

Certificate No: MC-5697


Patient Name : Mrs.SONALI JAISWAL	Collected : 24/Mar/2024 09:09AM
Age/Gender : 36 Y 1 M 23 D/F	Received : 24/Mar/2024 12:40PM
UHID/MR No : CVIM.0000238145	Reported : 24/Mar/2024 02:19PM
Visit ID : CVIMOPV598097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 606979	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic  
WBC's Eosinophilia  
Platelets are Adequate  
No hemoparasite seen.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240081077

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



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	36.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.25	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.6	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,190	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.7	%	40-80	Electrical Impedence
LYMPHOCYTES	29.4	%	20-40	Electrical Impedence
EOSINOPHILS	9.7	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3262.13	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1819.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	600.43	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.79		0.78- 3.53	Calculated
PLATELET COUNT	250000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic

WBC's Eosinophilia

Platelets are Adequate



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

**No hemoparasite seen.**

  
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**DEPARTMENT OF HAEMATOLOGY**

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

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

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UHID/MR No : CVIM.0000238145	Reported : 24/Mar/2024 02:04PM
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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
GLUCOSE, FASTING , NAF PLASMA	87	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.



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

SIN No:PLF02132677

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Patient Name : Mrs.SONALI JAISWAL	Collected : 24/Mar/2024 09:09AM
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:EDT240037249

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	165	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.24	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.05	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.07		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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

  
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**DEPARTMENT OF BIOCHEMISTRY**

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

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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.94	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	68.39	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY 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	<b>0.53</b>	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>9.54</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>4.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.34	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	<b>8.69</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.98	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.31	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.94	U/L	<38	IFCC

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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)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>20.68</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.762	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:SPL24054576

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**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	CLEAR		CLEAR	Visual
pH	6.0		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2315171

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



Patient Name : Mrs.SONALI JAISWAL	Collected : 24/Mar/2024 12:06PM
Age/Gender : 36 Y 1 M 23 D/F	Received : 26/Mar/2024 11:03AM
UHID/MR No : CVIM.0000238145	Reported : 28/Mar/2024 01:53PM
Visit ID : CVIMOPV598097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 606979	

**DEPARTMENT OF CYTOLOGY**

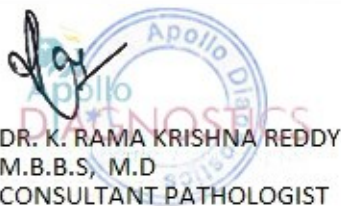
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

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

	<b>CYTOLOGY NO.</b>	7324/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	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>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</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:CS077577

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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Page 14 of 14  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



**1860 500 7788**  
www.apolloclinic.com

02026634334 / 31

32

<p><b>Name</b> : Mrs. SONALI JAISWAL</p> <p><b>Address</b> : PUNE</p> <p><b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT</p>	<p><b>Age</b>: 36 Y</p> <p><b>Sex</b>: F</p>	<p><b>UHID</b>:CVIM.0000238145</p>  <p><b>OP Number</b>:CVIMOPV598097</p> <p><b>Bill No</b> :CVIM-OCR-63802</p> <p><b>Date</b> : 24.03.2024 09:03</p>
--	--	---

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



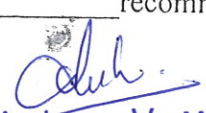
## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sonali - Guisowal on 24/03/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

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

  
**Dr. Archana V. MBBS**  
Registration No. 103429

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes*



Date : 24-03-2024  
MR NO : CVIM.0000238145

Department : GENERAL  
Doctor :

Name : Mrs. SONALI JAISWAL

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 09:02

Height : 158	Weight : 55	BMI :	Waist Circum : 90
Temp : 97	Pulse : 80	Resp : 18	B.P : 100/70

**General Examination / Allergies History**

O/E: paucos (H) (H).  
 PR. CVS | NIAD.  
 RS

P/A - soft (H) gastric Reflux (H).  
 H/o attend defecation (H)

CNS -  
 • NIAD (H).  
 •

**Clinical Diagnosis & Management Plan**

**HOME SAMPLE COLLECTION**  
 PH.: 7775870014  
 :020-26634331/32/34

• K'd'clo hypothyroidism  
 ↓  
 Glon Thyroxine.  
 (2016) 50µg).

clo dry skin → since  
 sys.

family H/o :

Father - DM  
 Mother - BA /  
 Thyroid disease

Suggests:

- Vitamin Panel I.E.
- S. fecal / Glon studies.

**Dr. Archana V. MBBS**  
 Registration No. 103429



Doctor Signature

Follow up date:

**FREE CHECK UP**  
 - PHYSIOTHERAPY  
 - DENTAL  
 - AUDIO (HEARING)  
 - OPHTHAL (EYE)

**Apollo Clinic, Viman Nagar**

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

(17)  
EYE EXAMINATION.

DATE: \_\_\_\_\_

NAME:- Sonali Jaiswal

MOBILE NO:-  
8960467109

AGE:- 36

CORPORATE:-

	Right Eye	Left Eye
Distant vision	6/6 6/9	6/6 6/9
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Impression - Normal Eye Check Up.

(Ophthalmology)

The Apollo Clinics  
DR. M. D. ALAVAND  
MBBS, MCh, MS.  
Cor: Senior Eye Surgeon  
Reg. no.: 30319





238145

sonali jaiswal(v n )  
Female

24-Mar-24 9:28:19 AM

Rate

PR

QRSD

QT

QTc

--AXIS--

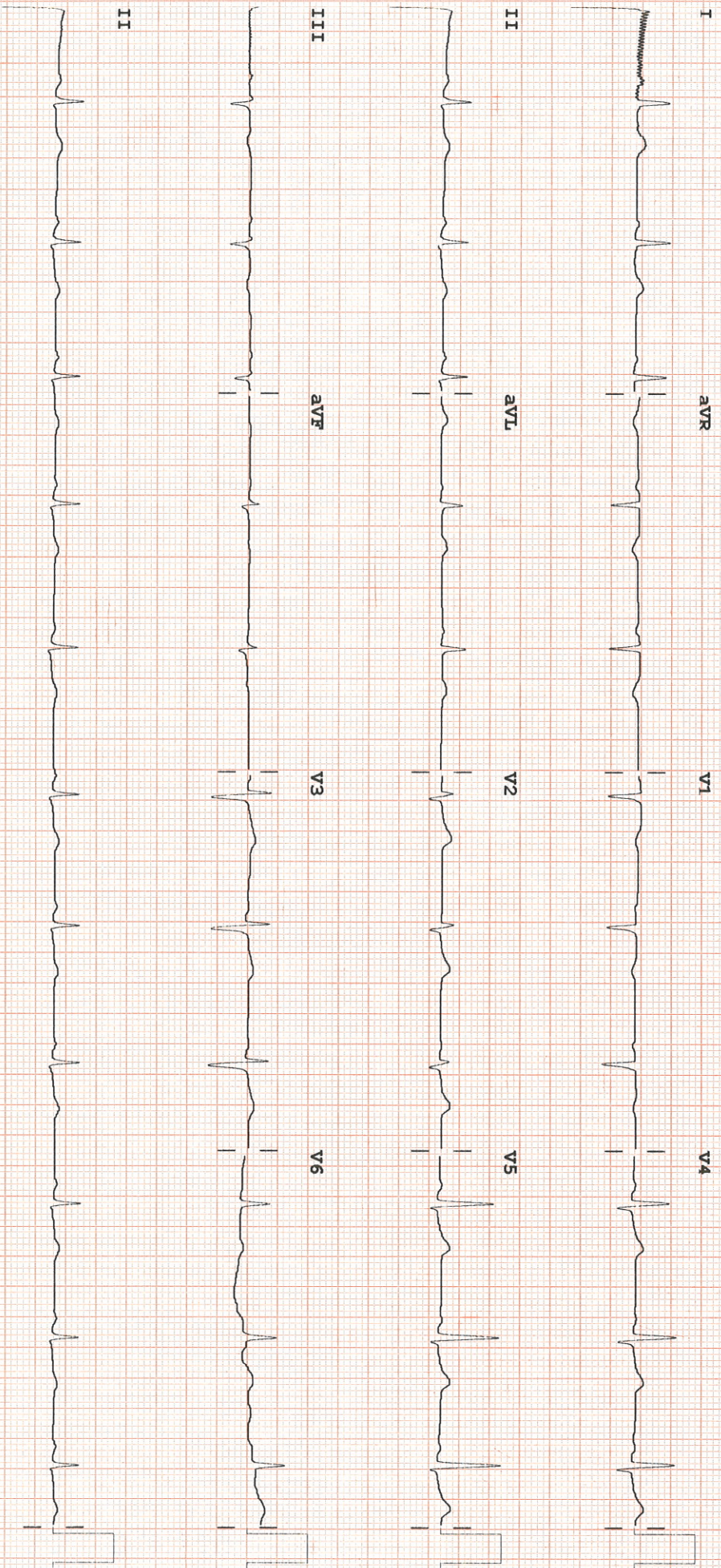
P

QRS

T

12 Lead; Standard Placement

ANALYSIS ERROR [30] MEAS\_EXCESSIVE\_AC\_NOISE



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50~ 40 Hz W

P?

PHILIPS

REORDER M3708A

706





Certificate No: MC-5697

Patient Name : Mrs.SONALI JAISWAL  
Age/Gender : 36 Y 1 M 23 D/F  
UHID/MR No : CVIM.0000238145  
Visit ID : CVIMOPV598097  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 606979

Collected : 24/Mar/2024 09:09AM  
Received : 24/Mar/2024 12:40PM  
Reported : 24/Mar/2024 02:19PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's are Normocytic Normochromic  
WBC's Eosinophilia  
Platelets are Adequate  
No hemoparasite seen.**



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

SIN No:BED240081077

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





Certificate No: MC-5697

Patient Name : Mrs.SONALI JAISWAL	Collected : 24/Mar/2024 09:09AM
Age/Gender : 36 Y 1 M 23 D/F	Received : 24/Mar/2024 12:40PM
UHID/MR No : CVIM.0000238145	Reported : 24/Mar/2024 02:19PM
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Emp/Auth/TPA ID : 606979	

**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>	12.3	g/dL	12-15	Spectrophotometer
PCV	36.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.25	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,190	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.7	%	40-80	Electrical Impedance
LYMPHOCYTES	29.4	%	20-40	Electrical Impedance
EOSINOPHILS	9.7	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3262.13	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1819.86	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	600.43	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.79		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	250000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	8	mm at the end of 1 hour	0-20	Modified Westergren

RBC's are Normocytic Normochromic  
WBC's Eosinophilia  
Platelets are Adequate

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

SIN No:BED240081077

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





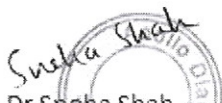
Certificate No: MC-5697

Patient Name	: Mrs.SONALI JAISWAL	Collected	: 24/Mar/2024 09:09AM
Age/Gender	: 36 Y 1 M 23 D/F	Received	: 24/Mar/2024 12:40PM
UHID/MR No	: CVIM.0000238145	Reported	: 24/Mar/2024 02:19PM
Visit ID	: CVIMOPV598097	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 606979		

**DEPARTMENT OF HAEMATOLOGY**

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

**No hemoparasite seen.**

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

SIN No:BED240081077

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





Certificate No: MC-5697

Patient Name	: Mrs.SONALI JAISWAL	Collected	: 24/Mar/2024 09:09AM
Age/Gender	: 36 Y 1 M 23 D/F	Received	: 24/Mar/2024 12:40PM
UHID/MR No	: CVIM.0000238145	Reported	: 24/Mar/2024 02:19PM
Visit ID	: CVIMOPV598097	Status	: Final Report
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Emp/Auth/TPA ID	: 606979		

**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	Positive			Microplate Hemagglutination

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

SIN No:BED240081077

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





Certificate No: MC-5697

Patient Name : Mrs.SONALI JAISWAL  
 Age/Gender : 36 Y 1 M 23 D/F  
 UHID/MR No : CVIM.0000238145  
 Visit ID : CVIMOPV598097  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 606979

Collected : 24/Mar/2024 09:09AM  
 Received : 24/Mar/2024 01:39PM  
 Reported : 24/Mar/2024 02:04PM  
 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	87	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  $\geq$  or = 126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No: PLF02132677

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

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Nyati Millenium Premises, Cooperative Society  
 Limited, Shop No.51 & Stilt Floor, Building "C",  
 Viman Nagar, Pune, Maharashtra, India - 411014







Certificate No: MC-5697

Patient Name : Mrs.SONALI JAISWAL	Collected : 24/Mar/2024 09:09AM
Age/Gender : 36 Y 1 M 23 D/F	Received : 24/Mar/2024 12:41PM
UHID/MR No : CVIM.0000238145	Reported : 24/Mar/2024 01:47PM
Visit ID : CVIMOPV598097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 606979	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No:EDT240037249

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





Certificate No: MC-5697

Patient Name : Mrs.SONALI JAISWAL  
Age/Gender : 36 Y 1 M 23 D/F  
UHID/MR No : CVIM.0000238145  
Visit ID : CVIMOPV598097  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 606979

Collected : 24/Mar/2024 09:09AM  
Received : 24/Mar/2024 01:03PM  
Reported : 24/Mar/2024 02:57PM  
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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	165	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic
NON-HDL CHOLESTEROL	111	mg/dL	<130	Immunoinhibition
LDL CHOLESTEROL	92.24	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.05	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.07		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

**Note:**

- 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

Page 7 of 13

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

SIN No:SE04674260

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







Certificate No: MC-5697

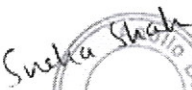
Patient Name	: Mrs.SONALI JAISWAL	Collected	: 24/Mar/2024 09:09AM
Age/Gender	: 36 Y 1 M 23 D/F	Received	: 24/Mar/2024 01:03PM
UHID/MR No	: CVIM.0000238145	Reported	: 24/Mar/2024 02:57PM
Visit ID	: CVIMOPV598097	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 606979		

**DEPARTMENT OF BIOCHEMISTRY**

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

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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:SE04674260



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

Certificate No: MC-5697

Patient Name	: Mrs.SONALI JAISWAL	Collected	: 24/Mar/2024 09:09AM
Age/Gender	: 36 Y 1 M 23 D/F	Received	: 24/Mar/2024 01:03PM
UHID/MR No	: CVIM.0000238145	Reported	: 24/Mar/2024 02:57PM
Visit ID	: CVIMOPV598097	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 606979		

**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	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.94	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	68.39	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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 > 1In 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.

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

SIN No:SE04674260

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





Certificate No: MC-5697


Patient Name : Mrs.SONALI JAISWAL  
 Age/Gender : 36 Y 1 M 23 D/F  
 UHID/MR No : CVIM.0000238145  
 Visit ID : CVIMOPV598097  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 606979

Collected : 24/Mar/2024 09:09AM  
 Received : 24/Mar/2024 01:03PM  
 Reported : 24/Mar/2024 02:57PM  
 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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.53	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	9.54	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.34	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.69	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.29	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.98	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.31	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:SE04674260



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



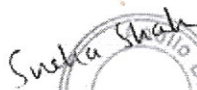
Certificate No: MC-5697

Patient Name : Mrs.SONALI JAISWAL	Collected : 24/Mar/2024 09:09AM
Age/Gender : 36 Y 1 M 23 D/F	Received : 24/Mar/2024 01:03PM
UHID/MR No : CVIM.0000238145	Reported : 24/Mar/2024 02:57PM
Visit ID : CVIMOPV598097	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 606979	

**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>	14.94	U/L	<38	IFCC

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:SE04674260



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



Certificate No: MC-5697

Patient Name	: Mrs.SONALI JAISWAL	Collected	: 24/Mar/2024 09:09AM
Age/Gender	: 36 Y 1 M 23 D/F	Received	: 24/Mar/2024 01:03PM
UHID/MR No	: CVIM.0000238145	Reported	: 24/Mar/2024 03:11PM
Visit ID	: CVIMOPV598097	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 606979		

**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)	1.13	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>20.68</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.762	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

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

SIN No:SPL24054576

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





Certificate No: MC-5697

Patient Name	: Mrs.SONALI JAISWAL	Collected	: 24/Mar/2024 09:09AM
Age/Gender	: 36 Y 1 M 23 D/F	Received	: 24/Mar/2024 12:59PM
UHID/MR No	: CVIM.0000238145	Reported	: 24/Mar/2024 02:07PM
Visit ID	: CVIMOPV598097	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 606979		

**DEPARTMENT OF CLINICAL PATHOLOGY**

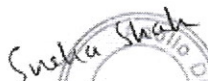
**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

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	CLEAR		CLEAR	Visual
pH	6.0		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)

Page 13 of 13

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist  
SIN No:UR2315171



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



Patient Name : Mrs. SONALI JAISWAL

UHID : CVIM.0000238145

Reported on : 24-03-2024 10:58

Adm/Consult Doctor :

Age : 36 Y F

OP Visit No : CVIMOPV598097

Printed on : 25-03-2024 09:02

Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is anteverted & normal in size. No focal lesion is seen. The endometrium is central & with empty cavity. Both the ovaries appear normal. No adnexal pathology noted on either side. TVS would be more informative.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted. No probe tenderness / inflammatory changes / collection in RIF at present.

### IMPRESSION:

- No significant abnormality detected at present scan

### **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. SONALI JAISWAL

UHID : CVIM.0000238145

Reported on : 24-03-2024 10:58

Adm/Consult Doctor :

Age : 36 Y F

OP Visit No : CVIMOPV598097

Printed on : 25-03-2024 09:02

Ref Doctor : SELF

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable.  
Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Printed on:24-03-2024 10:58

---End of the Report---



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology

**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

Page 2 of 2

TO BOOK AN APPOINTMENT

 **1860 500 7788**

यूनियन बँक Union Bank of India



नाम / सोनाली जैसवाल

Name: SONALI JAISWAL

कर्मचारी क्र / Employee No.: 606979

जन्म तिथि / Birth Date : 01/02/1988

रक्त ग्रुप / Blood Group : O+

*Jaiswal*  
हस्ताक्षर Signature

जारी करने का स्थान  
Place of Issue :

R.O. PUNE EAST

जारी करने की तारीख  
Date of Issue :

03.01.2022

*Prasad*  
जारीकर्ता प्राधिकारी Issuing Authority

*Prasad*



### Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 2024-03-23 11:08

To:sonali.jai10@gmail.com <sonali.jai10@gmail.com>

Cc:Vimannagar Apolloclinic <vimannagar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>;Dr. Neha Gupta <neha.gupta@apolloclinic.com>

Dear SONALI JAISWAL,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIMAN NAGAR clinic** on **2024-03-24 at 08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**Note:** Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

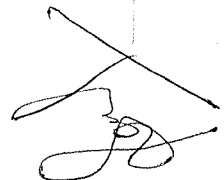
**Note:** Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.



<b>Patient Name</b>	: Mrs. SONALI JAISWAL	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: CVIM.0000238145	<b>OP Visit No</b>	: CVIMOPV598097
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-03-2024 10:58
<b>LRN#</b>	: RAD2280040	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 606979		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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### IMPRESSION:

- **No significant abnormality detected at present scan**

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology