

Certificate No: MO-5597

Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 09:55AM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 01:08PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 02:51PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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.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	12.5	g/dL	12-15	Spectrophotometer
PCV	36.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.4	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,580	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.1	%	40-80	Electrical Impedance
LYMPHOCYTES	41.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3033.38	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2717.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	243.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	546.14	Cells/cu.mm	200-1000	Calculated
BASOPHILS	39.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.12		0.78- 3.53	Calculated
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	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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No hemoparasite seen.**



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Consultant Pathologist



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Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 09:55AM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 01:08PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 03:43PM
Visit ID : CKHAOPV110640	Status : Final Report
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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





Certificate No: MO-5597

Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 09:55AM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 01:25PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 02:41PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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	85	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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Consultant Pathologist



Certificate No: MO-5597

Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 12:00PM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 03:11PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 04:02PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

DEPARTMENT OF BIOCHEMISTRY

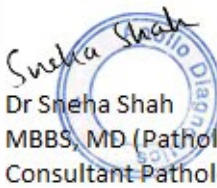
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	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.

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist





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Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 01:08PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 03:22PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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)



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Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 09:55AM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 12:57PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 01:32PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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	153	mg/dL	<200	CHO-POD
TRIGLYCERIDES	49	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.12	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.99		0-4.97	Calculated
ATHEROGENIC INDEX PLASMA (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
ATHEROGENIC INDEX OF PLASMA (AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.



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Visit ID : CKHAOPV110640	Status : Final Report
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Emp/Auth/TPA ID : bobE13516	

DEPARTMENT OF BIOCHEMISTRY

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

- 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.
- 7) Triglycerides and HDL-cholesterol in AIP reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Visit ID : CKHAOPV110640	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.53	U/L	<38	IFCC

Sneha Shah
Dr Sneha Shah
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Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 09:55AM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 12:58PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 02:58PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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)	1.39	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.063	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 01:31PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 01:46PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	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. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist





Certificate No: MO-5597

Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 12:00PM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 03:01PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 03:21PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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



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



Certificate No: MO-5597

Patient Name : Mrs.SAYLI BARVE	Collected : 12/Mar/2024 09:55AM
Age/Gender : 37 Y 2 M 4 D/F	Received : 12/Mar/2024 02:06PM
UHID/MR No : CVIM.0000218244	Reported : 12/Mar/2024 02:32PM
Visit ID : CKHAOPV110640	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13516	

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:
LBC PAP TEST (PAPSURE)

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



S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER
6	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWHEEL Full Body Health Annual Plus Check Female 2D ECHO	bobE13516	MRS. BARVE SAYLI ASHUTOSH	37 year	Female


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sayli Barve on 13/3/24.

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>HbA1c - pre-diabetes C</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after: _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


Dr. Zuha Khan
 MBBS General Physician
 Medical Officer
 Reg. No. 2020/03/1804
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes


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**

Date : 12-03-2024 Department : GENERAL
 MR NO : CVIM.0000218244 Doctor :
 Name : Mrs. Sayli Barve Registration No :
 Age/ Gender : 37 Y / Female Qualification :

Consultation Timing: 09:29	Weight : 67	BMI : 24	Waist Circum : 85
Height : 162	Pulse : 71	Resp : 20	B.P : 98/69

General Examination / Allergies History

Δ1. HbA1c -
Pre-diabetic
range.

Adv. i. Diet modification
+ exercise ↑

Clinical Diagnosis & Management Plan

LMP : 08/02/2024.
Regular.

Present complains - Nil complains.

Comorbidity - } NIL.
Allergies - }

Surgical H/O - LSCS (2013) Ovarian cystectomy (2019).

Family H/O - Mother - DM, Father - HTN

Addiction - NO

OE

CVS- }
CNS- } NAD.
P/A- }
Chest-

H/O covid infection - 2020/2022.

Vaccinated with - 2 doses + 1 Booster.

Follow up date:

Sham
Doctor Signature

Date : 12-03-2024
 MR NO : CVIM.0000218244
 Name : Mrs. Sayli Barve
 Age/ Gender : 37 Y / Female

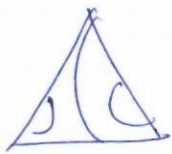
Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT Health checkup;
 - No active ENT complaints,
 - No h/o hearing loss;



O/E Ear BIL EAC - clear, BIL TMJ-intact;
Nose - Pale Nasal Mucosa, DNS to (R)
Throat - WNL.



Follow up date:

Doctor Signature

Patient Name	: Mrs. Sayli Barve	Age	: 37 Y F
UHID	: CVIM.0000218244	OP Visit No	: CKHAOPV110640
Reported on	: 12-03-2024 18:10	Printed on	: 12-03-2024 18:19
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:12-03-2024 18:10

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name	: Mrs. Sayli Barve	Age	: 37 Y F
UHID	: CVIM.0000218244	OP Visit No	: CKHAOPV110640
Reported on	: 12-03-2024 10:06	Printed on	: 12-03-2024 18:19
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is well distended. No calculus or sludge noted.

Spleen: It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney: Normal in size ms 10.0 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney: Normal in size ms 9.6 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen. **Tiny concretion noted at mid pole .**

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is partially distended and appears normal. No echorefective calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: is anteverted, and measures 8.0 x 3.7 x 5.5 cms. No focal lesion seen. Endometrial thickness is 10.1 mm.

Right ovary: not visualised PA.

Left ovary: measures 3.4 x 1.8 cms.

Visualised bowel loops appear normal.

IMPRESSION :

- **NO SIGNIFICANT ABNORMALITY.**

Clinical correlation, thyroid profile suggested.....

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)

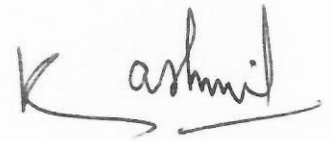
Online appointments: www.apolloclinic.com

Patient Name	: Mrs. Sayli Barve	Age	: 37 Y F
UHID	: CVIM.0000218244	OP Visit No	: CKHAOPV110640
Reported on	: 12-03-2024 10:06	Printed on	: 12-03-2024 18:19
Adm/Consult Doctor	:	Ref Doctor	: SELF

(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.

Printed on: 12-03-2024 10:06

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Name: Mrs. Sayli Barve
Age/ Sex: 37 Yrs / F

Date:12/03/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	26	PULMONARY VE(m/sec)	1
LEFT ATRIUM (mm)	30	PG (mmHg)	4
		AORTIC VEL (m/sec)	1.1
IVS - D (mm)	10	PG (mmHg)	5
LVID - D (mm)	49	MITRAL E WAVE(m/sec)	0.7
LVID - S (mm)	30	A WAVE (m/sec)	0.6
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		

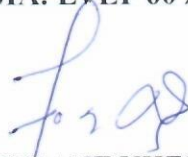
REPORT:

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

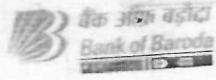
IMPRESSION:

Normal PA pressures.

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



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



बैंक अफ बड़ोदा
Bank of Baroda

ई.सी.नं. | E.C No 79610

नाम | Name **Sayli Ashutosh Barve**

पदनाम | Designation **Business Associate**

धारक के हस्ताक्षर | Signature of Holder



29/10/2021

जारी करने की तारीख

Date of Issue

जारीकर्ता प्राधिकारी

Issuing Authority

POWER PRESCRIPTION

NAME: Ms Sayli Barve

GENDER: M/F

DATE: 12-3-24

AGE: 37

UHID: 218244

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-		6/6
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	-0.25	-		6/6
NEAR				

INSTRUCTIONS:

SIGNATURE



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(CIN - U85110TG2000PLC115819)

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 218244

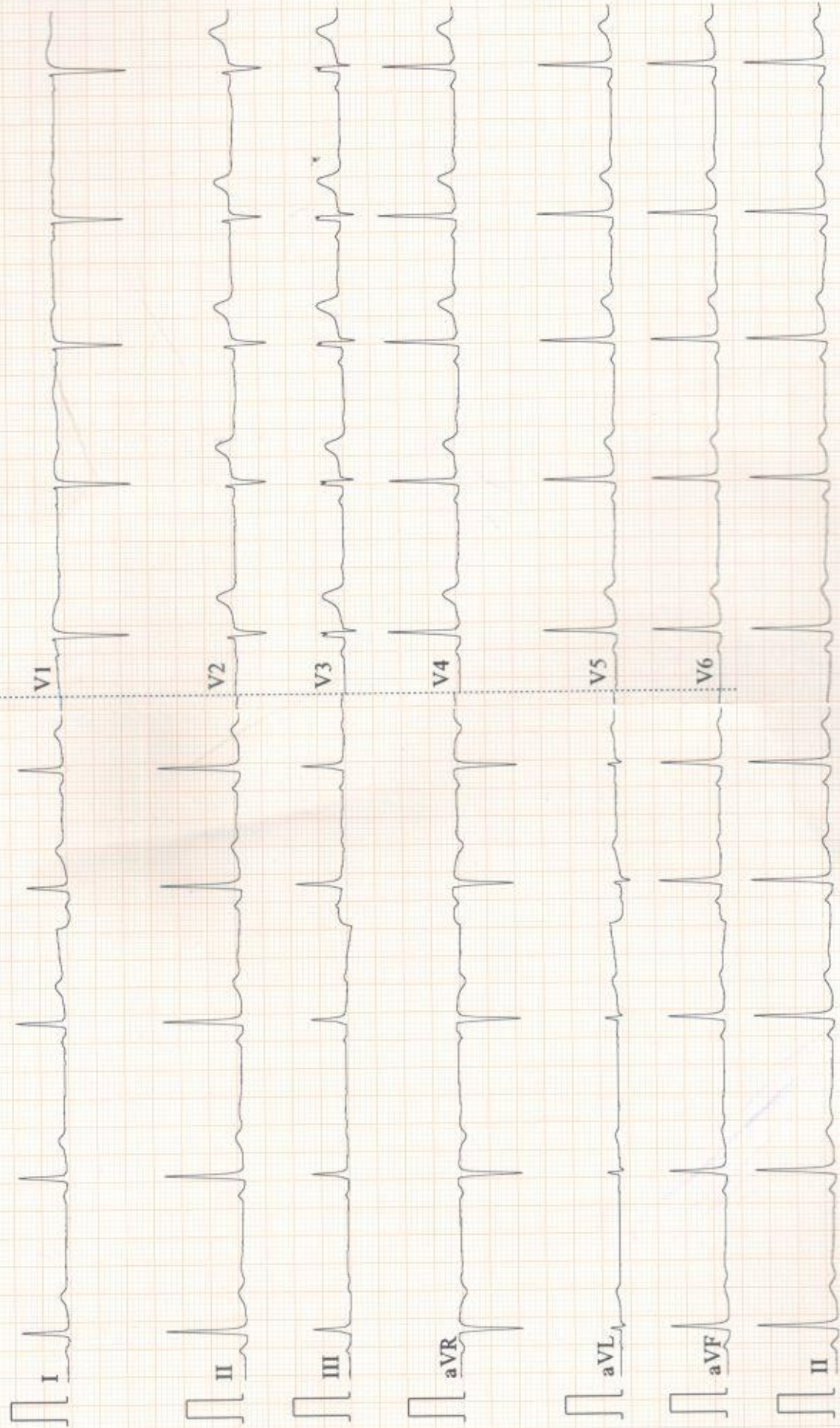
12-03-2024 13:21:03

sayli barve
Female 37Years
kg / mmHg
Req. No. :

Diagnosis Information:
Sinus bradycardia with sinus arrhythmia
Normal ECG except for rate

HR : 58 bpm
P : 102 ms
PR : 144 ms
QRS : 86 ms
QT/QTcBz : 408/401 ms
PQRST : 59/57/37 °
RV5/SV1 : 1.296/1.239 mV

Report Confirmed by:



S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date
6	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check Female 2D ECHO	bobE13516	MRS. BARVE SAYLI ASHUTOSH	37 year	Female	sayli.barve@gmail.com	9824952805	12-03-24