

PATIENT NAME :-MS.PANKAJA PRAMOD PATIL
REFERRED BY :- ARCOFEMI
UHID :-141112

AGE :-49YRS/F
DATE :- 12.03.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Normal.
- Aortic Valve : Normal.
- Tricuspid Valve : Normal.
- Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.

AO – 21 mm, LA – 23 mm, LVIDd – 38 mm, LVISd – 19 mm, IVS – 10 mm, PW – 9 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV systolic & diastolic function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

Apollo Clinic - Aundh
Dr. Satyajeet Suryawanshi
DNB (Cardiology)
MNAMS, FCPS
Reg. No. 2005/05/279*
DR.SATYAJEET SURYAWANSHI
(CONSULTANT CARDIOLOGIST)

P/S : Normal echo does not rule out coronary artery disease.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : M/sPANKAJA PRAMOD PATIL	Collected : 12/Mar/2024 09:14AM
Age/Gender : 49 Y 8 M 15 D/F	Received : 12/Mar/2024 02:00PM
UHID/MR No : CAUN.0000141112	Reported : 12/Mar/2024 02:58PM
Visit ID : CAUNOPV167900	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384974	

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 hemoparasite seen.



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

SIN No:BED240066017

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	36.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88.7	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,020	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	48.7	%	40-80	Electrical Impedence
LYMPHOCYTES	41.4	%	20-40	Electrical Impedence
EOSINOPHILS	2.8	%	1-6	Electrical Impedence
MONOCYTES	6.8	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3418.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2906.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	196.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	477.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.06	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
PLATELET COUNT	376000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Page 2 of 17



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No hemoparasite seen.



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DEPARTMENT OF HAEMATOLOGY

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240066017

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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 $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ 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
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Consultant Pathologist

SIN No: PLF02122943

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DEPARTMENT OF BIOCHEMISTRY

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

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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

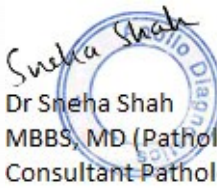
Comment:

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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240030060

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DEPARTMENT OF BIOCHEMISTRY

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240030060

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	104	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	113	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.12	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.85	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.59		0-4.97	Calculated
ATHEROGENIC INDEX PLASMA (AIP)	0.02		<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 OF PLASMA (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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04658703

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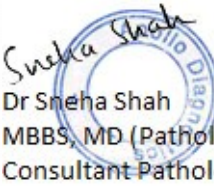


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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

- 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.
- 7) Triglycerides and HDL-cholesterol in AIP reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.7	U/L	<35	IFCC
ALKALINE PHOSPHATASE	47.96	U/L	30-120	IFCC
PROTEIN, TOTAL	7.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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.


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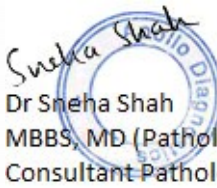


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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.56	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.58	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.41	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.81	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.83	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.81	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.5	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

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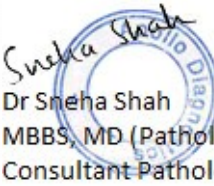
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.67	U/L	<38	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

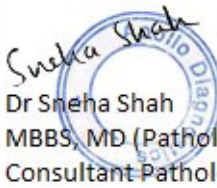
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.464	µIU/mL	0.34-5.60	CLIA

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

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: SPL24043937

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





Certificate No: MC-5697

Patient Name	: M/sPANKAJA PRAMOD PATIL	Collected	: 12/Mar/2024 09:14AM
Age/Gender	: 49 Y 8 M 15 D/F	Received	: 12/Mar/2024 02:15PM
UHID/MR No	: CAUN.0000141112	Reported	: 12/Mar/2024 05:40PM
Visit ID	: CAUNOPV167900	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384974		

DEPARTMENT OF IMMUNOLOGY

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

Page 14 of 17


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: SPL24043937

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



Patient Name : M/sPANKAJA PRAMOD PATIL	Collected : 12/Mar/2024 09:14AM
Age/Gender : 49 Y 8 M 15 D/F	Received : 12/Mar/2024 01:31PM
UHID/MR No : CAUN.0000141112	Reported : 12/Mar/2024 01:46PM
Visit ID : CAUNOPV167900	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384974	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2303379

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



Patient Name : M/sPANKAJA PRAMOD PATIL	Collected : 12/Mar/2024 09:14AM
Age/Gender : 49 Y 8 M 15 D/F	Received : 12/Mar/2024 01:31PM
UHID/MR No : CAUN.0000141112	Reported : 12/Mar/2024 01:54PM
Visit ID : CAUNOPV167900	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384974	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF011157

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



Patient Name : M/sPANKAJA PRAMOD PATIL	Collected : 12/Mar/2024 01:24PM
Age/Gender : 49 Y 8 M 15 D/F	Received : 13/Mar/2024 05:11PM
UHID/MR No : CAUN.0000141112	Reported : 14/Mar/2024 06:47PM
Visit ID : CAUNOPV167900	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384974	

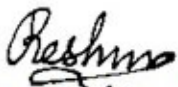
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5695/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No: CS076308

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

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : M/s PANKAJA PRAMOD PATIL

Age/Gender : 49 Y/F

UHID/MR No. : CAUN.0000141112

OP Visit No : CAUNOPV167900

Sample Collected on :

Reported on : 12-03-2024 14:22

LRN# : RAD2264517

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 384974

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

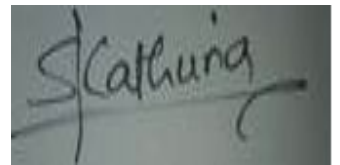
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.



Dr. SUHAS SANJEEV KATHURIA
MBBS, DMRE, RADIOLOGY
Radiology

Patient Name : M/s PANKAJA PRAMOD PATIL

Age/Gender : 49 Y/F

UHID/MR No. : CAUN.0000141112

OP Visit No : CAUNOPV167900

Sample Collected on :

Reported on : 12-03-2024 14:28

LRN# : RAD2264517

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 384974

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Breast parenchyma appears normal bilaterally.

There is no evidence of spiculated mass lesion, micro calcification or architectural distortion.

There is no axillary lymphadenopathy on either side.

No obvious chest wall lesion is seen on either side.

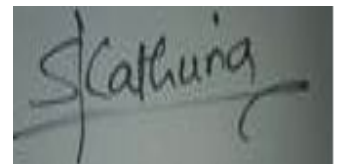
No abnormality is detected in the retro mammary fat.

IMPRESSION:

No significant abnormality detected.

Suggest clinical correlation and follow-up

(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. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

Patient Name	: M/s PANKAJA PRAMOD PATIL	Age/Gender	: 49 Y/F
UHID/MR No.	: CAUN.0000141112	OP Visit No	: CAUNOPV167900
Sample Collected on	:	Reported on	: 12-03-2024 14:20
LRN#	: RAD2264517	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 384974		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, shape and echotexture. No focal lesion is seen. PV and CBD are 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 C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 9.4 x 3.6 cm.

Left kidney – 10.8 x 4.1 cm.

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 measuring 9.5 x 3.6 x 5.8 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.4 mm.

Both ovaries- appear normal in size, shape and echo pattern.

Right ovary – 2.9 x 2.2 cm.

Left ovary – 3.0 x 1.3 cm.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

Patient Name : M/s PANKAJA PRAMOD PATIL

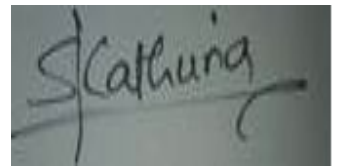
Age/Gender : 49 Y/F

IMPRESSION :-

No significant abnormality detected.

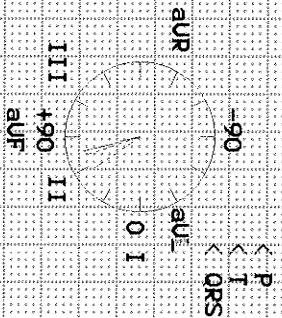
Suggest – clinical correlation.

(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. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

Measurement	Results
QRS	88 ms
QT/QTcB	392 / 444 ms
PR	146 ms
P	104 ms
RR/PP	778 / 790 ms
P/ORS/T	70 / 25 / 55 degrees
QTd/QTcBd	32 / 36 ms
Sokolow	1.2 mV
NK	11

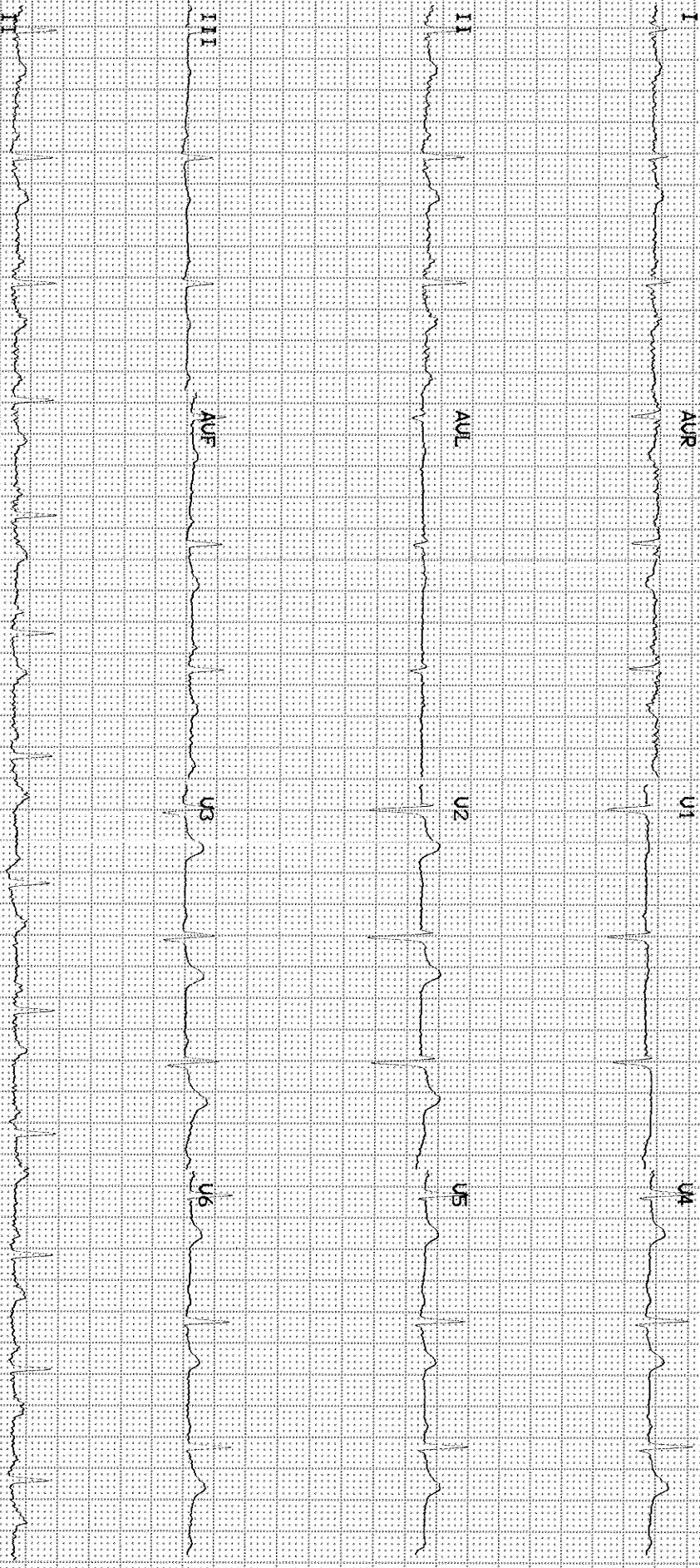


Interpretation:

Normal sinus rhythm

APOLLO CLINIC - AJUNDH
 DR. VIDYA DESHPANDE
 MBBS, DGO

Family Physician
 Uncof Reg: MO : 58585



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Pankaja Patil on 12/03/2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>TSH 6.4 adv Consultation</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>	✓
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

APOLLO CLINIC - AUNDH
Dr. VIDYA DESHPANDE
 MBBS, DGO
 Family Physician
 Reg. No. 50565
(Signature)
Dr. _____
Medical Officer
Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

DATE: 12/03/24

PATIENT NAME : Mr. Pankaja pati

AGE : 25g yrs

MARRIED / UNMARRIED:

MENSTRUAL HISTORY : 4-5/30 moderate painful & regular

MENARCHE :

PMC :

LMP : 4/03/24

OBSTETRIC HISTORY : G P L A L.S.C.S → 07 2940
1 1 1 0

PAST HISTORY : DM/HT/TB/ALLERGIES / ASTHAMA / SURGERIES Hypothyroidism

FAMILY HISTORY : DM/HT/IHD / MALIGNANCIES Mother - Diabetes / Angioplasty
No one's family All consens

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT
1860 500 7788

Date : 12-03-2024
MR NO : CAUN.0000141112

Department : GENERAL
Doctor :

Name : M/s PANKAJA PRAMOD PATIL
Age/ Gender : 49 Y / Female

Registration No :
Qualification :

Consultation Timing: 09:09

Height	150
Weight	59
BP	110/70
Pulse	74
Waist	85
Hip	91
BMI	25
Consultation with Speciality	

Patient Name : Pankaja. Patil.
 AGE/Sex : 49/F

Date : 12/03/24
 UHID/ MR NO : 141112

	RIGHT EYE	LEFT EYE
FAR VISION	\overline{C} 6/6 Glass	\overline{C} 6/6 Glass
NEAR VISION	\overline{C} N/6 Glass	\overline{C} N/6 Glass
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	—	—

Impression: WNL

Optometrist:-
 Mr. Ritesh Sutnase

एन.ए.ए. Union Bank
of India



नाम / पंजाबी पाटील

Name: PANKAJA PATIL

एम्प्लॉयी नं. / Employee No.: 540784

जन्म तिथि / Birth Date : 27/06/1974

रक्त ग्रुप / Blood Group : B+


R.O. PUNE EAST

Authorizing Signature

जारी करने का स्थान
Place of Issue :

R.O. PUNE EAST

जारी करने की तारीख
Date of Issue :

03.01.2022


Issuing Authority

Authorizing Authority

Name: M/s PANKAJA PRAMOD PATIL
Age/Gender: 49 Y/F
Address: PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARPITA KRISHNA

MR No: CAUN.0000141112
Visit ID: CAUNOPV167900
Visit Date: 12-03-2024 09:09
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
12-03-2024 10:57	74 Beats/min	110/70 mmHg	22 Rate/min	97 F	150 cms	59 Kgs	%	%	Years	26.22	85 cms	91 cms	cms		AHLL09262