




Patient Name : Mrs.PUNAM JICHAKAR	Collected : 24/Feb/2024 10:30AM
Age/Gender : 37 Y 6 M 14 D/F	Received : 24/Feb/2024 12:00PM
UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 01:21PM
Visit ID : CWANOPV227081	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

Sheha Shah

Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240048770

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




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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81.3	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,390	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48.5	%	40-80	Electrical Impedence
LYMPHOCYTES	40	%	20-40	Electrical Impedence
EOSINOPHILS	3.7	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3584.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2956	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	273.43	Cells/cu.mm	20-500	Calculated
MONOCYTES	509.91	Cells/cu.mm	200-1000	Calculated
BASOPHILS	66.51	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.21		0.78- 3.53	Calculated
PLATELET COUNT	324000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	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



Dr Sheha Shah
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Consultant Pathologist

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Certificate No: M3681

DEPARTMENT OF HAEMATOLOGY

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

No Abnormal cells/hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240048770

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UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 01:10PM
Visit ID : CWANOPV227081	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF HAEMATOLOGY

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240048770

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UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 01:07PM
Visit ID : CWANOPV227081	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	100	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.

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

SIN No:PLF02112626

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





Patient Name : Mrs.PUNAM JICHAKAR	Collected : 24/Feb/2024 01:32PM
Age/Gender : 37 Y 6 M 14 D/F	Received : 24/Feb/2024 03:06PM
UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 04:42PM
Visit ID : CWANOPV227081	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	179	mg/dL	70-140	HEXOKINASE

Comment:

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

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



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

SIN No: PLP1423666

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





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Age/Gender : 37 Y 6 M 14 D/F	Received : 24/Feb/2024 12:00PM
UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 01:51PM
Visit ID : CWANOPV227081	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240021989

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





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Age/Gender : 37 Y 6 M 14 D/F	Received : 24/Feb/2024 12:24PM
UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 04:38PM
Visit ID : CWANOPV227081	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	219	mg/dL	<200	CHO-POD
TRIGLYCERIDES	234	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	175	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	46.83	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.05		0-4.97	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

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



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

SIN No: SE04640667

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



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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.24	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.03	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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

SIN No: SE04640667

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.47	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.61	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.75	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.28	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.71	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	20.07	U/L	<38	IFCC



DR. Sanjay Ingle
M.B.B.S, M.D(Pathology)
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SIN No: SE04640667

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UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 01:52PM
Visit ID : CWANOPV227081	Status : Final Report
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Emp/Auth/TPA ID : 169095	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.61	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.14	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.307	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 Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SPL24032201

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





Patient Name : Mrs.PUNAM JICHAKAR	Collected : 24/Feb/2024 01:32PM
Age/Gender : 37 Y 6 M 14 D/F	Received : 24/Feb/2024 03:28PM
UHID/MR No : CWAN.0000134799	Reported : 24/Feb/2024 03:46PM
Visit ID : CWANOPV227081	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169095	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	TRACE		NEGATIVE	Dipstick



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

SIN No:UPP016778

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





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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

***** End Of Report *****

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF010784

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



punamvijachakar@gmail.com

Name : Mrs. PUNAM JICHAKAR

Age: 37 Y

Sex: F

UHID: CWAN.0000134799



OP Number: CWANOPV227081

Bill No : CWAN-OCR-50320

Date : 24.02.2024 10:24

Address : PUNE

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 2D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
	6 GYNAECOLOGY CONSULTATION	
	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG <i>IXI - 11:35</i> <i>OUT-41</i>	
<input checked="" type="checkbox"/>	12 LBC PAP TEST - PAPSURE	
<input checked="" type="checkbox"/>	13 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	14 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>1:15</i>	
<input checked="" type="checkbox"/>	16 URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	17 SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	18 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	19 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	20 ENT CONSULTATION	
	21 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	22 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	23 LIPID PROFILE	
	24 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	25 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	26 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	27 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Ht - 157 cm

Wt - 68.6 kg

BP - 110/70 mmHg



FREE CONSULTATIONS
DENTAL / PHYSIO / AUDIOMETRY

Pending Test Form

I, Punam Tickkar visiting from
ARCOFEMI - _____ Company for health check.

UHID: - 134799 Date: - 24 FEB 24.

This is a consent form to inform you that I do not wish to do this test.

Diet Consul, Gynaecology Consul.

Or will be doing their test later on _____.

Signature: - _____.





Date : 24-02-2024
 MR NO : CWAN.0000134799

Department : GENERAL

Doctor :

Name : Mrs. PUNAM JICHAKAR

Registration No :

Age/ Gender : 37 Y / Female

Qualification :

Consultation Timing: 10:23

Height : 157cm.	Weight : 68.6 kg.	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/ mm Hg

General Examination / Allergies History

U/O :- Back pain
 on homeopathic med.
 - F.H - H.T.N. DM
 IHD.

Clinical Diagnosis & Management Plan

For ARIC
 - Mild Cough & cold
 O/E :- CVS
 resp. } was
 Abd }

Adv. Vit. D3 levels
 For Stress Test

PATHOLOGY COLLECTION
 HC
 9763461253
 Clinic
 9121226368
 Follow up date:

Doctor Signature

MAC1200 ST JICHAKAR, PUNAM 000134799, APOLLO CLINIC WANOWRIE male, 37 Years (10.08.1986)

HR 94 bpm

Non-specific T wave changes

Measurement Results:

PR	80 ms
QTcB	354 / 445 ms
PP	142 ms
PP	110 ms
PP	632 / 635 ms
QRS/T	70 / 65 / -15 degrees
1/QTcBD	104 / 131 ms
slow	1.3 mV
	14

Interpretation:

T-wave near baseline (anterior) borderline ECG



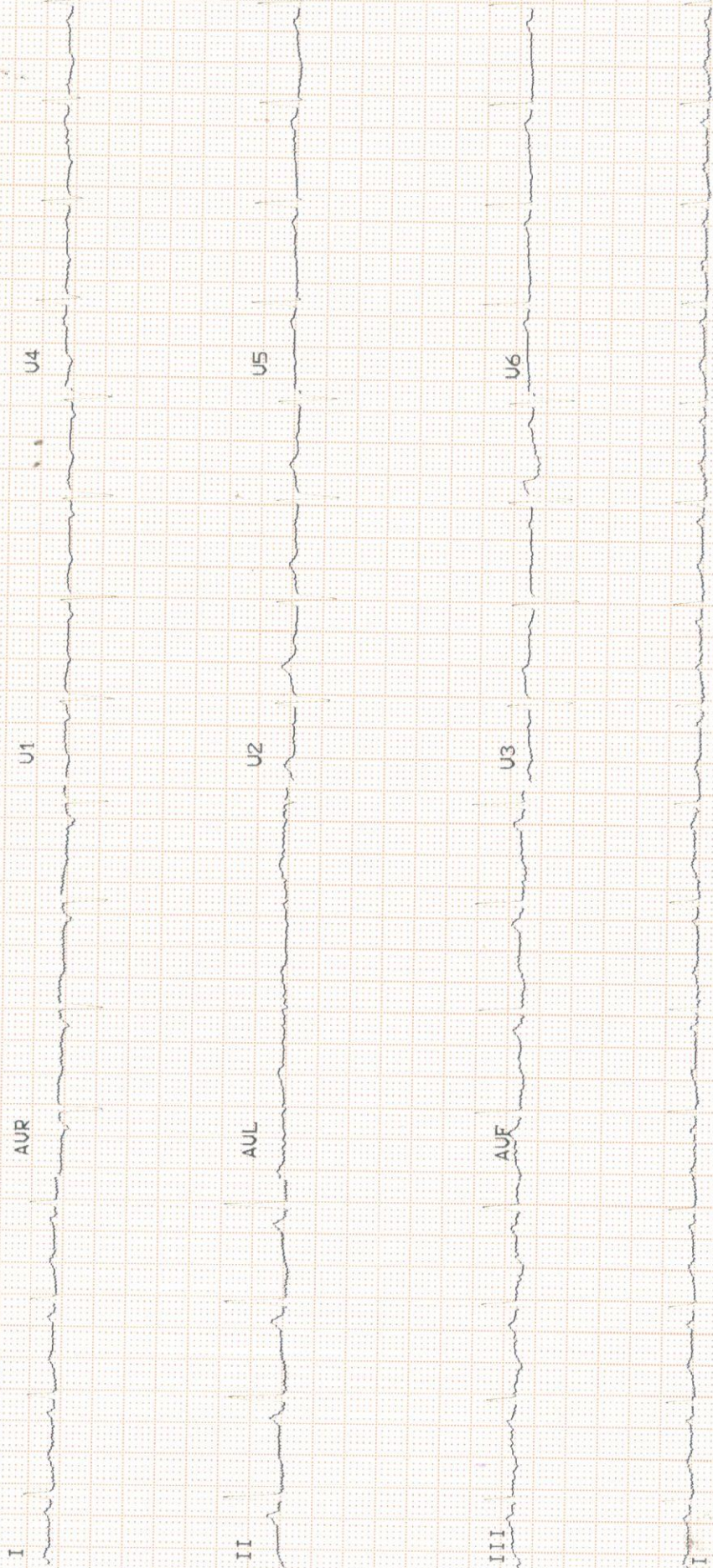
DR. MUSHFIYA BAHRAINWALA

M.B.B.S

Reg. No.: 47527

Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

-unconfirmed report-



The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mrs. Poonam C.

DATE :- 24/2/24

AGE/SEX :- 31 / F

UHID :

EYE CHECK UP

COMPLETE

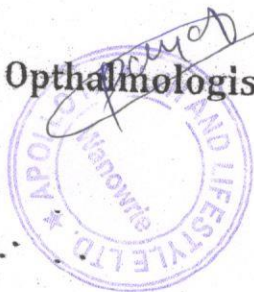
PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 plero	6/6 plero
Near Vision	N/6	N/6
Anterior Segment Pupil	NORMAL <input checked="" type="checkbox"/>	NORMAL
Fundus	NORMAL <input checked="" type="checkbox"/>	NORMAL
Colour Vision	NORMAL <input checked="" type="checkbox"/>	NORMAL
Iop	NORMAL NA	NORMAL
Family History/Medical History	NA	

IMPRESSION :- Emmetropic

Advice :- Use computer glasses

Ophthalmologist



Patient Name : Mrs. PUNAM JICHAKAR

Age : 37 Y F

UHID : CWAN.0000134799

OP Visit No : CWANOPV227081

Reported on : 24-02-2024 12:17

Printed on : 24-02-2024 12:18

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

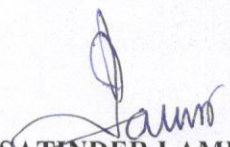
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen..

Printed on:24-02-2024 12:17

---End of the Report---


Dr. SATINDER LAMBA
Dr. Satinder
(Ex-Major) MBBS, DMRE
Reg. No. 2004/Radiology

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MRS. PUNAM JICHAKAR Age/Sex :37/F Date 24/02/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – Grade I LV diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, minimal mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –8 mm Hg

Tricuspid valve – minimal tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
28	35	10	10	36	28	60%

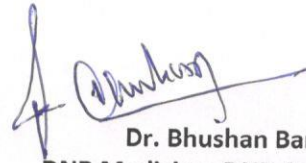
Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

Grade I LV Diastolic dysfunction.

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

Mrs Punam Jichakar

Age: 37y

21/2/24

NO active ENT complaints

His travel ⊕

OTC: Non - mild coughs

Ear → Normal.

Ears → TM intact, EAC clear

Neck → normal.

Rx.

Steam inhalation

1-2 x 3 days

Salt-warm water gargle

1-2 x 3 days

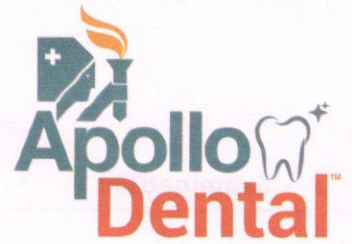
x 3 days

8

Dr. A. Shakti.

21/2/24

PATIENT CASE SHEET



Name: Poonam J Age: 37 Gender: f

Address: _____

UHID / Emp Id: _____

Ref. by Doctor

Treating Doctor

Past Dental History:

NAD

Past Medical History:

NAD

Chief Complaint(s):

Regular dental checkup

Investigation:

RVG

OPG

CBCT

Patient Name	: Mrs. PUNAM JICHAKAR	Age	: 37 Y F
UHID	: CWAN.0000134799	OP Visit No	: CWANOPV227081
Reported on	: 24-02-2024 12:08	Printed on	: 24-02-2024 12:15
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Clinical History:

No complaints. Patient has come for a routine work up.
Menstrual history : cycles irregular (post lactation).
No family history of breast disease.
Physical examination is normal

Technique : Real time B-Mode USG of both breasts performed using high frequency linear transducer.

Study shows normal appearance and distribution of fibro glandular breast parenchyma.
No evidence of focal solid or cystic lesion.
No obvious asymmetry or distortion is noted.
No duct ectasia bilaterally.
Nipple areolar complex normal in both breasts.

No abnormal axillary lymphadenopathy detected.

CONCLUSION:

No significant abnormality detected.

ACR BIRADS CAT I (Negative).


Dr. Shrinivas Kumar Lamba
(Ex-Major) Radiologist
Reg. No. 2004/02/386
Printed on: 24-02-2024 12:08

---End of the Report---

Patient Name	: Mrs. PUNAM JICHAKAR	Age	: 37 Y F
UHID	: CWAN.0000134799	OP Visit No	: CWANOPV227081
Reported on	: 24-02-2024 12:00	Printed on	: 24-02-2024 12:07
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows bright echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus measures 8.4 x 4.0 x 5.8 cms normal in size, shape and echo pattern. Endometrial echo-complex appears normal and measures 10.1 mm. No focal myometrial lesion noted.

Both ovaries appear normal in size, shape and echotexture. No focal lesion noted. Right ovary : 2.7 x 2.1 cm. Left ovary : 2.8 x 2.4 cm. A 23 mm follicle noted in the right ovary. No evidence of any adnexal pathology noted.

No free fluid / abdominal lymphadenopathy.

IMPRESSION:

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

TO BOOK AN APPOINTMENT


Patient Name : Mrs. PUNAM JICHAKAR Age : 37 Y F
UHID : CWAN.0000134799 OP Visit No : CWANOPV227081
Reported on : 24-02-2024 12:00 Printed on : 24-02-2024 12:07
Adm/Consult Doctor : Ref Doctor : SELF

Grade I Hepatic steatosis.
No other significant abnormality detected.
Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:24-02-2024 12:00

---End of the Report---


Dr. SATINDER LAMBA
(Ex-Major) Radiology MBBS, DMRE
Reg. No. 2004/02/300 Radiology