


Patient Name	: Mrs.DEEPthy SIVARAJ	Collected	: 13/Jul/2024 09:40AM
Age/Gender	: 40 Y 9 M 21 D/F	Received	: 13/Jul/2024 02:51PM
UHID/MR No	: CAUN.0000050736	Reported	: 13/Jul/2024 03:24PM
Visit ID	: CAUNOPV173837	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7352		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240183116

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 COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	38.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.71	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.9	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,820	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical Impedance
LYMPHOCYTES	26.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4770.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2103.58	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	297.16	Cells/cu.mm	20-500	Calculated
MONOCYTES	625.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.46	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.27		0.78- 3.53	Calculated
PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240183116

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Patient Name : Mrs.DEEPthy SIVARAJ	Collected : 13/Jul/2024 12:52PM
Age/Gender : 40 Y 9 M 21 D/F	Received : 13/Jul/2024 05:20PM
UHID/MR No : CAUN.0000050736	Reported : 13/Jul/2024 06:28PM
Visit ID : CAUNOPV173837	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	79	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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

SIN No:PLP1473266

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UHID/MR No	: CAUN.0000050736	Reported	: 13/Jul/2024 05:42PM
Visit ID	: CAUNOPV173837	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr Sheha Shah
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SIN No:EDT240076413

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UHID/MR No : CAUN.0000050736	Reported : 13/Jul/2024 06:46PM
Visit ID : CAUNOPV173837	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	249	mg/dL	<200	CHO-POD
TRIGLYCERIDES	123	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	59	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	191	mg/dL	<130	Calculated
LDL CHOLESTEROL	166.43	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.52	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.26		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<0.01		<0.11	Calculated

Comment:

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

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

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

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



DR. Sanjay Ingle
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Consultant Pathologist

SIN No:SE04779560

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.29	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.08	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.88	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	80.61	U/L	30-120	IFCC
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.48	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	1.29	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.08	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.88	U/L	<35	IFCC
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GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	19.42	U/L	<38	IFCC

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:

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- 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 diseases, Cirrhosis, but the increase is usually not >2.



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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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.67	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.81	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.84	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.82	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135.48	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107.1	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.48	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	80.61	U/L	30-120	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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)	1.06	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.986	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



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SIN No: SPL24116593

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Emp/Auth/TPA ID	: 35E7352		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

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
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24116593

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



Patient Name : Mrs.DEEPthy SIVARAJ	Collected : 13/Jul/2024 09:40AM
Age/Gender : 40 Y 9 M 21 D/F	Received : 13/Jul/2024 02:45PM
UHID/MR No : CAUN.0000050736	Reported : 13/Jul/2024 05:07PM
Visit ID : CAUNOPV173837	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7352	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	5.34	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:



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24116593

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



Patient Name	: Mrs.DEEPthy SIVARAJ	Collected	: 13/Jul/2024 09:40AM
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Visit ID	: CAUNOPV173837	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24116593

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



Patient Name : Mrs.DEEPthy SIVARAJ	Collected : 13/Jul/2024 09:40AM
Age/Gender : 40 Y 9 M 21 D/F	Received : 13/Jul/2024 02:45PM
UHID/MR No : CAUN.0000050736	Reported : 13/Jul/2024 05:04PM
Visit ID : CAUNOPV173837	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7352	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	134	pg/mL	120-914	CLIA

Comment:

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

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



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

SIN No:SPL24116593

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



Patient Name : Mrs.DEEPthy SIVARAJ	Collected : 13/Jul/2024 09:40AM
Age/Gender : 40 Y 9 M 21 D/F	Received : 13/Jul/2024 03:02PM
UHID/MR No : CAUN.0000050736	Reported : 13/Jul/2024 03:46PM
Visit ID : CAUNOPV173837	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7352	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	2 - 3	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2386027


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



Patient Name	: Mrs.DEEPthy SIVARAJ	Collected	: 13/Jul/2024 09:40AM
Age/Gender	: 40 Y 9 M 21 D/F	Received	: 13/Jul/2024 03:02PM
UHID/MR No	: CAUN.0000050736	Reported	: 13/Jul/2024 03:46PM
Visit ID	: CAUNOPV173837	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7352		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2386027

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



Patient Name	: Mrs.DEEPthy SIVARAJ	Collected	: 13/Jul/2024 09:40AM
Age/Gender	: 40 Y 9 M 21 D/F	Received	: 13/Jul/2024 02:49PM
UHID/MR No	: CAUN.0000050736	Reported	: 13/Jul/2024 02:50PM
Visit ID	: CAUNOPV173837	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7352		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***



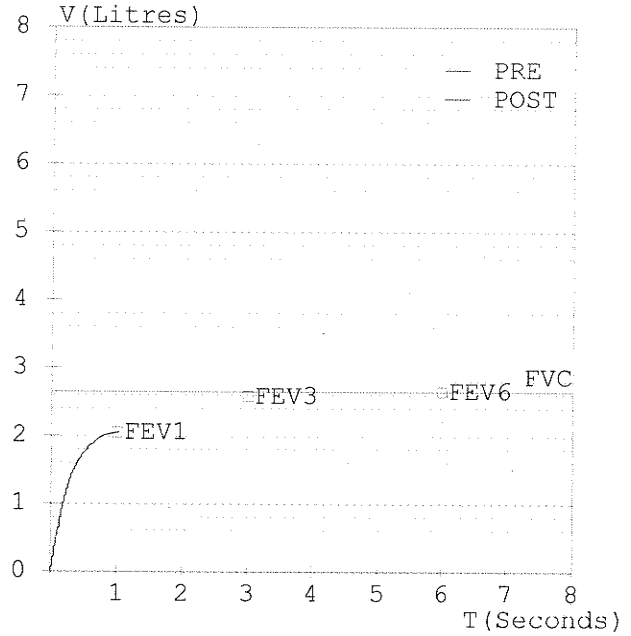
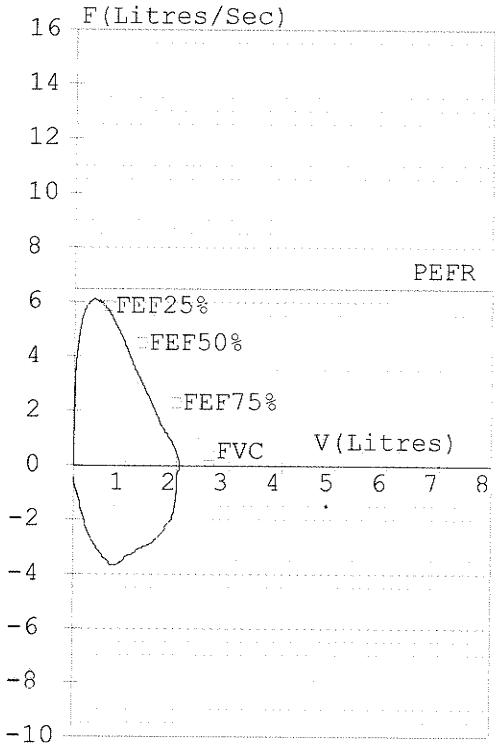
Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011896

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

Patient: MRS. DEEPTHY SIVARAJ
 Refd. By: ARCOFEMI
 Pred. Eqns: RECORDERS
 Date : 13-Jul-2024 04:30 PM

Age : 40 Years Gender : Female
 Height : 165 Cms Smoker : No
 Weight : 70 Kgs Eth. Corr: 100
 ID: 50736 Temp : 36°C



Spirometry (FVC Results)

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	02.64	02.06	078	-----	---	---
FEV1 (L)	02.06	02.06	100	-----	---	---
FEV1/FVC (%)	78.03	100.00	128	-----	---	---
FEF25-75 (L/s)	02.74	03.76	137	-----	---	---
PEFR (L/s)	06.48	06.04	093	-----	---	---
FIVC (L)	-----	02.09	---	-----	---	---
FEV.5 (L)	-----	01.77	---	-----	---	---
FEV3 (L)	02.57	02.06	080	-----	---	---
PIFR (L/s)	-----	03.68	---	-----	---	---
FEF75-85 (L/s)	-----	01.60	---	-----	---	---
FEF.2-1.2 (L/s)	05.00	05.01	100	-----	---	---
FEF 25% (L/s)	05.84	05.91	101	-----	---	---
FEF 50% (L/s)	04.50	04.29	095	-----	---	---
FEF 75% (L/s)	02.30	02.10	091	-----	---	---
FEV.5/FVC (%)	-----	85.92	---	-----	---	---
FEV3/FVC (%)	97.35	100.00	103	-----	---	---
FET (Sec)	-----	01.02	---	-----	---	---
ExptTime (Sec)	-----	00.07	---	-----	---	---
Lung Age (Yrs)	040	040	100	-----	---	---
FEV6 (L)	02.64	-----	---	-----	---	---
FIF25% (L/s)	-----	02.85	---	-----	---	---
FIF50% (L/s)	-----	03.44	---	-----	---	---
FIF75% (L/s)	-----	03.03	---	-----	---	---

Normal PFT

Handwritten signature

DE VIDYA DESHPADE

Patient Name	: Mrs. Deepthy Sivaraj	Age/Gender	: 40 Y/F
UHID/MR No.	: CAUN.0000050736	OP Visit No	: CAUNOPV173837
Sample Collected on	:	Reported on	: 15-07-2024 15:16
LRN#	: RAD2377603	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E7352		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, shape and **shows enhanced in echotexture.**

No focal lesion is seen. PV and CBD are 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 C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 10.4 x 4.1 cm.

Left kidney – 11.0 x 4.5 cm.

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 appears normal in size measuring 8.5 x 3.0 x 5.1 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6.1 mm.

Both ovaries- appear normal in size, shape and echo pattern.

Right ovary – 3.0 x 1.7 cm.

Left ovary – 2.8 x 2.1 cm.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

Patient Name : Mrs. Deepthy Sivaraj

Age/Gender : 40 Y/F

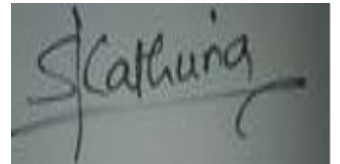
IMPRESSION :-

Grade I fatty liver.

No other 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. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY

Radiology

Patient Name : Mrs. Deepthy Sivaraj

Age/Gender : 40 Y/F

UHID/MR No. : CAUN.0000050736

OP Visit No : CAUNOPV173837

Sample Collected on :

Reported on : 15-07-2024 14:42

LRN# : RAD2377603

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35E7352

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

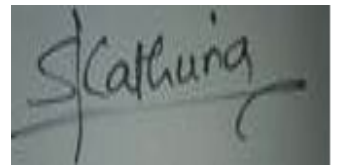
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

DATE: 13/7/24

PATIENT NAME : Deepthy Sivaraj

AGE : 40 yrs

MARRIED / UNMARRIED: M: 10 yrs

MENSTRUAL HISTORY : Cycle - regular,

MENARCHE : 13-14 yrs

PMC : 3-4 / 28-30 avg flow.

LMP : 30 | 6 | 24

OBSTETRIC HISTORY : G P L A Para(0) - USG

PAST HISTORY : DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES - NO.

FAMILY HISTORY : DM/ HT/ IHD / MALIGNANCIES
NO

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@apollohi.com | www.apollohi.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**

Date : 13-07-2024
MR NO : CAUN.0000050736

Department : GENERAL
Doctor :

Name : Mrs. Deepthy Sivaraj

Registration No :

Age/ Gender : 40 Y / Female

Qualification :

Consultation Timing: 09:10

Height	164
Weight	70
BP	120/80
Pulse	80
Waist	100
Hip	105
BMI	
Consultation with Report	

Patient Name : Deepthy Sivasej
 AGE/Sex : 40 / F

Date : 13/07/24
 UHID/ MR NO :

	RIGHT EYE	LEFT EYE
FAR VISION	-1.00 6/6 DSPH	-1.00 6/6 DSPH
NEAR VISION	+1.00 N6	+1.00 N6
ANTERIOR SEGMENT PUPIL	No Ems	No Ems
COLOUR VISION	No Ems	No Ems
FAMILY / MEDICAL HISTORY	No Ems	No Ems

Impression: _____

Ophthalmologist: -
 Dr. Pradnya Nikam

आयकर विभाग

INCOME TAX DEPARTMENT

DEEPTHY SIVARAJ

SIVARAJ KANJIRAKATTU JANAKI

22/09/1983

Permanent Account Number

BOYPS2120J

Signature



भारत सरकार
GOVT. OF INDIA



11062015

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Fri 12-07-2024 11:59

To:deepthy@unionbankofindia.bank <deepthy@unionbankofindia.bank>

Cc:Aundh Apolloclinic <aundh@apolloclinic.com>;Niraj B <niraj.b@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear DEEPTHY SIVARAJ,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-07-13** at **07:45-08:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

Name:	Mrs. Deepthy Sivaraj	MR No:	CAUN.0000050736
Age/Gender:	40 Y/F	Visit ID:	CAUNOPV173837
Address:	DEEPTHY SIVARAJ CHIF MANAGRE UNION BANK OF INDIA MLP PUNE WEST	Visit Date:	13-07-2024 09:10
Location:	PUNE, MAHARASHTRA	Discharge Date:	
Doctor:		Referred By:	SELF
Department:	GENERAL		
Rate Plan:	AUNDH_20052024		
Sponsor:	ARCOFEMI HEALTHCARE LIMITED		
Consulting Doctor:	Dr. RUCHIKA SRIVASTAVA		

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name:	Mrs. Deepthy Sivaraj	MR No:	CAUN.0000050736
Age/Gender:	40 Y/F	Visit ID:	CAUNOPV173837
Address:	DEEPTHY SIVARAJ CHIF MANAGRE UNION BANK OF INDIA MLP PUNE WEST	Visit Date:	13-07-2024 09:10
Location:	PUNE, MAHARASHTRA	Discharge Date:	
Doctor:		Referred By:	SELF
Department:	GENERAL		
Rate Plan:	AUNDH_20052024		
Sponsor:	ARCOFEMI HEALTHCARE LIMITED		
Consulting Doctor:	Dr. ARPITA KRISHNA		

Doctor's Signature

Name:	Mrs. Deepthy Sivaraj	MR No:	CAUN.0000050736
Age/Gender:	40 Y/F	Visit ID:	CAUNOPV173837
Address:	DEEPTHY SIVARAJ CHIF MANAGRE UNION BANK OF INDIA MLP PUNE WEST	Visit Date:	13-07-2024 09:10
Location:	PUNE, MAHARASHTRA	Discharge Date:	
Doctor:		Referred By:	SELF
Department:	GENERAL		
Rate Plan:	AUNDH_20052024		
Sponsor:	ARCOFEMI HEALTHCARE LIMITED		
Consulting Doctor:	Dr. VIDYA DESHPANDE		

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name:	Mrs. Deepthy Sivaraj	MR No:	CAUN.0000050736
Age/Gender:	40 Y/F	Visit ID:	CAUNOPV173837
Address:	DEEPTHY SIVARAJ CHIF MANAGRE UNION BANK OF INDIA MLP PUNE WEST	Visit Date:	13-07-2024 09:10
Location:	PUNE, MAHARASHTRA	Discharge Date:	
Doctor:		Referred By:	SELF
Department:	GENERAL		
Rate Plan:	AUNDH_20052024		
Sponsor:	ARCOFEMI HEALTHCARE LIMITED		
Consulting Doctor:	Dr. PRADNYA NIKAM		

Doctor's Signature

Name:	Mrs. Deepthy Sivaraj	MR No:	CAUN.0000050736
Age/Gender:	40 Y/F	Visit ID:	CAUNOPV173837
Address:	DEEPTHY SIVARAJ CHIF MANAGRE UNION BANK OF INDIA MLP PUNE WEST	Visit Date:	13-07-2024 09:10
Location:	PUNE, MAHARASHTRA	Discharge Date:	
Doctor:		Referred By:	SELF
Department:	GENERAL		
Rate Plan:	AUNDH_20052024		
Sponsor:	ARCOFEMI HEALTHCARE LIMITED		
Consulting Doctor:	Dr. NANDINI SUDHIR BHAGAT		

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: Yes

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
13-07-2024 17:45	80 Beats/min	120/80 mmHg	20 Rate/min	96 F	164 cms	70 Kgs	%	%	Years	26.03	100 cms	105 cms	cms		AHLL04386

Established Patient: Yes

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
13-07-2024 17:45	80 Beats/min	120/80 mmHg	20 Rate/min	96 F	164 cms	70 Kgs	%	%	Years	26.03	100 cms	105 cms	cms		AHLL04386

Established Patient: Yes

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
13-07-2024 17:45	80 Beats/min	120/80 mmHg	20 Rate/min	96 F	164 cms	70 Kgs	%	%	Years	26.03	100 cms	105 cms	cms		AHLL04386

Established Patient: Yes

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
13-07-2024 17:45	80 Beats/min	120/80 mmHg	20 Rate/min	96 F	164 cms	70 Kgs	%	%	Years	26.03	100 cms	105 cms	cms		AHLL04386

Established Patient: Yes

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
13-07-2024 17:45	80 Beats/min	120/80 mmHg	20 Rate/min	96 F	164 cms	70 Kgs	%	%	Years	26.03	100 cms	105 cms	cms		AHLL04386

PATIENT NAME :-MS. DEEPTHY SIVARAJ
REFERRED BY :- ARCOFEMI

AGE :-40YRS/F
DATE :- 13.07.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Normal.
- Aortic Valve : Normal.
- Tricuspid Valve : Normal.
- Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.

AO – 19 mm, LA – 28 mm, LVIDd – 39 mm, LVISd – 21 mm, IVS – 9 mm, PW – 9 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

Apollo Clinic - Aundh
Dr. Satyajee Suryawanshi
DR.SATYAJEET SURYAWANSHI
(CONSULTANT CARDIOLOGIST)
Reg. No. 2005/05/2786

P/S : Normal echo does not rule out coronary artery disease.

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

 **1860 500 7788**