



Patient Name	: Mrs PAI LAVI PRAFULA KULKARNI	Collection	: 13-Jan-2024 01:14PM
Age/Gender	: 32 Y - 1 M 20 DF	Received	: 13-Jan-2024 06:32PM
UHID/MR No	: CPIM.000048795	Reported	: 13-Jan-2024 08:32PM
VISID	: CPIMOPV155706	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Unit/TPA ID	: bobE52148		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.17	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.1	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	35.3	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.5-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,660	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.5	%	40-80	Electrical Impedance
LYMPHOCYTES	24.6	%	20-40	Electrical Impedance
EOSINOPHILS	6.0	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1.2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2772.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1146.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	316.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.64	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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



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

Certificate No. ASD-5587

Patient Name : Mrs. PALLAVI PRAFULLA KULKARNI Age/Gender : 32 Y 11 M 20 D/F UHID/MR No : CPM.0000046795 Visit ID : CPIMQPV155706 Ref Doctor : Dr SEIF Emp/Auth/TPA ID : 6cbE52148	Collected : 13/Jan/2024 01:14PM Received : 13/Jan/2024 08:32PM Reported : 13/Jan/2024 08:32PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

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



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



Patient Name : Mrs. PAI, LAVI PRAFULLA KULKARNI Age/Gender : 32 Y 11 M 20 D-F UHID/MR No : CPIM.0000048795 Visit ID : CPIMOPV155706 Ref Doctor : Dr. SELF Emp./Auth./TPA ID : b0bE52148	Certificate No: MC-EG97	Collected : 13/Jan/2024 01:14PM Received : 13/Jan/2024 06:22PM Reported : 13/Jan/2024 08:17PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIUMWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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



Certificate No. 100-SEET

Patient Name : Mrs.PALLAVI PRAPULLA KULKARNI	Collected : 13/Jan/2024 01:14PM
Age/Gender : 32 Y 11 M 20 DF	Received : 13/Jan/2024 05:41PM
UHID/MR No. : CPIM.DHI0046755	Reported : 13/Jan/2024 07:09PM
Visit ID : CPIMCFV155705	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : babE52148	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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

Notes:

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random 2 hr post glucose value of ≥ 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.



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



Patient Name : Mrs PALLAVI PRAFULLA KULKARNI Age/Gender : 32 Y 11 M 20 D/F UHID/MR No : CM1M101014E715 Visit ID : CPMOPV155708 Ref Doctor : Dr.SELF Emp/AJ/HTPA ID : bobE52148	Collected : 13/Jan/2024 12:54PM Received : 13/Jan/2024 03:44PM Reported : 13/Jan/2024 04:43PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	86	mg/dL	70-140	HEXCKINASE

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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:PLP1406433

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Certificate No: MC-5687

Patient Name	Mrs PALLAVI PRAFULLA KULKARNI	Collected	13-Jan-2024 01:14PM
Age/Gender	32 Y 11 M 20 D-F	Received	13-Jan-2024 06:32PM
UHID/MR No	CPIM 000046795	Reported	13-Jan-2024 07:46PM
Visit ID	CPIMQPV155705	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	batE52148		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2021 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 guideline 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) Hemoglobin Hemoglobinopathy
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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





Patient Name : Mrs.PALLAVI PRAFULLA KULKARNI	Collected : 13 Jan 2024 01:14PM
Age/Gender : 32 Y 11 M 20 D/F	Received : 13 Jan 2024 08:39PM
LHID/MR No : CPIM.0000046795	Reported : 13 Jan 2024 07:34PM
Visit ID : CPIMOPV155706	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMIHEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE52148	

DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	158	mg/dL	<200	CHO-POD
TRIGLYCERIDES	94	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.53	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.83	mg/dL	<30	Calculated
CHOL/HDL RATIO	3.79		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 estimations 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 150mg/dl. When Triglycerides are more than 150 mg/dl LDL cholesterol is a direct measurement.

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



Patient Name	Mrs PALLAVI PRAFULLA KULKARNI	Collected	13-Jan-2024 01:14PM
Age/Gender	32 Y 11 M 20 D-F	Received	13-Jan-2024 06:39PM
LHID/IR No.	CPIMJ00004679E	Reported	13-Jan-2024 07:34PM
Visit ID	CPIMDPV155706	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/with/TPA ID	bobE52148		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.35	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9.01	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.7	U/L	<35	IFCC
ALKALINE PHOSPHATASE	84.41	U/L	30-120	IFCC
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Bluret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Comment:

All T results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, A/G), cholesterol (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 (mg/dL) - 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 Patterns:

- 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 or non-hepatic correlation with (GGT) helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function Impairment:

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

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





Patient Name : Mrs.PALLAVI PRAFULLA KULKARNI Age/Gender : 32 Y 11 M 20 DF LHID/HR No : CPIM 0600046795 Visit ID : CPIMQPV155706 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bhNF57148	Collected : 13/Jan/2024 01:14PM Received : 13/Jan/2024 06:39PM Reported : 13/Jan/2024 07:34PM Status : Final Report Sponsor Name : ARCOFEM HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEM - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.35	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.02	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.69	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.68	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.4	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.77	mmol/L	101-109	ISE (Indirect)



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

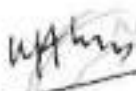
Patient Name	: Mrs. PALLAVI PRAFULLA KULKARNI	Collected	: 13 Jan 2024 01:14 PM
Age/Gender	: 32 Y 11 M 20 (M)	Received	: 13 Jan 2024 06:19 PM
UHID/MR No	: CPIM.000046795	Reported	: 13 Jan 2024 07:34 PM
Visit ID	: CPIMDPV166/166	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMIHEALTHCARE LIMITED
Emp/Phys/TPA ID	: 160E52146		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEM - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.77	U/L	<38	IFCC




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



Certificate No: MC-5687

Patient Name	Mrs PALLAVIPRAFULLA KULKARNI	Collected	13-Jan-2024 01:14PM
Age/Gender	37 Y 11 M 23 DF	Received	13-Jan-2024 06:41PM
UHID/IR No	CPIM.0000046795	Reported	13-Jan-2024 07:24PM
Visit ID	CPIMGPV155706	Status	Final Report
Ref Doctor	D.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Audit/TPA ID	babE52148		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTIYRONINE (T3, TOTAL)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.648	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.6
Third trimester	0.3 - 4.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (tri-iodothyronine) and its product name T4 (thyroxine). Increased blood levels 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 hormones. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, menstrual 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, Gravit. Thyroiditis, Drug-induced, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interferon, Antibiotics
N/Low	High	N	N	T3 Thyrotoxicosis, Non-thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma, Thyrotoxicosis

DR Srinivas Ingole
M.B.B.S M.D(Pediatrics)
Consultant Pediatricologist



Patient Name	: Mrs. PALLAVI PRAFULLA KULKARNI	Collected	: 13-Jan-2024 01:14PM
Age/Gender	: 32 Y 11 M 20 D/F	Received	: 13-Jan-2024 06:11PM
UHID/MR No	: CP/IA 100046785	Reported	: 13-Jan-2024 07:05PM
Visit ID	: CP#MOPV155706	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1a70E52148		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Blo. 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	COLURI F INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromatynol 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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazolization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



Certificate No: HCL-5597		Collected	: 13/Jan/2024 01:14 PM
Patient Name	: Mrs. PALA VI PRAFULLA KULKARNI	Received	: 13/Jan/2024 06:46 PM
Age/Gender	: 32 Y 11 M 20 D F	Reported	: 13/Jan/2024 07:09 PM
UHID/MR No	: CPIM.000046795	Status	: Final Report
Visit ID	: CPIMOPV155706	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Ref Doctor	: Dr. SELF		
Emp/Auth/TPA ID	: b0E52148		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

*** End Of Report ***

Results to Follow:
LBC/PAP TEST (PAPSURE)



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

Patient Name	Mrs.PALLAVI PRAFULLA KULKARNI	Collector	13/Jan/2024 01:43PM
Age/Gender	32 Y 11 M 20 D F	Received	14/Jan/2024 01:17PM
UHID/MR No	CPIM 0000046795	Reported	17/Jan/2024 11:02AM
Vial ID	CPIMOPV15670F	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARC OF EMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	bobE52148		

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE), CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	891/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Dr. Reshma Stanly
M.B.B.S.DNB(Pathology)
Consultant Pathologist



SIN No: 03697062

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

Apollo Health and Lifestyle Limited (GSR - 0251101020001010000)
Regd. Office: 1-10-6062, Apollo Reghupati Chambers, 3rd Floor, Begumpet, Hyderabad, Telangana - 500016
www.apolloh.com | Email: Corporate@apolloh.com | Ph No: 048-49637777, Fax No: 49247344
SIN: 03697062/142

Regd. No: 18 to 26, City Park Building,
Sector - 25, Near to ISIL, Umas, Hitech Park
Pune, Maharashtra, India - 411004

1860 500 7788
www.apolloclinic.com

For any requirement, please contact: Dr. Reshma Stanly, Apollo Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad. Contact details: Dr. Reshma Stanly, Apollo Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad. Contact details: Dr. Reshma Stanly, Apollo Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad. Contact details: Dr. Reshma Stanly, Apollo Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad.

ID: 167
PALLAVI KULKARNI
Female 32Y ears

13-01-2024 11:46:03 AM

Diagnosis Information:

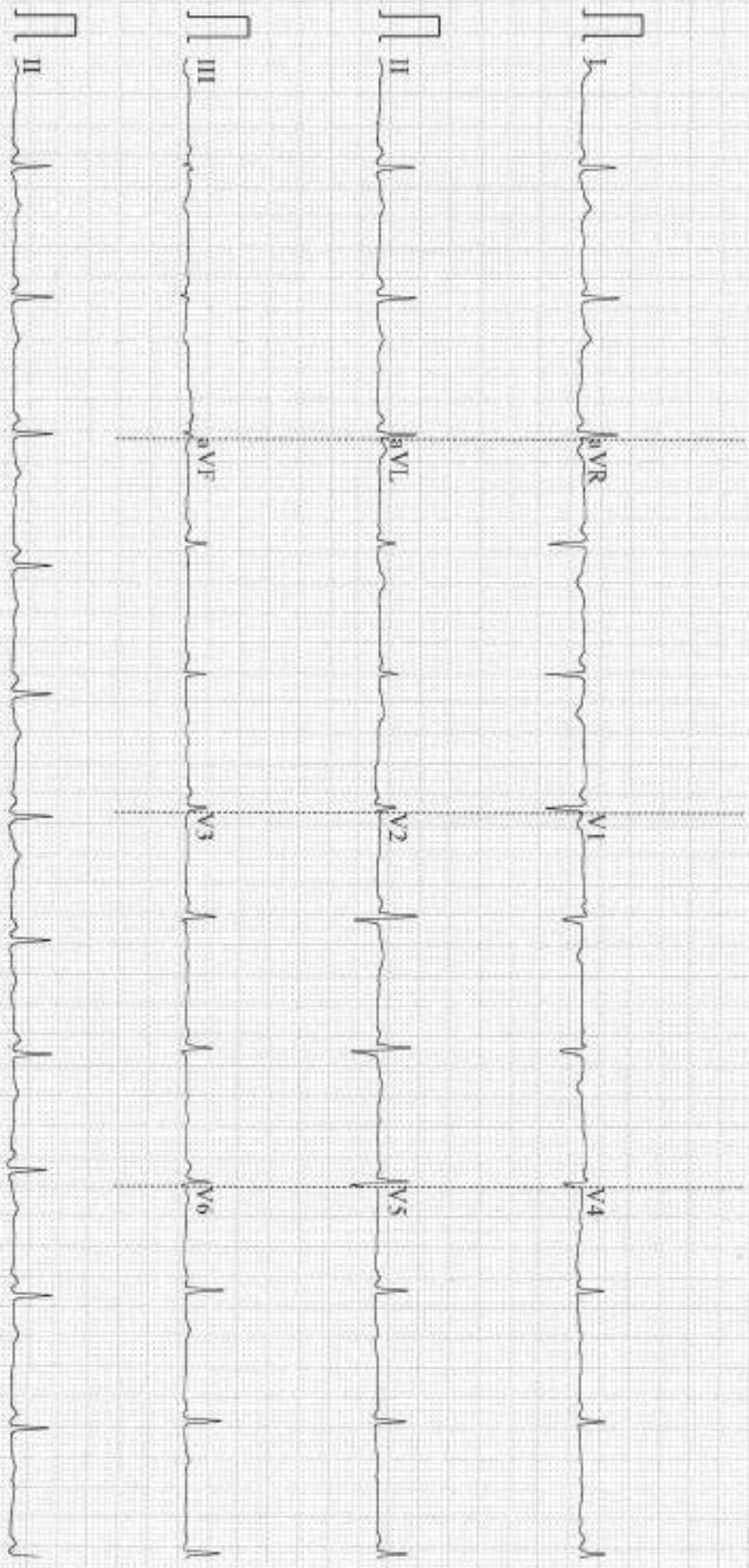
Sinus Rhythm
Short PR Interval

Handwritten signature

HR : 70 bpm
P : 99 ms
PR : 115 ms
QRS : 87 ms
QT/QTc : 367/397 ms
P/QRS/T : 90/29/7 °
RV5/SVI : 0.516/0.342 mV

Dr. Anam A. A. Inamdar
MBBS
Reg. No. 2021/0516236

Report Confirmed by:



Patient Name	: Mrs. PALLAVI PRAFULLA KULKARNI	Age	: 32 Y F
UHID	: CPIM.0000046795	OP Visit No	: CPIMOPV155706
Reported on	: 13-01-2024 17:06	Printed on	: 13-01-2024 19:31
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on: 13-01-2024 17:06

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mrs. PALLAVI PRAFULLA KULKARNI Age : 32 Y F
UHID : CPIM.0000046795 OP Visit No : CPIMOPV155706
Reported on : 13-01-2024 15:08 Printed on : 13-01-2024 15:09
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

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

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

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.4 mm. No intra/extra uterine gestational

Patient Name	: Mrs. PALLAVI PRAFULLA KULKARNI	Age	: 32 Y F
UHID	: CPIM.0000046795	OP Visit No	: CPIMOPV155706
Reported on	: 13-01-2024 15:08	Printed on	: 13-01-2024 15:09
Adm/Consult Doctor		Ref Doctor	: SELF

SAC seen.

Both ovaries appear mildly bulky,RO-11.8CC LO-10.9CC.Both appear polycystic

No evidence of any adnexal pathology noted.

IMPRESSION:-

POLYCYSTIC OVARIES

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.

Apollo Health and Lifestyle Limited

(CIN - L85110TG2300PLC15219)

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

Ph.No: 040-4904 7777, Fax No: 4904 7764 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Puna (Aurich) | Kharadi, | Mid Pradhikaran | Viman Nagar | Wankore |

Online appointments: www.apolloclinic.com

Patient Name : Mrs PALLAVI PRAFULLA KULKARNI
UHID : CPIM.0000046795
Reported on : 13-01-2024 15:08
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CPIMOPV155706
Printed on : 13-01-2024 15:09
Ref Doctor : SELF

Printed on:13-01-2024 15:08

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MRS. PALLAVI KULKARNI	Age/Sex: 32/ F
Ref: ARCOFEMI	Date: 13.01.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR/MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension (RVSP = 28 mm Hg)
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	33.0 mm	Aortic Root	30.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	39.0 mm	LVID (s)	24.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

STRUCTURALLY NORMAL CARDIAC VALVES, MILD TR

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION



DR. RAJENDRA V. CHAVAN
MD (MEDICINE), DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

ICIN - U65110TG201001C115819

Regd. Office: H-10-5062, Ashoka Nighat Apartments, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph.No: 040 4904 7777, Fax No: 4904 7344 | Email ID: enquiry@apoloclinic.com | www.apoloclinic.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Waranwale

Online appointments: www.apoloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 13.01.24

Patient Name *pallavi kulkarni*

UHID:

Age / Sex: *32.4 / F*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 > respect</i>	<i>6/6 > respect</i>
Near Vision	<i>N6</i>	<i>N6</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>WNL</i>	<i>WNL</i>
Family History/Medical History	<i>—</i>	<i>—</i>

Some of x

IMPRESSION:-

Dr. [Signature]
OPTOMETRIST

Pallani kukharui,

32yrs

13.1.24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

WUP: 20.12.23

PMC: RMPL
2 days AS

GI - FITS - (M) - 6yrs

Past: Brain R

On Omeprazole
Acne

PA same

MS: Co-UG (M)

Multit RW

9. Menstrual
irregular

No acute gynae problems,
at now

Follow up date:



TAC NIGDI
Dr. Archana Chandra
MBBS, DGO
Reg. No. 73963
Doctor Signature

Date : 13-01-2024
MR NO : CPIM.0000046795

Department : GENERAL
Doctor :

Name : Mrs. PALLAVI PRAFULLA KULKAR

Registration No :

Age/ Gender : 32 Y / Female

Qualification :

Consultation Timing: 10:41

wt 72.8
HT 167.
BP. 100/70
Mother: HTW

PCOD.
S/f

CVS: S, S₂ (+)

RS: AEBE

CVS: NAD.

PA: NAD.

Diet Veg.

No known allergy.

No past sx

LSCS 2017

Dr. Anam A. Mhamdar
MBBS
Reg. No. 202106/6236

119

Name : Mr. PALLAVI PRAFULLA KULKARNI

Age: 32 Y

MRID:CPIM3000046795

Sex: F



Address : F 102, SURYA SKIES, S NO - 19, KATE VASTI ROAD, PUNWALE

OP Number:CPIMOPV155706

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CPIM-OCR 75499

Date : 13.01.2024 10:41

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNABCOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	EKG	
12	LBC PAP TEST - PAP SMEAR	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:50 PM	
16	URINE GLUCOSE (FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABC AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTH BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

↳ Dental
↳ Audio

167