

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Vaishali Jadhav on 07/03/2024

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>vit D (6.6) ↓ & B12 ↓ (83) Adv Consultation</u></p> <p>2. <u>Sono mammo - small fibroadenoma</u></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 	

APOLLO CLINIC - AUNDH
Dr. VIDYA DESHPANDE
 MBBS, DGO
 Family Physician
 Reg.No : 56565
 Dr. Vidya Deshpande
Medical Officer
Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Patient Name : Vishnu Jadhav.
 AGE/Sex : UR/F

Date : 07.03.24
 UHID/ MR NO : 140962

	RIGHT EYE	LEFT EYE
FAR VISION	C VA 6/6	C VA 6/6
NEAR VISION	C Glass N/6	C Glass N/6
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	—	—

Impression: WNL.

Optometrist:-

Mr. Ritesh Sutnase

DATE: 7/3/24

PATIENT NAME : Vaishali Jodhar

AGE : 42 yrs

MARRIED / UNMARRIED: MARRIED

MENSTRUAL HISTORY : 2-4/40-45 irregular PCON

MENARCHE : _____

PMC : _____

LMP : 20/02/24

OBSTETRIC HISTORY : G P L A 1 IVF - 2 Twins 3 08y 2 8m

PAST HISTORY : DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES - nil.

FAMILY HISTORY : DM/ HT/ IHD / MALIGNANCIES
 Mother -> Diabetic Hypertension
 No family Hx Cancer

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 : 07-03-2024
MR NO : CAUN.0000140962

Department : GENERAL
Doctor :

Name : M/s Vishali Jadhav

Registration No :

Age/ Gender : 42 Y / Female

Qualification :

Consultation Timing: 08:41

Height	159
Weight	71
BP	100/70
Pulse	78
Waist	96
Hip	107.
BMI	28
Consultation with Report	

From: Vaishali Kamble <vaishu81@gmail.com>
Sent: 06 March 2024 16:30
To: Jadhav, Vaishali Pankaj
Subject: Fwd: Health Check up Booking Confirmed Request(UBOIE4103),Package Code-PKG10000378, Beneficiary Code-309240

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोले और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया antiphishing@unionbankofindia.bank पर रिपोर्ट करें

CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to antiphishing@unionbankofindia.bank

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Wed, 6 Mar, 2024, 16:28
Subject: Health Check up Booking Confirmed Request(UBOIE4103),Package Code-PKG10000378, Beneficiary Code-309240
To: <vaishu81@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear Jadhav Vishali Pankaj,

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

Hospital Package Name : MediWheel Full Body Comprehensive Plus Vitamins Female
Patient Package Name : Executive Health Checkup Female
Name of Diagnostic/Hospital : Apollo Clinic - Aundh
Address of Diagnostic/Hospital- : Apollo Clinic, 130, Centriole Building, Above Star Bucks coffee, ITI Road, Aundh, Pune - 411007
City : Pune
State :
Pincode : 411007
Appointment Date : 07-03-2024
Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Jadhav Vishali Pankaj	42 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team


Please Download Mediwheel App



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WORLDWIDE



Name: Mrs. Valerie Johnson
Employee No. 494743
Issue Date: 24.10.1981
Valid To: 30.09.2011

POWER / Signature

Place of Issue: MUMBAI
Valid For: INDIA
Date of Issue: 24.10.2011

WORLDWIDE / Issuing Authority

Name: M/s Vaishali Jadhav
Age/Gender: 42 Y/F
Address: AUNDH PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ALKA SHAMRAO GAIKWAD

MR No: CAUN.0000140962
Visit ID: CAUNOPV167622
Visit Date: 07-03-2024 08:41
Discharge Date:
Referred By: SELF

Doctor's Signature

Female, 42 Years (24.10.1981)

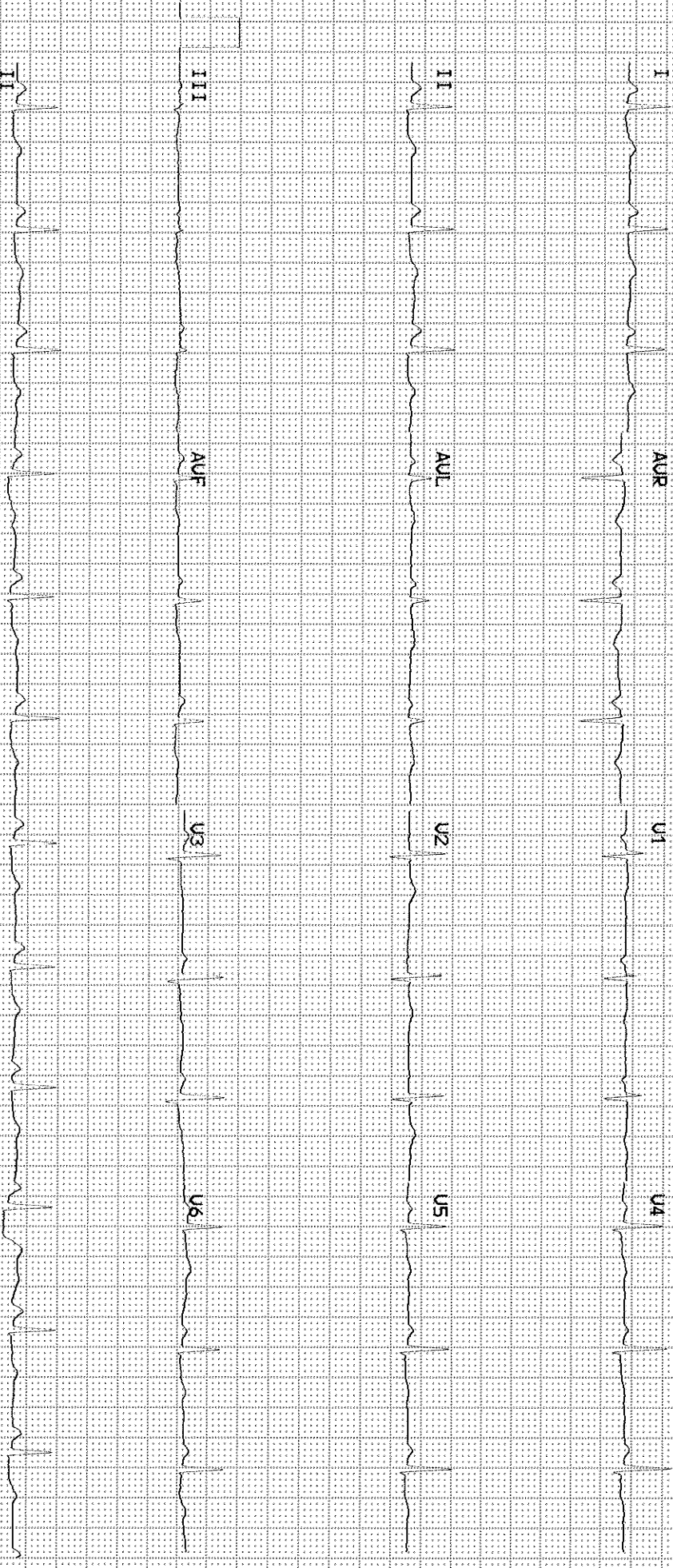
Measurement Results

QRS	80 ms	< P	< T	< QRS
QT/QTcB	392 / 434 ms	-90	0.1	
PR	138 ms	aVR		
P	110 ms	aVL		
PR/PP	816 / 810 ms			
P/ORS/T	307 / 35 / 15 degrees			
QT/QTcBD	44 / 49 ms	III	+90	II
Sokolow	1.0 mV	aVF		
NK	10			

Interpretation:

Normal sinus rhythm

APOLLO CLINIC
 DR. VIDYA DESHPANDE
 MBBS, DGO
 Family Physician
 Reg. No.: 56555



Name: M/s Vaishali Jadhav
Age/Gender: 42 Y/F
Address: AUNDH PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA NIKAM

MR No: CAUN.0000140962
Visit ID: CAUNOPV167622
Visit Date: 07-03-2024 08:41
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

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
07-03-2024 12:29	78 Beats/min	100/70 mmHg	18 Rate/min	97 F	159 cms	71 Kgs	%	%	Years	28.08	96 cms	107 cms	cms		AHLL04386

Name: M/s Vaishali Jadhav
Age/Gender: 42 Y/F
Address: AUNDH PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARPITA KRISHNA

MR No: CAUN.0000140962
Visit ID: CAUNOPV167622
Visit Date: 07-03-2024 08:41
Discharge Date:
Referred By: SELF

Doctor's Signature

2 D ECHO REPORT PENDING

Name: M/s Vaishali Jadhav
Age/Gender: 42 Y/F
Address: AUNDH PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CAUN.0000140962
Visit ID: CAUNOPV167622
Visit Date: 07-03-2024 08:41
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

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
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Vitals

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Vitals

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Name: M/s Vaishali Jadhav
Age/Gender: 42 Y/F
Address: AUNDH PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIDYA DESHPANDE

MR No: CAUN.0000140962
Visit ID: CAUNOPV167622
Visit Date: 07-03-2024 08:41
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Patient Name : M/s Vaishali Jadhav

Age/Gender : 42 Y/F

UHID/MR No. : CAUN.0000140962

OP Visit No : CAUNOPV167622

Sample Collected on :

Reported on : 07-03-2024 15:58

LRN# : RAD2258614

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 383713

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

USG BOTH BREASTS

Breast parenchyma appears normal bilaterally.

There is a 8 x 4mm of size fibroadenoma noted at 9 o' clock position in right breast.

There is no evidence of spiculated mass lesion, micro calcification or architectural distortion.

There is no axillary lymphadenopathy on either side.

No obvious chest wall lesion is seen on either side.

No abnormality is detected in the retro mammary fat.

IMPRESSION:

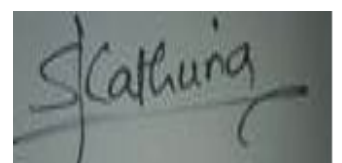
A small fibroadenoma in right breast.

ACR BIRADS Category II.

No other significant abnormality detected.

Suggest clinical correlation and follow-up

(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.



Scathing



Patient Name : M/s Vaishali Jadhav

Age/Gender : 42 Y/F

Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

Patient Name : M/s Vaishali Jadhav

Age/Gender : 42 Y/F

UHID/MR No. : CAUN.0000140962

OP Visit No : CAUNOPV167622

Sample Collected on :

Reported on : 07-03-2024 15:22

LRN# : RAD2258614

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 383713

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, shape and echotexture. No focal lesion is seen. PV and CBD are normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. **There is a 13mm of size mobile calculus noted in gallbladder.** Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Spleenic 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 - 10.7 x 5.2 cm.

Left kidney – 9.9 x 4.9 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 8.9 x 5.3 x 6.0 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9.9 mm.

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

Right ovary – 3.0 x 1.2 cm.

Left ovary – 2.8 x 1.3 cm.

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

Patient Name : M/s Vaishali Jadhav

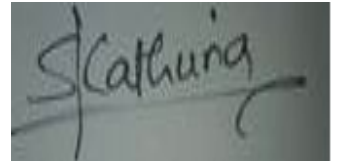
Age/Gender : 42 Y/F

IMPRESSION :-

- **Cholelithiasis without cholecystitis.**

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 : M/s Vaishali Jadhav

Age/Gender : 42 Y/F

UHID/MR No. : CAUN.0000140962

OP Visit No : CAUNOPV167622

Sample Collected on :

Reported on : 07-03-2024 14:18

LRN# : RAD2258614

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 383713

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.

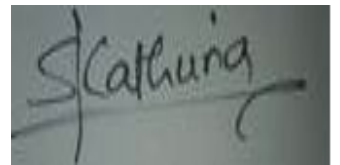
Mediastinal and hilar regions are normal.

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

Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:26PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 02:59PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240059972

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



Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:26PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 02:57PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	32.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.93	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.6	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	17	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,440	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55.1	%	40-80	Electrical Impedance
LYMPHOCYTES	36.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2997.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1985.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	304.64	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.51		0.78- 3.53	Calculated
PLATELET COUNT	228000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240059972

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



Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:26PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 02:57PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324
Platelets are Adequate
No hemoparasite seen.


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240059972

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



Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:26PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240059972

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

Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 11:40AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:49PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 02:18PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	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:PLP1427929

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



Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:24PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 03:14PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240027022

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



Certificate No: MC-5697

Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:45PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 03:30PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	137	mg/dL	<200	CHO-POD
TRIGLYCERIDES	55	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	87	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.03	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.92	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.75		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
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Consultant Pathologist

SIN No:SE04652494

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



Certificate No: MC-5697

Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.88	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	45.80	U/L	30-120	IFCC
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		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 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
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Consultant Pathologist

SIN No: SE04652494

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 COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.42	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.99	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.77	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.61	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.63	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.55	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.87	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.12	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated



DR. Sanjay Ingle
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SIN No: SE04652494

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	45.80	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.27	U/L	<38	IFCC



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SIN No:SE04652494

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Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:46PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 02:58PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.578	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



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SIN No: SPL24039632

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



Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:46PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 02:58PM
Visit ID : CAUNOPV167622	Status : Final Report
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Emp/Auth/TPA ID : 383713	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:SPL24039632

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Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	6.61	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:

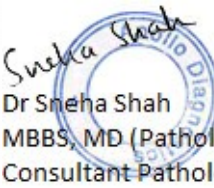
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	83	pg/mL	120-914	CLIA

Comment:

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SPL24039632

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



Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 01:46PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 03:09PM
Visit ID : CAUNOPV167622	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - 2D ECHO - PAN INDIA - FY2324

- 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.
- 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.


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24039632

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




Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 08:23PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 08:33PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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	6.0		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	MODIFIED 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	5 - 6	/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



SIN No:UR2298839

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


Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 08:59AM
Age/Gender : 42 Y 4 M 14 D/F	Received : 07/Mar/2024 08:23PM
UHID/MR No : CAUN.0000140962	Reported : 07/Mar/2024 08:34PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - 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



DR. MANISH T. AKARE
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SIN No:UF010912

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



Patient Name : M/sVISHALI JADHAV	Collected : 07/Mar/2024 01:23PM
Age/Gender : 42 Y 4 M 14 D/F	Received : 08/Mar/2024 03:48PM
UHID/MR No : CAUN.0000140962	Reported : 09/Mar/2024 06:47PM
Visit ID : CAUNOPV167622	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 383713	

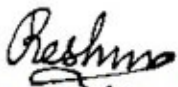
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5105/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No: CS075853

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Page 17 of 17
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