

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Avantika Mahesh Wale on 24/07/2023

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>Hb ↓</u></p> <p>2. <u>↓ Calcium ↓</u></p> <p>3. <u>Bulky uterus</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Unfit 	<input type="checkbox"/>

Dr. **Samruddhi D. Jagdale**
MBBS
Medical Officer
Reg. No. 2021097453
Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

POWER PRESCRIPTION

NAME: *MS Avantika Mahesh Wate* GENDER: *M/F* DATE: *22.7.23*
 AGE: *37* UHID: *67653*

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>PL</i>			<i>6/6</i>
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	<i>PL</i>			<i>6/6</i>
NEAR				

INSTRUCTIONS:

SIGNATURE 

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 21-07-2023 Department : GENERAL
 MR NO : CKHA.0000067653 Doctor :
 Name : Mrs. AVANTIKA MAHESH WARE Registration No :
 Age/ Gender : 37 Y / Female Qualification :

Consultation Timing: 13:08

Hip 102

Height : 155 cm	Weight : 64.9 kg	BMI : 27	Waist Circum : 96
Temp :	Pulse : 88	Resp : 21/min	B.P : 131/87

General Examination / Allergies
History

Adv. :-

- Vit. B₁₂
- Vit. D₃
- Sr. Calcium

Clinical Diagnosis & Management Plan

Present complains - No complaints

Comorbidity - K/O hemorrhoids since 2-3 months

Allergies - Nil

Surgical H/O - C.S. in y. 2014

Family H/O - Nil

Addiction - Nil
Mixed diet

OE

CVS-

CNS-

P/A-

Chest-

} NAD

H/O covid infection - Nil

Vaccinated with - 2 doses

Follow up date:

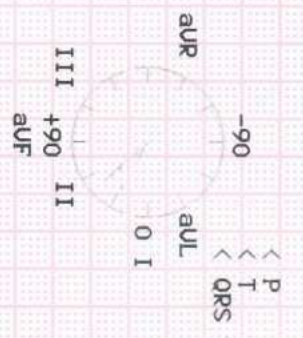
Doctor Signature



AGE:

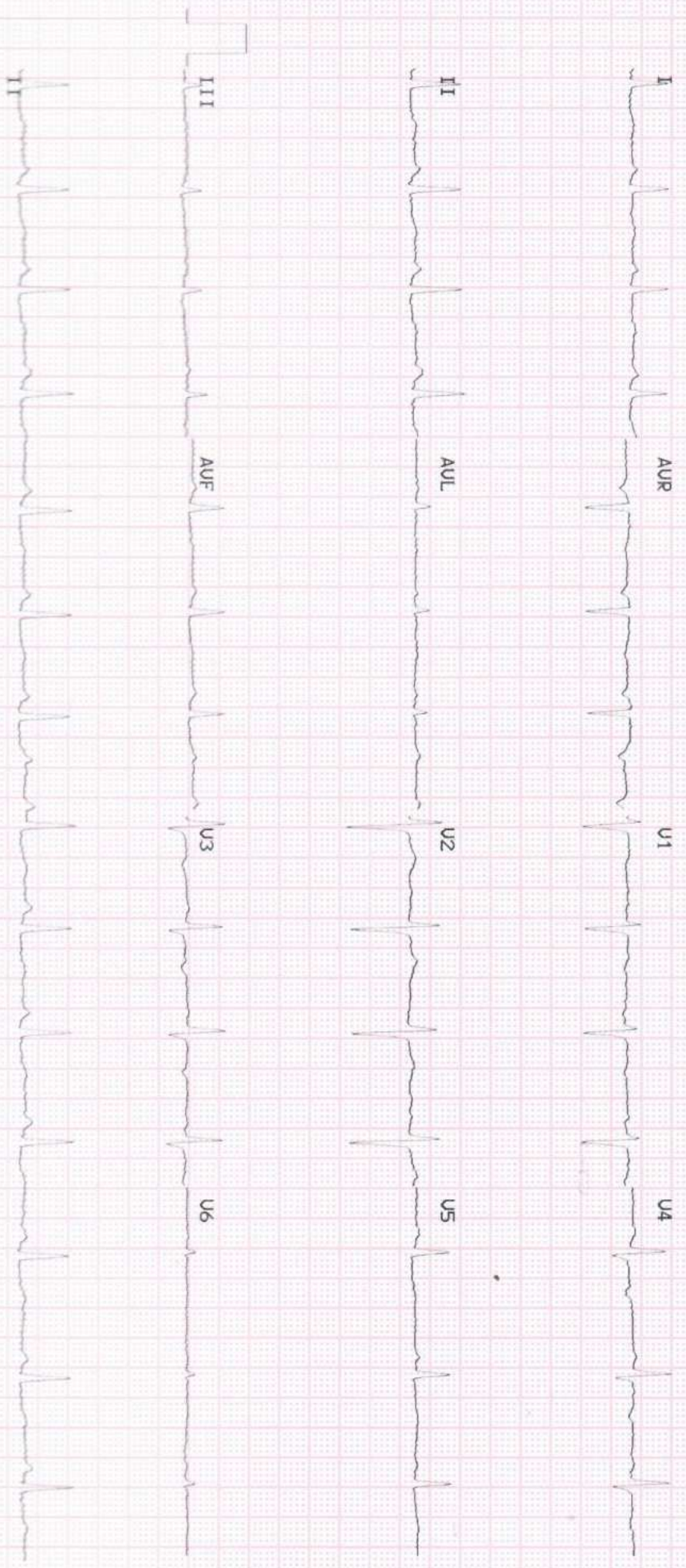
Measurement Results:

QRS : 94 ms
 QT/QTcB : 404 / 474 ms
 PR : 138 ms
 P : 106 ms
 RR/RRP : 708 / 720 ms
 P/ORS/T : 46 / 48 / 29 degrees



Interpretation:

Uncontrolled Report



यूनियन बँक Union Bank of India



नाम / अवतिका महेश वारे
Name: AVANTIKA MAHESH WARE
कर्मचारी क्र / Employee No.: 699586
जन्म तिथि / Birth Date : 14/05/1986
रक्त ग्रुप / Blood Group : B+

Amode
हस्ताक्षर Signature

जारी करने का स्थान R.O. PUNE EAST
Place of Issue :
जारी करने की तारीख 09.08.2022
Date of Issue :

[Signature]
जारीकर्ता प्राधिकारी Issuing Authority

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: 18 July 2023 07:24 PM
To: avantikaware@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your Apollo order has been confirmed



Dear AVANTIKA MAHESH WARE ,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **KHARADI** clinic on **2023-07-22** at **08:15-08:20**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - PUNE METRO
"JEEVAN PRAKASH", 6/7, L.I.C. BLDG.,
University Rd,p.b.no.960, Shivaji Nagar,
Pune,maharashtra, Pin

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

35-40 Female

Shri/Smt./Kum. AVANTIKA MAHESH WARE..

P.F. No. 699586

Designation :

Single Window Operator-A

Checkup for Financial Year 2023-2024

Approved Charges Rs.

3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Signature of the Employee



Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER

PS: Status of the application- Sanctioned

Health

Add

Update/Display

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:11PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:35PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE MICROCYTIC HYPOCHROMIC++,ANISOCYTOSIS++.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
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	9.9	g/dL	12-15	Spectrophotometer
PCV	30.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	56.8	fL	83-101	Calculated
MCH	18.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	19.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	62.2	%	40-80	Electrical Impedence
LYMPHOCYTES	28.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3918.6	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1789.2	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	94.5	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	478.8	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	18.9	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	207000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE MICROCYTIC HYPOCHROMIC++,ANISOCYTOSIS++.
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN





Certificate No: MC-5697

Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 12:59PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 02:55PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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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GLUCOSE, FASTING , SODIUM FLUORIDE PLASMA	98	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

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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	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	97	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:28PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:51PM
Visit ID : CKHAOPV100035	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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	130	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	72.73	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.07	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.80		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
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UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:51PM
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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	0.85	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.56	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	53.27	U/L	30-120	IFCC
PROTEIN, TOTAL	6.27	g/dL	6.6-8.3	Biuret
ALBUMIN	3.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
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UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:51PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.37	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	9.43	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.53	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.92	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.27	mmol/L	101-109	ISE (Indirect)



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Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:28PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:50PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.24	U/L	<38	IFCC



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UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 02:44PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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

TRI-iodothyronine (T3, TOTAL)	1.11	ng/mL	0.64-1.52	CMIA
Thyroxine (T4, TOTAL)	8.27	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone (TSH)	1.460	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 03:46PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 04:32PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	3 - 4	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:
BLOOD GROUP ABO AND RH FACTOR


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


 Dr Sanjay Ingle
 M.B.B.S,MD(Pathology)
 Consultant Pathologist



Patient Name	: Mrs. AVANTIKA MAHESH WARE	Age/Gender	: 37 Y/F
UHID/MR No.	: CKHA.0000067653	OP Visit No	: CKHAOPV100035
Sample Collected on	:	Reported on	: 22-07-2023 10:23
LRN#	: RAD2053580	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 4758786		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

Right kidney : Normal in size ms 10.4 x 4.6 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 10.6 x 4.7 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

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

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

Uterus: is anteverted, bulky in size and measures 10.3 x 4.0 x 6.3 cms. No focal lesion seen. Endometrial thickness is 6.5 mm.

Right ovary : measures 2.6 x 1.7 cms.

Left ovary : not visualized PA

Visualised bowel loops appear normal.

IMPRESSION :

- **Bulky uterus**

Clinical correlation suggested.....

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE MICROCYTIC HYPOCHROMIC++,ANISOCYTOSIS++.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:11PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:35PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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	9.9	g/dL	12-15	Spectrophotometer
PCV	30.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	56.8	fL	83-101	Calculated
MCH	18.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	19.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	62.2	%	40-80	Electrical Impedence
LYMPHOCYTES	28.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	7.6	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3918.6	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1789.2	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	94.5	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	478.8	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	18.9	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	207000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE MICROCYTIC HYPOCHROMIC++,ANISOCYTOSIS++.
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:11PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 08:43PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 12:59PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 02:55PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , SODIUM FLUORIDE PLASMA	98	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 12:59PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 02:55PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	97	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:28PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:51PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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	130	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	72.73	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.07	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.80		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:28PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:51PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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	0.85	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.56	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	53.27	U/L	30-120	IFCC
PROTEIN, TOTAL	6.27	g/dL	6.6-8.3	Biuret
ALBUMIN	3.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.44	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:28PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:51PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.37	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	9.43	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.53	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.92	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.27	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:28PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 03:50PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.24	U/L	<38	IFCC



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 01:28PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 02:44PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

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

TRI-iodothyronine (T3, TOTAL)	1.11	ng/mL	0.64-1.52	CMIA
Thyroxine (T4, TOTAL)	8.27	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone (TSH)	1.460	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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



Patient Name : Mrs.AVANTIKA MAHESH WARE	Collected : 22/Jul/2023 08:39AM
Age/Gender : 37 Y 6 M 1 D/F	Received : 22/Jul/2023 03:46PM
UHID/MR No : CKHA.0000067653	Reported : 22/Jul/2023 04:32PM
Visit ID : CKHAOPV100035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4758786	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue


BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	3 - 4	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



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