayali Uike

GENDER: M/F

DATE: 9-3-24

AGE: 39

UHID: 72283

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	.	.	6/6
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	PL	.	.	6/6
NEAR				

INSTRUCTIONS:

SIGNATURE



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

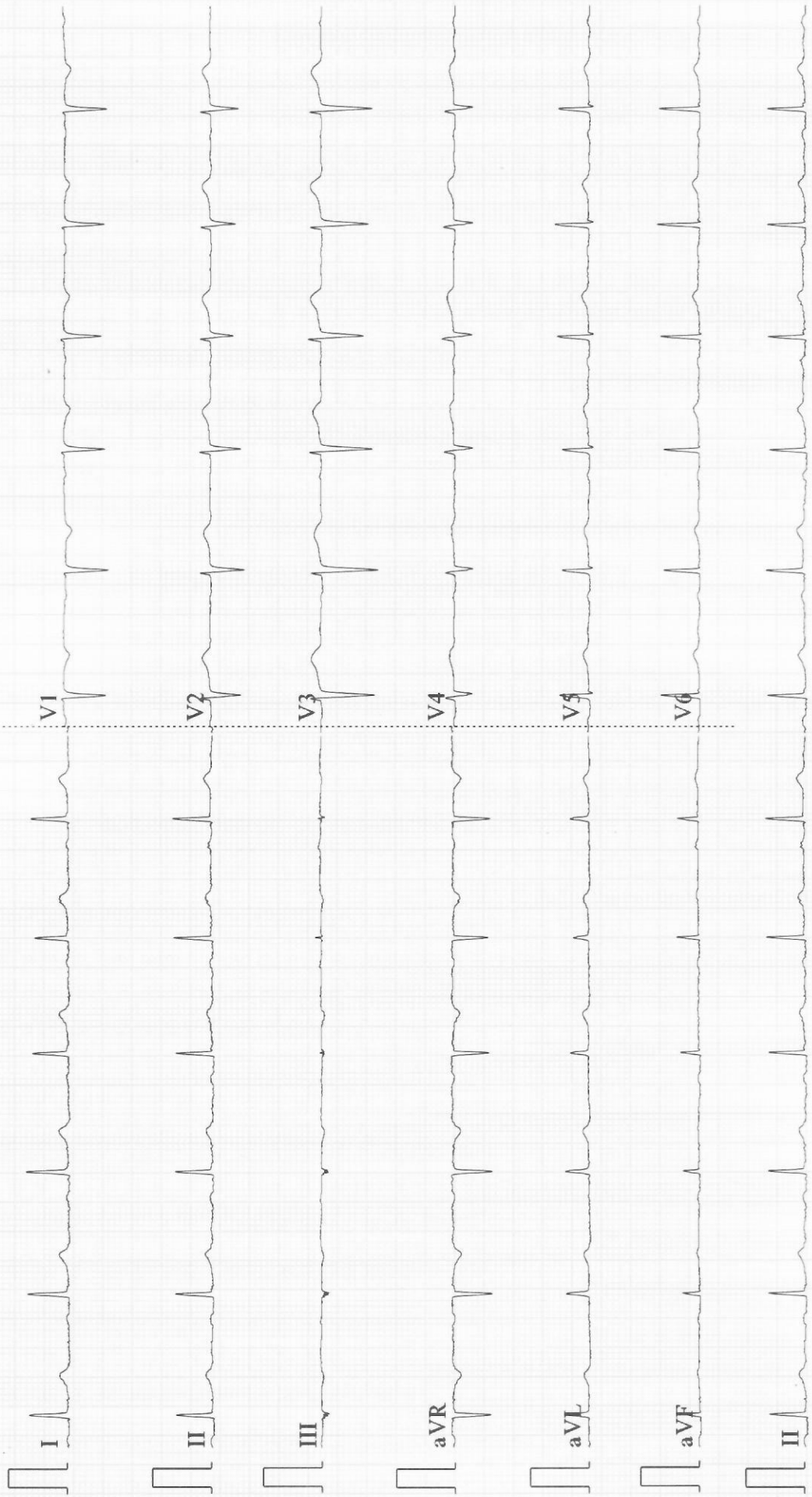
ID: 72283
sayali uke
Female 34Years
kg / mmHg
Req. No. :

09-03-2024 13:47:31
HR : 72 bpm
P : 98 ms
PR : 188 ms
QRS : 72 ms
QT/QTcBz : 406/445 ms
P/QRS/T : 60/26/20 °
RV5/SV1 : 0.516/0.685 mV

Diagnosis Information:
Sinus rhythm
Poor R wave progression
Borderline ECG

Report Confirmed by:

JM



Patient Name : Mrs. SAYALI UIKE Age : 34 Y F
UHID : CKHA.0000072283 OP Visit No : CKHAOPV110502
Reported on : 09-03-2024 16:29 Printed on : 09-03-2024 20:01
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:09-03-2024 16:29

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Sayali Uike.

Date : 09/03/2024

Referred By : Apollo Clinics.

Age : 34 yrs. Sex : F.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

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

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

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

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

Right kidney is normal in size, shape and echotexture. It measures 10.4 x 3.8 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 10.5 x 4.1 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

No ascites. No para-aortic lymphadenopathy.

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

Uterus measures 8.3 x 3.7 x 4.4 cms is anteverted and normal in size, shape and echotexture. Myometrium is normal. No focal mass lesion seen.

Endometrium is normal. Endometrium thickness is 10 mm.

Both ovaries are bulky & show polycystic pattern.

Right ovary measures 4.0 x 2.3 x 2.8 cms. Volume – 13 gms

Left ovary measures 4.1 x 2.5 x 2.8 cms. Volume – 15 gms.

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

Impression:

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

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

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

Thanks for the referral

Apollo Clinic

CONSENT FORM

Patient Name: Sayali Vike Age: 34 yr

UHID Number: Company Name:

I Mr./Mrs./Ms

Employee of

(Company) Want to inform you that I am **not interested** / Postpone in getting

- 1) LBC pap test skip
- 2)
- 3)
- 4)
- 5)

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

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 9/3/24



भारत सरकार
GOVERNMENT OF INDIA



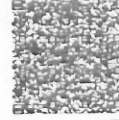
मायली योगेश उइके

Sayali Yogesh Uike

जन्म तिथि/ DOB: 27/04/1989

महिला / FEMALE

6622 0036 7423



मेरा आधार, मेरी पहचान

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDE R
41	Arcofemi/Mediwheel/MALE/FE MALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	bobS14095	Yogesh S Uike	40	Year Male
43	Arcofemi/Mediwheel/MALE/FE MALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	bobE14079	MS. UIKE SAYALI YOGESH	34	Year Female