

Patient Name : Mrs.AKANKSHA JAIN	Collected : 03/Apr/2024 08:34AM
Age/Gender : 35 Y 7 M 24 D/F	Received : 03/Apr/2024 01:40PM
UHID/MR No : CPIM.0000117864	Reported : 03/Apr/2024 02:33PM
Visit ID : CPIMOPV159385	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 422016	

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240092602

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	13.7	g/dL	12-15	Spectrophotometer
PCV	40.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,250	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.7	%	40-80	Electrical Impedance
LYMPHOCYTES	36.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3748.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2675.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	239.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	529.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	58	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	294000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

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


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UHID/MR No : CPIM.0000117864	Reported : 03/Apr/2024 03:19PM
Visit ID : CPIMOPV159385	Status : Final Report
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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



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

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UHID/MR No : CPIM.0000117864	Reported : 03/Apr/2024 02:55PM
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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	93	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	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



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M.B.B.S.,M.D(Pathology)
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SIN No:EDT240042927

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DEPARTMENT OF BIOCHEMISTRY

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

Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
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)



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

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	215	mg/dL	<200	CHO-POD
TRIGLYCERIDES	125	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.71	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.98	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		0-4.97	Calculated
ATHEROGENIC INDEX (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(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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



SIN No:SE04686012

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DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.42	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	64.87	U/L	30-120	IFCC
PROTEIN, TOTAL	6.81	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.73	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.43	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.77	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.58	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.85	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.81	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.89	U/L	<38	IFCC



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Age/Gender : 35 Y 7 M 24 D/F	Received : 03/Apr/2024 01:49PM
UHID/MR No : CPIM.0000117864	Reported : 03/Apr/2024 03:44PM
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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)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.257	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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M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24062806

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UHID/MR No : CPIM.0000117864	Reported : 03/Apr/2024 02:17PM
Visit ID : CPIMOPV159385	Status : Final Report
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Emp/Auth/TPA ID : 422016	

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	CLEAR		CLEAR	Visual
pH	6.5		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	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:UR2324199

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



Patient Name : Mrs.AKANKSHA JAIN	Collected : 03/Apr/2024 02:32PM
Age/Gender : 35 Y 7 M 24 D/F	Received : 04/Apr/2024 01:15PM
UHID/MR No : CPIM.0000117864	Reported : 05/Apr/2024 07:43PM
Visit ID : CPIMOPV159385	Status : Final Report
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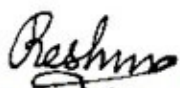
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8343/24
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	EPITHEIAL 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

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COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS078704

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Shop No.: 14 to 20, City Pride building,
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),
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APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs. AKANKSHA JAIN

Age/Gender : 35 Y/F

UHID/MR No. : CPIM.0000117864

OP Visit No : CPIMOPV159385

Sample Collected on :

Reported on : 03-04-2024 10:57

LRN# : RAD2291679

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 422016

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size(15 cms.) and **bright** echotexture. No focal lesion is seen. PV and CBD 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 CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.6 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear bulky and show polycystic changes .RO-13.5CC LO-12.8CC

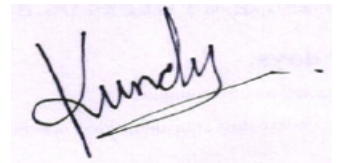
No evidence of any adnexal pathology noted.

IMPRESSION:-

GRADE I FATTY LIVER

POLYCYSTIC OVARIES

(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. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Name: Mrs. AKANKSHA JAIN
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: CPIM.0000117864
Visit ID: CPIMOPV159385
Visit Date: 03-04-2024 08:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. AKANKSHA JAIN
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000117864
Visit ID: CPIMOPV159385
Visit Date: 03-04-2024 08:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. AKANKSHA JAIN
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117864
Visit ID: CPIMOPV159385
Visit Date: 03-04-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. AKANKSHA JAIN
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000117864
Visit ID: CPIMOPV159385
Visit Date: 03-04-2024 08:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. AKANKSHA JAIN
Age/Gender: 35 Y/F
Address: RAVET
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117864
Visit ID: CPIMOPV159385
Visit Date: 03-04-2024 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

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
03-04-2024 12:38	74 Beats/min	110/70 mmHg	18 Rate/min	98 F	147 cms	56.4 Kgs	%	%	Years	26.1	cms	cms	cms		AHLL09249

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
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Established Patient: No

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Established Patient: No

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Established Patient: No

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03-04-2024 12:38	74 Beats/min	110/70 mmHg	18 Rate/min	98 F	147 cms	56.4 Kgs	%	%	Years	26.1	cms	cms	cms		AHLL09249

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mrs. Akanksha Jain on 05/04/2024

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

<ul style="list-style-type: none"> • Medically Fit 	<p>Tick</p> <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are Impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Anamdar
Medical Officer **Dr. Anam A. A. Inamdar**
Apollo Clinic, (NIGDI) **MBBS**
 Reg. No. 2021/06/6236

This certificate is not meant for medico-legal purposes

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:40PM
UHID/MR No	: CPIM.0000117864	Reported	: 03/Apr/2024 02:33PM
Visit ID	: CPIMOPV159385	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 422016		

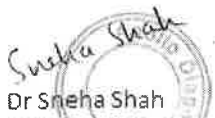
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	12-15	Spectrophotometer
PCV	40.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.52	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	90	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,250	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.7	%	40-80	Electrical Impedence
LYMPHOCYTES	36.9	%	20-40	Electrical Impedence
EOSINOPHILS	3.3	%	1-6	Electrical Impedence
MONOCYTES	7.3	%	2-10	Electrical Impedence
BASOPHILS	0.8	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3748.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2675.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	239.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	529.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	58	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.4		0.78- 3.53	Calculated
PLATELET COUNT	294000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	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
Platelets are Adequate
No hemoparasite seen.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240092602

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



Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:40PM
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Emp/Auth/TPA ID	: 422016		

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240092602

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




Certificate No: MC-5697

Patient Name : Mrs.AKANKSHA JAIN
Age/Gender : 35 Y 7 M 24 D/F
UHID/MR No : CPIM.0000117864
Visit ID : CPIMOPV159385
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 422016

Collected : 03/Apr/2024 08:34AM
Received : 03/Apr/2024 01:40PM
Reported : 03/Apr/2024 02:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240092602

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





Certificate No: MC-5697

Patient Name : Mrs.AKANKSHA JAIN
 Age/Gender : 35 Y 7 M 24 D/F
 UHID/MR No : CPIM.0000117864
 Visit ID : CPIMOPV159385
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 422016

Collected : 03/Apr/2024 08:34AM
 Received : 03/Apr/2024 01:40PM
 Reported : 03/Apr/2024 03:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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




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

SIN No:BED240092602

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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 Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:40PM
UHID/MR No	: CPIM.0000117864	Reported	: 03/Apr/2024 02:55PM
Visit ID	: CPIMOPV159385	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 422016		

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	93	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	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




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

SIN No: EDT240042927

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

Certificate No: MC-5697

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:40PM
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DEPARTMENT OF BIOCHEMISTRY

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

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

SIN No: EDT240042927

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



Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:50PM
UHID/MR No	: CPIM.0000117864	Reported	: 03/Apr/2024 02:51PM
Visit ID	: CPIMOPV159385	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 422016		

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	215	mg/dL	<200	CHO-POD
TRIGLYCERIDES	125	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.71	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.98	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		0-4.97	Calculated
ATHEROGENIC INDEX (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(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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

SIN No: SE04686012

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



Certificate No: MC-5697

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
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Emp/Auth/TPA ID	: 422016		

DEPARTMENT OF BIOCHEMISTRY

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

- 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. Sanjay Ingole
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: SE04686012

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Certificate No: MC-5697

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.42	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	64.87	U/L	30-120	IFCC
PROTEIN, TOTAL	6.81	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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'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.Sanjay Ingole
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:SE04686012

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





Certificate No: MC-5697

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:50PM
UHID/MR No	: CPIM.0000117864	Reported	: 03/Apr/2024 02:51PM
Visit ID	: CPIMOPV159385	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 422016		

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	0.73	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.43	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.77	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.24	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.58	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.85	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.81	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



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

SIN No: SE04686012

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Anna Nagar | Kotturpuram | Madhavai | T Nagar) | Maharashtra: Pune (Aundh | Nigdi | Prohikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Shop No.: 14 to 20, City Pride building,
Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),
Pune, Maharashtra, India - 411004



1860 500 7788

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Certificate No: MC-5697

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:50PM
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Emp/Auth/TPA ID	: 422016		

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	14.89	U/L	<38	IFCC



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

SIN No:SE04686012

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

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

Shop No.: 14 to 20, City Pride building,
Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),
Pune, Maharashtra, India - 411004



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Patient Name : Mrs.AKANKSHA JAIN
Age/Gender : 35 Y 7 M 24 D/F
UHID/MR No : CPIM.0000117864
Visit ID : CPIMOPV159385
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 422016

Collected : 03/Apr/2024 08:34AM
Received : 03/Apr/2024 01:49PM
Reported : 03/Apr/2024 03:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.257	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




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

SIN No: SPL24062806

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

Patient Name	: Mrs.AKANKSHA JAIN	Collected	: 03/Apr/2024 08:34AM
Age/Gender	: 35 Y 7 M 24 D/F	Received	: 03/Apr/2024 01:44PM
UHID/MR No	: CPIM.0000117864	Reported	: 03/Apr/2024 02:17PM
Visit ID	: CPIMOPV159385	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 422016		

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	CLEAR		CLEAR	Visual
pH	6.5		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	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

*** End Of Report ***

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2324199

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



35 years Female Asian

Vent. rate 77 bpm
PR interval 120 ms
QRS duration 72 ms
QT/QTc 382/432 ms
P-R-T axes 33 19 -46

Technician:
Test ind:

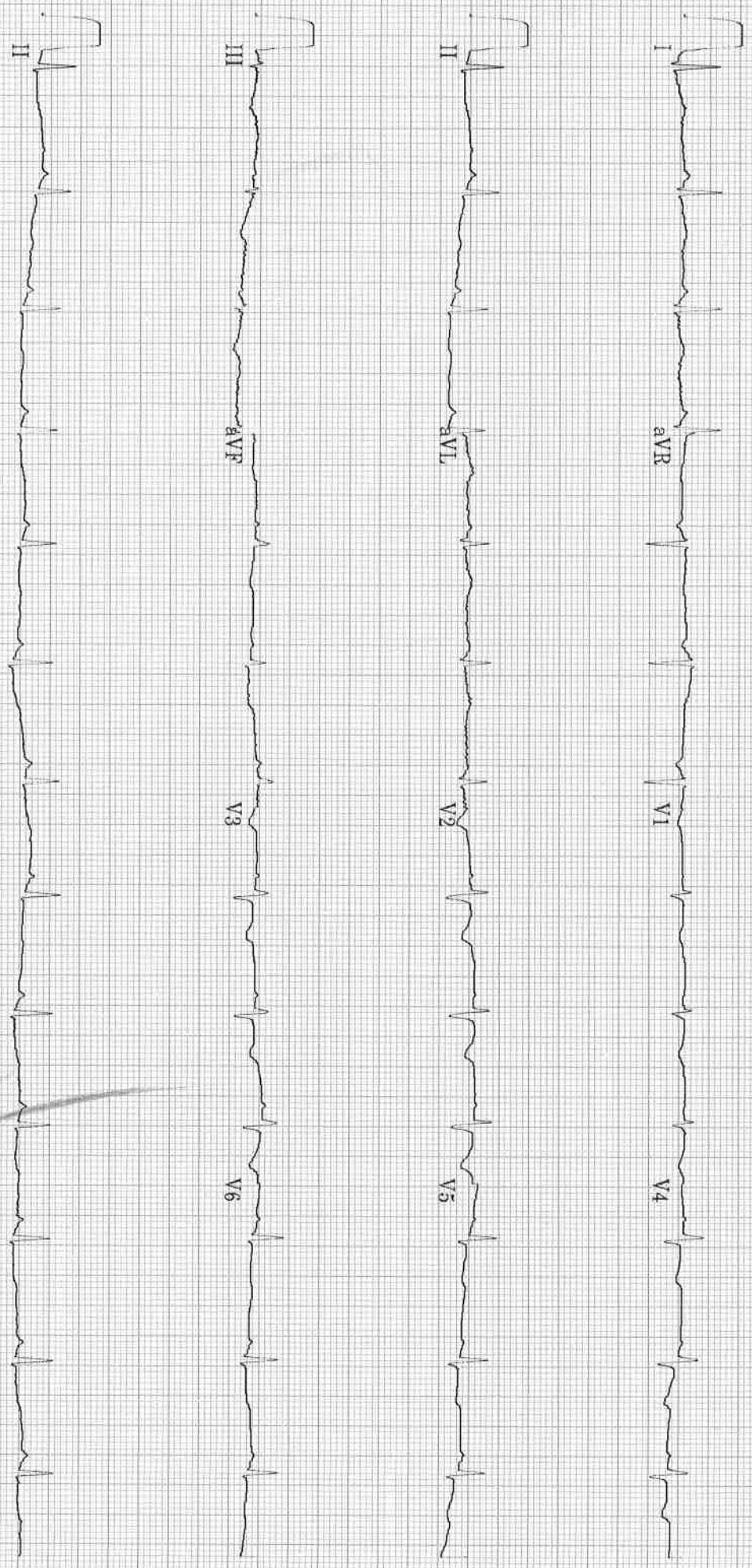
Normal sinus rhythm
ST & T wave abnormally, consider anterior ischemia
Abnormal ECG

Anam
Dr. Anam A. Inamdar
MBBS

Reg. No. 2021/06/6236

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ v239

ARROW CE

Patient Name : Mrs. AKANKSHA JAIN Age : 35 Y F
UHID : CPIM.0000117864 OP Visit No : CPIMOPV159385
Reported on : 03-04-2024 10:36 Printed on : 03-04-2024 10:58
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size(15 cms.) and **bright** echotexture. No focal lesion is seen. PV and CBD 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 CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.6 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear bulky and show polycystic changes .RO-13.5CC LO-12.8CC

No evidence of any adnexal pathology noted.

IMPRESSION:-
GRADE I FATTY LIVER
POLYCYSTIC OVARIES

Patient Name : Mrs. AKANKSHA JAIN Age : 35 Y F
UHID : CPIM.0000117864 OP Visit No : CPIMOPV159385
Reported on : 03-04-2024 10:36 Printed on : 03-04-2024 10:58
Adm/Consult Doctor : Ref Doctor : SELF

(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.



Printed on:03-04-2024 10:36

---End of the Report---

Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Apollo Clinic,
Nigdi, Pune – 411044.

Date - 03.04.24

Patient Name *Akanksha Jain*

UHID:

Age / Sex: *35yr F*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6</i>	<i>N6</i>
Anterior Segment Pupil	<i>concl</i>	<i>concl</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

IMPRESSION: -

pleurobrie

[Signature]
OPTOMETRIST

Mrs. Akanksha Jain

35 cm

31/4/24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Imp. - 1. Feb.

DMC - Irregular
31/4/24

Regular Exercise.

A: PCOD

G₁ - FCS 4 1/2 yrs (M)

DM salt -

DLB: Co-UG (M)
Am PT

Ut MW, B)

31/4/24
PCOD

Follow up date:

TAC NIGDI
Dr. Archana Sarda
Reg. No. 23622

Doctor Signature

85 years
Female

Asien

Heart rate 77 bpm
PR interval 120 ms
QRS duration 73 ms
QT/QTc 355/402 ms
P-R-T axes 33 19 -46

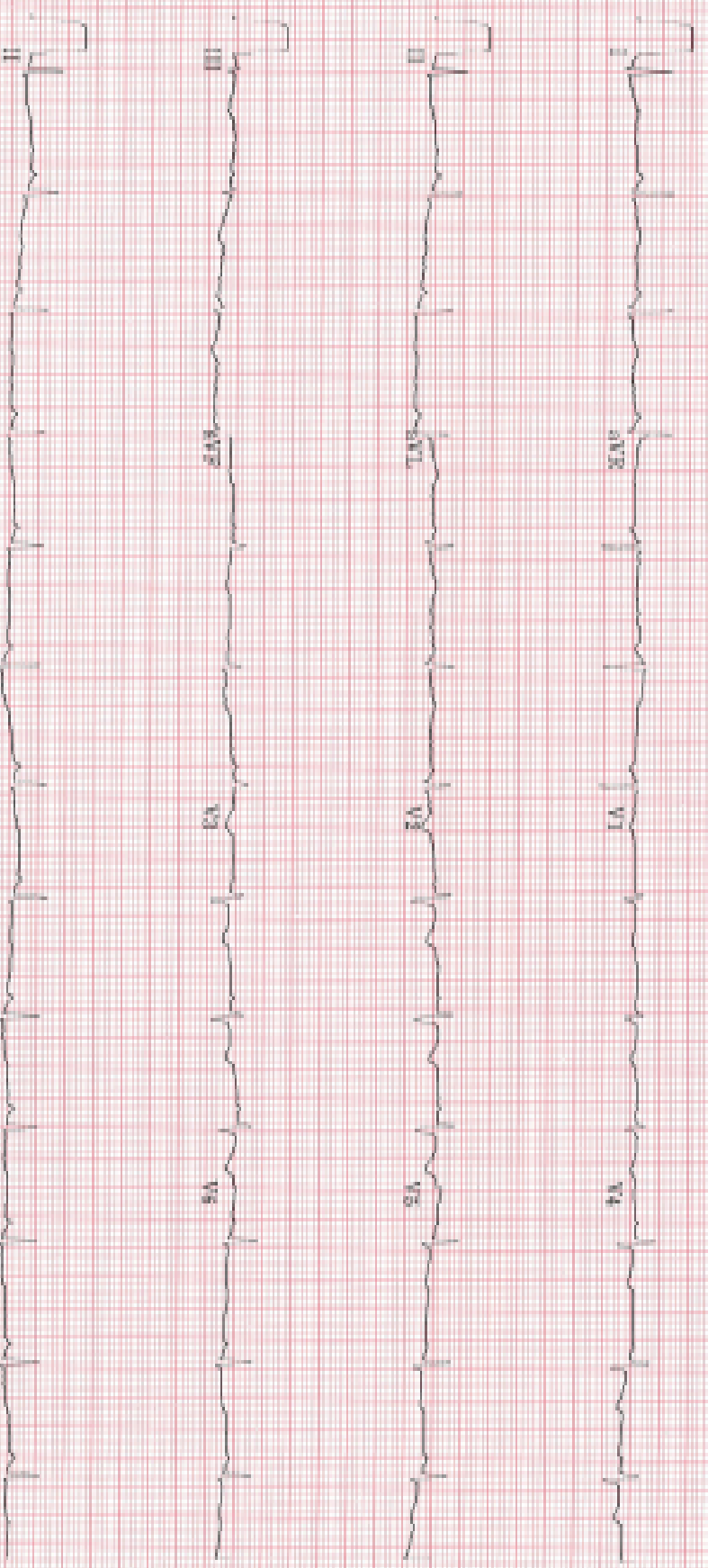
Normal sinus rhythm
ST & T wave abnormally, consider anterior ischemia
Abnormal ECG

W. G. ...

Technician:
Tee, Jodi

Performed by:

Unaffiliated



50 EHz 25.0 mm/s 100 mm/mV

4 by 256 + 1 rhythm M

MAC55 009C

II 1281 V39

ACSW CE

Akanksha Jain,

From: Akanksha Jain <jain.akanksha21@gmail.com>
Sent: 02 April 2024 18:08
To: Akanksha Jain,
Subject: Fwd: Health Check up Booking Confirmed Request(UBOIE4898),Package Code-
PKG10000450, Beneficiary Code-312810

कृपया सावधानी बरते एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचानने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया antiphishing@atthe.ratn.unionbankofindia@bank पर रिपोर्ट करें

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----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Tue, 2 Apr 2024 at 3:00 PM
Subject: Health Check up Booking Confirmed Request(UBOIE4898),Package Code-PKG10000450, Beneficiary Code-312810
To: <jain.akanksha21@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear AKANKSHA JAIN,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Annual Health Checkup Female Starter
Patient Package Name : MediWheel Full Body Health Checkup Female 35 to 40
Name of Diagnostic/Hospital : Apollo Clinic - Pimpri
Address of Diagnostic/Hospital : Apollo Clinic, Shop 14 -20, City Pride building , Below kotak mahindra bank, Next to Bhel chowk, NIGDI pradhikaran, Nigdi(Pimpri), Pune, Maharashtra
City : Pune
State : Maharashtra
Pincode : 411004
Appointment Date : 03-04-2024

यूनिऑन बँक Union Bank



नाम : अराधना जैन

नाम : ARADHANA JAIN

कर्मचारी क्र / Employee No. : 660947

जन्म तिथि / Birth Date : 10.08.1988

रक्त समूह / Blood Group : O+


कर्ता हस्ताक्षर

वर्ग / Branch : P.O. PUNE WEST

वर्ग / Branch : P.O. PUNE WEST

19.01.2021

वर्ग / Branch : P.O. PUNE WEST


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