


Patient Name	: M/sRUPPI SINGH	Collected	: 26/Mar/2024 10:20AM
Age/Gender	: 42 Y 9 M 0 D/F	Received	: 26/Mar/2024 01:45PM
UHID/MR No	: CAUN.0000141714	Reported	: 26/Mar/2024 03:18PM
Visit ID	: CAUNOPV168799	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4317		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic,
WBC's mild leucopenia
Platelets are Adequate
No hemoparasite seen.




Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240083088

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 COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	12-15	Spectrophotometer
PCV	41.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.43	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	92.9	fL	83-101	Calculated
MCH	31.7	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,980	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	44.7	%	40-80	Electrical Impedence
LYMPHOCYTES	40.9	%	20-40	Electrical Impedence
EOSINOPHILS	5	%	1-6	Electrical Impedence
MONOCYTES	8.5	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1779.06	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1627.82	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	199	Cells/cu.mm	20-500	Calculated
MONOCYTES	338.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.09		0.78- 3.53	Calculated
PLATELET COUNT	160000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

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



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

SIN No:BED240083088

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Patient Name : M/sRUPPI SINGH	Collected : 26/Mar/2024 12:53PM
Age/Gender : 42 Y 9 M 0 D/F	Received : 26/Mar/2024 03:51PM
UHID/MR No : CAUN.0000141714	Reported : 26/Mar/2024 04:34PM
Visit ID : CAUNOPV168799	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	93	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.



DR. Sanjay Ingle
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Consultant Pathologist

SIN No:PLP1437966

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr Sheha Shah
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Consultant Pathologist

SIN No:EDT240038325

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD
TRIGLYCERIDES	90	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	96	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.02	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.87		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.



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

SIN No:SE04676347

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - 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 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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SIN No: SE04676347

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



Certificate No: MC-5697

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.74	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.96	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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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ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	19.69	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	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	3.58	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.8	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.32	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	71.96	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.38	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.74	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.463	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: SPL24056066

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324



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SIN No:SPL24056066

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	16.18	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.


Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: SPL24056066

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



Patient Name : M/sRUPPI SINGH	Collected : 26/Mar/2024 10:20AM
Age/Gender : 42 Y 9 M 0 D/F	Received : 26/Mar/2024 01:56PM
UHID/MR No : CAUN.0000141714	Reported : 26/Mar/2024 02:54PM
Visit ID : CAUNOPV168799	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4317	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	346	pg/mL	120-914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.



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

SIN No:SPL24056066

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



Patient Name : M/sRUPPI SINGH	Collected : 26/Mar/2024 10:20AM
Age/Gender : 42 Y 9 M 0 D/F	Received : 26/Mar/2024 02:13PM
UHID/MR No : CAUN.0000141714	Reported : 26/Mar/2024 02:41PM
Visit ID : CAUNOPV168799	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4317	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - 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	1.020		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316765

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



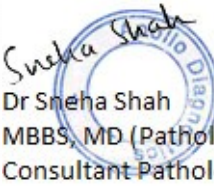
Patient Name : M/sRUPPI SINGH	Collected : 26/Mar/2024 10:20AM
Age/Gender : 42 Y 9 M 0 D/F	Received : 26/Mar/2024 02:13PM
UHID/MR No : CAUN.0000141714	Reported : 26/Mar/2024 02:54PM
Visit ID : CAUNOPV168799	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4317	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - 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:UF011465

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



Patient Name	: M/sRUPPI SINGH	Collected	: 26/Mar/2024 04:02PM
Age/Gender	: 42 Y 9 M 0 D/F	Received	: 28/Mar/2024 06:02PM
UHID/MR No	: CAUN.0000141714	Reported	: 30/Mar/2024 06:59PM
Visit ID	: CAUNOPV168799	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4317		

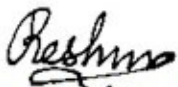
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7659/24
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: CS077773

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

Page 18 of 18
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : M/s RUPPI SINGH

Age/Gender : 42 Y/F

UHID/MR No. : CAUN.0000141714

OP Visit No : CAUNOPV168799

Sample Collected on :

Reported on : 26-03-2024 16:22

LRN# : RAD2281881

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4317

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 - 9.0 x 4.0 cm.

Left kidney – 9.5 x 4.5 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 8.2 x 4.6 x 5.1 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.8 mm.

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

Right ovary – 2.4 x 1.4 cm.

Left ovary – 3.1 x 2.3 cm.

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

Patient Name : M/s RUPPI SINGH

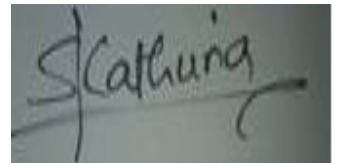
Age/Gender : 42 Y/F

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

Patient Name : M/s RUPPI SINGH

Age/Gender : 42 Y/F

UHID/MR No. : CAUN.0000141714

OP Visit No : CAUNOPV168799

Sample Collected on :

Reported on : 26-03-2024 16:46

LRN# : RAD2281881

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4317

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - 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.

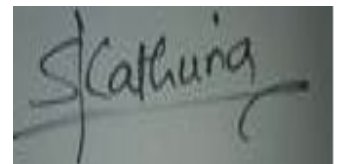
No abnormality is detected in the retro mammary fat.

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 RUPPI SINGH

Age/Gender : 42 Y/F

UHID/MR No. : CAUN.0000141714

OP Visit No : CAUNOPV168799

Sample Collected on :

Reported on : 26-03-2024 15:30

LRN# : RAD2281881

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4317

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.

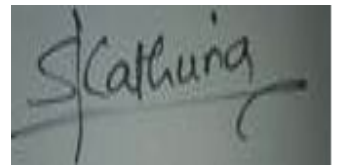
Mediastinal and hilar regions are normal.

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ruppi Singh on 26/03/2024

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>Wt D ↓</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 	

Dr. Akshay Shelar
 Medical Officer
 Apollo Clinic (Aundh, Pune)

M.B.B.S, M.D. (Medicine)

Reg No. 2019/05/4045

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)

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Rупpi Singh

Date : 26/03/20

AGE/Sex : 42/F.

UHID/ MR NO :

	RIGHT EYE	LEFT EYE
FAR VISION	plano - 6/6	plano - 6/6
NEAR VISION	+1.25 - N6	+1.25 - N6
ANTERIOR SEGMENT PUPIL	✓	✓
COLOUR VISION	✓	✓
FAMILY / MEDICAL HISTORY	Nil.	Nil.

Impression: _____

Optometrist:-

Mr. Ritesh Sutnase

DATE: 26/03/24

PATIENT NAME : Reppi Singh

AGE : 42 yrs.

MARRIED / UNMARRIED: _____

MENSTRUAL HISTORY : 3/28 midcycle period

MENARCHE : _____

PMC : _____

LMP : 15/03/24

OBSTETRIC HISTORY : G P L A 6 5 0 5 → 9 12 4 7
2 2 1

PAST HISTORY : DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES - nil

FAMILY HISTORY : DM/ HT/ IHD / MALIGNANCIES Diabetes, Hypertension, etc.
Nil family H/O cancer

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - GREATER PUNE
201/202, 2ND FLOOR,, STELLAR
ENCLAVE,, D.P.ROAD,,, NEAR PARIHAR
CHOWK, AUNDH,, - 0

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in
/signup011-41195959(A brand
name of Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

Executive Female 35+

Shri/Smt./Kum. SINGH,RUPPI

P.F. No. 452382

Designation : CHIEF MANAGER

Checkup for Financial Year 2023-2024 Approved Charges Rs. 5000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Handwritten signature of employee)

(Signature of the Employee)

Yours Faithfully,

(Handwritten signature of branch manager)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

View Worklist

Previous in Worklist

Next in Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



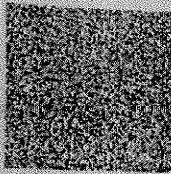
भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम/ Enrolment No.: 1067/02251/01058

To
 रुपी सिंह
 Ruppi Singh
 W/O. Rohan Kumar Singh
 Saraswati apartment flat no -301 rajendra
 road no 12
 nagar
 near telephone exchange
 Sampatchak
 Rajendra Nagar
 Patna Bihar - 800016
 7766912677

Download Date: 08/03/2018

Generation Date: 14/06/2014



आपका आधार क्रमांक / Your Aadhaar No. :

6247 7053 3556

VID - 9168164694809719

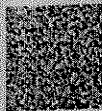
मेरा आधार, मेरी पहचान



भारत सरकार
 Government of India



रूपी सिंह
 Ruppi Singh
 जन्म तिथि/DOB: 26/06/1981
 लिंग/ GENDER: FEMALE



6247 7053 3556

VID - 9168164694809719

मेरा आधार, मेरी पहचान



- सूचना
- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
 - पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
 - यह एक इलेक्ट्रॉनिक प्रतियां द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship
- To establish identity, authenticate online
- This is electronically generated letter

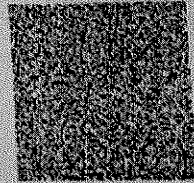
- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country
- Aadhaar will be helpful in availing Government and Non-Government services in future



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नाम:
 W/O: रोहन कुमार सिंह, सरस्वती अपार्टमेंट फ्लैट नं -
 301 राजेंद्रा रोड नं 12, टेलिफोन एक्सचेंज के पास,
 नगर, सम्पत्चक, पटना,
 बिहार - 800016

Address:
 W/O: Rohan Kumar Singh, saraswati
 apartment flat no -301 rajendra, road
 no-12, near telephone exchange, nagar,
 Sampatchak, Patna,
 Bihar - 800016



6247 7053 3556

VID - 9168164694809719

Patient Name : M/s RUPPI SINGH
UHID : CAUN.0000141714
Conducted By: :
Referred By : SELF

Age : 42 Y/F
OP Visit No : CAUNOPV168799
Conducted Date :

Patient Name : M/s RUPPI SINGH
UHID : CAUN.0000141714
Conducted By :
Referred By : SELF

Age : 42 Y/F
OP Visit No : CAUNOPV168799
Conducted Date :

RUPPI, SINGH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg
 2:09:25pm 42 yrs Indian
 Meds:


Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 09:33
 Max HR: 130 bpm 73 % of max predicted 178 bpm HR at rest: 64
 Max BP: 140/80 mmHg Max RPP: 16380 mmHg*bp
 Maximum Workload: 10.30 METS
 Max. ST: -1.65 mm, -0.22 mV/s in V6; EXERCISE STAGE 4 9:05
 ST/HR index: 1.53 μ V/bpm
 HR reserve used: 57 %
 HR recovery: 17 bpm
 VE recovery: 0 VE/min
 QRS duration: BASELINE: 84 ms, PEAK EX: 80 ms, REC: 80 ms
 Room:
 Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [/min]	STLevel V6 [mm]	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0	64			0	0.35	
	STANDING	00:04	0.00	0.00	1.0	64			0	0.40	
	HYPERV.	00:14	0.00	0.00	1.0	71			0	0.35	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	105	110/80	11550	0	-0.05	
	STAGE 2	03:00	2.50	12.00	7.0	116	110/80	12760	0	-1.20	
	STAGE 3	03:00	3.40	14.00	10.1	129	110/80	14190	0	-1.10	
	STAGE 4	00:34	0.00	16.00	5.1	120		13200	0	-0.70	
RECOVERY		00:24	0.00	0.00	3.5	106	130/80	13780	0	-0.50	

TMT \rightarrow Positive for inducible ischemia


 APOLLO CLINIC AUNDH
 Dr. Akshay Shelar
 M.B.B.S, M.D. (Medicine)
 Reg No. 2019/05/4045

RUPPI, SINGH

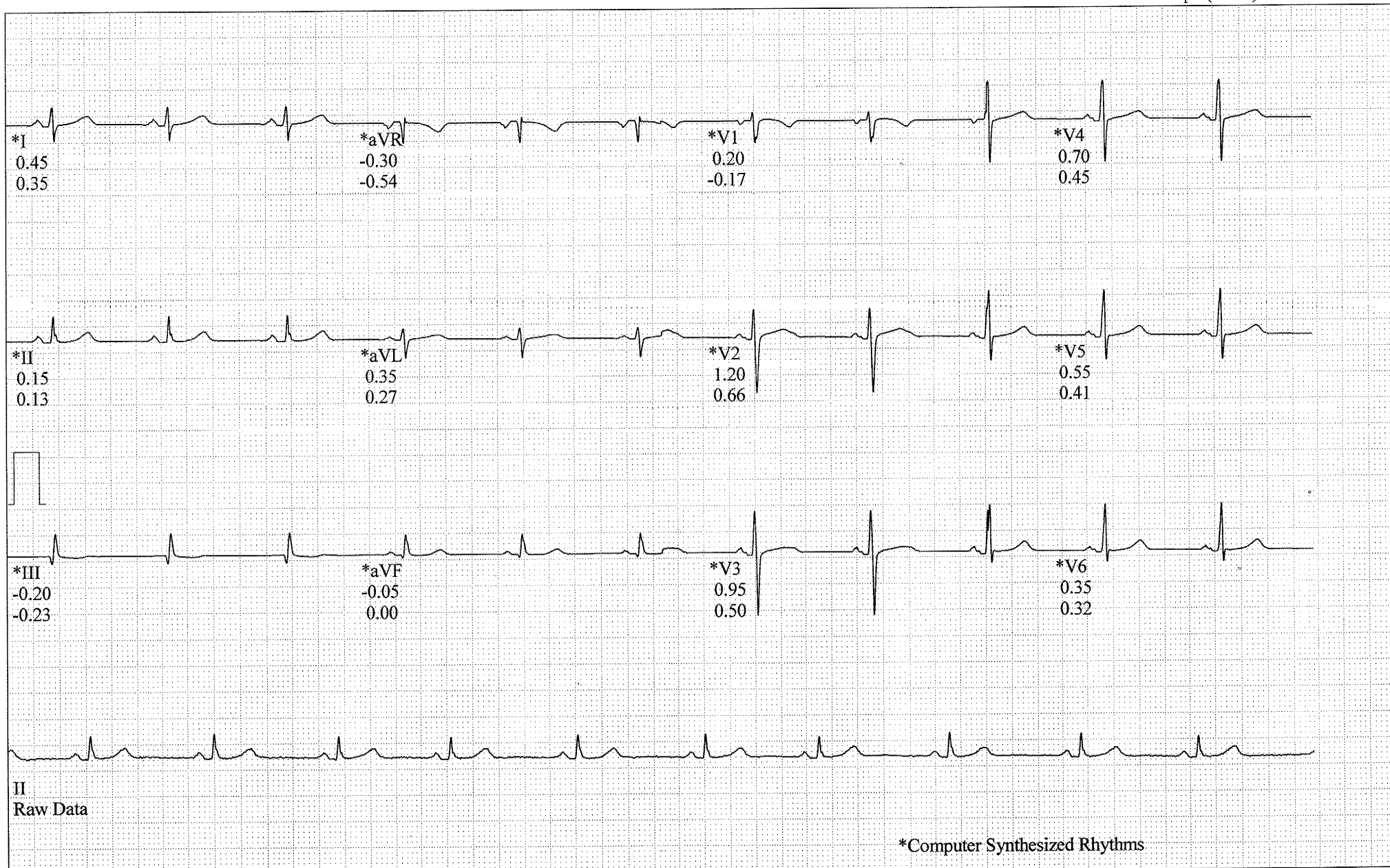
Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

67 bpm

2:08:32pm 42 yrs Indian

Lead
ST Level (mm)
ST Slope (mV/s)



RUPPI, SINGH

Patient ID: 141714

26.03.2024

2:09:28pm

Female 154 cm 62 kg

42 yrs Indian

64 bpm

Exercise Test / Linked Medians

PRETEST

SUPINE

00:02

BRUCE

0.0 mph

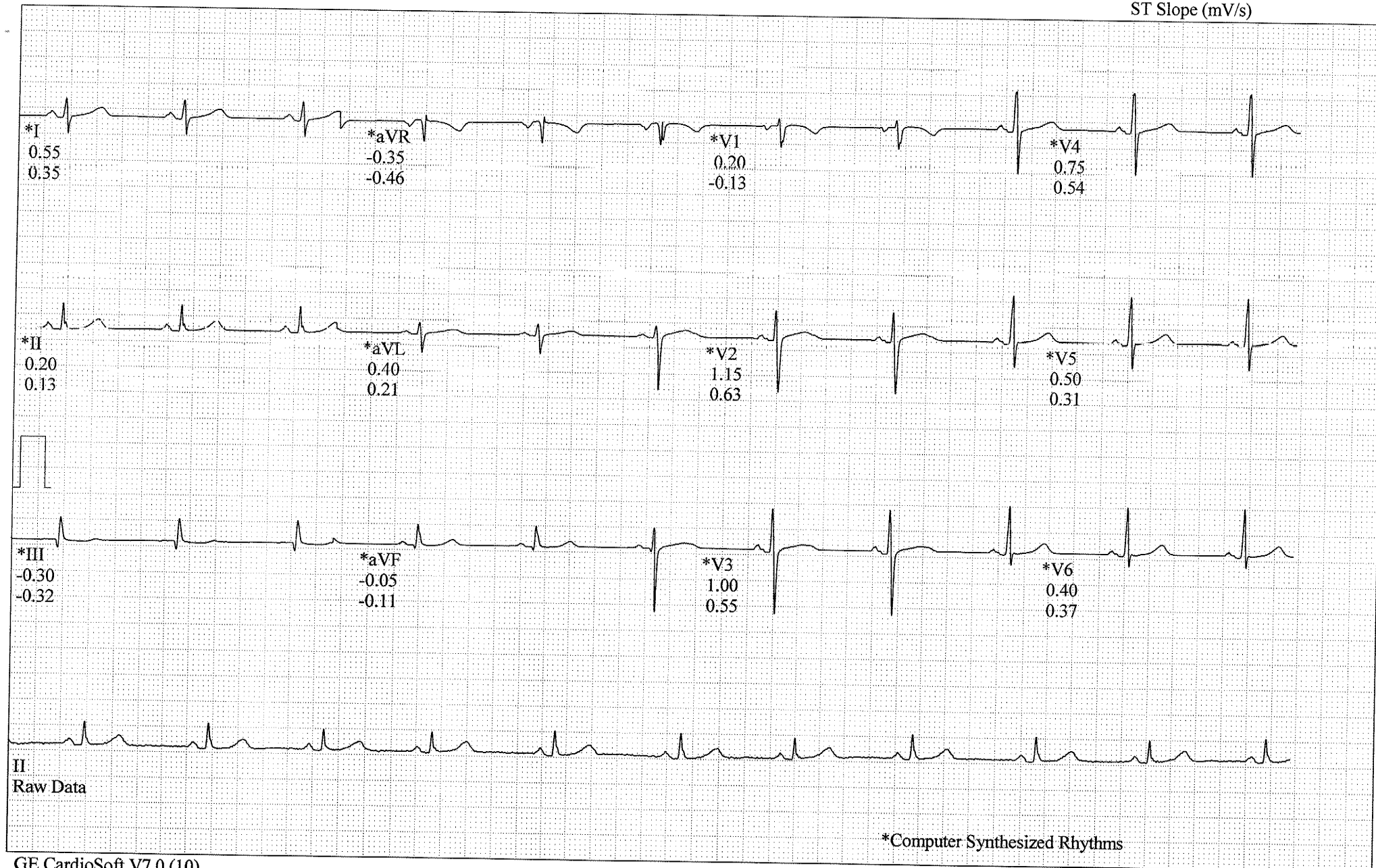
0.0 %

APOLLO CLINIC AUNDH

Lead

ST Level (mm)

ST Slope (mV/s)



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(V3,V2)

Start of Test: 2:09:25pm

RUPPI, SINGH

Patient ID: 141714

26.03.2024

2:09:31pm

Female 154 cm 62 kg

42 yrs Indian

64 bpm

Exercise Test / Linked Medians

PRETEST

STANDING

00:06

BRUCE

0.0 mph

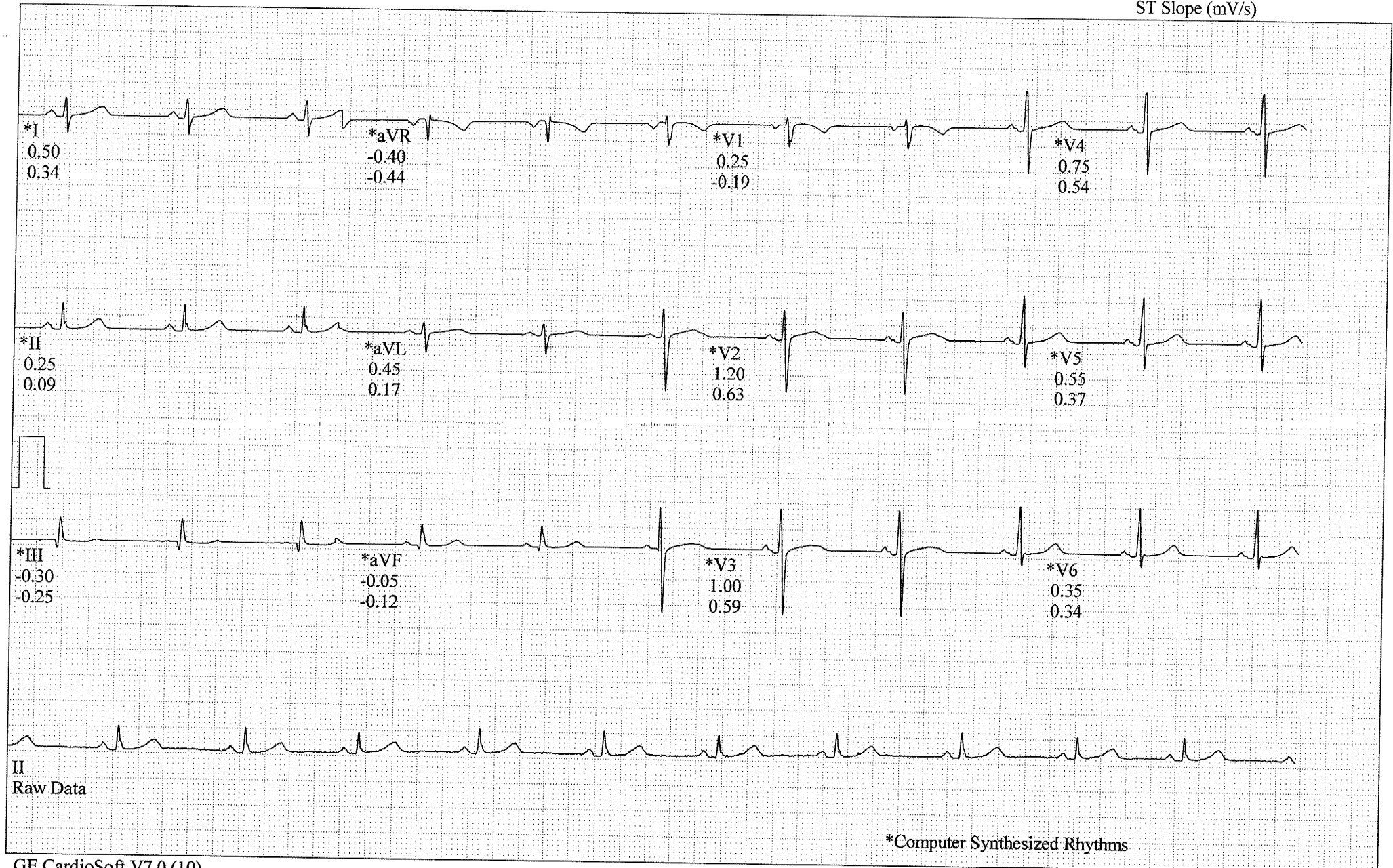
0.0 %

APOLLO CLINIC AUNDH

Lead

ST Level (mm)

ST Slope (mV/s)



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 60 Hz 0.05 - 40 Hz FRF- HR(V3,V2)

Start of Test: 2:09:25pm

RUPPI, SINGH

Patient ID: 141714

26.03.2024

2:09:34pm

Female 154 cm 62 kg

42 yrs Indian

65 bpm

Exercise Test / Linked Medians

PRETEST

HYPERV.

00:09

BRUCE

0.0 mph

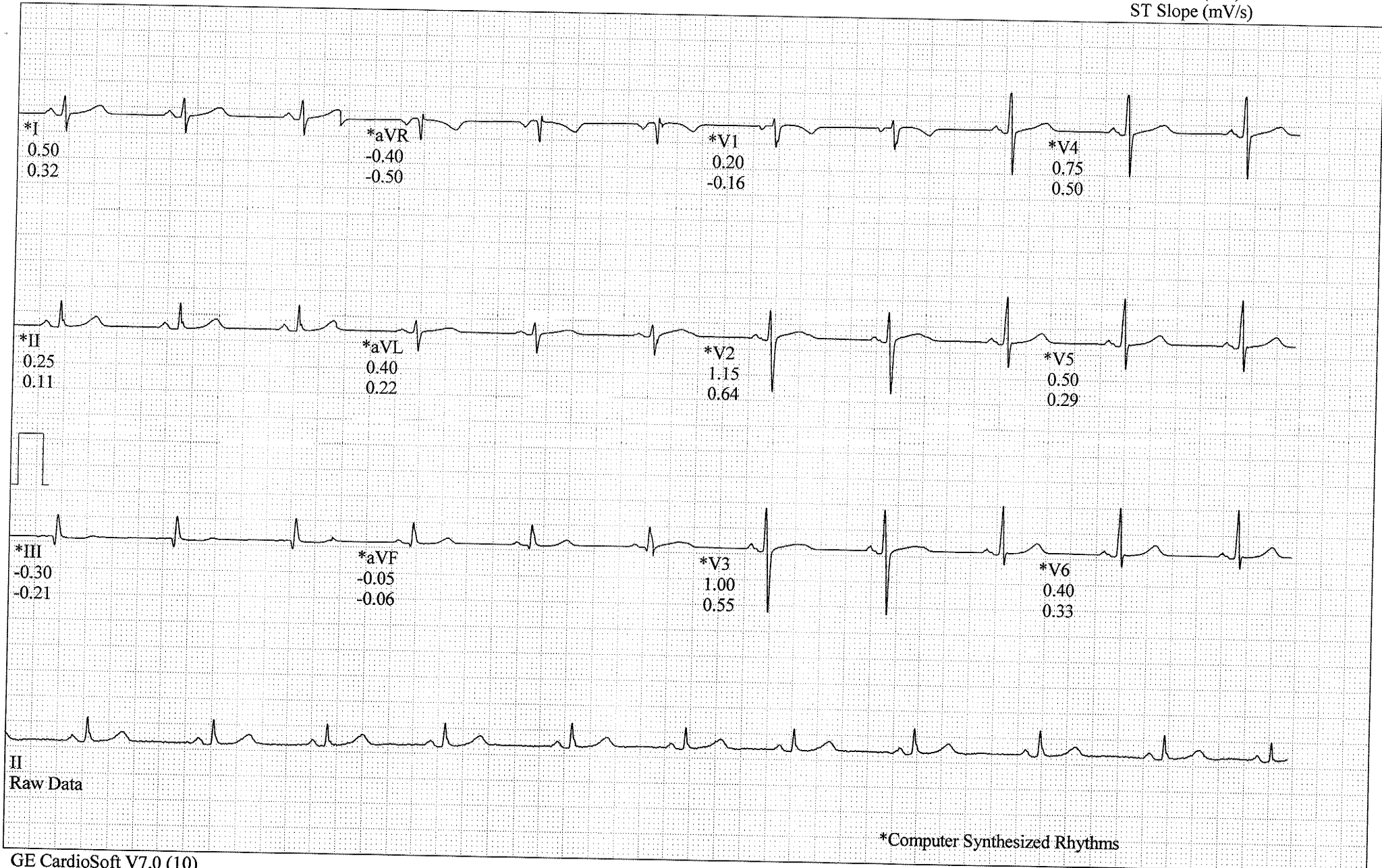
0.0 %

APOLLO CLINIC AUNDH

Lead

ST Level (mm)

ST Slope (mV/s)



RUPPI, SINGH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

2:12:40pm 42 yrs Indian

Exercise Test / 12-Lead Report

107 bpm
110/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE

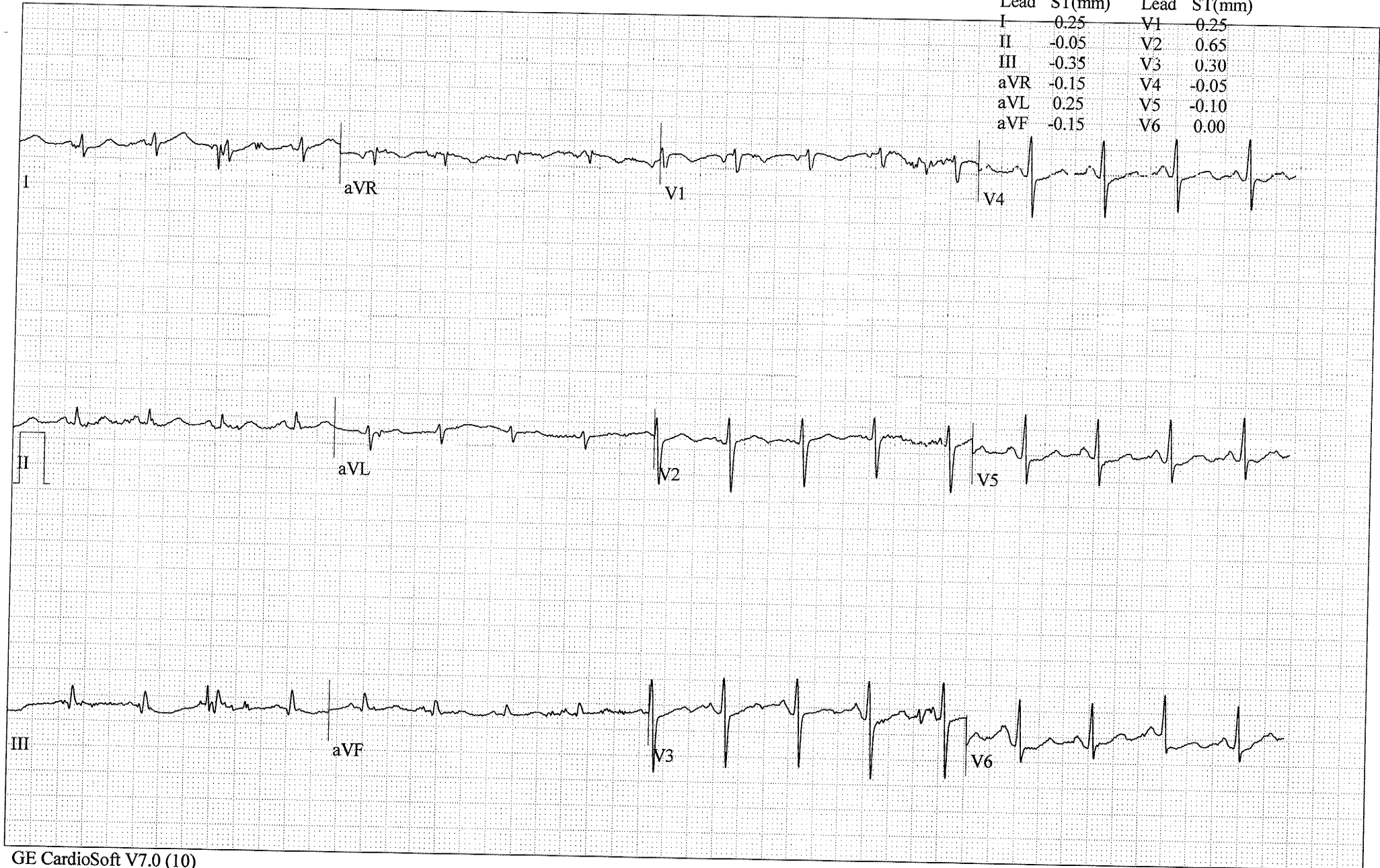
1.7 mph

10.0 % Measured at 60 ms Post J (10mm/mV)

APOLLO CLINIC AUNDH

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	-0.25
II	-0.05	V2	0.65
III	-0.35	V3	0.30
aVR	-0.15	V4	-0.05
aVL	0.25	V5	-0.10
aVF	-0.15	V6	0.00



RUPPI, SINGH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

2:15:40pm 42 yrs Indian

Exercise Test / 12-Lead Report

117 bpm
110/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE

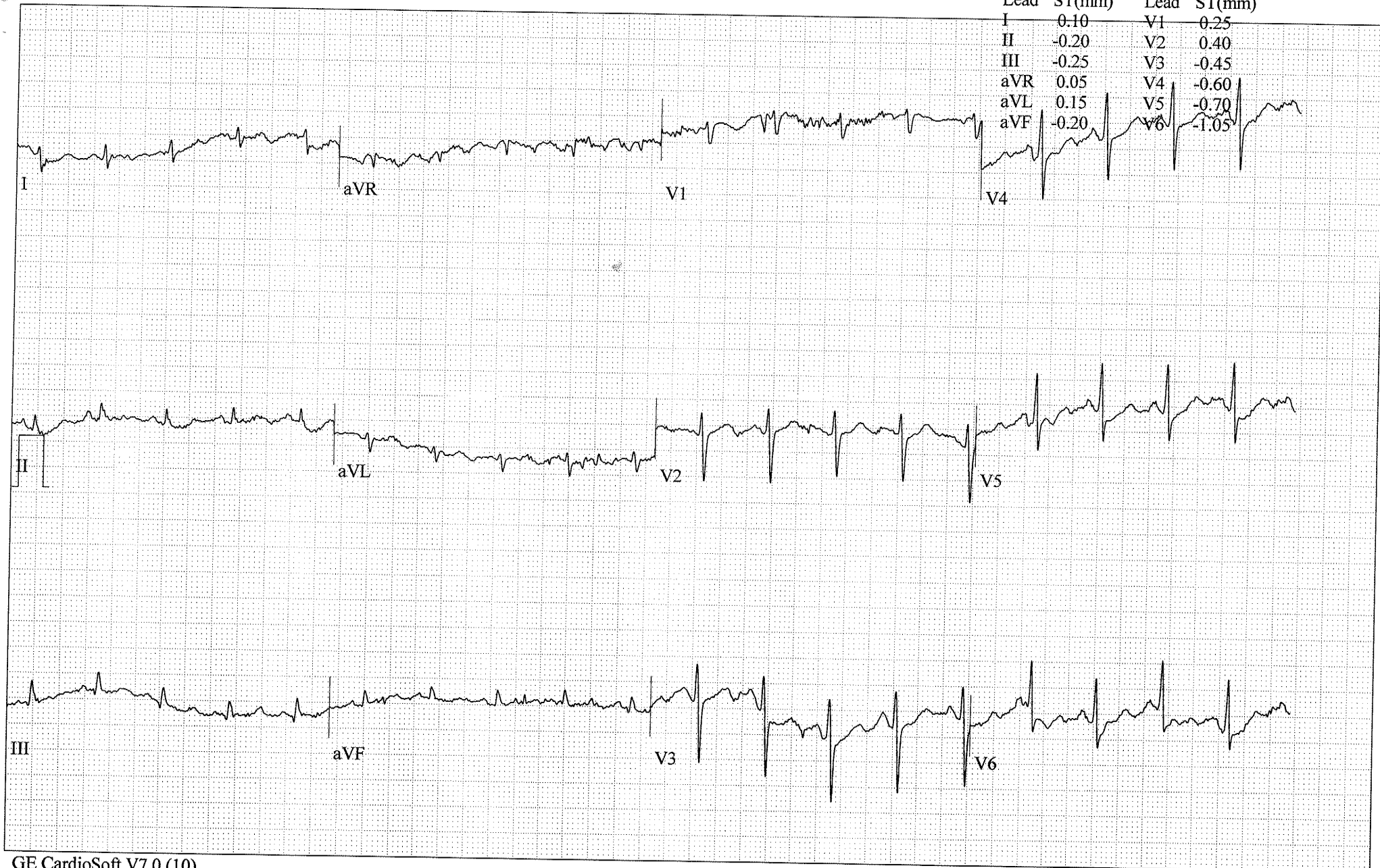
2.5 mph

12.0 % Measured at 60 ms Post J (10mm/mV)

APOLLO CLINIC AUNDH

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	0.25
II	-0.20	V2	0.40
III	-0.25	V3	-0.45
aVR	0.05	V4	-0.60
aVL	0.15	V5	-0.70
aVF	-0.20	V6	-1.05



RUPPI, SINGH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

2:18:40pm 42 yrs Indian

Exercise Test / 12-Lead Report

129 bpm
110/80 mmHg

EXERCISE
STAGE 3
08:50

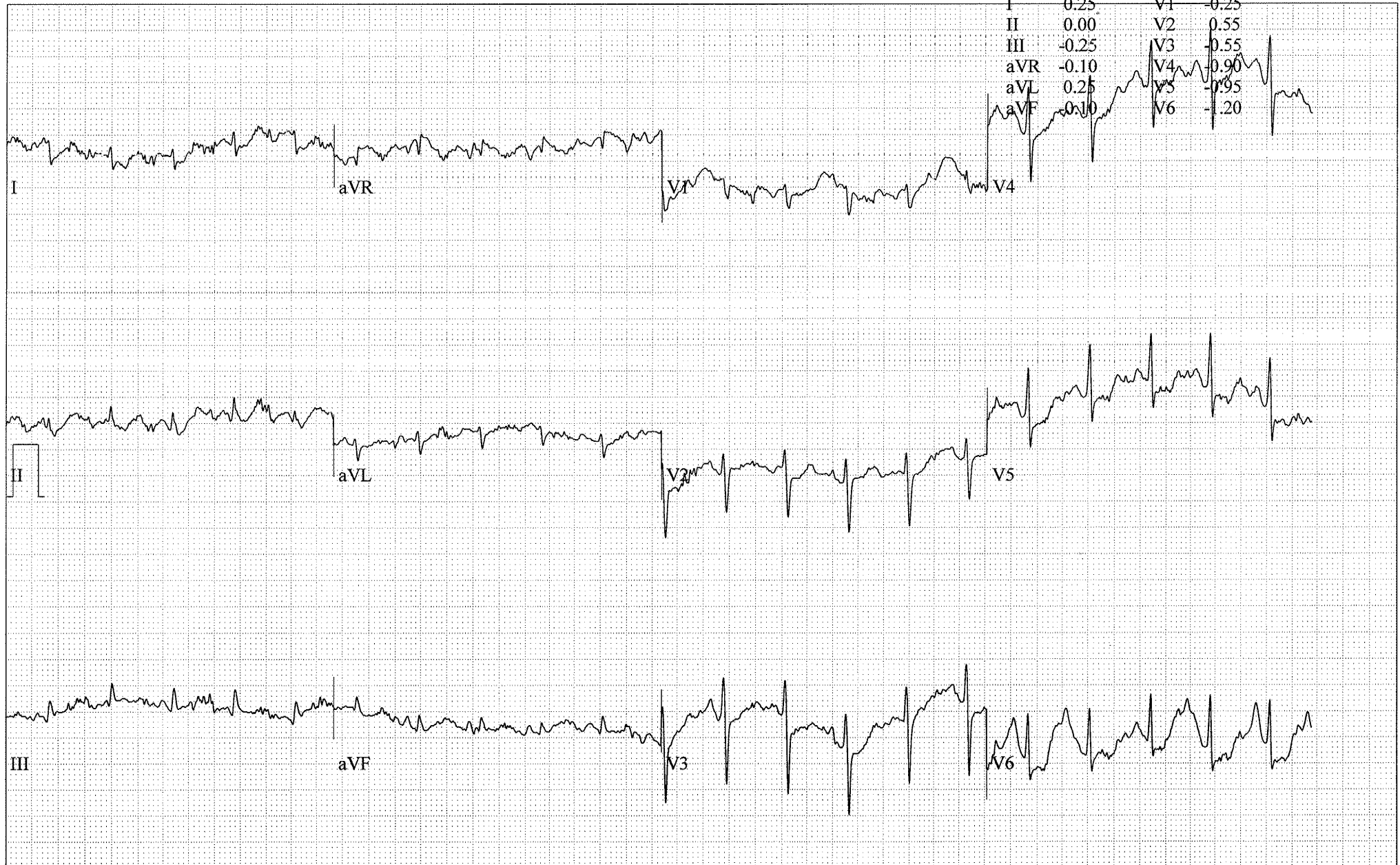
BRUCE

3.4 mph

14.0 % Measured at 60 ms Post J (10mm/mV)

APOLLO CLINIC AUNDH

Auto Points			
Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	-0.25
II	0.00	V2	0.55
III	-0.25	V3	-0.55
aVR	-0.10	V4	-0.90
aVL	0.25	V5	-0.95
aVF	-0.10	V6	-1.20



RUPPI, SINGH

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

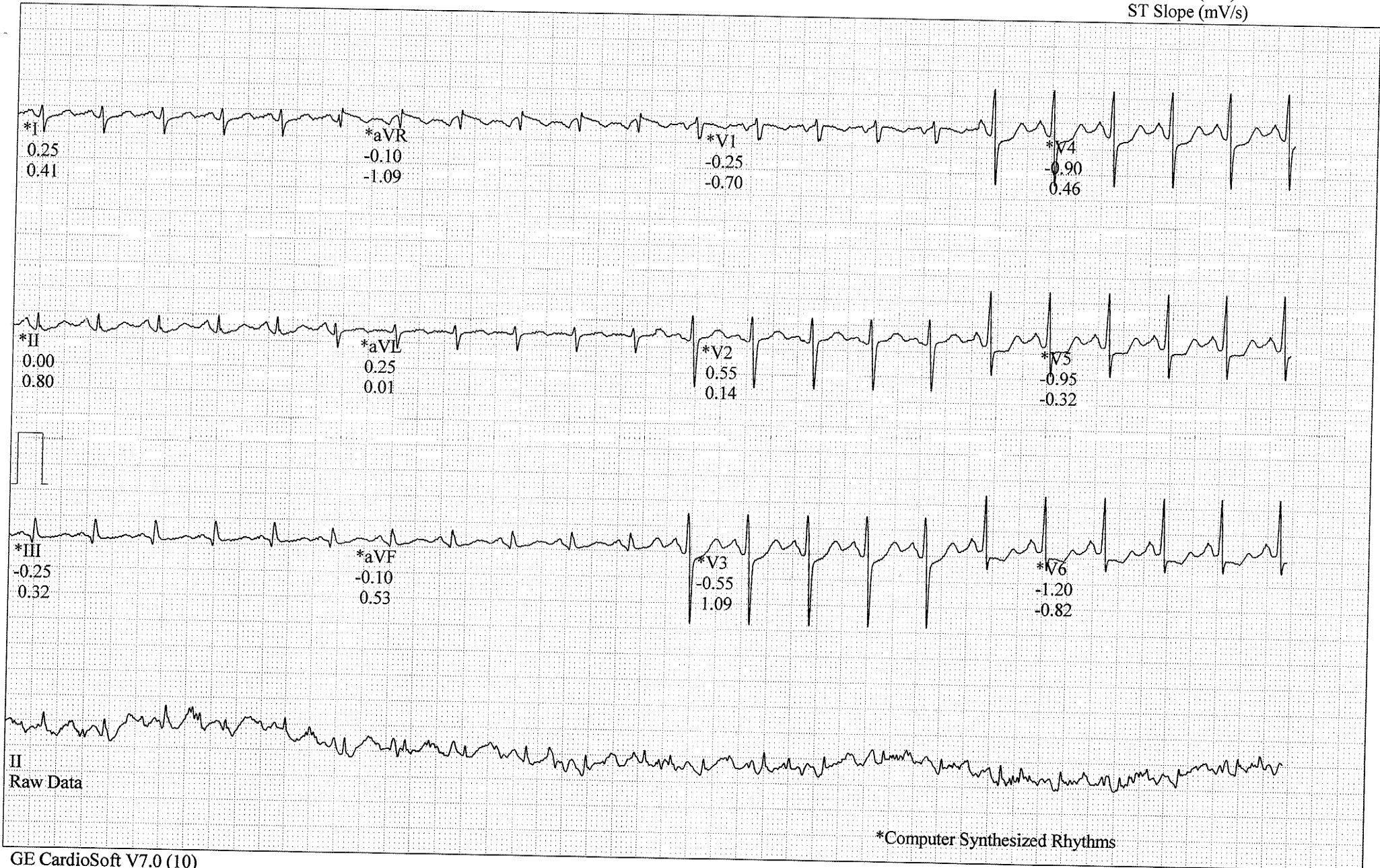
2:18:41pm 42 yrs Indian

129 bpm
110/80 mmHg

EXERCISE
STAGE 3
08:55

BRUCE
3.4 mph
14.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



RUPPI, SINGH

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

2:18:51pm 42 yrs Indian

129 bpm

110/80 mmHg

EXERCISE

STAGE 4

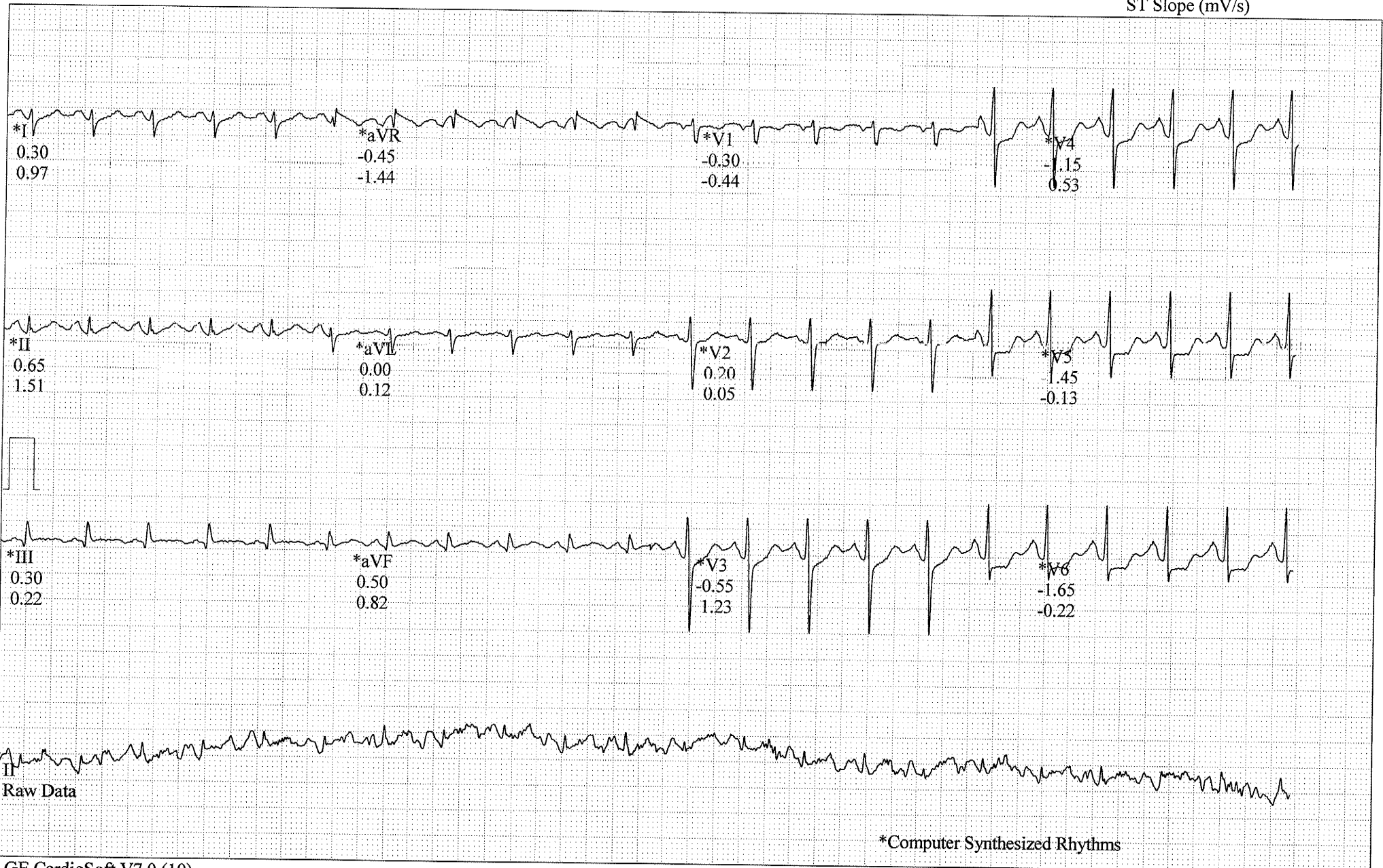
09:05

BRUCE

4.4 mph

15.3 %

Lead
ST Level (mm)
ST Slope (mV/s)



RUPPI, SINGH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

2:19:30pm 42 yrs Indian

Exercise Test / Linked Medians

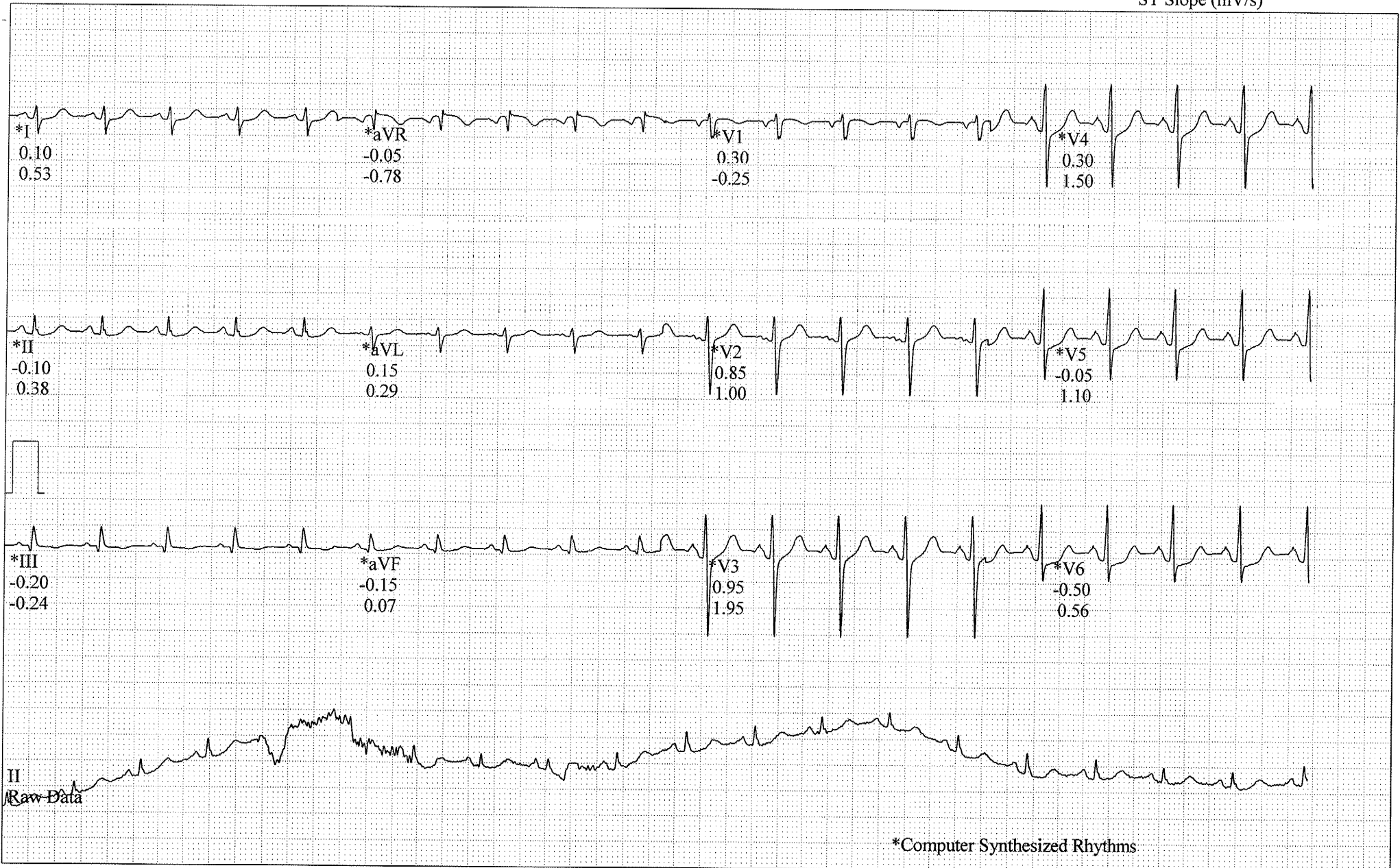
116 bpm
140/80 mmHg

RECOVERY
#1
00:11

BRUCE
0.0 mph
0.0 %

APOLLO CLINIC AUNDH

Lead
ST Level (mm)
ST Slope (mV/s)



RUPPI, SINGH

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

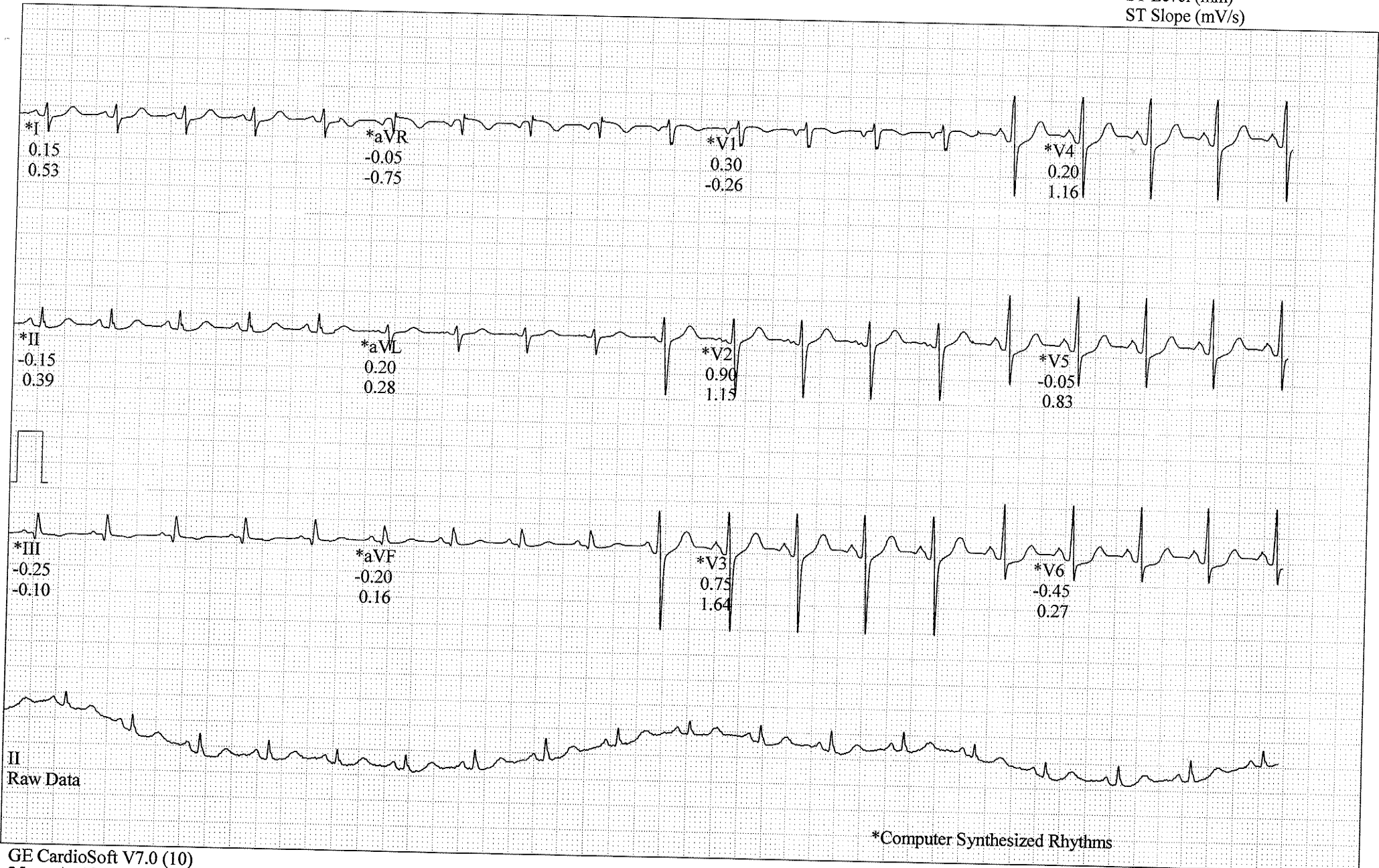
2:19:36pm 42 yrs Indian

111 bpm
130/80 mmHg

RECOVERY
#1
00:18

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



RUPPI, SINGH

Patient ID: 141714

26.03.2024 Female 154 cm 62 kg

2:09:25pm 42 yrs Indian

Exercise Test / Trends: configurable

APOLLO CLINIC AUNDH

