



Certificate No: MC-5597

Patient Name : Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected : 13/Jan/2024 11:32AM
Age/Gender : 33 Y 5 M 12 D/F	Received : 13/Jan/2024 04:13PM
UHID/MR No : CPIM.0000115937	Reported : 13/Jan/2024 05:54PM
Visit ID : CPIMOPV155674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327201	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.1	g/dL	12-15	Spectrophotometer
<b>PCV</b>	<b>35.10</b>	%	36-46	Electronic pulse & Calculation
<b>RBC COUNT</b>	4.09	Million/cu.mm	3.8-4.8	Electrical Impedence
<b>MCV</b>	85.8	fL	83-101	Calculated
<b>MCH</b>	29.5	pg	27-32	Calculated
<b>MCHC</b>	34.4	g/dL	31.5-34.5	Calculated
<b>R.D.W</b>	<b>14.1</b>	%	11.6-14	Calculated
<b>TOTAL LEUCOCYTE COUNT (TLC)</b>	<b>8,880</b>	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
<b>NEUTROPHILS</b>	70	%	40-80	Electrical Impedence
<b>LYMPHOCYTES</b>	21.7	%	20-40	Electrical Impedence
<b>EOSINOPHILS</b>	2.6	%	1-6	Electrical Impedence
<b>MONOCYTES</b>	5.5	%	2-10	Electrical Impedence
<b>BASOPHILS</b>	0.2	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
<b>NEUTROPHILS</b>	6216	Cells/cu.mm	2000-7000	Calculated
<b>LYMPHOCYTES</b>	1926.96	Cells/cu.mm	1000-3000	Calculated
<b>EOSINOPHILS</b>	230.88	Cells/cu.mm	20-500	Calculated
<b>MONOCYTES</b>	488.4	Cells/cu.mm	200-1000	Calculated
<b>BASOPHILS</b>	17.76	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	349000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	15	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
<p><b>RBC's are Normocytic Normochromic,</b>  <b>WBC's are normal in number and morphology</b>  <b>Platelets are Adequate</b>  <b>No Abnormal cells/hemoparasite seen.</b></p>				



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





Certificate No: MC-EEPT

<b>Patient Name</b> : Mrs.NILIMA SACHIN CHANDRIKAPURE	<b>Collected</b> : 13/Jan/2024 11:32AM
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<b>Emp/Auth/TPA ID</b> : 327201	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's are Normocytic Normochromic,  
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





Certificate No: MC-5597

Patient Name : Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected : 13/Jan/2024 11:32AM
Age/Gender : 33 Y 5 M 12 D/F	Received : 13/Jan/2024 04:13PM
UHID/MR No : CPIM.0000115937	Reported : 13/Jan/2024 06:00PM
Visit ID : CPIMOPV155674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327201	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



DR. Sanjay Ingle  
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Consultant Pathologist





Certificate No: MC-EEB7

Patient Name	: Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected	: 13/Jan/2024 11:32AM
Age/Gender	: 33 Y 5 M 12 D/F	Received	: 13/Jan/2024 04:13PM
UHID/MR No	: CPIM.0000115937	Reported	: 13/Jan/2024 06:07PM
Visit ID	: CPIMOPV155674	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 327201		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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

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DR. Sanjay Ingia  
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Consultant Pathologist







Certificate No: MG-5597

Patient Name : Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected : 13/Jan/2024 11:32AM
Age/Gender : 33 Y 5 M 12 D/F	Received : 13/Jan/2024 03:45PM
UHID/MR No : CPIM.0000115937	Reported : 13/Jan/2024 07:04PM
Visit ID : CPIMOPV155674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 327201	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	126	mg/dL	<200	CHO-POD
TRIGLYCERIDES	55	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.12	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.43		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



**DR. MANISH T. AKARE**  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.94	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.7	U/L	<35	IFCC
ALKALINE PHOSPHATASE	89.16	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.86	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.56	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.86	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.56	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.66	mmol/L	101-109	ISE (Indirect)



*Manish T. Akare*  
**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	9.38	U/L	<38	IFCC



*Manish T. Akare*  
  
**DR. MANISH T. AKARE**  
 M.B.B.S, MD(Path.)  
 Consultant Pathologist



Certificate No: MG-EE67

Patient Name	: Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected	: 13/Jan/2024 11:32AM
Age/Gender	: 33 Y 5 M 12 D/F	Received	: 13/Jan/2024 03:39PM
UHID/MR No	: CPIM.0000115937	Reported	: 13/Jan/2024 04:48PM
Visit ID	: CPIMOPV155674	Status	: Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.773	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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





Certificate No: MC-5697

Patient Name	: Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected	: 13/Jan/2024 11:32AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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	7.0		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	6 - 7	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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





Certificate No: MC-5657

Patient Name : Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected : 13/Jan/2024 11:32AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

Result/s to Follow:

LBC PAP TEST (PAPSURE)



*Sheha Shah*  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UF010214

Apollo Health and Lifestyle Limited  
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peeth, Pune, Maharashtra, India - 411004  
Regd. Office: 1-10-60/62, Ashoka flaghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Korcospur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavangudi) | Bellary | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) Tamilnadu: Chennai (Anna Nagar | Kotturpuram) | Madhavaram | Mogappair | T Nagar | Valluvarakkam | Vileparthy | Maharastra: Pune (Aundh) | Nigdi | Pashchimanchal | Viman Nagar | Warananagar  
Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name	: Mrs.NILIMA SACHIN CHANDRIKAPURE	Collected	: 13/Jan/2024 01:46PM
Age/Gender	: 33 Y 5 M 12 D/F	Received	: 14/Jan/2024 01:17PM
UHID/MR No	: CPIM.0000115937	Reported	: 17/Jan/2024 11:23AM
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**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	874/24
<b>I</b>	<b>SPECIMEN</b>	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
a	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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



**DR. K. RAMA KRISHNA REDDY**  
M.B.B.S., M.D  
CONSULTANT PATHOLOGIST

SIN No:CS073067

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



ID: 145  
NILIMA C  
Female 33Years

13-01-2024 09:19:41 AM

ARRW CE

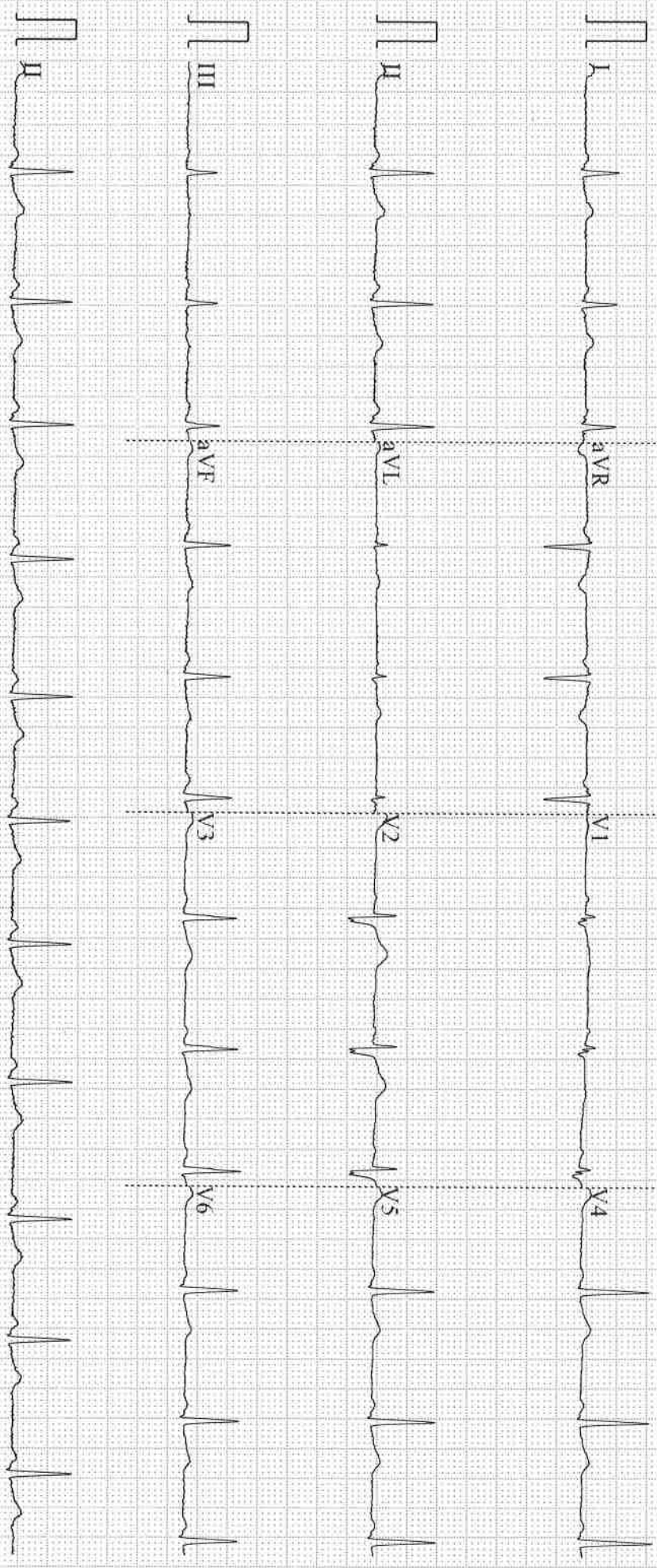
HR : 68 bpm  
P : 99 ms  
PR : 126 ms  
QRS : 82 ms  
QT/QTc : 386/412 ms  
P/ORS/T : 63/61/49 °  
RV5/SV1 : 1.053/0.124 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

*WNL*  
*Anam*

Dr. Anam A. Inamdar  
MBBS  
Reg. No. 2021/06/6236

Report Confirmed by:



Patient Name : Mrs. NILIMA SACHIN CHANDRIKAPURE Age : 33 Y F  
UHID : CPIM.0000115937 OP Visit No : CPIMOPV155674  
Reported on : 13-01-2024 16:36 Printed on : 13-01-2024 19:22  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.

Printed on:13-01-2024 16:36

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**  
**MBBS, DMRD**  
Radiology

Patient Name : Mrs. NILIMA SACHIN CHANDRIKAPURE Age : 33 Y F  
UHID : CPIM.0000115937 OP Visit No : CPIMOPV155674  
Reported on : 13-01-2024 09:21 Printed on : 13-01-2024 09:51  
Adm/Consult Doctor : 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 6.5 mm. No intra/extra uterine gestational sac seen. 9x5mm anterior intramural fibroid noted.

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

No evidence of any adnexal pathology noted.

**IMPRESSION:-**

**SUBCENTIMETER UTERINE FIBROID**

(The sonography findings should always be considered in correlation with the clinical and other investigation)

**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



Patient Name : Mrs. NILIMA SACHIN CHANDRIKAPURE Age : 33 Y F  
UHID : CPIM.0000115937 OP Visit No : CPIMOPV155674  
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Adm/Consult Doctor : Ref Doctor : SELF

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:13-01-2024 09:21

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MRS. NILIMA CHANDRIKAPURE</b>	<b>Age/Sex: 33 / F</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 13.01.2024</b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	32.0 mm	<b>Aortic Root</b>	27.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	45.0 mm	<b>LVID (s)</b>	29.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**GOOD BIVENTRICULAR FUNCTION**

**LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**



**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 13.01.24

Patient Name *Nilima Chandelikapure*

UHID:

Age / Sex: *33yrs 1f*

EYE CHECK UP	COMPLETE	PREMEDICAL/OTHER
	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 7cdpt</i>	<i>6/6 7cdpt</i>
Near Vision	<i>6/6</i>	<i>6/6</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>WNL</i>	<i>WNL</i>
Family History/Medical History	<i>—</i>	<i>—</i>

*Same Rx*

**IMPRESSION: -**

*[Signature]*  
**OPTOMETRIST**

Nilima Chandrikapune

33 yrs

13.1.24

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

**General Examination / Allergies History**

amp. 2/12/23  
 PMC - IV days  
 BT Since  
 6/7 days

4- HAND - SYM

D/A Sub

MS. Co-ug (u)

PIU ut 20 rest for  
 USG

~~AD~~ Report Noted

Breast WNL

Adv

Sonography  
 Post mensually

**Clinical Diagnosis & Management Plan**

weight gain +

• Regular Exercise



TAC NIGDI  
 Dr. Archana Chandra  
 MBBS, DGO  
 Reg. No. 73033

Follow up date:

Doctor Signature

(21)

Date : 13-01-2024

Department : GENERAL

MR NO : CPIM.0000115937

Doctor :

Name : Mrs. NILIMA SACHIN CHANDRIKA

Registration No : ~~HA~~ 102

Age/ Gender : 33 Y / Female

Qualification : ~~MD~~ 73-8

Consultation Timing: 09:11

BPD - 110/70  
Mother: TSH,  
DND.

S/E

CVS: S<sub>1</sub>S<sub>2</sub> (+)

RS: AERL

Diet Mix.

CNS: NAD.

PA: NAD.

No known allergy.

No past sx

Arjun

