

Date : 19-02-2024
 MR NO : CVIM.0000174137
 Name : Mrs. Chanchal Kumari
 Age/ Gender : 40 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:08

Height : 160	Weight : 68	BMI : 26	Waist Circum :
Temp :	Pulse : 84	Resp : 18	B.P : 120/80

General Examination / Allergies History

Ofc : Dialysis #?
 Pte CAD / NID
 P/A - Soft A1
 gastric Reflux(+).
 (N) Bowel Habit.
 CAD - NID (-).
 (No) peripheral signs (-).

Clinical Diagnosis & Management Plan

No specific complaints
Sp
myomectomy - family Hx -
 (Loss) ✓ father - CAD. SHM.
 Koles thyroid - abs. - zyg Mother - SHM
Diabetes
 & iron studies
Vitamin Panel II

Follow up date:

Dr. Archana V. MBBS
 Registration No. 103429



Doctor Signature

right cerebral hemiparesis

Height : 160	Weight : 68	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

(C) R. U. W. P.

(L) R. U. W. P.
S. S.

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: *Chandakumar*

GENDER: M/F

DATE: *19/2/24*

AGE: *45*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————			
NEAR	<i>+2.0</i>	—————		<i>NS</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	—————			
NEAR	<i>+2.0</i>	—————		<i>NS</i>

INSTRUCTIONS:

No. of specs

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



SIGNATURE

EYE EXAMINATION

DATE: 19/2/23

MOBILE NO: 7

NAME:- Chandrashekar

AGE:- 45

CORPORATE:- Aragon

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

AS RPS

Impression - Normal Eye Check Up.

[Signature]

(Ophthalmology)

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



0174137
40 Years

MRS CHANCHAL KUMARI (VN)
Female

19-Feb-24 9:40:57 AM

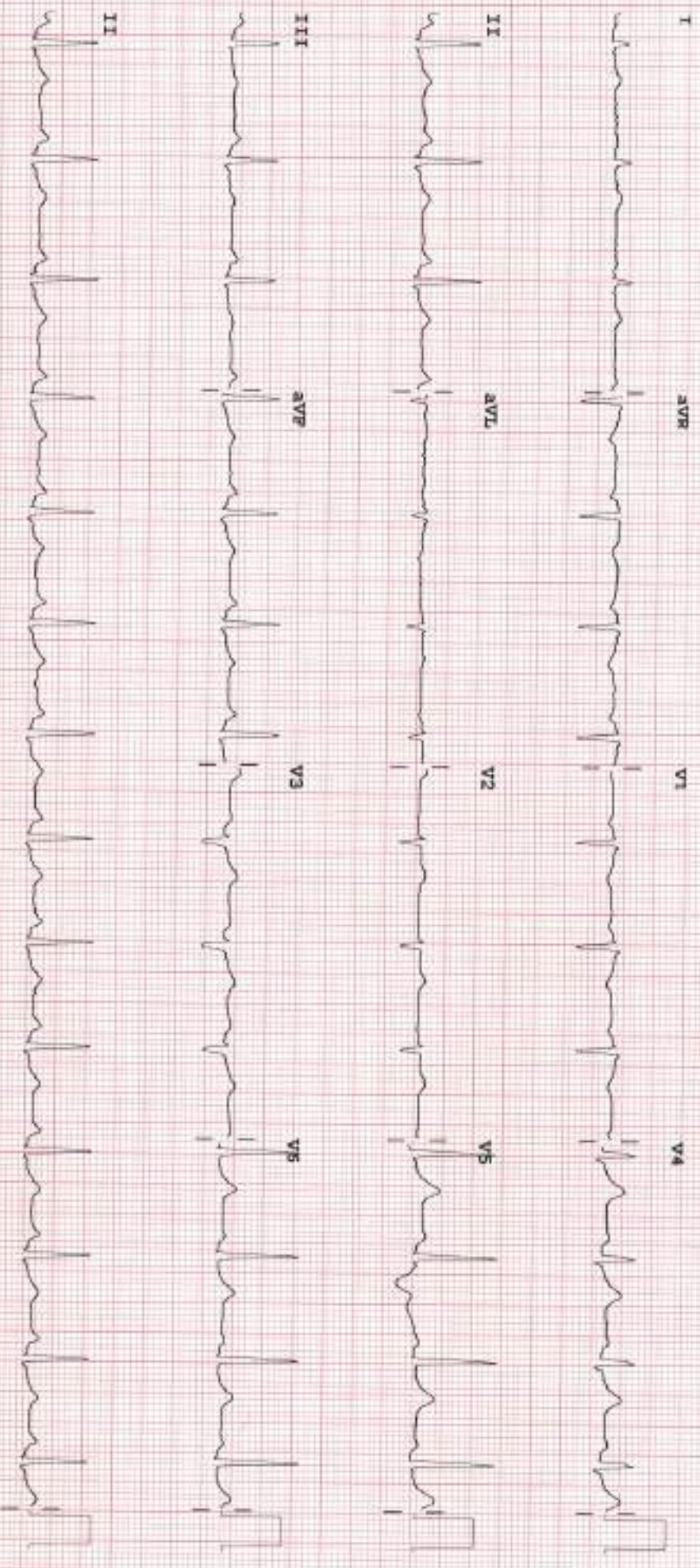
Rate 83 Sinus rhythm..... normal P axis, V-rate 50-99
Probable left atrial enlargement..... P >50ms, <-0.10mV V1
PR 155 RSR' in V1 or V2, right VCD or RVH..... QRS area positive & R' V1/V2
QRSD 95 Baseline wander in lead(s) V5
QT 366
QTc 430

--AXIS--
P 71
QRS 69
T 45

- BORDERLINE ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV P 50-0.50-40 Hz W FBI100B CL P2

A:W CE

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OP: Dialysis #?
 PT: CRIS / NIAD
 P/A - Soft (1)
 gastric Reflux (+)
 (N) Bowel Habits
 CRIS - NIAD (-)
 (No) peripheral signs (-)

Clinical Diagnosis & Management Plan

Sp neurochemistry - family H/O -
 (Loss) ✓ father - CAD. SHM.
 Koles thyroid abs. - zyggo Mother - SHM
Diabetes
 & iron studies
Vitamin Panel II

Dr. Archana V. MBBS
 Registration No. 103429



Doctor Signature

Follow up date:

right cerebral hemiparesis

Height : 160	Weight : 68	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

(C) R. H. W. P.

(L) R. H. W. P.
S. S.

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: *Chandakumar*

GENDER: M/F

DATE: *19/2/24*

AGE: *45*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>—————</i>			
NEAR	<i>+2.0</i>	<i>—————</i>		<i>NS</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>—————</i>			
NEAR	<i>+2.0</i>	<i>—————</i>		<i>NS</i>

INSTRUCTIONS:

No. of specs

The Apollo Clinic
DR. M. D. ALAVAND
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Consulting Eye Surgeon
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SIGNATURE

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DATE: 19/2/23

MOBILE NO: 7

NAME:- Chandra Kumar

AGE:- 45

CORPORATE:- Aragon

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

AS RPS

Impression - Normal Eye Check Up.

[Signature]

(Ophthalmology)

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



0174137
40 Years

MRS CHANCHAL KUMARI (VN)
Female

19-Feb-24 9:40:57 AM

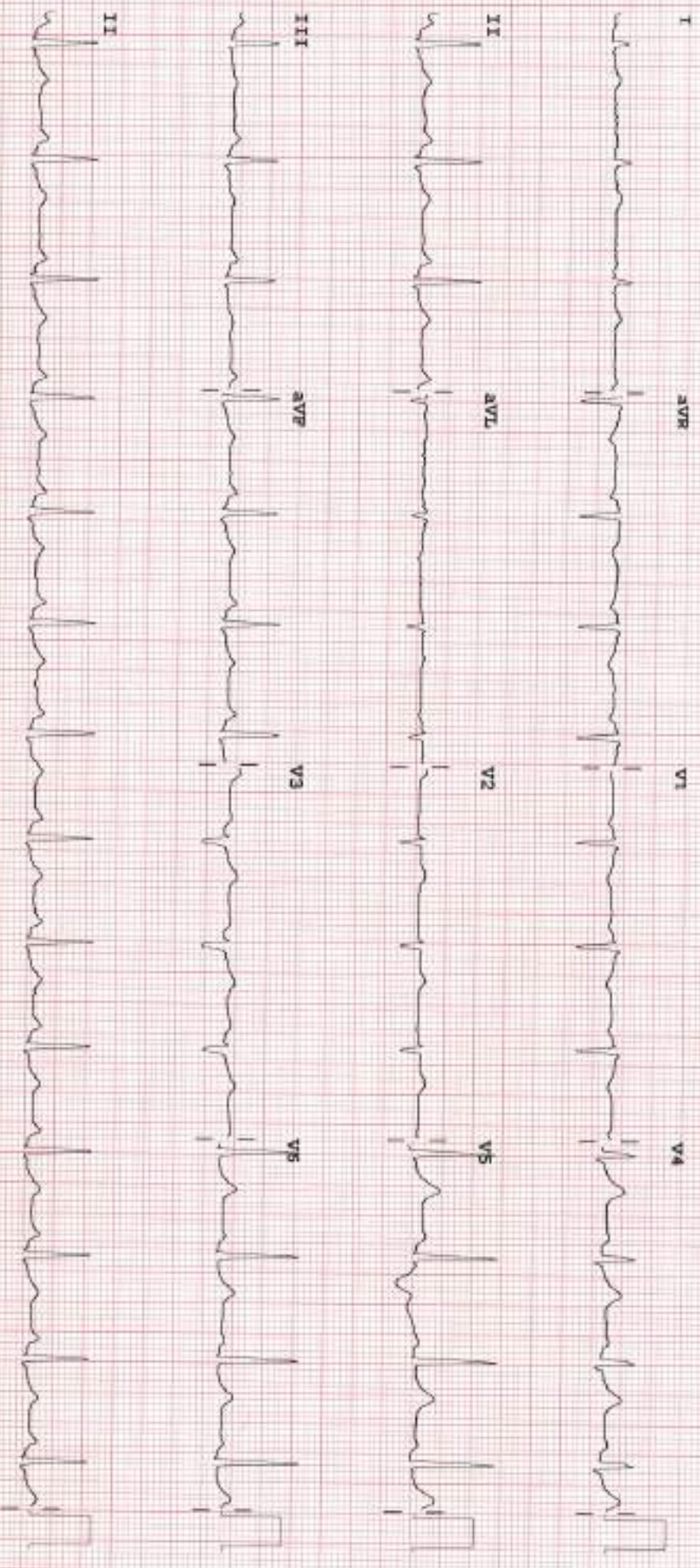
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QRSD 95 Baseline wander in lead(s) V5
QT 366
QTc 430

--AXIS--
P 71
QRS 69
T 45

- BORDERLINE ECG -


12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV P 50-0.50-40 Hz W FBI100B CL P2

Ar:W CE

Name : Mrs. Chanchal Kumari Address : Pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 40 Y Sex : F	UHID :CVIM.0000174137  OP Number :CVIMOPV591357 Bill No :CVIM-OCR-62864 Date : 19.02.2024 09:10
--	---	---

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Chanchal Kumari 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"/> Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. <u>Calcium levels are low</u> 2. <u>Small cervical hernia</u> 3. _____ However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

APOLLO CLINIC

ANU KESH BUDHWANI

PHYSICIAN/DIABETOLOGIST

9805559 Wats App message only

Reg. No.- 2019010071

Dr. AKB

Medical Officer,

The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



NO : 19-02-2024
CVIM.0000174137
Name : Mrs. Chanchal Kumari
Gender : 40 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

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Height : 166	Pulse : 84	Resp : 18	B.P : 120/80
Temp :			

General Examination / Allergies History

Ofc : Patlos H?
 Pt. eye / RS / NRAD
 P/A - Soft R1
 Gastric Reflux (+)
 (N) Brncl habit -
 CNS - NRAD (+)
 (No) peripheral signs (-)

Clinical Diagnosis & Management Plan

No. specific complaints
OP
myometomy - family Hx -
 (2023) v. farmer - CAD. SHRA.
 Koles thyroid obs - 2yrs go. Mother - SHRA
Diabetes
 & slow strides
Vitamin Panel II..

Dr. Archana V. MBBS
Registration No. 103429

Doctor Signature

Follow up date:

BOOK YOUR APPOINTMENT TODAY!

right chest pain breathing

Height : 160	Weight : 68	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

(c) Sinus tachycardia

1-10-2019 10.00 AM
S. S

Follow up date:

Doctor Signature

40 years

Female

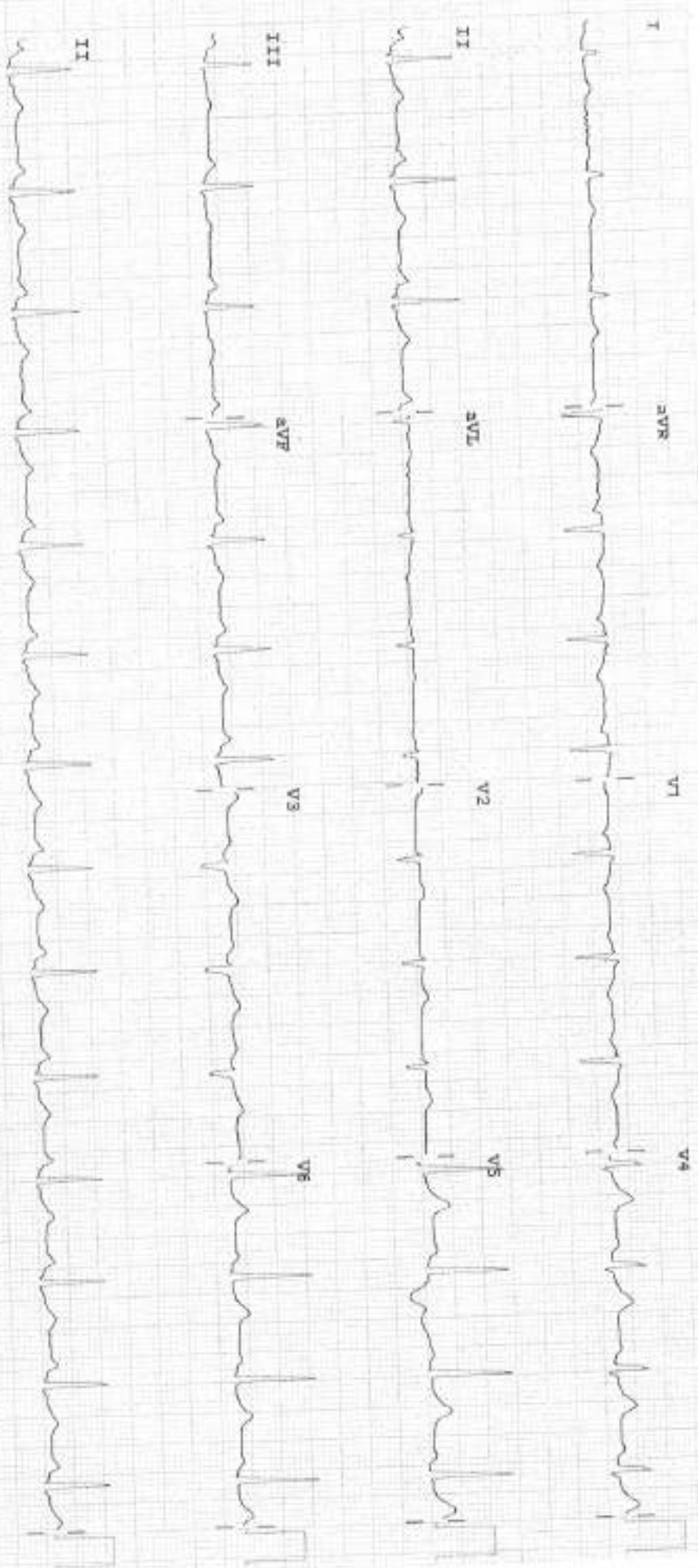
12-2-64-49 9:40:37 AM

Rate 83 Sinus rhythm
 PR 155 Probable left atrial enlargement
 QRSD 95 RSR' in V1 or V2, right VCD or SVB
 QT 366 Baseline wander in lead(s) V5
 QTc 430

--AXIS--
 P 71
 QRS 69
 T 45
 12 lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Lead: 10 mm/mV

Chest: 10.0 mm/mV

P 50 - 0.50 - 40 Hz W

PR1008 CL



Certificate No: MC-5697

Patient Name	: Mrs.CHANCHAL KUMARI	Collected	: 19/Feb/2024 09:34AM
Age/Gender	: 40 Y 0 M 12 DIF	Received	: 19/Feb/2024 01:03PM
LHID/MR No	: CVIM.0000174137	Reported	: 19/Feb/2024 02:06PM
Visit ID	: CVIMOPV591357	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 359629		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



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

SIN No:BED240042734

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
 Apollo Health and Lifestyle Limited | CN-081101G2000PLC115819

Regd. Office: 1-19-66/62, Aditya Rajgopal Chambers, 5th Floor, Rajgopal, Hyderabad & Telangana - 500 016 |
www.apolloclinics.com | Email ID: enquiry@apolloclinics.com, Ph No: 843-8004 7777, Fax No: 8004 7744

Hyd Million Promises, Cooperative Society Limited, Shop No. 51 & 52st Floor, Building "C", Vinnu Nagar, Pune, Maharashtra, India - 411014

Certificate No: MC-9697

Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:03PM
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Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	Spectrophotometer
PCV	33.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.4	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,360	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.3	%	40-80	Electrical Impedance
LYMPHOCYTES	26.5	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	8.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5737.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2480.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	823.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.31		0.78- 3.53	Calculated
PLATELET COUNT	221000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate



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

SIN No: BED240042734

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited | CN- 083110762000PLC/4581W
Regd. Office: 1-10-44822 Akshaya Pagarapatti Chambers, 9th Floor, Begumpet, Hyderabad-500084
www.apollohsl.com | Email: info@apollohsl.com, Ph No: 040-4604 7777, Fax No: 4061 2744
Apollo Health and Lifestyle Limited, Madhavaram (Uppal) Andhra Pradesh | Vinay (Southanna Peta) Karnataka | Bangalore (Bisuvanagudi) | Bellary | Electronic City | Hosur Town | Hyderabad

Apollon Medicare Private, Cooperative Society Limited, Shop No.51 & 52B Floor, Building "C", Vikas Nagar, Pune, Maharashtra, India - 411004



Certificate No: MC-5697

Patient Name : Mrs.CHANCHAL KUMARI Age/Gender : 40 Y 0 M 12 D/F UHID/MR No : CVIM.0000174137 Visit ID : CVIMOPV591357 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 359629	Collected : 19/Feb/2024 09:34AM Received : 19/Feb/2024 01:03PM Reported : 19/Feb/2024 02:21PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
DEPARTMENT OF HAEMATOLOGY	
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	

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



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

SIN No: BED24004734

This test has been performed at Apollo Health and Lifestyle Ltd- Saadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115815)

Regd. Office: 1-18-60/62, Apollo Rajbhawan Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
www.apollohlt.com | Email ID: enquiry@apollohlt.com, Ph No: 040-4004 7777, Fax No: 4904 7344

Hyd: Mittalaram Pharmacy, Cooperative Society Limited, Shop No.51 & 50A Floor, Building "C", Vittal Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name : Mrs.CHANCHAL KUMARI
 Age/Gender : 40 Y 0 M 12 D/F
 UHID/MR No : CVIM.0000174137
 Visit ID : CVIMOPV591357
 Ref Doctor : Dr.SELF
 Empl/Auth/TPA ID : 359629

Collected : 19/Feb/2024 09:34AM
 Received : 19/Feb/2024 01:03PM
 Reported : 19/Feb/2024 03:09PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				HPLC
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		Calculated
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		

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

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

SIN No: EDT240018957

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
 Apollo Health and Lifestyle Limited | CH - URS110TG000PLC115819

Regd. Off: 1-10 40/2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 010 |
 www.apolloclinic.com | Email: ID.enquiry@apolloclinic.com, Ph No: 9140-4004 7777, Fax No: 4004 7744

Hyd: Millennium Promises, Corporate Society Limited, Shop No. 51 & 52/Floor, Building 'C', Vyas Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5697

Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 DiF	Received : 19/Feb/2024 01:30PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:24PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	150	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.69	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		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. Sanjay Ingle
M.B.B.S.M.D(Pathology)
Consultant Pathologist

SIN No:SE04634321

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2006PLC115819)

Regd. Office: 1-10-4062, Azhaka Bayhampati Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500016
www.apolloclinic.com | Email: drsanjay@apolloclinic.com, Ph No: 040-49047777, Fax No: 49047744

Apollo Medicare Provider, Cooperative Society
Limited, Shop No.51 & 56th Floor, Building 'C',
Vijaya Nagar, Pune, Maharashtra, India - 411004



Certificate No: MC-5657

Patient Name : Mrs.CHANCHAL KUMARI
 Age/Gender : 40 Y 0 M 12 D/F
 UHID/MR No : CVIM.0000174137
 Visit ID : CVIMOPV591357
 Ref Doctor : Dr.SELF
 Empl/Auth/TPA ID : 359829

Collected : 19/Feb/2024 09:34AM
 Received : 19/Feb/2024 01:30PM
 Reported : 19/Feb/2024 02:24PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.98	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	67.91	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST - Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) - In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP - Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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

SIN No: SE04634321

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peeth Pune, Diagnostics Lab
 Apollo Health and Lifestyle Limited (CN- URS110TG2000PLC115819)
 Regd. Office: 1-10-66/62, Arheka Rajyapathi Chambers, 5th Floor Begumpet, Hyderabad, Telangana - 500 016 |
 www.apolloclinic.com | Email: drsanjay@apollohealth.com, Ph No: 080-9904 7777, Fax No: 9904 7764

Byed Milankus Prastava, Cooperative Society Limited, Shop No. 51 & 501 First, Building "C", Vazeer Nagar, Pune, Maharashtra, India - 411004



Certificate No: MC-5697

Patient Name : Mrs.CHANCHAL KUMARI Age/Gender : 40 Y 0 M 12 D/F UHID/MR No : CVIM.0000174137 Visit ID : CVIMOPV591357 Ref Doctor : Dr.SELF Empl/Auth/TPA ID : 359629	Collected : 19/Feb/2024 09:34AM Received : 19/Feb/2024 01:30PM Reported : 19/Feb/2024 02:24PM Status : Final Report 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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.64	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.11	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.11	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.4	mmol/L	101-109	ISE (Indirect)



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

SIN No: SEI04634321

This test has been performed at Apollo Health and Lifestyle Ltd- Sadaashiv Peth Pune, Diagnostics Lab
 Apollo Health and Lifestyle Limited, ICIN - U85110TG2000PLC115819
 Regd. Off: 1-10/60/82, Kulkarni Raghunathji Chambers, 5th Floor, Begunpur, Hyderabad, Telangana - 500 016 |
 www.apollohsl.com | Email ID: enquiry@apollohsl.com, Ph No: 048-4904 7777, Fax No: 4904 7744

Hyd: Mahalanagar Prastha, Cooperative Society Limited, Shop No. 55 & 56 First, Building 'C', Vaze Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:30PM
UHID/IR No : CVIM.0000174137	Reported : 19/Feb/2024 02:24PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID : 359629	

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	12.93	U/L	<38	IFCC



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

SIN No:SEM4634321

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited | CIN - U85110TG2000PLC115819

Regd. Office: 1-19-99/62, Adilshah Highpathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500016 |
www.apolloclinic.com | Email ID: enquiries@apolloclinic.com, Ph. No: 044-9004 7777, Fax No: 9904 7744

Royal Milkmen Producers, Cooperative Society Limited, Shop No.55 & 55B First, Building "C", Vittal Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name	: Mrs.CHANCHAL KUMARI	Collected	: 19/Feb/2024 09:34AM
Age/Gender	: 40 Y 0 M 12 DF	Received	: 19/Feb/2024 01:29PM
UHID/MR No	: CVIM.0000174137	Reported	: 19/Feb/2024 02:46PM
Visit ID	: CVIMOPV591357	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 359629		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.737	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

SIN No: SPL24028128

This test has been performed at Apollo Health and Lifestyle Ltd. Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (DN - U85110TG2000PLC115819)

Regd. Office: 1-10/60/62, Acharya Raghupathi Chambers, 5th Floor, Durgam Chattri, Hyderabad, Telangana - 500 016 |
www.apolloh.com | Email: enquiry@apolloh.com, Ph No: 040-49047777, Fax No: 49047746

Head Office: 11/11/11, Ramnagar, Bangalore (Bassanur Road) | Bangalore | Electronics City | Frazar Town | HSI Layout
Vijaya Nagar, Pune, Maharashtra, India - 411004

Patient Name : Mrs. Chanchal Kumari
UHID : CVIM.0000174137
Reported on : 19-02-2024 11:06
Adm/Consult Doctor :

Age : 40 Y F
OP Visit No : CVIMOPV591357
Printed on : 28-02-2024 16:17
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

Urinary Bladder is well distended and shows increased wall thickening (8.8 mm), suggestive of cystitis. No evidence of any intrinsic or extrinsic bladder abnormality detected. Pre-void- 376 cc. Post-void- 166 cc (significant)

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6.8 mm.

Left ovary appears normal in size, shape and echotexture.

Right ovary is not seen (h/o resection noted)

No evidence of any adnexal pathology noted.

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

Patient Name : Mrs. Chanchal Kumari
UHID : CVIM.0000174137
Reported on : 19-02-2024 11:06
Adm/Consult Doctor :

Age : 40 Y F
OP Visit No : CVIMOPV591357
Printed on : 28-02-2024 16:17
Ref Doctor : SELF

A small umbilical hernia noted. Defect in anterior abdominal wall measures 1.7 cm and hernia sac measures 3.2 x 1.6 cm Omental fats are seen herniating through it.

IMPRESSION:-

Cystitis with significant post-void urinary residue.
A small umbilical hernia noted.

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

Printed on:19-02-2024 11:06

---End of the Report---

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



NO SAMPLE GIVEN

TO,
APOLLO CLINIC
VIMAN NAGAR

Dear sir / madam

I Chanchal Kumari working at
Company Name Arcofemi Mediowheel
Have not given the LBC. CoYA Sample do not wish given it.

I AGREE _____

UHID = 174137

SIGN -

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**

Patient Name : Mrs. Chanchal Kumari

Age/Gender : 40 Y/F

UHID/MR No. : CVIM.0000174137

OP Visit No : CVIMOPV591357

Sample Collected on :

Reported on : 19-02-2024 11:27

LRN# : RAD2241114

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 359629

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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Right ovary is not seen (h/o resection noted)

No evidence of any adnexal pathology noted.

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

A small umbilical hernia noted. Defect in anterior abdominal wall measures 1.7 cm and hernia sac measures 3.2 x 1.6 cm Omental fats are seen herniating through it.

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Cystitis with significant post-void urinary residue.

A small umbilical hernia noted.

(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. PREETI P KATHE



Patient Name : Mrs. Chanchal Kumari

Age/Gender : 40 Y/F

DMRE, MD, DNB
Radiology

Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:06PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.**



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

SIN No:BED240042734

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



Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:06PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	Spectrophotometer
PCV	33.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	82.4	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,360	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.3	%	40-80	Electrical Impedence
LYMPHOCYTES	26.5	%	20-40	Electrical Impedence
EOSINOPHILS	3	%	1-6	Electrical Impedence
MONOCYTES	8.8	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5737.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2480.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	823.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.31		0.78- 3.53	Calculated
PLATELET COUNT	221000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate**



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

SIN No:BED240042734

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



Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
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UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:06PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF HAEMATOLOGY

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

No Abnormal cells/hemoparasite seen.




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

SIN No:BED240042734

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

Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:21PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF HAEMATOLOGY

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

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



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

SIN No:BED240042734

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



Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 03:09PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	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 ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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



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

SIN No:EDT240018957

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



Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 03:09PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF BIOCHEMISTRY

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

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)



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

SIN No:EDT240018957

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



Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:30PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:24PM
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	150	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.69	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		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. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: SE04634321

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

Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
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Emp/Auth/TPA ID : 359629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.98	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	67.91	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		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.



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

SIN No:SE04634321

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



Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:30PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:24PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.64	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.11	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.11	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.4	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.93	U/L	<38	IFCC



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SIN No:SE04634321

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Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:29PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:46PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.737	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: SPL24028128

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



Patient Name : Mrs.CHANCHAL KUMARI	Collected : 19/Feb/2024 09:34AM
Age/Gender : 40 Y 0 M 12 D/F	Received : 19/Feb/2024 01:48PM
UHID/MR No : CVIM.0000174137	Reported : 19/Feb/2024 02:17PM
Visit ID : CVIMOPV591357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 359629	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	1.015		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



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SIN No:UR2286328

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

