

Name : Mrs. PRATIBHA NANAJI PAGAR

Age: 37 Y

UHID:CVIM.0000236520

Address : pune

Sex: F


 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

OP Number:CVIMOPV391365

Bill No :CVIM-OCR-62871

Date : 19.02.2024 09:55

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 → After Report	
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	

Date : 19-02-2024  
MR NO : CVIM.0000236520

Department : GENERAL  
Doctor :

Name : Mrs. PRATIBHA NANAJI PAGAR

Registration No :

Age/ Gender : 37 Y / Female

Qualification :

Consultation Timing: 09:54

Height : 160cm	Weight : 74 kg	BMI : 29	Waist Circum : 94
Temp :	Pulse : 72	Resp : 18	B.P : 110/70

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

patlor (A) (B).

O/E: pt  
CS / N/A/D  
KB

P/A - sig. (A)  
Attend bowel habits.

CHS - N/A/D (H)  
(low back rigidity?)  
NO peripheral spms.

SP LSCS

No specific complaints  
kalo  
thyroid ab -> on spms  
(Thyronorm 100pg)  
family Hx -  
Parents - DM.  
father - CAD.

Todo:

S- Iron studies.  
Vitamin Panel - II.

Follow up date:

Dr. Archana V. MBBS  
Registration No. 103429

  
Doctor Signature



Height : 160	Weight : 74	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

st Dem (ENT),

ENT - MAG

2/1

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE: 19/2/22

MOBILE NO: →

NAME: Prathap Narayan Perumal  
AGE: 33  
CORPORATE: Apollo

	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

Asymptomatic Eye Refr  
No Eye Refr Spect

Impression - Normal Eye Check Up.

(Ophthalmology)

The Apollo Clinia  
DR. M. D. ALAVAND  
MBBS, D.O.M.S.  
Cor: Senior Eye Surgeon  
Reg. No.: 38319



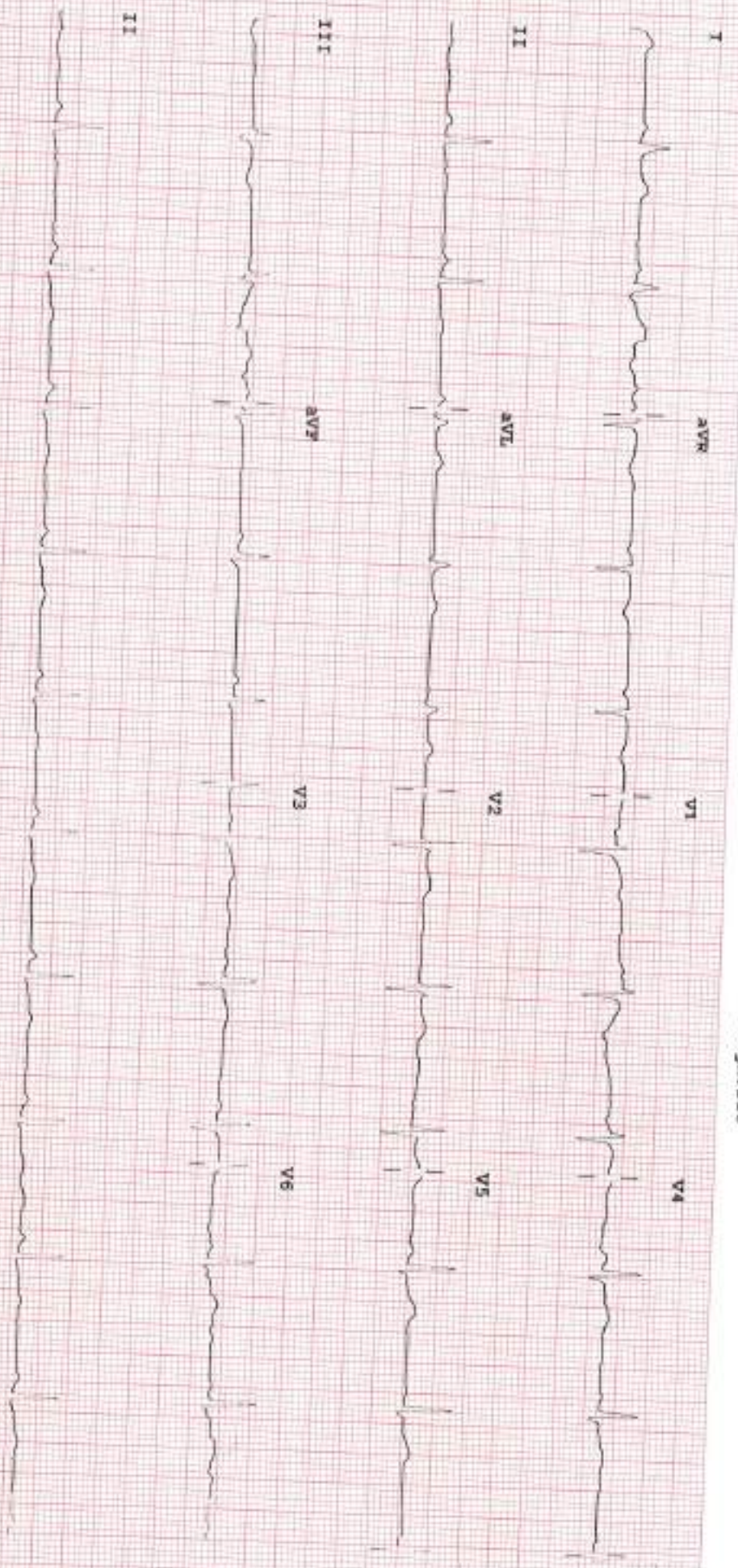
Rate 65  
 PR 140  
 QRSD 93  
 QT 407  
 QTc 424

Sinus rhythm.  
 RSP in V1 or V2, right VCD or FVR.  
 Baseline wander in lead(s) V6  
 normal p axis, V-rate 50-99  
 QRS area positive & R' V1/V2

--AXIS--  
 P 52  
 QRS 31  
 T -4

OTHERWISE NORMAL ECG -  
 Unconfirmed Diagnosis

12 Lead: Standard Placement



Device:

Speed: 25 mm/sec  
 I/amp: 10 mm/mV  
 Chart: 10.0 mm/mV

P 50-0.50-40 Hz W

PH100B

Patient Name : Mrs. PRATIBHA NANAJI PAGAR  
UHID : CVIM.0000236520  
Reported on : 19-02-2024 11:49  
Adm/Consult Doctor :  
Age : 37 Y F  
OP Visit No : CVIMOPV591365  
Printed on : 20-02-2024 08:53  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

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

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

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

No evidence of any adnexal pathology noted.

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

**IMPRESSION:-**

No significant abnormality detected.

Patient Name : Mrs. PRATIBHA NANAJI PAGAR  
UHID : CVIM.0000236520  
Reported on : 19-02-2024 11:49  
Adm/Consult Doctor :  
Age : 37 Y F  
OP Visit No : CVIMOPV591365  
Printed on : 20-02-2024 08:53  
Ref Doctor : SELF

(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 11:49

---End of the Report---

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

<b>Patient Name</b>	: Mrs. PRATIBHA NANAJI PAGAR	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CVIM.0000236520	<b>OP Visit No</b>	: CVIMOPV591365
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 19-02-2024 11:50
<b>LRN#</b>	: RAD2241278	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 358194		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

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

No evidence of any adnexal pathology noted.

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

#### **IMPRESSION:-**

**No significant abnormality detected.**

(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**  
**DMRE, MD, DNB**  
Radiology



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:06PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Anisocytosis+, Microcytes+, Elliptocytes+**  
**WBC's 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:BED240042876

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:06PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.7</b>	g/dL	12-15	Spectrophotometer
PCV	<b>30.70</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.17	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>73.6</b>	fL	83-101	Calculated
MCH	<b>25.6</b>	pg	27-32	Calculated
MCHC	<b>34.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,090	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.5	%	40-80	Electrical Impedance
LYMPHOCYTES	34.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	6.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4489.95	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2791.05	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	250.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	533.94	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.27	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.61		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>301000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>9</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's Anisocytosis+, Microcytes+, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**

Page 2 of 12



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

SIN No:BED240042876

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



Patient Name	: Mrs.PRATIBHA NANAJI PAGAR	Collected	: 19/Feb/2024 10:23AM
Age/Gender	: 37 Y 0 M 1 D/F	Received	: 19/Feb/2024 01:03PM
UHID/MR No	: CVIM.0000236520	Reported	: 19/Feb/2024 02:06PM
Visit ID	: CVIMOPV591365	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 358194		

**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:BED240042876

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:03PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:23PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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

SIN No:BED240042876

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:02PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 03:15PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	77	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq 200$  mg/dL on at least 2 occasions.
2. Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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	$\geq 6.5$
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



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

SIN No:EDT240019043

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:02PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 03:15PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF BIOCHEMISTRY**

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

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)



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

SIN No:EDT240019043

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:06PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:12PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	184	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>180</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>140</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.42</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>36.02</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.21		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.



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

SIN No:SE04634468

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:06PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:12PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>0.27</b>	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.22	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.67	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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:SE04634468

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





Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:06PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:12PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.67	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>15.24</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.65	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.99	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.16	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.42	mmol/L	101-109	ISE (Indirect)



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

SIN No:SE04634468

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:06PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:12PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	25.06	U/L	<38	IFCC



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

SIN No:SE04634468

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 01:06PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 02:14PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.60	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.825	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



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

SIN No: SPL24028240

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



Patient Name : Mrs.PRATIBHA NANAJI PAGAR	Collected : 19/Feb/2024 10:23AM
Age/Gender : 37 Y 0 M 1 D/F	Received : 19/Feb/2024 02:45PM
UHID/MR No : CVIM.0000236520	Reported : 19/Feb/2024 03:01PM
Visit ID : CVIMOPV591365	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358194	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	8 - 10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



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

SIN No:UR2286449

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

