Apollo TOUCHING LIVES

Certificate No: MC-5597

Apollo Clinic Expertise. Closer to you.

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 09:26AM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 01:58PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 02:35PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BLD240062910

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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**82**	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	**15.6**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4914	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	**3403.4**	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	172.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	591.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	**424000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

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

SIN No:BLD240062910

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 09:26AM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 01:58PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 05:43PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

SIN No:BED240062910

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

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 12:03PM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 05:17PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 07:17PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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*	83	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)*	90	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 09:26AM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 01:58PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 03:45PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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	**6.1**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240028603

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

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 09:26AM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 02:13PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 08:32PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	57	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**34**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	**117.38**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.45	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.79		0-4.97	Calculated

Comment:

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

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

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

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

SIN No:SE04655478

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

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Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.33	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	116.87	U/L	30-120	IFCC
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.91**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.04		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 > 1In 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.

• 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.

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

SIN No:SE04655478

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.46**	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	**13.80**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**6.4**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.53	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.25	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.45	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.92	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.06	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.91**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.04		0.9-2.0	Calculated

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

SIN No:SE04655478

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

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	20.00	U/L	<38	IFCC

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

SIN No:SE04653478

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

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 09:26AM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 01:36PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 02:57PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.72	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.935	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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

SIN No:SPL24041785

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

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 09:26AM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 06:53PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 07:30PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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	MODIFED EHRLICH REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	2 - 3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2301146

Patient Name	: Mrs.PRACHITA TRIBHUWAN	Collected	: 09/Mar/2024 09:26AM
Age/Gender	: 33 Y 6 M 0 D/F	Received	: 09/Mar/2024 06:54PM
UHID/MR No	: CKHA.0000072265	Reported	: 09/Mar/2024 07:20PM
Visit ID	: CKHAOPV110473	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS13802		

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(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UP4011050

Apollo Clinic
Expertise. Closer to you.

Name: Mrs. Prachita Tribhuwan
Age/ Sex: 33 Yrs / F **Date:09/03/2024**

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	29	PULMONARY VE(m/sec)	1
LEFT ATRIUM (mm)	30	PG (mmHg)	4
		AORTIC VEL (m/sec)	1
IVS – D (mm)	10	PG (mmHg)	4
LVID – D (mm)	43	MITRAL E WAVE(m/sec)	1
LVID – S (mm)	23	A WAVE (m/sec)	0.7
LVPW – D (mm)	10		
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.
No tricuspid regurgitation. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION: **Tachycardia noted**

Normal PA pressures.

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

For Dr. Vikrant

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

Apollo Clinic
Expertise. Closer to you.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Prachita Tribhuwan on 11/03/24

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. HbA1C - pre-diabetic 2. Grade - I Fatty liver 3. However the employee should follow the advice/medication that has been communicated to him/her. Review after	
• Currently Unfit. Review after recommended	
• Unfit	

Dr. Zuha Khan
MBBS General Physician
Reg. No.: 2020/03/1804

Dr.
Medical Officer
Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Apollo HOSPITALS

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Prachita

Date	: 09-03-2024	Department	: GENERAL
MR NO	: CKHA.0000072265	Doctor	:
Name	: Mrs. Prachita Tribhuwan	Registration No	:
		Qualification	:
Age/ Gender	: 33 Y / Female		

Consultation Timing: 06:54

96

Height : 152	Weight : 60.8	BMI : 25	Waist Circum : 82
Temp : 97.8°F	Pulse : 96	Resp : 22	B.P : 113/83

General Examination / Allergies History

Clinical Diagnosis & Management Plan

LMP - 12/02/2024.
Regulas.

Present complains - Nil complains - occasional SOB when anxious.

Comorbidity - Nil.

Allergies -

Surgical H/O - Nil.

Family H/O - Mother : Thyroid.

Addiction - NO

OE

Small lump over the posterior aspect of ① arm. No wt loss / fever.

CVS-

CNS-

P/A-

Chest-

NAD

Rx

① Tab Cefixime 500mg.
1-0-Ø1 x ⑤ Days.

H/O covid infection - NO.

Vaccinated with - 2 doses.

Follow up date:

Doctor Signature

Apollo Clinic, Kharadi
#102, B Wing, 1st Floor, Kul Scapes, Magarpatta Road, Opp. Reliance Smart, Kharadi
Pune. Pin 411014 | Phone (020) 2701 3333/4444
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Mrs. Prachita. Tribhuvan,
33yrs/F,

09/03/2024.

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT checkup;
- No active ENT complaints,

O/E; BIL EAC - clear, BIL TM - intact,
- Nose & throat - WNL

℞,
- Nasomist Nasal drops
2°2°2° SOS

Follow up date:

Doctor Signature

Apollo Clinic, Kharadi
#102, B Wing, 1st Floor, Kul Scapes, Magarpatta Road, Opp. Reliance Smart, Kharadi
Pune. Pin: 411014 | Phone: (020) 2701 3333/4444
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ID: 72265
prachi tribhuwan
Female 33Years
kg / mmHg
Req. No. :

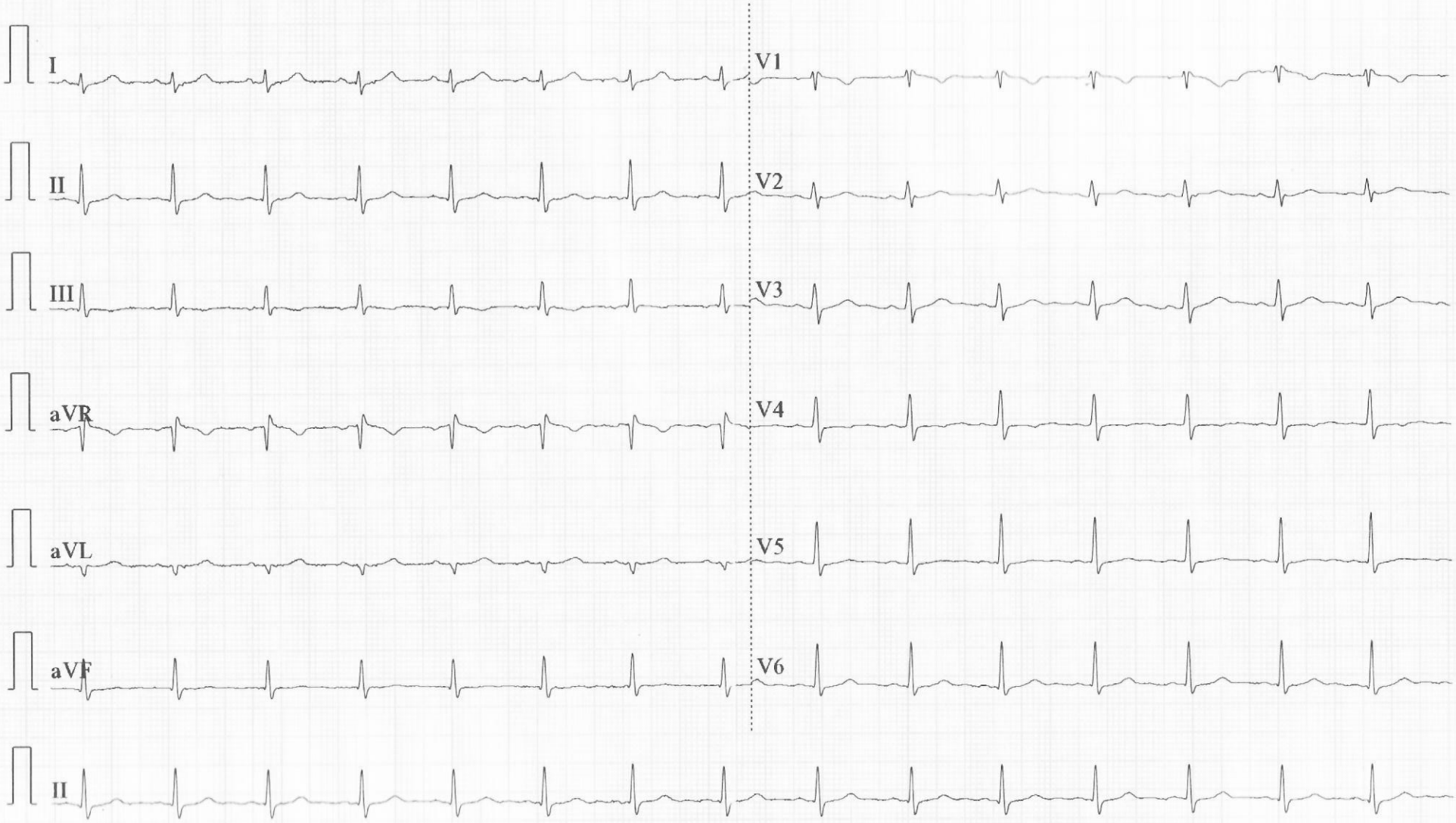
09-03-2024 14:09:26

HR	: 91	bpm
P	: 88	ms
PR	: 128	ms
QRS	: 92	ms
QT/QTcBz	: 354/436	ms
P/QRS/T	: -2/75/10	°
RV5/SV1	: 0.794/0.200	mV

Diagnosis Information:
Sinus rhythm
Anterior T wave abnormality is nonspecific
Borderline ECG

P. P. Tribhuwan

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9[redacted]D V1.47 Glasgow V28.6.7 APOLLO CLINIC KHARADI

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Patient Name	: Mrs. Prachita Tribhuwan	Age	: 33 Y F
UHID	: CKHA.0000072265	OP Visit No	: CKHAOPV110473
Reported on	: 09-03-2024 16:36	Printed on	: 09-03-2024 19:22
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 16:36 ---End of the Report---

Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Clinic
Expertise. Closer to you.

Patient Name	:	PRACHITA TRIBHUWAN	Date : 09/03/2024
Referred By	:	Apollo Clinics.	Age : 33 yrs. Sex : F.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and **shows grade I fatty changes.** 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 10.0 x 3.6 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 9.5 x 3.8 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 7.5 x 3.0 x 4.0 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 normal .No adnexal mass lesion seen. No free fluid is seen in POD.

Impression:

> Grade I fatty liver
> 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
TOUCHING LIVES

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Apollo Clinic

CONSENT FORM

Patient Name: mrs: prachita Age: 33yr

UHID Number: ..... Company Name: .....

I Mr./Mrs./Ms .....

Employee of .....

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

1) pap test - sigP

2) opthal

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: P.P. Trivikram Date: 9/3/24

[redacted] सरकार

Prachita Prakash Tribhuwan

जन्म तारीख / DOB: 07/08/1990

महिला / FEMALE

4544 4753 4254

VID : 9150 7519 1514 9931

माझे आधार, माझी ओळख

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL
52	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	bobS13802	Prachita Tribhuwan	33 year	Female	nilesh202020@gmail.com
53	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	bobS13797	Prachita Tribhuwan	33 year	Female	nilesh202020@gmail.com