



Certificate No: MC-5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:31PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:23PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	11.3	g/dL	12-15	Spectrophotometer
PCV	33.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.8	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4100.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1430.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	59.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	357.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.87		0.78- 3.53	Calculated
PLATELET COUNT	394000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**

Page 1 of 14


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240083034



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

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

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

SIN No:BED240083034



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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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



SIN No:BED240083034

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Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
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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	82	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.

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

SIN No:PLF02134051



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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240038293

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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	228	mg/dL	<200	CHO-POD
TRIGLYCERIDES	79	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	76	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.01		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292



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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).

Sneha Shah
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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	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.02	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.68	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 Sneha Shah
MBBS, MD (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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.78	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.46	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.36	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99.37	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	39.69	U/L	<38	IFCC

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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)	0.68	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.759	µIU/mL	0.34-5.60	CLIA

Result is rechecked. Kindly correlate clinically

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

1. 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.
2. 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.
3. 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.
4. 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: SPL24056024

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Certificate No: MC-5697

Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
UHID/MR No : SPUN.0000047010
Visit ID : SPUNOPV62421
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
Received : 26/Mar/2024 12:30PM
Reported : 26/Mar/2024 03:04PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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



SIN No:SPL24056024

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:34PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 12:53PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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

Page 13 of 14

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

SIN No:UR2316722



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 11:19AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 27/Mar/2024 10:29AM
UHID/MR No	: SPUN.0000047010	Reported	: 28/Mar/2024 04:58PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7429/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

Page 14 of 14
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No.CS077691

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Name : Mrs. Seema Shinde Address : Pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 44 Y Sex : F	UHID :SPUN.0000047010  * S P U N . 0 0 0 0 0 4 7 0 1 0 * OP Number :SPUNOPV62421 Bill No :SPUN-OCR-10574 Date : 26.03.2024 09:31
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	LBC PAP TEST- PAPSURE	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	DENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Seema Shinde on 26/03/24

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.....</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. Samrat Shah 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 26/03/24
MRNO :
Name : Seemo shinde
Age/Gender : 44/F
Mobile No :

Department : G.P
Consultant :
Reg. No : Dr. Samrat
Qualification : Shah
Consultation Timing :

Spo2h 100%

Pulse: 72/min	B.P: 130/	Resp: 18/min	Temp: 98°F
Weight: 59.6kg	Height: 156cm	BMI: 24.4	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No complaints

found fit to join duty.

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital
Doctor Signature

Date : 26/03/2024
MRNO :
Name : Seema Shirde
Age/Gender :
Mobile No :

Department : ENT
Consultant : Dr. Shivprakash
Reg. No : Menta
Qualification :
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for ENT check up.

H/O (R) T'plasty in past.

O/E: (R) (L)
Ear: Neotympanum. mod. dry perforation.

Nose & Throat - NAD

Adv.
(L) T'plasty & OA.

Follow up date:


Dr. Shiv Menta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205
Doctor Signature

Date : 26/03/24
MRNO :
Name : Seema Shinde
Age/Gender :
Mobile No : 441F

Department : Gynec
Consultant :
Reg. No :
Qualification : Dr. Sayali Karibogam
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

44y/F
M/H - Irregular : 2yrs.
LMP - 23/2/24.
B/L cataract, tympanoplasty,
presently no complaints.
Breasts - soft
P/A - NAD
P/B - CX healthy
P/V - NAD



Follow up date:

Doctor Signature

Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:31PM
UHID/MR No	: SPUN.0000047010	Reported	: 26/Mar/2024 01:23PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

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	11.3	g/dL	12-15	Spectrophotometer
PCV	33.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.8	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4100.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1430.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	59.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	357.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.87		0.78- 3.53	Calculated
PLATELET COUNT	394000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC Predominantly Normocytic Normochromic with Microcytes+

WBC are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 13




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


SIN No:BED240083034

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

Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:31PM
UHID/MR No	: SPUN.0000047010	Reported	: 26/Mar/2024 01:23PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240083034

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:31PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:56PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination




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

SIN No:BED240083034

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

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:29PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:21PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	82	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:

1. 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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLF02134051

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:31PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 03:10PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240038293

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

Patient Name : Mrs.SEEMA SHINDE
 Age/Gender : 44 Y 10 M 24 D/F
 UHID/MR No : SPUN.0000047010
 Visit ID : SPUNOPV62421
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
 Received : 26/Mar/2024 12:30PM
 Reported : 26/Mar/2024 01:22PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	228	mg/dL	<200	CHO-POD
TRIGLYCERIDES	79	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	76	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.01		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

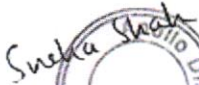
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 13


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676292

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



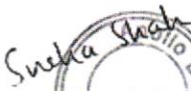
Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047010	Reported	: 26/Mar/2024 01:22PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:22PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.02	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.68	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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:

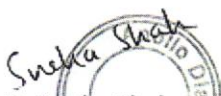
1. Hepatocellular Injury:

- 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 > 1In 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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676292

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

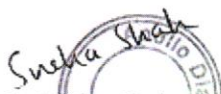


Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047010	Reported	: 26/Mar/2024 01:22PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

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	0.71	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.78	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.46	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.36	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99.37	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676292

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




Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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) , <i>SERUM</i>	39.69	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 03:04PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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)	0.68	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.759	µIU/mL	0.34-5.60	CLIA

Result is rechecked. Kindly correlate clinically

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: SPL24056024

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



Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
UHID/MR No : SPUN.0000047010
Visit ID : SPUNOPV62421
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
Received : 26/Mar/2024 12:30PM
Reported : 26/Mar/2024 03:04PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24056024

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:34PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 12:53PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

DEPARTMENT OF CLINICAL PATHOLOGY

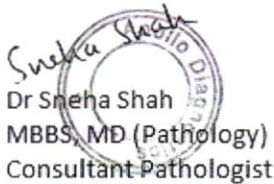
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

*** End Of Report ***

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

Page 13 of 13

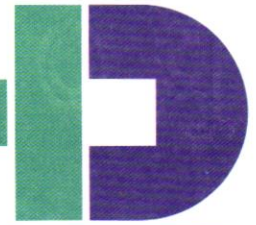


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316722

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





Name	Mrs Seema Sandeepkumar Shinde	Age	44 Years
Patient ID	DD/263/2023-2024/1625	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	26/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10x4.7cms and **the left kidney** measures 9.5x4.7cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

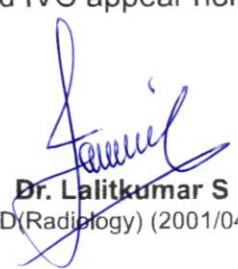
The uterus measures 8.5x4.5x3.5 cms in size. The myometrium appears uniform in echotexture. The endometrium measures 6mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

No significant abnormality is seen.


Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

Apollo Clinic

CONSENT FORM

Patient Name: Seema shinde Age: 44 / F
UHID Number: Company Name: Arcohem.

I Mr/Mrs/Ms Seema shinde Employee of Arcohem.

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Doctor not available
hence, Dental consultation not done.

Patient Signature:  Date: 26/03/2024

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: *Ms. Seema Shinde*

Date: *26-3-2024*

Age / Sex: *44 / F*

Ref No.:

Complaint: *No. Complaint*

Examination

*No. HTN
No. D.N*

Vision
 R *6/9p*
 L *6/12*

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	<i>6/6</i>	<i>-0.50</i>	<i>-0.25</i>	<i>135</i>	<i>6/6</i>	<i>-</i>	<i>-1.00</i>	<i>50</i>
Read	<i>N16</i>	<i>+1.75</i>	<i>-0.25</i>	<i>135</i>	<i>N16</i>	<i>+2.25</i>	<i>-1.00</i>	<i>50</i>
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: *make a glass*
PGP
 R
 L

Medications:

BE colour vision test normal

Trade Name	Frequency	Duration

Follow up: *one year*

Consultant: *[Signature]*

Shinde, Seema

26.03.2024 10:40:06 AM

Apollo Spectra Hospital
SWARGATE
PUNE-4110

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

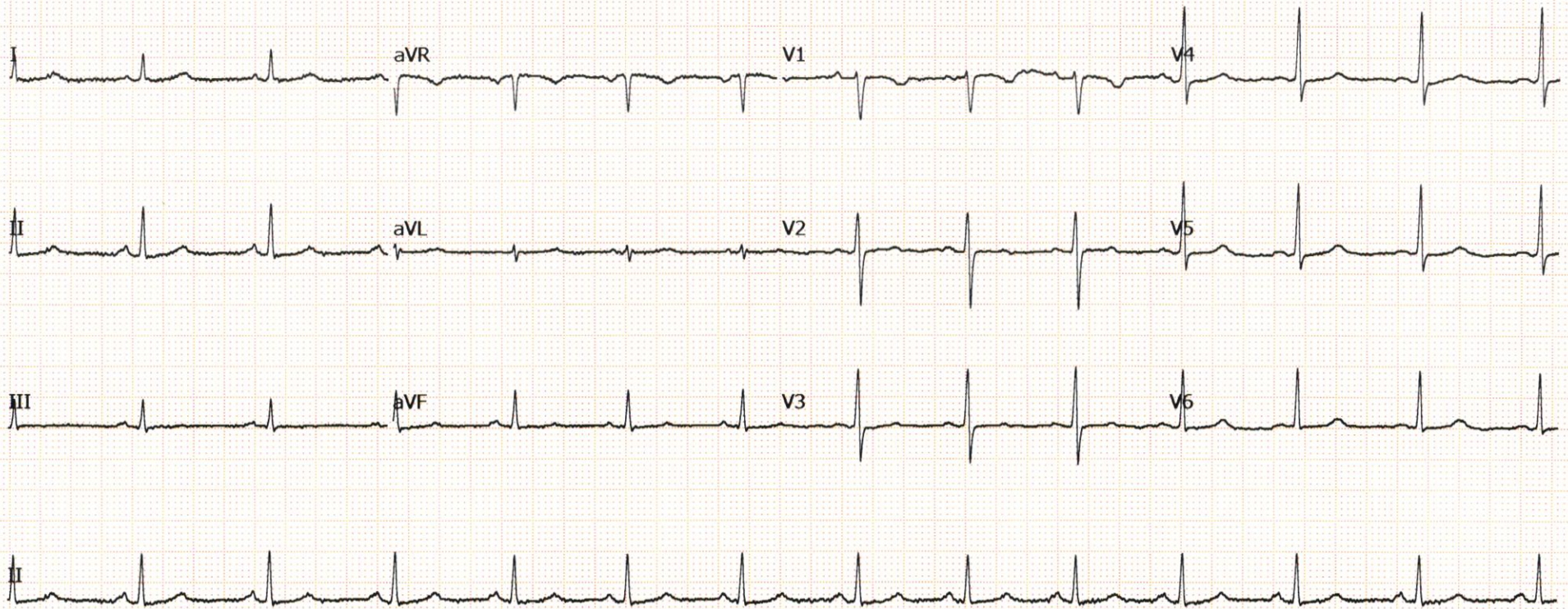
80 bpm
-- / -- mmHg

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 66 ms
QT / QTcBaz : 366 / 422 ms
PR : 136 ms
P : 104 ms
RR / PP : 750 / 750 ms
P / QRS / T : 48 / 58 / 37 degrees

Normal sinus rhythm
Normal ECG



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreeme	Action
129563	VISIT HEALTH PRIVATE LIMITED...	ARUNA DILIP BANDAL	BANDAL	9850825038	VISIT HEALTH NB DIAC	
129561	VISIT HEALTH PRIVATE LIMITED...	ARUNA DILIP BANDAL	BANDAL	9850825038	VISIT HEALTH NB DIAC	
129119	ACCENTURE SOLUTIONS PRIVATE LI...	Nitish Rane	nitish.arun.rane@accenture.com	9421506557	ACCENTURE SOLUTION	
129101	VISIT HEALTH PRIVATE LIMITED...	VANDANA MANE VANDANA MANE	vamane@deloitte.com	8855852506	VISIT HEALTH VH00DT	
128917	ACCENTURE SOLUTIONS PRIVATE LI...	Nikhil Gumte	nikhil.gumte@accenture.com	9921022334	ACCENTURE SOLUTION	
128594	VISIT HEALTH PRIVATE LIMITED...	DILIP N BANDAL	arko.sarkar@getvisitapp.com	9850825038	VISIT HEALTH NB DIAC	
128592	VISIT HEALTH PRIVATE LIMITED...	Mr. Shankar hange	arko.sarkar@getvisitapp.com	9310545840	VISIT HEALTH NB DIAC	
✓ 128370	ARCOFEMI HEALTHCARE LIMITED...	Seema sandeepkumar shinde	sandeep_shinde978@yahoo.com	9860226777	ARCOFEMI MEDIWHEEL	
128366	ARCOFEMI HEALTHCARE LIMITED...	SANDEEP KUMAR	sandeep_shinde978@yahoo.com	9860226777	ARCOFEMI MEDIWHEEL	
128004	PHASORZ TECHNOLOGIES PRIVATE L...	Neha Chandrabhushan Joshi	NCJ860765@TATAMOTORS.COM	9637900067	PHASORZ MEDIBUDDY 5	



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No.: 1293/31303/00340

To

सीमा संदीपकुमार शिंदे

Seema Sandeepkumar Shinde

D-903, Madhuwanti Sinhgad Road

Nanded City

Pune City

Vadgaon Budruk

Pune City Pune

Maharashtra 411041

8087193777

23/03/2012

49200129



MD492001297FH



आपला आधार क्रमांक / Your Aadhaar No. :

2720 8583 9660

माझे आधार, माझी ओळख



भारत सरकार

Government of India



सीमा संदीपकुमार शिंदे

Seema Sandeepkumar Shinde

जन्म तारीख / DOB : 02/05/1979

स्त्री / Female



2720 8583 9660

माझे आधार, माझी ओळख



Certificate No: MC- 5697

Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
UHID/MR No : SPUN.0000047010
Visit ID : SPUNOPV62421
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
Received : 26/Mar/2024 12:31PM
Reported : 26/Mar/2024 01:23PM
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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	33.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.8	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4100.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1430.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	59.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	357.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.87		0.78- 3.53	Calculated
PLATELET COUNT	394000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**

Page 1 of 14


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240083034

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





Certificate No: MC-5697

Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:31PM
UHID/MR No	: SPUN.0000047010	Reported	: 26/Mar/2024 01:23PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

DEPARTMENT OF HAEMATOLOGY

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240083034

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





Certificate No: MC- 5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:31PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:56PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



SIN No:BED240083034

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



Certificate No: MC-5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:29PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:21PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	82	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:

1. The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
2. Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLF02134051

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





Certificate No: MC-5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:31PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 03:10PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240038293

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



Certificate No: MC- 5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:22PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	228	mg/dL	<200	CHO-POD
TRIGLYCERIDES	79	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	76	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.01		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:SE04676292

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




Certificate No: MC-5697

Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
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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).


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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





Certificate No: MC- 5697

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.02	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.68	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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





Certificate No: MC-5697


Patient Name : Mrs.SEEMA SHINDE
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Reported : 26/Mar/2024 01:22PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.71	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.78	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.46	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.36	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99.37	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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





Certificate No: MC-5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:30PM
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Emp/Auth/TPA ID : 845458	

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) , <i>SERUM</i>	39.69	U/L	<38	IFCC


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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





Certificate No: MC- 5697

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 03:04PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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)	0.68	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.759	µIU/mL	0.34-5.60	CLIA

Result is rechecked. Kindly correlate clinically

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



SIN No:SPL24056024

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



Certificate No: MC- 5697

Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047010	Reported	: 26/Mar/2024 03:04PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

DEPARTMENT OF IMMUNOLOGY

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

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

SIN No:SPL24056024

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





Certificate No: MC-5697


Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
UHID/MR No : SPUN.0000047010
Visit ID : SPUNOPV62421
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
Received : 26/Mar/2024 12:34PM
Reported : 26/Mar/2024 12:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316722

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





MC-2438

Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
UHID/MR No : SPUN.0000047010
Visit ID : SPUNOPV62421
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 845458


Collected : 26/Mar/2024 11:19AM
Received : 27/Mar/2024 10:29AM
Reported : 28/Mar/2024 04:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	CYTOLOGY NO.	7429/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST


SIN No:CS077691

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

Page 14 of 14
CAP
ACCREDITED ✓
COLLEGE of AMERICAN PATHOLOGISTS



Customer Pending Tests
Doctors not available for Dental Consultation

Name : Mrs. Seema Shinde Address : Pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 44 Y Sex : F	UHID :SPUN.0000047010  * S P U N . 0 0 0 0 0 4 7 0 1 0 * OP Number :SPUNOPV62421 Bill No :SPUN-OCR-10574 Date : 26.03.2024 09:31
--	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
8	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	LBC PAP TEST- PAPSURE	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	DENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Seema Shinde on 26/03/24

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.....</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. Samrat Shah 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 26/03/24
MRNO :
Name : Seemo shinde
Age/Gender : 44/F
Mobile No :

Department : G.P
Consultant :
Reg. No : Dr. Samrat
Qualification : Shah
Consultation Timing :

Spo2h 100%

Pulse: 72/min	B.P: 130/	Resp: 18/min	Temp: 98°F
Weight: 59.6kg	Height: 156cm	BMI: 24.4	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No complaints

found fit to join duty.

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital
Doctor Signature

Date : 26/03/2024
MRNO :
Name : Seema Shirde
Age/Gender :
Mobile No :

Department : ENT
Consultant :
Reg. No : Dr. Shivprakash
Qualification : MChD
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for ENT check up.

H/O (R) T'plasty in past.

O/E: (R) (L)
Ear: Neotympanum. mod. dry perforation.

Nose & Throat - NAD

Adv.
(L) T'plasty & OA.

Follow up date:


Dr. Shiv Menta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205
Doctor Signature

Date : 26/03/24
MRNO :
Name : Seema Shinde
Age/Gender :
Mobile No : 441F

Department : Gynec
Consultant :
Reg. No :
Qualification : Dr. Sayali Karibogam
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

44y/F
M/H - Irregular : 2yrs.
LMP - 23/2/24.
B/L cataract, tympanoplasty,
presently no complaints.
Breasts - soft
P/A - NAD
P/B - CX healthy
P/V - NAD



Follow up date:

Doctor Signature

Patient Name : Mrs.SEEMA SHINDE
 Age/Gender : 44 Y 10 M 24 D/F
 UHID/MR No : SPUN.0000047010
 Visit ID : SPUNOPV62421
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
 Received : 26/Mar/2024 12:31PM
 Reported : 26/Mar/2024 01:23PM
 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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.3	g/dL	12-15	Spectrophotometer
PCV	33.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.8	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4100.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1430.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	59.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	357.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.87		0.78- 3.53	Calculated
PLATELET COUNT	394000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC Predominantly Normocytic Normochromic with Microcytes+

WBC are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 13




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


SIN No:BED240083034

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

Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:31PM
UHID/MR No	: SPUN.0000047010	Reported	: 26/Mar/2024 01:23PM
Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

DEPARTMENT OF HAEMATOLOGY

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240083034

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:31PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:56PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240083034

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:29PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 01:21PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	82	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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLF02134051

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:31PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 03:10PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: EDT240038293

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

Patient Name : Mrs.SEEMA SHINDE
 Age/Gender : 44 Y 10 M 24 D/F
 UHID/MR No : SPUN.0000047010
 Visit ID : SPUNOPV62421
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
 Received : 26/Mar/2024 12:30PM
 Reported : 26/Mar/2024 01:22PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	228	mg/dL	<200	CHO-POD
TRIGLYCERIDES	79	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	76	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.01		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

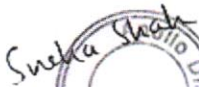
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 13


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676292

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



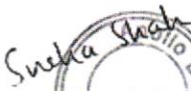
Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:30PM
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Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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

Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:30PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.02	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.68	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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:

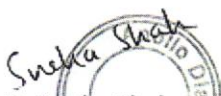
1. Hepatocellular Injury:

- 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 > 1In 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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676292

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

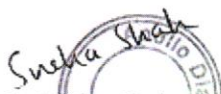


Patient Name	: Mrs.SEEMA SHINDE	Collected	: 26/Mar/2024 10:05AM
Age/Gender	: 44 Y 10 M 24 D/F	Received	: 26/Mar/2024 12:30PM
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Visit ID	: SPUNOPV62421	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 845458		

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	0.71	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	17.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.78	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.46	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.36	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99.37	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.24	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676292

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




Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
UHID/MR No : SPUN.0000047010
Visit ID : SPUNOPV62421
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
Received : 26/Mar/2024 12:30PM
Reported : 26/Mar/2024 01:22PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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) , <i>SERUM</i>	39.69	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676292

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 03:04PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

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)	0.68	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.759	µIU/mL	0.34-5.60	CLIA

Result is rechecked. Kindly correlate clinically

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: SPL24056024

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



Patient Name : Mrs.SEEMA SHINDE
Age/Gender : 44 Y 10 M 24 D/F
UHID/MR No : SPUN.0000047010
Visit ID : SPUNOPV62421
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 845458

Collected : 26/Mar/2024 10:05AM
Received : 26/Mar/2024 12:30PM
Reported : 26/Mar/2024 03:04PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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



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

SIN No:SPL24056024

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



Patient Name : Mrs.SEEMA SHINDE	Collected : 26/Mar/2024 10:05AM
Age/Gender : 44 Y 10 M 24 D/F	Received : 26/Mar/2024 12:34PM
UHID/MR No : SPUN.0000047010	Reported : 26/Mar/2024 12:53PM
Visit ID : SPUNOPV62421	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 845458	

DEPARTMENT OF CLINICAL PATHOLOGY

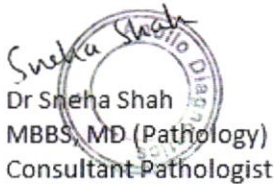
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

*** End Of Report ***

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

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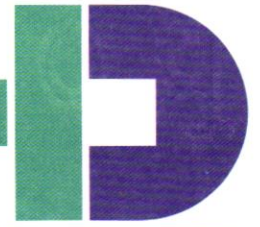


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316722

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





Name	Mrs Seema Sandeepkumar Shinde	Age	44 Years
Patient ID	DD/263/2023-2024/1625	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	26/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10x4.7cms and **the left kidney** measures 9.5x4.7cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

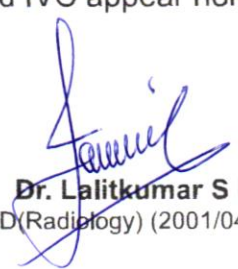
The uterus measures 8.5x4.5x3.5 cms in size. The myometrium appears uniform in echotexture. The endometrium measures 6mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

No significant abnormality is seen.


Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

Apollo Clinic

CONSENT FORM

Patient Name: Seema shinde Age: 44 / F
UHID Number: Company Name: Arcofem.

I Mr/Mrs/Ms Seema shinde Employee of Arcofem.

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Doctor not available
hence, Dental consultation not done.

Patient Signature:  Date: 26/03/2024

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: *Ms. Seema Shinde*

Date: *26-3-2024*

Age / Sex: *44 / F*

Ref No.:

Complaint: *No. Complaint*

Examination

*No. HTN
No. D.N*

Vision
 R *6/9p*
 L *6/12*

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	<i>6/6</i>	<i>-0.50</i>	<i>-0.25</i>	<i>135</i>	<i>6/6</i>	<i>—</i>	<i>-1.00</i>	<i>50</i>
Read	<i>N16</i>	<i>+1.75</i>	<i>-0.25</i>	<i>135</i>	<i>N16</i>	<i>+2.25</i>	<i>-1.00</i>	<i>50</i>
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: *make a glass*
PGP
 R
 L

Medications:

BE colour vision test normal

Trade Name	Frequency	Duration

Follow up: *one year*

Consultant: *[Signature]*

Shinde, Seema

26.03.2024 10:40:06 AM

Apollo Spectra Hospital
SWARGATE
PUNE-4110

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

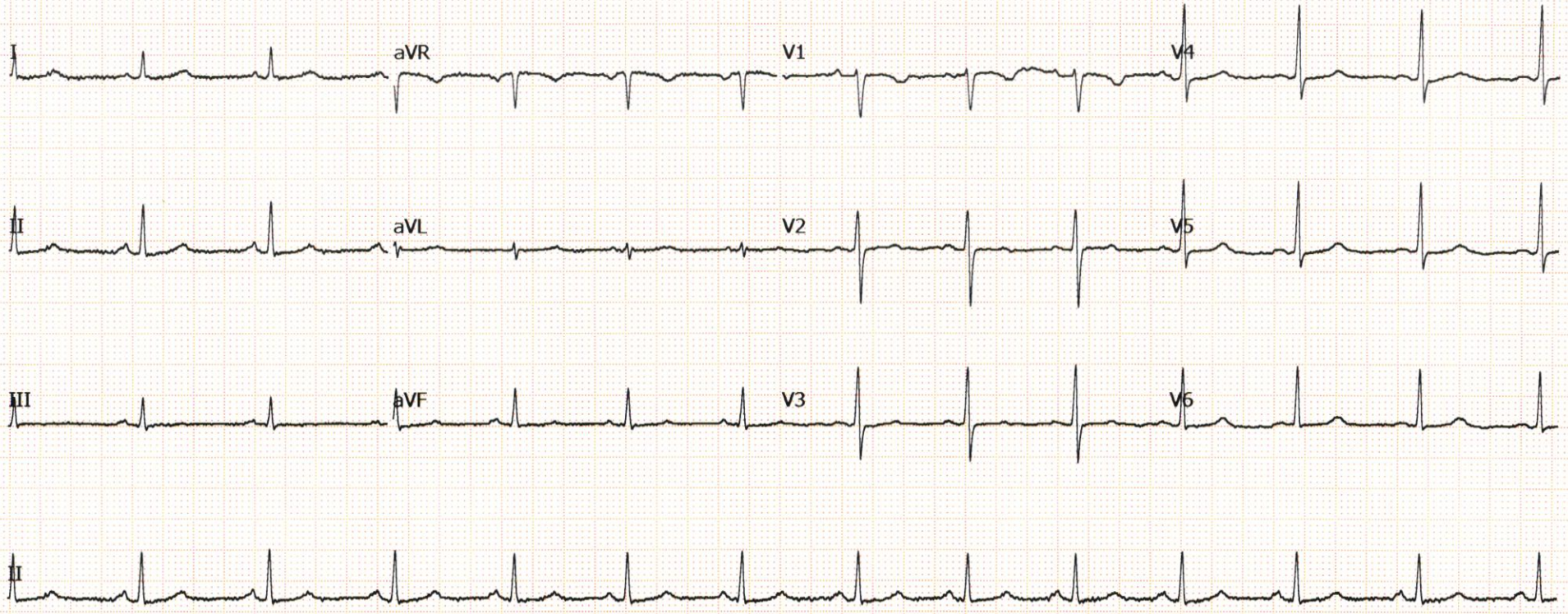
80 bpm
-- / -- mmHg

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 66 ms
QT / QTcBaz : 366 / 422 ms
PR : 136 ms
P : 104 ms
RR / PP : 750 / 750 ms
P / QRS / T : 48 / 58 / 37 degrees

Normal sinus rhythm
Normal ECG



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreeme	Action
129563	VISIT HEALTH PRIVATE LIMITED...	ARUNA DILIP BANDAL	BANDAL	9850825038	VISIT HEALTH NB DIAC	
129561	VISIT HEALTH PRIVATE LIMITED...	ARUNA DILIP BANDAL	BANDAL	9850825038	VISIT HEALTH NB DIAC	
129119	ACCENTURE SOLUTIONS PRIVATE LI...	Nitish Rane	nitish.arun.rane@accenture.com	9421506557	ACCENTURE SOLUTION	
129101	VISIT HEALTH PRIVATE LIMITED...	VANDANA MANE VANDANA MANE	vamane@deloitte.com	8855852506	VISIT HEALTH VH00DT	
128917	ACCENTURE SOLUTIONS PRIVATE LI...	Nikhil Gumte	nikhil.gumte@accenture.com	9921022334	ACCENTURE SOLUTION	
128594	VISIT HEALTH PRIVATE LIMITED...	DILIP N BANDAL	arko.sarkar@getvisitapp.com	9850825038	VISIT HEALTH NB DIAC	
128592	VISIT HEALTH PRIVATE LIMITED...	Mr. Shankar hange	arko.sarkar@getvisitapp.com	9310545840	VISIT HEALTH NB DIAC	
✓ 128370	ARCOFEMI HEALTHCARE LIMITED...	Seema sandeepkumar shinde	sandeep_shinde978@yahoo.com	9860226777	ARCOFEMI MEDIWHEEL	
128366	ARCOFEMI HEALTHCARE LIMITED...	SANDEEP KUMAR	sandeep_shinde978@yahoo.com	9860226777	ARCOFEMI MEDIWHEEL	
128004	PHASORZ TECHNOLOGIES PRIVATE L...	Neha Chandrabhushan Joshi	NCJ860765@TATAMOTORS.COM	9637900067	PHASORZ MEDIBUDDY 5	



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No.: 1293/31303/00340

To

सीमा संदीपकुमार शिंदे

Seema Sandeepkumar Shinde

D-903, Madhuwanti Sinhgad Road

Nanded City

Pune City

Vadgaon Budruk

Pune City Pune

Maharashtra 411041

8087193777

23/03/2012

49200129



MD492001297FH



आपला आधार क्रमांक / Your Aadhaar No. :

2720 8583 9660

माझे आधार, माझी ओळख



भारत सरकार

Government of India



सीमा संदीपकुमार शिंदे

Seema Sandeepkumar Shinde

जन्म तारीख / DOB : 02/05/1979

स्त्री / Female



2720 8583 9660

माझे आधार, माझी ओळख



Certificate No: MC-5697

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:23PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 01:23PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.4	g/dL	13-17	Spectrophotometer
PCV	39.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.34	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.7	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,550	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.5	%	40-80	Electrical Impedance
LYMPHOCYTES	33.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5586.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3170.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	219.65	Cells/cu.mm	20-500	Calculated
MONOCYTES	563.45	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Page 1 of 12

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

SIN No:BED240083061



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mr.SANDEEPKUMAR SHINDE
Age/Gender : 48 Y 2 M 0 D/M
UHID/MR No : SPUN.0000047011
Visit ID : SPUNOPV62422
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 89868

Collected : 26/Mar/2024 10:12AM
Received : 26/Mar/2024 12:23PM
Reported : 26/Mar/2024 01:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

SIN No:BED240083061



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Certificate No: MC-5697

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:23PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 04:38PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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

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

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Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 02:34PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	113	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

Comment:

Page 4 of 12



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



SIN No:EDT240038310

Apollo Speciality Hospitals Private Limited
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Certificate No: MC-5697

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
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UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 02:34PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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



SIN No:EDT240038310

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Certificate No: MC- 5697

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 01:36PM
Visit ID : SPUNOPV62422	Status : Final Report
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Emp/Auth/TPA ID : 89868	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	236	mg/dL	<200	CHO-POD
TRIGLYCERIDES	99	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Inhibition
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	173.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.88	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.58		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 12

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

SIN No:SE04676320



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

Apollo Speciality Hospitals Private Limited

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Certificate No: MC-5697

Patient Name	: Mr.SANDEEPKUMAR SHINDE	Collected	: 26/Mar/2024 10:12AM
Age/Gender	: 48 Y 2 M 0 D/M	Received	: 26/Mar/2024 12:30PM
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Visit ID	: SPUNOPV62422	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89868		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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).

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

SIN No:SE04676320



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.75	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.13	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	3.95	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	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'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.

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

SIN No:SE04676320



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.39	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.48	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.93	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.92	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.37	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	3.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated

Sneha Shah
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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 01:36PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	39.16	U/L	<55	IFCC

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

SIN No:SE04676320



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 01:24PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.217	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

1. 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.
2. 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.
3. 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.
4. 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: SPL24056045

Apollo Speciality Hospitals Private Limited
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

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Certificate No: MC-5697

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:34PM
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Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	>1.025		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 - 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

*** End Of Report ***

Page 12 of 12

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

SIN No:UR2316742



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Name : Mr. Sandeepkumar Shinde

Age: 48 Y

UHID:SPUN.0000047011

Sex: M



Address : Pune

OP Number:SPUNOPV62422

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10575

Date : 26.03.2024 09:34

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	3 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	4 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	5 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	6 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 ECG	
<input checked="" type="checkbox"/>	8 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	9 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12.30pm	
<input checked="" type="checkbox"/>	10 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	11 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	12 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	13 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	14 LIPID PROFILE	
<input checked="" type="checkbox"/>	15 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	16 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	17 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sandeepkumar on 26/03/24
Shinde

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	<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 not 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. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Samrat Shah 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 28/03/24
 MRNO :
 Name : Sandeep Kumar shinde
 Age/Gender : 48 M
 Mobile No :

Department : G.P
 Consultant :
 Reg. No : Dr. Samrat
 Qualification : Shah
 Consultation Timing :

SPO2 98%

Pulse: 74/min	B.P: 130/70	Resp: 18/min	Temp: 98.4
Weight: 81.9 kg	Height: 161 cm	BMI: 31.5	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

LDL cholesterol : High

Ad

Novastat 20

o - o - 1 x (90)

→ flu after 3 months to OPD

found fit to join duty

Follow up date:

Dr. Samrat Shah
 MBBS MD
 Reg. No. 1007302
 Consultant Internal Medicine
 Apollo Speciality Hospital

Patient Name : Mr.SANDEEPKUMAR SHINDE
 Age/Gender : 48 Y 2 M 0 D/M
 UHID/MR No : SPUN.0000047011
 Visit ID : SPUNOPV62422
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 89868

Collected : 26/Mar/2024 10:12AM
 Received : 26/Mar/2024 12:23PM
 Reported : 26/Mar/2024 01:23PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.4	g/dL	13-17	Spectrophotometer
PCV	39.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.34	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.7	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,550	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.5	%	40-80	Electrical Impedence
LYMPHOCYTES	33.2	%	20-40	Electrical Impedence
EOSINOPHILS	2.3	%	1-6	Electrical Impedence
MONOCYTES	5.9	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5586.75	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3170.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	219.65	Cells/cu.mm	20-500	Calculated
MONOCYTES	563.45	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	252000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic
 WBC's are normal in number and morphology
 Platelets are Adequate
 No hemoparasite seen.

Page 1 of 11




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240083061

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

Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 01:24PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.217	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:SPL24056045

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

Patient Name	: Mr.SANDEEPKUMAR SHINDE	Collected	: 26/Mar/2024 10:12AM
Age/Gender	: 48 Y 2 M 0 D/M	Received	: 26/Mar/2024 12:34PM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89868		

DEPARTMENT OF CLINICAL PATHOLOGY

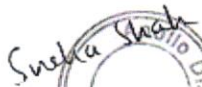
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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	>1.025		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 - 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

*** End Of Report ***

Result/s to Follow:
BLOOD GROUP ABO AND RH FACTOR

Page 11 of 11



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316742

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

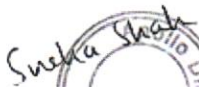


Patient Name	: Mr.SANDEEPKUMAR SHINDE	Collected	: 26/Mar/2024 10:12AM
Age/Gender	: 48 Y 2 M 0 D/M	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047011	Reported	: 26/Mar/2024 01:36PM
Visit ID	: SPUNOPV62422	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89868		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04676320

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



Patient Name	: Mr.SANDEEPKUMAR SHINDE	Collected	: 26/Mar/2024 10:12AM
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Visit ID	: SPUNOPV62422	Status	: Final Report
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Emp/Auth/TPA ID	: 89868		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.75	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.13	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	3.95	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676320

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



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Age/Gender	: 48 Y 2 M 0 D/M	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047011	Reported	: 26/Mar/2024 02:34PM
Visit ID	: SPUNOPV62422	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89868		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.39	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.48	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.93	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.92	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.37	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	3.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04676320

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



Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 01:36PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	39.16	U/L	<55	IFCC



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	236	mg/dL	<200	CHO-POD
TRIGLYCERIDES	99	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	194	mg/dL	<130	Calculated
LDL CHOLESTEROL	173.64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.88	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.58		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


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SIN No:SE04676320

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Patient Name	: Mr.SANDEEPKUMAR SHINDE	Collected	: 26/Mar/2024 10:12AM
Age/Gender	: 48 Y 2 M 0 D/M	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047011	Reported	: 26/Mar/2024 02:34PM
Visit ID	: SPUNOPV62422	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89868		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	113	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

Comment:



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

SIN No:EDT240038310

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



Patient Name	: Mr.SANDEEPKUMAR SHINDE	Collected	: 26/Mar/2024 10:12AM
Age/Gender	: 48 Y 2 M 0 D/M	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047011	Reported	: 26/Mar/2024 02:34PM
Visit ID	: SPUNOPV62422	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 89868		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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
 - HbF >25%
 - 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:EDT240038310


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



Patient Name : Mr.SANDEEPKUMAR SHINDE	Collected : 26/Mar/2024 10:12AM
Age/Gender : 48 Y 2 M 0 D/M	Received : 26/Mar/2024 12:23PM
UHID/MR No : SPUN.0000047011	Reported : 26/Mar/2024 04:38PM
Visit ID : SPUNOPV62422	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 89868	

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:BED240083061

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

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: *Mr. Sandeep Kumar Shinde*

Date: *26-3-2024*

Age / Sex: *48 / M*

Ref No.:

Complaint: *No. Complaint*

Examination

*No. H.T.N
No. D.N*

Vision $\left\{ \begin{array}{l} R \ 6/6 \\ L \ 6/6 \end{array} \right.$ *M 16p*

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	<i>6/6</i>	<i>pl</i>	<i>—</i>	<i>—</i>	<i>6/6</i>	<i>—</i>	<i>—</i>	<i>—</i>
Read	<i>M 16</i>	<i>+1.25</i>	<i>—</i>	<i>—</i>	<i>M 16</i>	<i>+1.25</i>	<i>—</i>	<i>—</i>
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: *make a glass*

PGP $\left\{ \begin{array}{l} R \\ L \end{array} \right.$

Medications:

BE colour vision test normal

Trade Name	Frequency	Duration

Follow up: *one year*

Consultant: *[Signature]*

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

Shinde, Sandeepkumar

ARROW CE

26.03.2024 10:54:34 AM

Apollo Spectra Hospital
SWARGATE
PUNE-4110

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

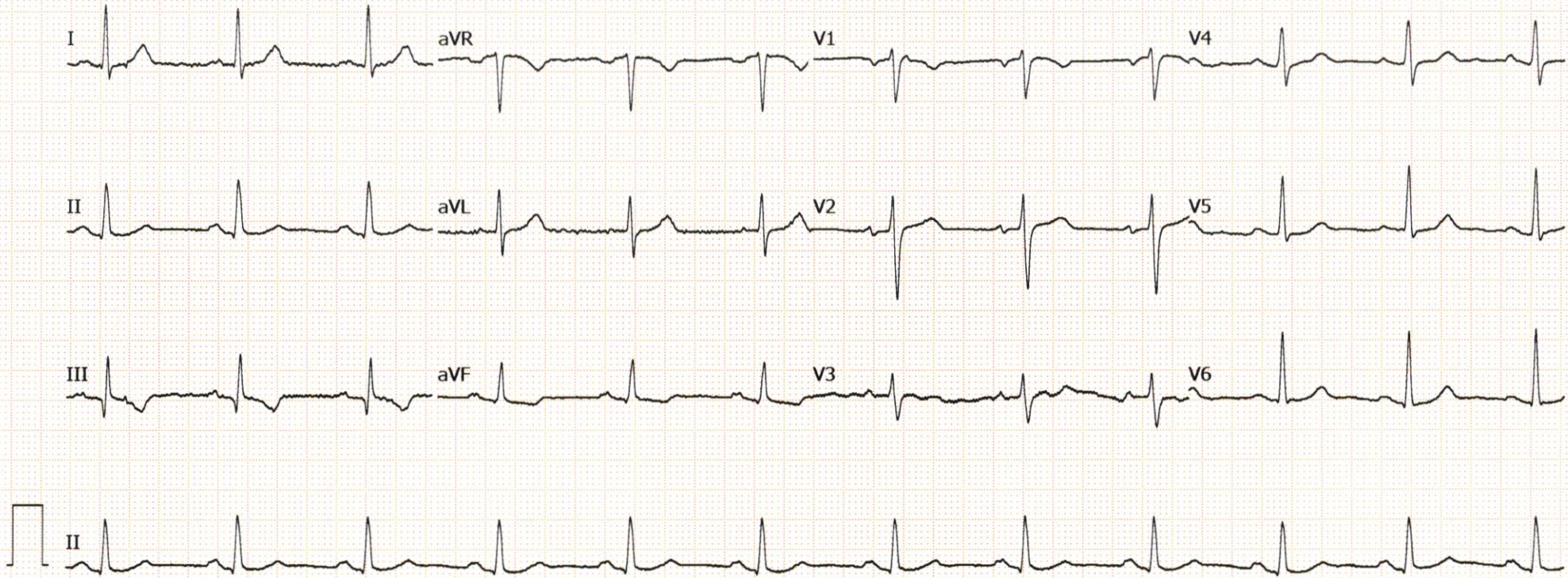
Room:

69 bpm
-- / -- mmHg

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 94 ms Normal sinus rhythm
QT / QTcBaz : 398 / 426 ms Normal ECG
PR : 164 ms
P : 102 ms
RR / PP : 868 / 869 ms
P / QRS / T : 54 / 47 / 2 degrees



MR.SANDEEPKUMAR SHINDE
48Y
48 Years
M
1
26-Mar-2024 11:01

MR No:
Location:
Physician:
Date of Exam:
Date of Report:

SPUN.00047011
Apollo Spectra Hospital Pune
(Swargate)
SELF
26-Mar-2024
26-Mar-2024 11:18

X-RAY CHEST PA VIEW

HISTORY: health check up

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



DR SANTOSH RATHOD
CONSULTANT RADIOLOGIST
MBBS, DMRD, DNB
REG NO: 2007/12/4060

CONFIDENTIALITY:

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PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of

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129561	VISIT HEALTH PRIVATE LIMITED...	ARUNA DILIP BANDAL	BANDAL	9850825038	VISIT HEALTH NB DIAG	
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129101	VISIT HEALTH PRIVATE LIMITED...	VANDANA MANE VANDANA MANE	vamane@deloitte.com	8855852506	VISIT HEALTH VH00DT	
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128004	PHASORZ TECHNOLOGIES PRIVATE L...	Neha Chandrabhushan Joshi	NCJ860765@TATAMOTORS.COM	9637900067	PHASORZ MEDIBUDDY S	



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No. : 0639/50607/33877

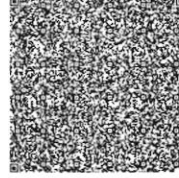
02/04/2012

87982199

To
Sandeepkumar Shamrao Shinde
संदीपकुमार शामराव शिंदे
flat no 903 bldg d madhuvanti
sinhagad road
near destination center
nanded city
Pune City
Vadgaon Budruk, Pune City, Pune,
Maharashtra - 411041
9860226777



KA879821996FH



आपला आधार क्रमांक / Your Aadhaar No. :

9094 2647 3738

माझे आधार, माझी ओळख

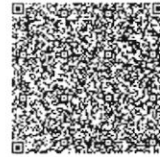


भारत सरकार

Government of India



संदीपकुमार शामराव शिंदे
Sandeepkumar Shamrao Shinde
जन्म तारीख / DOB: 26/01/1976
पुरुष / Male



9094 2647 3738

माझे आधार, माझी ओळख