

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Snehlata Chaudhary 23/09/23.

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Grade I fatty liver</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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Currently Unfit. Review after _____ recommended</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Unfit</li></ul>	<input type="checkbox"/>

Dr. Chinmay D. Naik  
Medical Officer  
The Apollo Clinic, (Location)

**Dr. Chinmay D. Naik**

MBBS., CDM.

Specialized course in treatment of  
Diabetes Mellitus)

Reg.No.:MCI-13/51943

*This certificate is not meant for medico-legal purposes*

Snehlata Chaudhary

44 yr

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

General Examination / Allergies History

23/9/23

↓  
LSC for cytology

Clinical Diagnosis & Management Plan

44 yr Mrs lady  
 husband -  
 vasectomised (2 x normal  
 cycles delivered)  
 regular LMP - 24/9/28.  
 No episodic amenorrhoea

Past - nil relevant  
 no familial cancer

OTE - no pain  
 DIA - soft NBR  
 PIS - Cervix NBR

DR SHIVANI JAIN  
 M.B.B.S. (OBST & GYNAE)  
 REG. NO.: 2022/12/945  
 Doctor Signature

Follow up date:

Date : 23-09-2023

Department : GENERAL

MR NO : CVIM.0000230579

Doctor :

Name : Mrs. SNEHLATA CHAUDHARY

Registration No :

Age/ Gender : 44 Y / Female

Qualification :

Consultation Timing: 08:50

Height : 150cm	Weight : 50.8	BMI : 25	Waist Circum : 86
Temp : 98.4	Pulse : 78	Resp : 20	B.P : 109/75

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

**HOME SAMPLE COLLECTION**

**PH.: 7775870014**

**:020-26634331/32/34**

No complaints

SYSTEMIC :

. CVS :

. CNS :

. RS :

NAD

**FREE CHECK UP**  
- PHYSIOTHERAPY  
- DENTAL  
- AUDIO (HEARING)  
- OPHTHAL (EYE)

Follow up date:

Apollo Clinic Viman Nagar  
**DR. CHINMAY NAIK**  
MBBS.  
Mob.: 9890000000  
Doctor Signature  
Reg.No.:MCI-13/51948

**Apollo Clinic, Viman Nagar**

Nyati Millenium Premises, Cooperative Society Limited, Shop No. 51 & Stilt Floor,  
Building "C", Viman Nagar, Pin: 411014 | Phone: (020) 2663 4331/32/34

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2305/9

Snehjara Chudhary (vn)  
Female

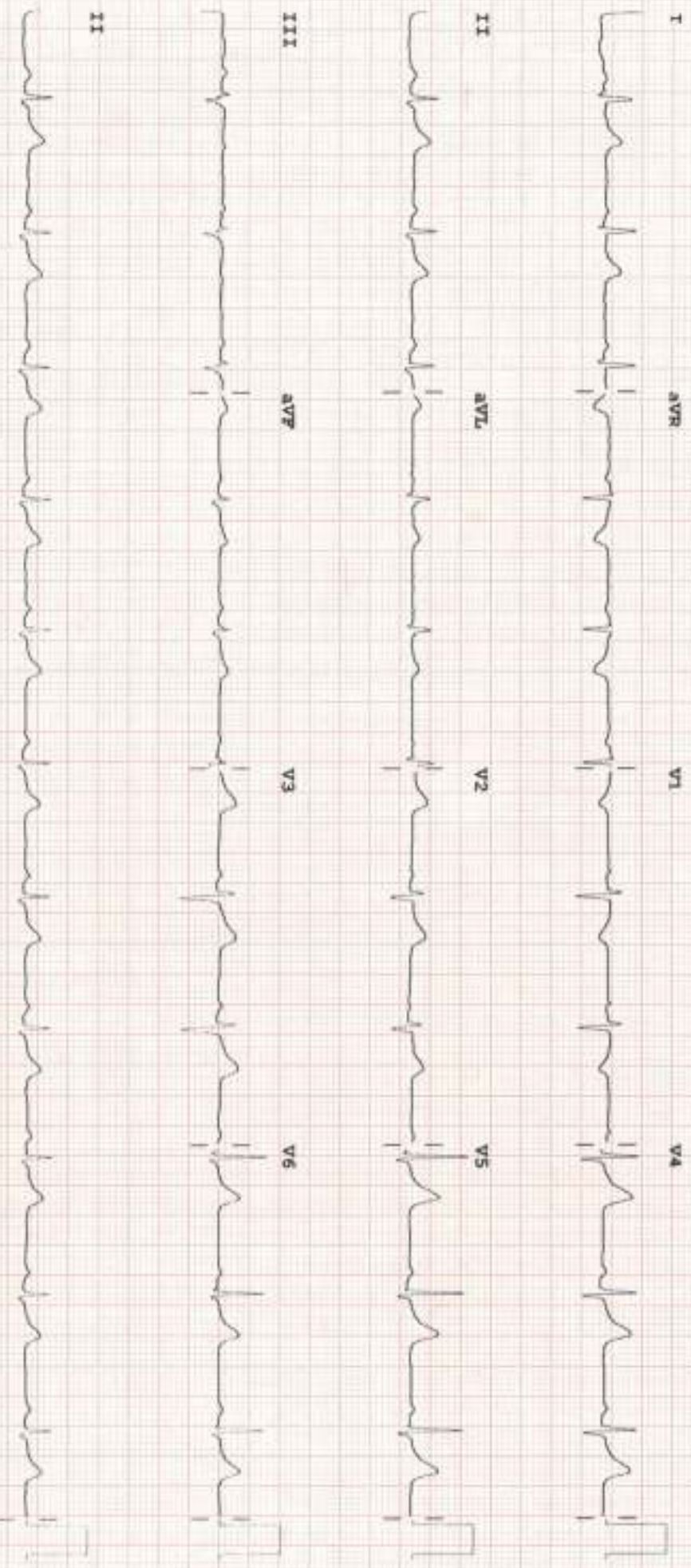
23-Sep-23 9:28:10 AM

Rate 68 - Sinus rhythm.....normal p axis, V-rate 50- 99  
 PR 152 - ST elev, probable normal early repol pattern.....ST elevation, age<55  
 QRSD 83  
 QT 392  
 QTc 417

--A11S--  
 P 50  
 QRS 2  
 T 31  
 12 lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50- 0.50- 40 Hz R PR100B CL P?

PHILIPS

REORDER NUMBER

EYE EXAMINATION

DATE:-

22/9/23

NAME:- Shalaka Anand

MO :-

AGE:- 45

CORPORATE:- Acco

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/5	N/5
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Normal Eye (Both Right & Left) N.V.

Impression - Normal Eye Check Up.

(Ophthalmology)



The Apollo Clinic  
DR. M. D. ALAVAND  
MBBS, D.O.M.S.  
Consulting Eye Surgeon  
Reg. No.: 36319

Patient Name	: Mrs.SNEHLATA CHAUDHARY	Collected	: 23/Sep/2023 09:04AM
Age/Gender	: 44 Y 3 M 20 D/F	Received	: 23/Sep/2023 01:00PM
UHID/MR No	: CVIM.0000230579	Reported	: 23/Sep/2023 02:00PM
Visit ID	: CVIMOPV563583	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UB012155		

**DEPARTMENT OF HAEMATOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**  
RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN.



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.2	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88.7	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,140	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	51.5	%	40-80	Electrical Impedence
LYMPHOCYTES	30.8	%	20-40	Electrical Impedence
EOSINOPHILS	8.4	%	1-6	Electrical Impedence
MONOCYTES	8.7	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2647.1	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1583.12	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	431.76	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	447.18	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	30.84	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	224000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN.



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Age/Gender : 44 Y 3 M 20 D/F	Received : 23/Sep/2023 01:00PM
UHID/MR No : CVIM.0000230579	Reported : 23/Sep/2023 02:54PM
Visit ID : CVIMOPV563583	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UB012155	

DEPARTMENT OF HAEMATOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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





Patient Name : Mrs.SNEHLATA CHAUDHARY	Collected : 23/Sep/2023 09:04AM
Age/Gender : 44 Y 3 M 20 D/F	Received : 23/Sep/2023 01:43PM
UHID/MR No : CVIM.0000230579	Reported : 23/Sep/2023 03:32PM
Visit ID : CVIMOPV563583	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE
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**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.

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	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)



Patient Name : Mrs.SNEHLATA CHAUDHARY	Collected : 23/Sep/2023 09:04AM
Age/Gender : 44 Y 3 M 20 D/F	Received : 23/Sep/2023 01:28PM
UHID/MR No : CVIM.0000230579	Reported : 23/Sep/2023 03:30PM
Visit ID : CVIMDPV563583	Status : Final Report
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Emp/Auth/TPA ID : UB012155	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.07	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.70		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.40	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.97	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	69.36	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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.

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Emp/Auth/TPA ID : UB012155	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mrs.SNEHLATA CHAUDHARY	Collected : 23/Sep/2023 09:04AM
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.79	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.83	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.67	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.58	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.51	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.64	mmol/L	101-109	ISE (Indirect)



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	9.01	U/L	<38	IFCC





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UHID/MR No : CVIM.0000230579	Reported : 23/Sep/2023 02:37PM
Visit ID : CVIMOPV563583	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.500	µIU/mL	0.34-5.60	CLIA

**Comment:**

**Note:**

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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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method

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

Result/s to Follow:

COMPLETE URINE EXAMINATION (CUE), LBC PAP TEST (PAPSURE)



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



Patient Name : Mrs. SNEHLATA CHAUDHARY  
UHID : CVIM.0000230579  
Reported on : 23-09-2023 12:28  
Adm/Consult Doctor :  
Age : 44 Y F  
OP Visit No : CVIMOPV563583  
Printed on : 25-09-2023 13:19  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**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 bulky (9.8 x 4.0 x 5.6 cm) in size. It shows normal shape & show diffuse changes of adenomyosis. Endometrial echo-complex appears normal and measures 7.7 mm.

**Both ovaries** appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

**Bowel loops and Retroperitoneum** appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

**IMPRESSION:-**

Grade I fatty liver.

**Apollo Health and Lifestyle Limited**

ICIN - UB5110TG2000PLC115819

Regd. Office: 1-10-60/62, Ashoka Baghupathi 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

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Online appointments: www.apolloclinic.com

Page 1 of 2  
TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. SNEHLATA CHAUDHARY Age : 44 Y F  
UHID : CVIM.0000230579 OP Visit No : CVIMOPV563583  
Reported on : 23-09-2023 12:28 Printed on : 25-09-2023 13:19  
Adm/Consult Doctor : Ref Doctor : SELF

**Bulky uterus with diffuse changes of adenomyosis.**

(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:23-09-2023 12:28

---End of the Report---

*Preeti*

**Dr. PREETI P KATHE**  
DMRE, MD, DNB  
Radiology

# NO SAMPLE GIVEN

TO,  
APOLLO CLINIC  
VIMAN NAGAR

Dear sir / madam,

I am Snehlata Chaudhary working at

Company Name Mediscript

Have not given the urine Sample do not wish given it.

I AGREE

UHID =

Samy  
SIGN -

T.No 8

Name : Mrs. SNEHLATA CHAUDHARY

Age: 44 Y

UHID:CVIM.0000230579

Address : PUNE

Sex: F



OP Number:CVIMOPV563583

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :CVIM-OCR-59775

Date : 23.09.2023 08:51

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	HbA1c, GLYCATED HEMOGLOBIN	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	ENT CONSULTATION	
7	FITNESS BY GENERAL PHYSICIAN	
8	GYNACOLOGY CONSULTATION	
9	DIET CONSULTATION	
10	COMPLETE URINE EXAMINATION	
11	PERIPHERAL SMEAR	
12	ECG	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI)	
16	LBC PAP TEST- PAPSURE	
17	OPHTHAL BY GENERAL PHYSICIAN	
18	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
19	ULTRASOUND - WHOLE ABDOMEN	
20	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
21	DENTAL CONSULTATION	