



: Ms. SHABANA MUKHTAR AHMED Name

Age: 42Y 3M 24D

Address: Kondhwa Bk Pune Maharashtra INDIA 411048

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

sex : Female

UHID: CWAN.0000138402



OP No: CWANOPV242431 Bill No: CWAN-OCR-52432 Date: Oct 26th 2024 8:37 AM

		Date: Oct 26th, 2024, 8:37 AM	
Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVA FY2324	NCED - FEMALE - 2D ECHO - PAN INDIA -	
1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	
2	FITNESS BY GENERAL PHYSICIAN	Consultation	
3	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	
4	LBC PAP TEST- PAPSURE	Histopathology	
5	COMPLETE URINE EXAMINATION	Clinical Pathology	
6	SONO MAMOGRAPHY - SCREENING	Mammography	TC
7	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	
8	LIVER FUNCTION TEST (LFT)	Biochemistry	
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	
10	GLUCOSE, FASTING	Biochemistry	
. 11	OPTHAL BY GENERAL PHYSICIAN	Consultation	
12	DIET CONSULTATION	General	
. 13	DENTAL CONSULTATION	Consultation	
14	BODY MASS INDEX (BMI)	General	
15	X-RAY CHEST PA	X Ray Radiology	
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	IL
17	PERIPHERAL SMEAR	Haematology	
18	LIPID PROFILE	Biochemistry	
19	2 D ECHO	Cardiology	
20	GYNAECOLOGY CONSULTATION	Consultation	
21	ECG	Cardiology	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	
23	ENT CONSULTATION	Consultation	
24	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	
25	URINE GLUCOSE(FASTING)	Clinical Pathology	
26	GAMMA GLUTAMYL TRANFERASE (GGT)	Biochemistry	
27	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	TI





Date

: 10/26/2024

Department

Doctor

:General Physician

: Dr.MUSHFIYA BAHRAINWALA

UHID

: CWAN.0000138402

MUKHTAR AHMED

: Ms. SHABANA

Registration No.

: 2020010062

Age / Gender

Patient Name

: 42Yrs 3Mths 22Days /

Qualification

: MBBS and PG in Hospital

Management

Consulation Timing

FM20.m

: 8:38 AM

Female

Weight: 81-1kg BMI: Waist Circum:

Pulse: Resp: Temp:

General Examination / Allergies

148 cm

History

Height:

Clinical Diagnosis & Management Plan

- Gets fieg chert pains lading for few nevertes. Ok:- Mild Bipedal Oedema

Ados Tom / Stress Test.

COLONEOTRA

**Doctor Signature** 

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"AMBA VATICA", Plot No. 177 /2, Wanowrie, Khondawa Khurd, Taluka Haveli,

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# The Apollo Clinic

Wanowrie Pune-411048

PATIENT NAME: - Miss. Shabana Ahmed

DATE: 26.10.24

AGE/SEX:- 42/F

UHID: 138402

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT F	EYE	LEFT EYE	
Far Vision	6/6	1	6/6	
Near Vision	N/6		N/6	
Anterior Segment Pupil	NORMAL		NORMAL . ,	
Fundus	NORMAL	AVAIL DE LE CONTRACTOR DE LE CONTRACTOR DE LE CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE	NORMAL	
Colour Vision	NORMAL		NORMAL	
Iop	NORMAL	<u></u>	NORMAL	
Family History/Medical History				

IMPRESSION: Both Eyes Hormal Z Class.

Advice :-

**Opthalmologist** 

# Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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TO BOOK AN APPOINTMENT





UHID

: Ms. SHABANA MUKHTAR AHMED

: CWAN.0000138402

: 26-10-2024 02:04 PM

Printed On
Department

: Radiology

: 22E36169

Referred By

: Self

Employeer Id

Age

: 42Yrs 3Mths 22Days

OP Visit No.

: CWANOPV242431

Advised/Pres Doctor : --

Qualification

Registration No.

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Cardiac shadow is normal.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen.

---End Of The Report---

Dr.SATINDER LAMBA MBBS, DMRE , MD ( USAIM ) 2004/02/386

Radiology

# 2D ECHOCARDIOGRAPHY & COLOR DOPPLER ST

Date: 26/10/2024. Age/Sex :42/F Name: MRS. SHABANA AHMED

# 2D Echo:-

Cardiac chamber dimensions -Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function -No LV Diastolic dysfunction.

#### Cardiac valves --

Mitral valve -Normal, No mitral regurgitation.

Aortic valve - Three thin leaflets, no aortic regurgitation, Aortic PG -09mm Hg

Tricuspid valve - no tricuspid regurgitation..

Pulmonary valve - normal

Septae (IAS/IVS) - intact

Clot/vegetation/Pericardial effusion - No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

#### Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
30	32	11	10	35	28	60%

#### Conclusion:-

No RWMA, normal LV systolic function, LVEF - 60%

NO LV Diastolic dysfunction.

Normal PA pressure.

Dr. Bhushan Bari

**DNB Medicine, DNB Cardiology** 

Consultant and Interventional Cardiologist





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: 42Yrs 3Mths 22Days

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: CWANOPV242431

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# DEPARTMENT OF RADIOLOGY

# **USG OF BOTH BREASTS**

# Clinical History:

No complaints. Patient has come for a routine work up.

Menstrual history normal.

No family history of breast disease.

Physical examination is normal

Technique: Real time B-Mode USG of both breasts performed using high frequency linear transducer.

Study shows normal appearance and distribution of fibro glandular breast parenchyma.

No evidence of focal solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No duct ectasia bilaterally.

Nipple areolar complex normal in both breasts.

No abnormal axillary lymphadenopathy detected.

# CONCLUSION:

No significant abnormality detected.



Dr.SATINDER LAMBA MBBS, DMRE, MD (USAIM) 2004/02/386 Radiology



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: 26-10-2024 01:43 PM

Advised/Pres Doctor : --

Department

: Radiology

Qualification

on :

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qualification

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: 22E36169

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1

# **DEPARTMENT OF RADIOLOGY**

# ULTRASOUND WHOLE ABDOMEN FEMALE

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 distended normal. No evidence of calculus. Wall thickness appears normal. 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 normal in size measures 75 x 35 x 45 mm. It shows normal shape and echo pattern. Endometrial echo-complex appears normal and measures 6.3 mm. No focal lesion noted.

**Both ovaries** appear normal in size, shape and echotexture. No focal lesion noted. Bilateral adnexae clear.



No free fluid / abdominal lymphadenopathy.

IMPRESSION:-Normal study.

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.

---End Of The Report---

Dr.SATINDER LAMBA MBBS, DMRE , MD ( USAIM ) 2004/02/386 Radiology







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: ARCOFEMI HEALTHCARE LIMITED

#### 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.

Page 1 of 16



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

SIN No:CWA241001334









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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	34.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	77.7	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,820	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	59.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	4.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5230.26	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2795.94	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	370.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.87		0.78- 3.53	Calculated
PLATELET COUNT	329000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

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

Page 2 of 16



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

SIN No:CWA241001334

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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: Ms.SHABANA MUKHTAR AHMED

Age/Gender

: 42 Y 3 M 22 D/F : CWAN.0000138402

UHID/MR No

: CWANOPV242431

Visit ID Ref Doctor

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: 22E36169

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#### **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

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#### **DEPARTMENT OF HAEMATOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 4 of 16



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#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	100	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	118	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.

Page 5 of 16



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

SIN No:CWA241001415









: Ms.SHABANA MUKHTAR AHMED

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#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WH	OLE 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)

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SIN No:CWA241001336

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	141	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.38	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.16	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.36		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.25		<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

Page 7 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:CWA241001337











: Ms.SHABANA MUKHTAR AHMED

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#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.5	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	74.38	U/L	30-120	IFCC
PROTEIN, TOTAL	7.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
- 3. Synthetic function impairment:\*Albumin-Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

Page 8 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:CWA241001337

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: CWAN.0000138402

Visit ID

: CWANOPV242431

Ref Doctor

: Self

Emp/Auth/TPA ID : 22E36169

Collected

: 26/Oct/2024 08:43AM

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: 26/Oct/2024 12:35PM

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

#### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SEF	RUM		
CREATININE	0.53	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	8.78	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.17	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.34	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.69	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.97	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:CWA241001337











: Ms.SHABANA MUKHTAR AHMED

Age/Gender

: 42 Y 3 M 22 D/F

UHID/MR No

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#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.49	U/L	<38	IFCC

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:CWA241001337

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



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"AMBA VATICA", Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Wanouri, Pune, Maharashtra, India - 411018









: Ms.SHABANA MUKHTAR AHMED

Age/Gender

: 42 Y 3 M 22 D/F

UHID/MR No

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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	'			
TRI-IODOTHYRONINE (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	10.63	μg/dL	5.48-14.28	CLIA	
THYROID STIMULATING HORMONE (TSH)	1.743	μIU/mL	0.34-5.60	CLIA	

#### **Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As pe 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	<b>T3</b>	<b>T4</b>	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

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

SIN No:CWA241001341

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

"AMBA VATICA", Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khur Maharashtra, India - 411018









: Ms.SHABANA MUKHTAR AHMED

Age/Gender

: 42 Y 3 M 22 D/F

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#### **DEPARTMENT OF IMMUNOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.Sanjay Ingle M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:CWA241001341







: Ms.SHABANA MUKHTAR AHMED

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
OMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW	PALE YELLOW PALE YE		Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.001		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE	NEGATIVE		Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET N	NOUNT AND MICROSCOP	Y		
PUS CELLS	DELLS 1 - 2 /hpf		0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

#### **Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

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

SIN No:CWA241001338

APOLLO CLINICS NETWORK

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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"AMBA VATICA", Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Wanouri, Pune, Maharashtra, India - 411018







: Ms.SHABANA MUKHTAR AHMED

Age/Gender UHID/MR No

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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M.B.B.S,M.D(Pathology) Consultant Pathologist SIN No:CWA241001338

DR.Sanjay Ingle







: Ms.SHABANA MUKHTAR AHMED

Age/Gender UHID/MR No : 42 Y 3 M 22 D/F : CWAN.0000138402

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:CWA241001335







: Ms.SHABANA MUKHTAR AHMED

Age/Gender UHID/MR No : 42 Y 3 M 22 D/F : CWAN.0000138402

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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

Result/s to Follow: LBC PAP SMEAR

Page 16 of 16



Consultant Pathologist SIN No:CWA241001340

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







: Ms.SHABANA MUKHTAR AHMED

Age/Gender

: 42 Y 3 M 22 D/F

UHID/MR No Visit ID : CWAN.0000138402 : CWANOPV242431

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No:CWA241001340

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

Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

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