

Customer Pending Tests

2 D ECHO, Physician Fitness, Gynec Consultation, LBC Papsure Opthal will be done on 24/02/2024

ENT and Dental Service not available in Apollo

Customer Pending Tests
Gynecology Consultation and LBC PAPSURE Report will be done on 26/02/2024
ENT and Dental service not available

Name : Mrs. Nirmala Salunke

Age: 49 Y

UHID:SPUN.000046416

Sex: F



Address : Dhankawadi Pune

OP Number:SPUNOPV61388

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10305

Date : 19.02.2024 09:28

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO	
6	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	12:00


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nirmala Salunke on 19/02/2024

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	<input checked="" type="checkbox"/>
<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>Need Physician Consultation</u></p> <p>2. <u>Uncontrolled DM</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. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. Samrat Shah 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No: 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 19/02/2024
MRNG :
Name : Nirmala Salunke
Age/Gender : 49/f
Mobile No :

Department : G. P
Consultant :
Reg. No :
Qualification : Dr. Samrat
Consultation Timing : Shah

Spozr 96.1.

Pulse : 74/min	B.P : 120/70	Resp : 18/min	Temp : 98.4
Weight : 88.7kg	Height : 158cm	BMI : 35.5	Waist Circum : -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

found fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 1021097302
Consultant Internal Medicine
Apollo Spectra Hospital
Shah

Patient Name : Mrs NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:08AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:24PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	12-15	Spectrophotometer
PCV	44.20	%	35-46	Electronic pulse & Calculation
RBC COUNT	6.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	70	fL	83-101	Calculated
MCH	23.6	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	16.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.8	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	4.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6513.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3309.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	242.42	Cells/cu.mm	20-500	Calculated
MONOCYTES	453.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.08	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.97		0.78- 3.53	Calculated
PLATELET COUNT	387000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+

WBC's Mild Leucocytosis

Platelets are Adequate

No Abnormal cells/hemoparasite seen.

Page 1 of 13



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

SIN No: BED240042839

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: T-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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Patient Name : Mrs NIRMALA SALUNKE
Age/Gender : 49 Y 6 M 0 D/F
UHID/MR No : SPUN.0000046416
Visit ID : SPUNOPV61388
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 989898

Collected : 19/Feb/2024 10:03AM
Received : 19/Feb/2024 11:08AM
Reported : 19/Feb/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No: BEED340042839

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

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(CIN - U85110TG2000PLC115819)

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Ph No: 040-4904 7777

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Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:08AM
UHID/MR No : SPUN 0000046416	Reported : 19/Feb/2024 12:18PM
Visit ID : SPUNOPV81388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:BED240042839

This test has been performed at Apollo Health and Lifestyle Ltd - Gudashiv Peth Pune Diagnostic Lab

Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:31AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:14PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 999898	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	150	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 \geq 126 mg/dL, and/or a random / 2 hr post glucose value of $>$ or \geq 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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:PLF02109000



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

Patient Name	Mrs NIRMALA SALUNKE	Collected	: 19/Feb/2024 12:12PM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 19/Feb/2024 12:49PM
UHID/MR No	: SPUN.0000046416	Reported	: 19/Feb/2024 01:04PM
Visit ID	: SPUNOPV61368	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 989898		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	258	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 Ingole
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No: PLP1421428

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4504 7777

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Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:08AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:13PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	197	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)



Susheela Shah

 Dr Susheela Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240019019

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:31AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:15PM
Visit ID : SPUNOPV81388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	114	mg/dL	<200	CHO-POD
TRIGLYCERIDES	139	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	76	mg/dL	<130	Calculated
LDL CHOLESTEROL	48.28	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.81	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.01		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.



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No.:SE04634427

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

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Patient Name	: Mrs. NIRMALA SALUNKE	Collected	: 19/Feb/2024 10:03AM
Age/Gender	: 49 Y 6 M 0 D/F	Received	: 19/Feb/2024 11:31AM
UHID/MR No	: SPUN 0000046416	Reported	: 19/Feb/2024 12:15PM
Visit ID	: SPUNOPV61388	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/ Auth/TPA ID	: 989898		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.73	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.5	U/L	<35	IFCC
ALKALINE PHOSPHATASE	85.78	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	3.91	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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	989898		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.25	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.23	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.69	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.78	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.42	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.97	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04634427



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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Ph No: 040-4904 7777

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Patient Name : Mrs NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:31AM
UHID/MR No : SPUN.000046416	Reported : 19/Feb/2024 12:07PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOETHYRONINE (T3, TOTAL)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.277	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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




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

SEN No: SPH 24024310

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 12:21PM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:43PM
Visit ID : SPUNOPV81388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE +		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE +++		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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/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



SIN No: UR2286418

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777

www.apollohi.com | Email ID: enquiry@apollohi.com

Patient Name	Mrs NIRMALA SALUNKE	Collected	19/Feb/2024 10:03AM
Age/Gender	49 Y 6 M 0 D/F	Received	19/Feb/2024 12:21PM
UHID/MR No	SPUN.0000046416	Reported	19/Feb/2024 12:43PM
Visit ID	SPUNOPV61388	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	989898		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		NEGATIVE	Dipstick

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

*** End Of Report ***




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

SIN No: L12010623

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

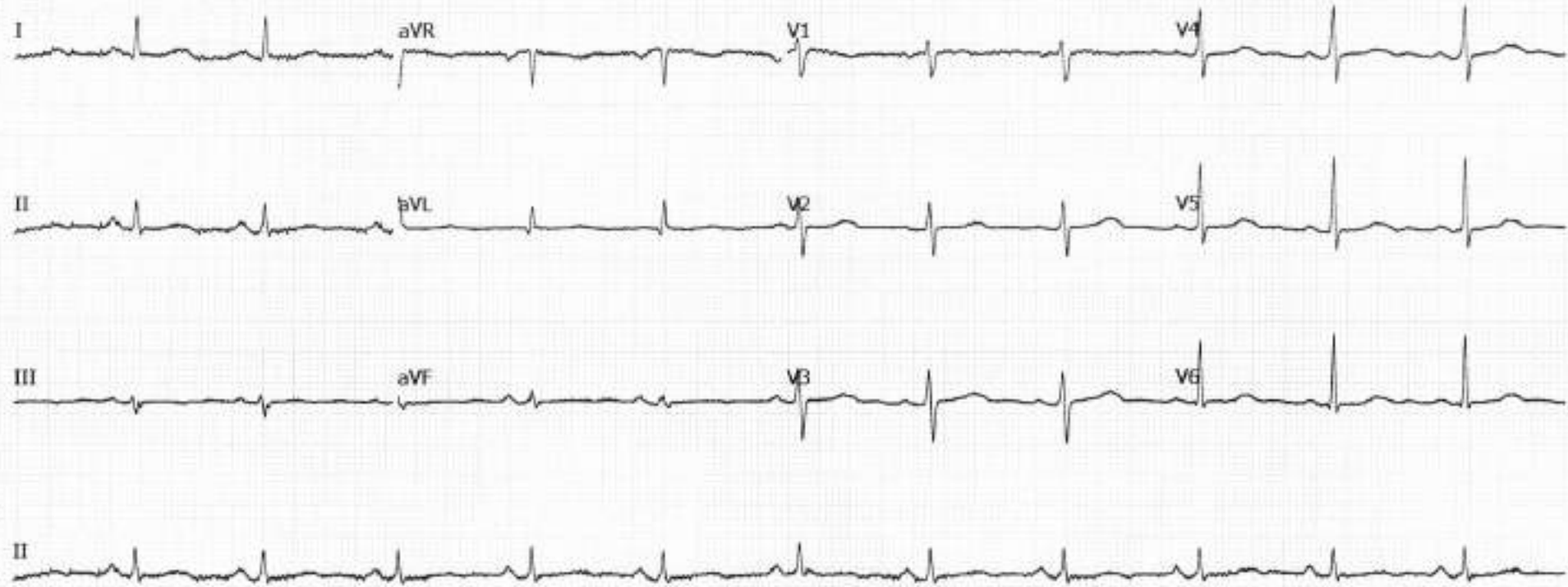
Ph No: 040-4904 7777

www.apollohl.com | Email ID:enquiry@apollohl.com

158 cm Female
88.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	74 ms	Normal sinus rhythm
QT / QTcBaz :	440 / 475 ms	Nonspecific ST abnormality
PR :	158 ms	Abnormal ECG
P :	108 ms	
RR / PP :	856 / 857 ms	
P / QRS / T :	49 / 14 / 21 degrees	



Patient Name: MRS.NIRMALA SALUNKE 49Y
Age: 49 Years
Gender: F
Image Count: 1
Arrival Time: 19-Feb-2024 10:28

MR No: SPUN.00044.16
Location: Apollo Spectra Hospital, Pune
(Swargate)
Physician: SELF
Date of Exam: 19-Feb-2024
Date of Report: 19-Feb-2024 10:42

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



Dr.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



Name	Mrs Nirjala Rajesh Salunke	Age	49 Years
Patient ID	DD/192/2023-2024/1388	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	19/02/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 9.6x4.2cms and **the left kidney** measures 9.8x4.8cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus measures 6.8x4.4x3.4cms in size. The myometrium appears uniform in echotexture. The endometrium measures 6 mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

No significant abnormality is seen.

Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

Name	Mrs Nirmala Rajesh Salunke	Age	49 Years
Patient ID	DD/192/2023-2024/1388	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	19/02/2024

SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

* **No significant abnormality is seen.**

Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in relation to clinical symptom and other related test. Please interpret accordingly)



Dr. Lalit Deore
MD(Radiology)

Apollo Clinic

CONSENT FORM

Patient Name: Nirmala Salunkhe Age: 49 / F

UHID Number: Company Name: Arcochem

I Mr/Mrs/Ms Nirmala Salunkhe Employee of Arcochem

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

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

• 2, D ECHO, Physician Fitness, Gynec
Consultation, LBC Pap smear, Ophthalm
Patient Signature: श्री. निर्मला रजेश साळुंके Date: 19/02/24
be done on 24/02/24

ENT + Dental Service not available

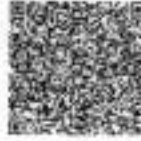
Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement	Action
84523	ARCOFEMI HEALTHCARE LIMITED	Poonam Dev	utlam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL	<input type="radio"/> <input checked="" type="radio"/>
84490	ARCOFEMI HEALTHCARE LIMITED	MR. KUMAR UTTAM	utlam231983@gmail.com	8855944115	ARCOFEMI MEDIWHEEL I	<input type="radio"/> <input checked="" type="radio"/>
83659	ACCENTURE SOLUTIONS PRIVATE LI...	Abhishek Kon	abhishek.ashek.kon@accenture.com	8796443202	ACCENTURE SOLUTIONS	<input type="radio"/> <input checked="" type="radio"/>
83285	CONNECT AND HEAL PRIMARY CARE	Bhagyawant G	reports@connectandheal.com	8668888722	CONNECT AND HEAL CC	<input type="radio"/> <input checked="" type="radio"/>
82007	ARCOFEMI HEALTHCARE LIMITED	MR. SALUNKE RAJESH SHANKAR	rajeshsalunke81945@gmail.com	8149212203	ARCOFEMI MEDIWHEEL I	<input type="radio"/> <input checked="" type="radio"/>
82005	ARCOFEMI HEALTHCARE LIMITED	Nirmala Rajesh Salunke	rajeshsalunke81945@gmail.com	8149212203	ARCOFEMI MEDIWHEEL	<input type="radio"/> <input checked="" type="radio"/>
81462	VALMET TECHNOLOGIES PRIVATE LI...	Mr Rushikesh Pote	tc.para@valmet.com	7741035262	VALMET TECHNOLOGIES	<input type="radio"/> <input checked="" type="radio"/>
79220	BAJAJ ALLIANZ GENERAL INSURANC...	Mauli Popat Khapale	Nikita.Shinde22@bajajallianz.co.in	8983775513	BAJAJ ALLIANZ GIC GEI	<input type="radio"/> <input checked="" type="radio"/>
78856	ARCOFEMI HEALTHCARE LIMITED	MR. MADHUKAR KHAKE	prtamshake@gmail.com	9960486178	ARCOFEMI MEDIWHEEL I	<input type="radio"/> <input checked="" type="radio"/>



भारत सरकार
GOVERNMENT OF INDIA



निर्मला राजेश सालुंके
Nirmala Rajesh Salunke
वर्ष / Year of Birth : 1975
स्त्री / Female



7511 3604 6711

आधार — सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

कक्षा क्र. 35/3 स्वप्नपुरी ए-1 ब्लॉक
ए-1 फ्लो. नं. 13 मोहन नगर, धनकवडी, पुणे, महाराष्ट्र.
411043

Address: s no 35/3 'Swapnapuri'
A-1 fl no 13 Mohan nagar,
Dhanakwadi, Pune, Maharashtra,
411043



1947
1800 180 1947



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P.O. Box No. 1942,
Bengaluru-560 081

Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:08AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:24PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	12-15	Spectrophotometer
PCV	44.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	6.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	70	fL	83-101	Calculated
MCH	23.6	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	16.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.8	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	4.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6513.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3309.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	242.42	Cells/cu.mm	20-500	Calculated
MONOCYTES	453.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.08	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.97		0.78- 3.53	Calculated
PLATELET COUNT	387000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's Mild Leucocytosis
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



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



SIN No:BED240042839

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

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
 Begumpet, Hyderabad, Telangana - 500016

Address:
 P.No 9 & 10a, S.NO.284, Renate Chambers, Saras Baug Road,
 Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
 Pune, Maharashtra.

Patient Name : Mrs.NIRMALA SALUNKE
Age/Gender : 49 Y 6 M 0 D/F
UHID/MR No : SPUN.0000046416
Visit ID : SPUNOPV61388
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 989898

Collected : 19/Feb/2024 10:03AM
Received : 19/Feb/2024 11:08AM
Reported : 19/Feb/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



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



SIN No:BED240042839

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

Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:08AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:18PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

SIN No:BED240042839



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Address:

P.No 9 & 10a, S.NO.284, Resale Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth, Pune, Maharashtra.

Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:31AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:14PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	150	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

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

SIN No:PLF02109000

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



Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 12:12PM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 12:49PM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 01:04PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	258	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:PLP1421128

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

Apollo Speciality Hospitals Private Limited
(Formerly known as Apollo Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

P.No 9 & 10a, S.No.284, Reshmi Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra.

Patient Name : Mrs.NIRMALA SALUNKE	Collected : 19/Feb/2024 10:03AM
Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 11:08AM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:13PM
Visit ID : SPUNOPV61388	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 989898	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	197	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)

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240019019



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

Patient Name : Mrs.NIRMALA SALUNKE
Age/Gender : 49 Y 6 M 0 D/F
UHID/MR No : SPUN.0000046416
Visit ID : SPUNOPV61388
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 989898

Collected : 19/Feb/2024 10:03AM
Received : 19/Feb/2024 11:31AM
Reported : 19/Feb/2024 12:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	114	mg/dL	<200	CHO-POD
TRIGLYCERIDES	139	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	76	mg/dL	<130	Calculated
LDL CHOLESTEROL	48.28	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.81	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.01		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04634427

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

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
P.No 9 & 10a, S.No.284, Reshmi Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra.



Patient Name : Mrs.NIRMALA SALUNKE
Age/Gender : 49 Y 6 M 0 D/F
UHID/MR No : SPUN.0000046416
Visit ID : SPUNOPV61388
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 989898

Collected : 19/Feb/2024 10:03AM
Received : 19/Feb/2024 11:31AM
Reported : 19/Feb/2024 12:15PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.73	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.5	U/L	<35	IFCC
ALKALINE PHOSPHATASE	85.78	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	3.91	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.35	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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'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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.25	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.23	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.69	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.59	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.78	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.42	mmol/L	101-109	ISE (Indirect)


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.97	U/L	<38	IFCC

Sneha Shah
Dr Sneha Shah
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.277	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: SPL24028210

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Age/Gender : 49 Y 6 M 0 D/F	Received : 19/Feb/2024 12:21PM
UHID/MR No : SPUN.0000046416	Reported : 19/Feb/2024 12:43PM
Visit ID : SPUNOPV61388	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE +		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE +++		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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2286418

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

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		NEGATIVE	Dipstick

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

*** End Of Report ***



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SIN No:UF010632

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