

Patient Name : M/sSANGEETA BHOYAR	Collected : 09/Apr/2024 08:33AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 09/Apr/2024 04:10PM
UHID/MR No : CAUN.0000142201	Reported : 09/Apr/2024 05:14PM
Visit ID : CAUNOPV169568	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4804	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240097478

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	13	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.4	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,880	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.9	%	20-40	Electrical Impedance
EOSINOPHILS	8.8	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3845.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1988.32	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	605.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.93		0.78- 3.53	Calculated
PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324
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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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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SIN No: BED240097478

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



Patient Name : M/sSANGEETA BHOYAR	Collected : 09/Apr/2024 11:22AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 09/Apr/2024 03:23PM
UHID/MR No : CAUN.0000142201	Reported : 09/Apr/2024 04:10PM
Visit ID : CAUNOPV169568	Status : Final Report
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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	85	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)	102	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.



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SIN No: PLP1444107

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Age/Gender	: 44 Y 6 M 7 D/F	Received	: 09/Apr/2024 04:10PM
UHID/MR No	: CAUN.0000142201	Reported	: 09/Apr/2024 05:25PM
Visit ID	: CAUNOPV169568	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4804		

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



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SIN No: EDT240044972

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Age/Gender : 44 Y 6 M 7 D/F	Received : 09/Apr/2024 03:23PM
UHID/MR No : CAUN.0000142201	Reported : 09/Apr/2024 04:44PM
Visit ID : CAUNOPV169568	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	86	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.19	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.15		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.



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SIN No:SE04691079

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DEPARTMENT OF BIOCHEMISTRY

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 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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Certificate No: MC-5697

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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	0.40	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.73	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.7	U/L	<35	IFCC
ALKALINE PHOSPHATASE	39.67	U/L	30-120	IFCC
PROTEIN, TOTAL	6.46	g/dL	6.6-8.3	Biuret
ALBUMIN	3.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.41	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.78	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.33	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.81	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.5	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.46	g/dL	6.6-8.3	Biuret
ALBUMIN	3.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.24	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)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.774	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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DEPARTMENT OF IMMUNOLOGY

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



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Patient Name : M/sSANGEETA BHOYAR	Collected : 09/Apr/2024 08:33AM
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Visit ID : CAUNOPV169568	Status : Final Report
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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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 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



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M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: UR2327727

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



Patient Name : M/sSANGEETA BHOYAR	Collected : 09/Apr/2024 08:33AM
Age/Gender : 44 Y 6 M 7 D/F	Received : 09/Apr/2024 03:51PM
UHID/MR No : CAUN.0000142201	Reported : 09/Apr/2024 04:45PM
Visit ID : CAUNOPV169568	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4804	

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



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

SIN No: UF011622

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



Patient Name	: M/sSANGEETA BHOYAR	Collected	: 09/Apr/2024 12:22PM
Age/Gender	: 44 Y 6 M 7 D/F	Received	: 10/Apr/2024 12:28PM
UHID/MR No	: CAUN.0000142201	Reported	: 10/Apr/2024 07:06PM
Visit ID	: CAUNOPV169568	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4804		

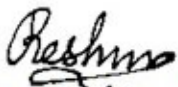
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8758/24
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: CS079010

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 SANGEETA BHOYAR

Age/Gender : 44 Y/F

UHID/MR No. : CAUN.0000142201

OP Visit No : CAUNOPV169568

Sample Collected on :

Reported on : 10-04-2024 13:56

LRN# : RAD2296635

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4804

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.

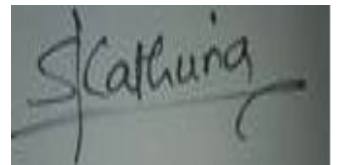
Mediastinal and hilar regions are normal.

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

Date : 09-04-2024
MR NO : CAUN.0000142201

Department : GENERAL
Doctor :

Name : M/s SANGEETA BHOYAR

Registration No :

Age/ Gender : 44 Y / Female

Qualification :

Consultation Timing: 08:27

Height	150
Weight	56.
BP	110/70
Pulse	76.
Waist	74
Hip	84.
BMI	
Consultation with Report	

DATE: 9.14.24

PATIENT NAME : Sanguta Bhoyare

AGE : 44 yrs.

MARRIED / UNMARRIED: Married

MENSTRUAL HISTORY : Regular 4/26 days.

MENARCHE : _____

PMC : _____

LMP : 24/24

OBSTETRIC HISTORY : G P L A Plena (1)

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

C.S. → HTN anmalye

FAMILY HISTORY : DM/ HT/ IHD / MALIGNANCIES

HTN - father

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

भारत सरकार
GOVT. OF INDIA

भारत
INCOME TAX DEPARTMENT

श्रीमती
SANGITA SATISH BHOYAR
NAMDEORAO LAXMANRAO PAL

02/10/1978
Permanent Account Number
BMGPB4085H

455
786078



S. S. Bhoyar
Signature

Aundh Apolloclinic

From: noreply@apolloclinics.info
Sent: Friday, April 5, 2024 2:31 PM
To: ubin0538841@unionbankofindia.bank
Cc: Aundh Apolloclinic; Niraj B; Syamsunder M
Subject: Your appointment is confirmed



Dear SANGEETA SATISH BHOYAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH** clinic on **2024-04-09** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

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

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

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

Instructions to be followed for a health check:

Health Check up Booking Request(UBOIE4804)

Mediwheel <wellness@mediwheel.in>

Thu 3/28/2024 1:33 PM

To:Bh - Kirkee Pune [Union Bank Of India] <ubin0538841@unionbankofindia.bank>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्नकों न खोलें और पहचानने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#) पर रिपोर्ट करें

CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name). Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#)

011-41195959

Dear SANGEETA SATISH BHOYAR,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : MediWheel Full Body Health Checkup Female 40 To 50

Name of Diagnostic/Hospital : Apollo Clinic - Aundh

Address of Diagnostic/Hospital- : Apollo Clinic, 130, Centriole Building, Above Star Bucks coffee, ITI Road, Aundh, Pune - 411007

Appointment Date : 09-04-2024

Preferred Time : 8:30am

Member Information

Booked Member Name	Age	Gender
SANGEETA SATISH BHOYAR	45 year	Female

Tests included in this Package

- Bmi Check
- Pap Smear
- Mammography
- Ent Consultation
- Dietician Consultation
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray

Aundh Apolloclinic

From: Imran Chhotu Shaikh (Branch Ops) <imran.shaikh@medibuddy.in>
Sent: 09 April 2024 10:44 AM
To: Aundh Apolloclinic
Cc: Pune Ops
Subject: HDFC Life Insurance Center Visit 09-Apr-2024 10:30AM
Attachments: New FOI_26.05.2017.pdf; 025322020_Current MER_Ver_v7 copy.pdf

Dear Team,

As discussed, PFA MER Form & FOI Form & arrange the medical HDFC Life Insurance

EmployeeID	CorporateName	ContactNo	PatientName	PackageName
1410101371472A	HDFC Life Insurance company Limited	7385826552,	TEJAS RAJESH DALAL	Complete Haemogram, Medical Examination Report, HIV I & II, HbA1c, Serum Cholesterol, Ultrasound - Abdomen, Midstream Urine Analysis, Biochemistry (Total Protein, Albumin, Creatinine, Bilirubin - Total, Direct & Indirect, SGOT, SGPT, Gamma GT), Urine Cotinine, Random Blood Sugar

Happy to Help

Imran Shaikh

Operations-MediBuddy

Mob- +91 9764611115 | Pune

Medi Assist Healthcare Services Limited | The Hive, Raja Bahadur Mill Rd, Behind Hotel Grand Sheraton, Sangamvadi, Pune, Maharashtra 411001

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Patient Name	: M/s SANGEETA BHOYAR	Age/Gender	: 44 Y/F
UHID/MR No.	: CAUN.0000142201	OP Visit No	: CAUNOPV169568
Sample Collected on	:	Reported on	: 09-04-2024 16:12
LRN#	: RAD2296635	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4804		

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 - 10.9 x 3.8 cm. Left kidney – 10.7 x 5.6 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 9.7 x 4.8 x 6.8 cm. **There are multiple subserosal fibroids noted, measuring 9.1 x 7.8 x 6.4cm(243cc) on postero-lateral wall of uterus, 8.7 x 8.1 x 7.8cm(292.36cc) on fundal wall of uterus, 2.5 x 1.5cm and 1.9 x 1.5cm on anterior wall of uterus.** Endometrial echo-complex appears normal and measures 5.7 mm.

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

Right ovary – 3.1 x 2.6 cm.

Left ovary – 3.7 x 2.2 cm.

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

Patient Name : M/s SANGEETA BHOYAR

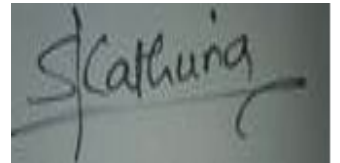
Age/Gender : 44 Y/F

IMPRESSION :-

- **Multiple uterine fibroids as described.**
- **No other 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