


Patient Name	: M/sPRATIKSHA ANIL KHANSE	Collected	: 29/Mar/2024 09:12AM
Age/Gender	: 37 Y 0 M 25 D/F	Received	: 29/Mar/2024 02:34PM
UHID/MR No	: CAUN.0000141883	Reported	: 29/Mar/2024 05:27PM
Visit ID	: CAUNOPV169030	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4474		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240086877

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 HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.7	g/dL	12-15	Spectrophotometer
PCV	34.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	70	fL	83-101	Calculated
MCH	21.7	pg	27-32	Calculated
MCHC	31	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65.8	%	40-80	Electrical Impedance
LYMPHOCYTES	24.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5264	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1944	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	280	Cells/cu.mm	20-500	Calculated
MONOCYTES	512	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.71		0.78- 3.53	Calculated
PLATELET COUNT	336000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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



Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240086877

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UHID/MR No : CAUN.0000141883	Reported : 29/Mar/2024 03:30PM
Visit ID : CAUNOPV169030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	97	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
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: PLF02136586

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



Patient Name : M/sPRATIKSHA ANIL KHANSE	Collected : 29/Mar/2024 09:12AM
Age/Gender : 37 Y 0 M 25 D/F	Received : 29/Mar/2024 02:40PM
UHID/MR No : CAUN.0000141883	Reported : 29/Mar/2024 06:11PM
Visit ID : CAUNOPV169030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4474	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	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
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240040254

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



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Emp/Auth/TPA ID : UBOIE4474	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHO-POD
TRIGLYCERIDES	73	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.14	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.16		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. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist



SIN No:SE04680266


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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).



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

SIN No:SE04680266

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



Certificate No: MC-5697

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Emp/Auth/TPA ID : UBOIE4474	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	93.39	U/L	30-120	IFCC
PROTEIN, TOTAL	7.51	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:


1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

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



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



SIN No:SE04680266


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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.64	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.27	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.05	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.42	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.7	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.94	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.51	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated



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M.B.B.S, MD(Path.)
Consultant Pathologist



SIN No:SE04680266


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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.63	U/L	<38	IFCC

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SIN No:SE04680266

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Patient Name : M/sPRATIKSHA ANIL KHANSE	Collected : 29/Mar/2024 09:12AM
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.455	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: SPL24058798

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



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DEPARTMENT OF IMMUNOLOGY

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24058798

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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2319744

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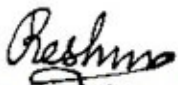
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8985/24
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. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
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: CS078103

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



CERTIFICATE OF MEDICAL FITNESS

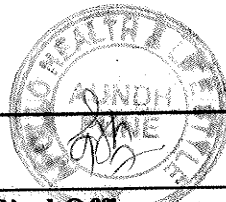
This is to certify that I have conducted the clinical examination

of Pratibha Khane on 29/03/2024

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. ^{red} ↑ HbA1c 6.8'</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. _____
Medical Officer
Apollo Clinic, (Aundh, Pune)



This certificate is not meant for medico-legal purposes

Patient Name	: M/s PRATIKSHA ANIL KHANSE	Age/Gender	: 37 Y/F
UHID/MR No.	: CAUN.0000141883	OP Visit No	: CAUNOPV169030
Sample Collected on	:	Reported on	: 01-04-2024 09:12
LRN#	: RAD2286064	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4474		

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 - 9.8 x 4.1 cm.

Left kidney – 9.9 x 4.0 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 9.4 x 4.0 x 5.6 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.9 mm.

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

Right ovary – 3.3 x 2.1 cm.

Left ovary – 2.9 x 1.9 cm.

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

Patient Name : M/s PRATIKSHA ANIL KHANSE

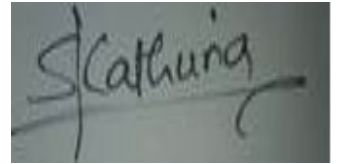
Age/Gender : 37 Y/F

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

O/E: - BREAST EXAMINATION

(R) BREAST - LUMP -	(L) BREAST - LUMP -
SKIN -	SKIN -
NIPPLE DISCHARGE	NIPPLE DISCHARGE -

WNL

WNL

(R) AXILLA - WNL (L) AXILLA - WNL

P/S - CX -

VG

P/V - UT -

Abigail

Patient Name : Pratiksha Khanse
 AGE/Sex : 37/F

Date : 29.03.24
 UHID/ MR NO : 141883

	RIGHT EYE	LEFT EYE
FAR VISION	^C Glass 6/6	^C Glass 6/6
NEAR VISION	N/6	N/6
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	A/O PGP	—————

Impression: wnc

Optometrist:-
 Mr. Ritesh Sutnase

Date : 29-03-2024

Department : GENERAL

MR NO : CAUN.0000141883

Doctor :

Name : M/s PRATIKSHA ANIL KHANSE

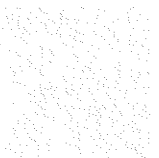
Registration No :

Age/ Gender : 37 Y / Female

Qualification :

Consultation Timing: 09:03

Height	164
Weight	71
BP	100/70
Pulse	72
Waist	103
Hip	105
BMI	
Consultation with Report	



Handwritten notes and a signature in the bottom right corner. The signature appears to be 'Pratiksha Anil Khanse'.

13	Account/Member/MALE/FEMALE	PROFESSOR - MUDAVHEE - PAH, BDPH, UC STANBIRD FEMALE - PAH, UDCA - 03	LIBRARIAN	PAKULI, GINA ANNE CHANCE	BY year female	kenwong@ucsf.edu	712-6450	230,24	439 AM	INBIS CHG - South	WINTERBURN, JOHN	1713 CAMP Street Hall of 12 (Circulation) Available Book - MIT Bookshp	Completed at 11:00 AM
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STATE TAMIL
COMMERCE DEPARTMENT
ANIL JAYAWANT KHANSE
04/03/1987
Permanent Account Number
BXPKT197L
Signature
100-473
GOVT. OF INDIA



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

35-40 Female

Shri/Smt./Kum. KHANSE,PRATIKSHA ANIL

P.F. No. 527498

Designation : Manager

Checkup for Financial Year	2023-2024	Approved Charges Rs.	3000.00
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The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your 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,

(Signature of the Employee)

Yours Faithfully,

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