

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Kanchan on 14/9/24

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

	Tick
<p>Medically Fit</p> <p>With Restrictions Recommendations</p> <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 checked="" type="checkbox"/>
<p>Current Unfit.</p> <p>Review after _____ recommended</p>	
<p>Unfit</p>	

Height: 138 cm
 Weight: 62 kg
 Blood Pressure: 102/77

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
 Plot No. 3, Block No. 34, Metro Pillar No. 77
 Pusa Road, Karol Bagh
 New Delhi-110005
 Medical Officer

This certificate is not meant for medico-legal purposes

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
 Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
 New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
 Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

Mrs. Kanchar

Age - 40y/18

Height: 138 cm	Weight: 62 kg	BMI: 32.5	Waist Circum:
Temp: 98.1 °F	Pulse: 88/mt	Resp: 18/mt	B.P: 102/77

General Examination / Allergies History

past h/o - MS
 se h/o - MS
 Family h/o - ~~F~~ ^{H/N} ~~M-DNF~~
 Habits: NO.
 Diet: Mixed
 Covid vaccines: 1 dose
 Physical activity: moderate
 Allergy: NO
 Menstrual: 2/yr

Clinical Diagnosis & Management Plan

SP2 - 977.
 General health checkup

USG S, S2 @
 PS: B/LA @
 CR: Conscious and oriented
 PL: SRT B S @

Able
 - lifestyle modification

Follow up date:

Doctor Signature

APOLLO HEALTH AND LIFESTYLE LTD.
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 Plot No. 3, Block No. 34, Metro Pillar No. 77
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 New Delhi - 110005

DR. ALVEEN KAUR

Senior Consultant - Dental

BDS, MIDA, REG NO- A-12249

Specialized in Surgical, & Cosmetic procedures & Trauma

For Booking Call on - 9817966537

Days: - Mon to Sat

10AM to 5PM



Advanced Diagnostics Powered by AI

Ms. Kanchar K.
40/F

O/C:- Stained ++
 Calculus ++
 Tartar +
 Halitosis

R Adv.
oral prophylaxis
+ polishing.

Dr. Alveen
Signature: -

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www.apolloclinic.com

DR. RAJEEV NANGIA

MBBS, MS (ENT)

Senior Consultant

Contact: 8929440195

KANCHAN

49ys F

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

General Examination / Allergies
History

H/o Rec. was that
for Rantrol
antibiotic
c/o nose block / sinus
9/21
Sgt. Goutam met
Sgt - n
Sgt - n.

Clinical Diagnosis & Management Plan

Adm
4-5/24
- Tab Mlysa M
o 7 7pm
DNE
3000
Rajia
14/9/24

Follow up date:

Doctor Signature

Dr. Pakhee Aggarwal

MS, MIPHA, FICOG, MRCOG (UK), PGPMRCH
Commonwealth Fellow Gynae-Oncology (Oxford, UK)
UICC Fellow Robotic Gynae-Oncology (McGill, Canada)
ESGO-SERGS trained in Robotic Gynae & Oncology (ORSI, Belgium)
Former Senior Resident, AIIMS, Former Assistant Professor, LHMC
Senior Consultant, Gynae-Oncology & Robotic Surgery
Contact: 9868602466, DMC No.-R/2512

KANCHAN K. YOLA 16/9/24

For health check.

P, L, W - 18yr

LMP - scant flow 7.9.24

↳ 1-2) 20-40d

no FHx of breast CA.

O/E B/L
breast

no lump palpable.

Sonogram

- Breast III

Cystic lesion 5x3mm
at 10'clock.

Prominent ducts.

Subcm axillary LN
B/L maintained
hilum.

USG Abdo

Lt NS, ET - 7.2mm

B/L or @.

D₂ FSH, M, E₂
- B/L mammography

- LBC to be done.

- HIV : above

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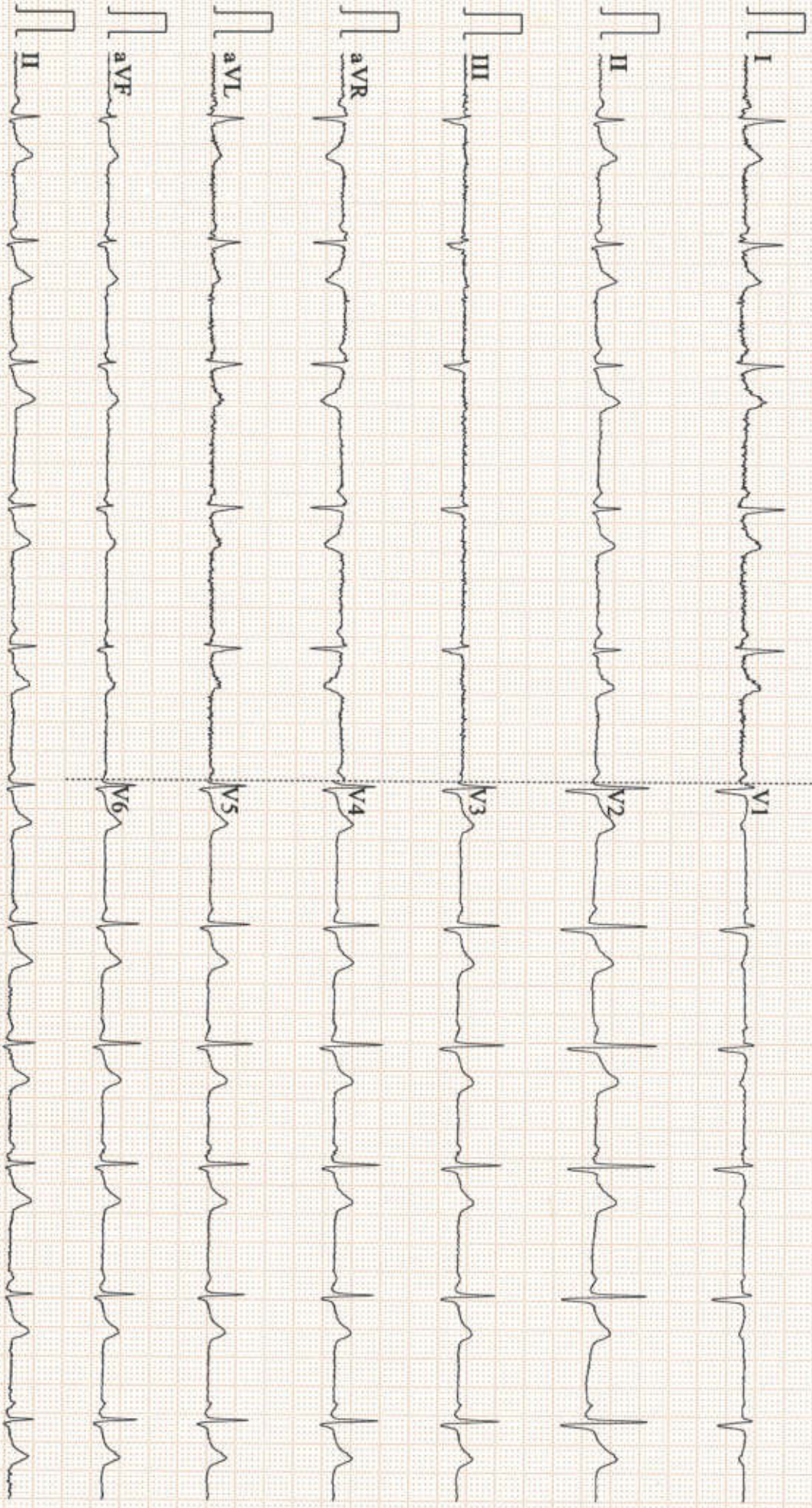
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MRS. KANCHAN
Female 40Years
Req. No. :

HR : 67 bpm
P : 101 ms
PR : 131 ms
QRS : 83 ms
QT/QTcBz : 368/390 ms
P/QRS/T : 27/7/36 °
RV5/SV1 : 0.726/0.487 mV

Diagnosis Information:
Sinus Arrhythmia

Report Confirmed by:



Patient Name : Ms.KANCHAN K	Collected : 14/Sep/2024 10:31AM	Expertise. Empowering you.
Age/Gender : 40 Y 9 M 8 D/F	Received : 14/Sep/2024 03:03PM	
UHID/MR No : CAOP.0000001234	Reported : 14/Sep/2024 03:40PM	
Visit ID : CAOPOPV01620	Status : Final Report	
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID : 22S32955		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	15.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	3.0-5.5	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: AOP240900214




TOUCHING LIVES

Patient Name	: Ms.KANCHAN K	Collected	: 14/Sep/2024 10:31AM
Age/Gender	: 40 Y 9 M 8 D/F	Received	: 14/Sep/2024 03:03PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	15.00	U/L	16-73	Glycylglycine Kinetic method


Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name : Ms.KANCHAN K
Age/Gender : 40 Y 9 M 8 D/F
UHID/MR No : CAOP.0000001234
Visit ID : CAOPOPV01620
Ref Doctor : Self
Emp/Auth/TPA ID : 22S32955

Collected : 14/Sep/2024 10:31AM
Received : 14/Sep/2024 02:28PM
Reported : 14/Sep/2024 03:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.350	µIU/mL	0.38-5.33	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

Nidhi

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:AOP240900212



TOUCHING LIVES

MC- 6048

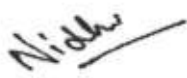
Patient Name : Ms.KANCHAN K
Age/Gender : 40 Y 9 M 8 D/F
UHID/MR No : CAOP.0000001234
Visit ID : CAOPOPV01620
Ref Doctor : Self
Emp/Auth/TPA ID : 22S32955

Collected : 14/Sep/2024 10:31AM
Received : 14/Sep/2024 02:28PM
Reported : 14/Sep/2024 03:51PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:AOP240900212

Patient Name : Ms.KANCHAN K	Collected : 14/Sep/2024 10:31AM
Age/Gender : 40 Y 9 M 8 D/F	Received : 14/Sep/2024 01:13PM
UHID/MR No : CAOP.0000001234	Reported : 14/Sep/2024 02:19PM
Visit ID : CAOPOPV01620	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32955	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232


Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.020		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	4-5	/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

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 13 of 15


Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: AOP240900213


Patient Name : Ms.KANCHAN K
 Age/Gender : 40 Y 9 M 8 D/F
 UHID/MR No : CAOP.0000001234
 Visit ID : CAOPOPV01620
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S32955

Collected : 16/Sep/2024 11:13AM
 Received : 16/Sep/2024 01:12PM
 Reported : 16/Sep/2024 01:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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



Dr. Shivangi Chauhan
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist



SIN No: AOP240900419

Patient Name : Ms.KANCHAN K	Collected : 14/Sep/2024 10:31AM
Age/Gender : 40 Y 9 M 8 D/F	Received : 14/Sep/2024 01:13PM
UHID/MR No : CAOP.0000001234	Reported : 14/Sep/2024 02:20PM
Visit ID : CAOPOPV01620	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32955	

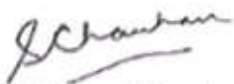
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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

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

Result/s to Follow:
LBC PAP SMEAR

Dr. Shivangi Chauhan
M.B.B.S, M.D(Pathology)
Consultant Pathologist


SIN No: AOP240900216

Patient Name : Ms.KANCHAN K
Age/Gender : 40 Y 9 M 8 D/F
UHID/MR No : CAOP.0000001234
Visit ID : CAOPOPV01620
Ref Doctor : Self
Emp/Auth/TPA ID : 22S32955

Collected : 14/Sep/2024 10:31AM
Received : 14/Sep/2024 01:13PM
Reported : 14/Sep/2024 02:20PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.



Dr. Shivangi Chauhan
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No: AOP240900216

TOUCHING LIVES		Collected	: 14/Sep/2024 10:31AM	<i>Expertise. Empowering you.</i>
Patient Name	: Ms.KANCHAN K	Received	: 14/Sep/2024 12:36PM	
Age/Gender	: 40 Y 9 M 8 D/F	Reported	: 14/Sep/2024 01:48PM	
UHID/MR No	: CAOP.0000001234	Status	: Final Report	
Visit ID	: CAOPOPV01620	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Ref Doctor	: Self			
Emp/Auth/TPA ID	: 22S32955			

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Predominantly Normocytic Normochromic
WBCs	Are essentially unremarkable. No abnormal cells seen.
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Advice	Clinical correlation




Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist


SIN No: AOP240900215

TOUCHING LIVES		Collected	: 14/Sep/2024 10:31AM	Expertise. Empowering you.
Patient Name	: Ms.KANCHAN K	Received	: 14/Sep/2024 12:36PM	
Age/Gender	: 40 Y 9 M 8 D/F	Reported	: 14/Sep/2024 01:48PM	
UHID/MR No	: CAOP.0000001234	Status	: Final Report	
Visit ID	: CAOPOPV01620	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Ref Doctor	: Self			
Emp/Auth/TPA ID	: 22S32955			

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.15	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	91.0	fL	83-101	Calculated
MCH	30.2	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	42	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5720	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	4620	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110	Cells/cu.mm	20-500	Calculated
MONOCYTES	550	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.24		0.78- 3.53	Calculated
PLATELET COUNT	176000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				


 Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



TOUCHING LIVES		Collected	: 14/Sep/2024 10:31AM
Patient Name	: Ms.KANCHAN K	Received	: 14/Sep/2024 12:36PM
Age/Gender	: 40 Y 9 M 8 D/F	Reported	: 14/Sep/2024 09:05PM
UHID/MR No	: CAOP.0000001234	Status	: Final Report
Visit ID	: CAOPOPV01620	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Ref Doctor	: Self		
Emp/Auth/TPA ID	: 22S32955		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



Dr. Shivangi Chauhan
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: AOP240900215

TOUCHING LIVES		Collected	: 14/Sep/2024 10:31AM	Expertise. Empowering you.
Patient Name	: Ms.KANCHAN K	Received	: 14/Sep/2024 11:31AM	
Age/Gender	: 40 Y 9 M 8 D/F	Reported	: 14/Sep/2024 12:25PM	
UHID/MR No	: CAOP.0000001234	Status	: Final Report	
Visit ID	: CAOPOPV01620	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Ref Doctor	: Self			
Emp/Auth/TPA ID	: 22S32955			

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	GOD - POD


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



SIN No:AOP240900217

TOUCHING LIVES

Patient Name : Ms.KANCHAN K
 Age/Gender : 40 Y 9 M 8 D/F
 UHID/MR No : CAOP.0000001234
 Visit ID : CAOPOPV01620
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S32955

Collected : 16/Sep/2024 11:13AM
 Received : 16/Sep/2024 12:29PM
 Reported : 16/Sep/2024 02:21PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	mg/dL	70-140	GOD - POD

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



SIN No: AOP240900418

TOUCHING LIVES		Collected	: 14/Sep/2024 10:31AM	Expertise. Empowering you.
Patient Name	: Ms.KANCHAN K	Received	: 14/Sep/2024 06:25PM	
Age/Gender	: 40 Y 9 M 8 D/F	Reported	: 14/Sep/2024 07:53PM	
UHID/MR No	: CAOP.0000001234	Status	: Final Report	
Visit ID	: CAOPPV01620	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Ref Doctor	: Self			
Emp/Auth/TPA ID	: 22S32955			

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

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

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


 Dr. Shivangi Chauhan
 M.B.B.S, M.D(Pathology)
 Consultant Pathologist



SIN No: AOP240900211

Patient Name <small>LIVES</small> : Ms.KANCHAN K	Collected : 14/Sep/2024 10:31AM
Age/Gender : 40 Y 9 M 8 D/F	Received : 14/Sep/2024 03:03PM
UHID/MR No : CAOP.0000001234	Reported : 14/Sep/2024 03:40PM
Visit ID : CAOPPV01620	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S32955	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	81	mg/dL	<150	
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.12		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


 Dr.Shivangi Chauhan
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



Patient Name : Ms.KANCHAN K
 Age/Gender : 40 Y 9 M 8 D/F
 UHID/MR No : CAOP.0000001234
 Visit ID : CAOPOPV01620
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S32955

Collected : 14/Sep/2024 10:31AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	110.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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. 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.

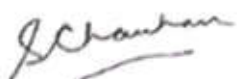
2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr. Shivangi Chauhan
 M.B.B.S, M.D(Pathology)
 Consultant Pathologist



NAME:-KANCHAN K	AGE: 40Y/ SEX: F
DATE: September 14, 2024	REF.BY:- HEALTH CHECKUP
S.NO.:-	UHID NO.:- CAOP.0000001234

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(13.4cm) and shows normal in echotexture. No focal lesion seen in the liver.
 Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially distended, does not show any evidence of cholecystitis or cholelithiasis.
CBD is not dilated.
Portal vein is normal in caliber.

Both kidneys are of normal size (RK 9.2x 3.5cm, LK 8.2x5.0cm in length), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (6.0cm) and echotexture.
Pancreas visualized part appears normal.

Urinary bladder is partially filled and shows no mural or intraluminal pathology.
Uterus is retroflexed normal in size(7.7x2.8x4.1cm), shape and echo pattern.
Endometrium echo is 7.2 mm thick.
Bilateral ovaries appear normal in size, shape, and echo. Pattern
Right ovary shows a dominant follicle of 15x12mm, and left ovary is normal in shape, size and echotexture.
Few nabothian cysts are seen in cervix
 Bilateral adnexa are clear

Please correlate clinically.

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
 Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
 New Delhi 110028. Phone No:- 40393610 / Helpline No: 1860 500 7788
 Emergency: 011-26108000. Email: PusaRoad@apolloclinic.com

DR. SEEMA PRAJAPATI
SENIOR RESIDENT

RADIOAIGNOSIS

Registered Office: Apollo Health and Lifestyle Limited
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 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

Pankaj Pant
ID
Name
Birth Date
Gender

Exam
Accession #
Exam Date
Description
Operator

14-09-2014



=====

NAME: KANCHAN K

DATE: 14.09.2024

REF. BY:- HEALTH CHECKUP

=====

AGE : 40Y/SEX/F

MR. NO:- CAOP.0000001234

S.NO. :- 2407

=====

X-RAY CHEST PA VIEW

Both lung fields and hila are normal

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Please correlate clinically and with lab. Investigations



DR. KAWAL DEEP DHAM
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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InBody

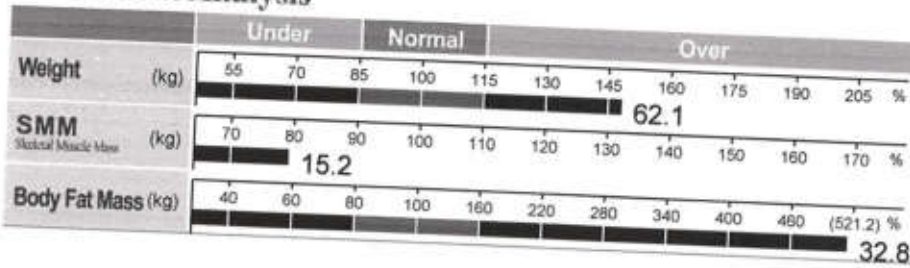
[InBody370S]

ID caop0000001234	Height 138cm	Age 40	Gender Male	Test Date / Time 14.09.2024. 14:12
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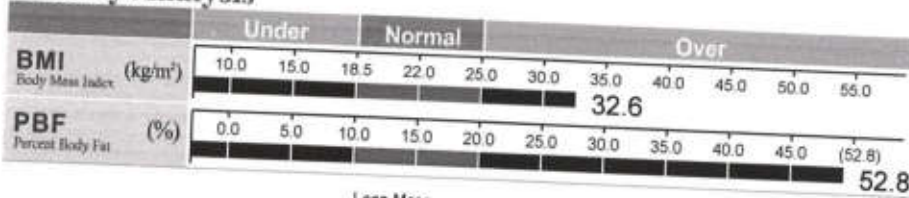
Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	21.7 (23.6~28.8)	21.7	27.7 (30.2~37.0)	29.3 (32.1~39.2)	62.1 (35.6~48.2)
Protein (kg)	5.7 (6.3~7.7)				
Minerals (kg)	1.95 (2.18~2.66)	non-ossious			
Body Fat Mass (kg)	32.8 (5.0~10.1)				

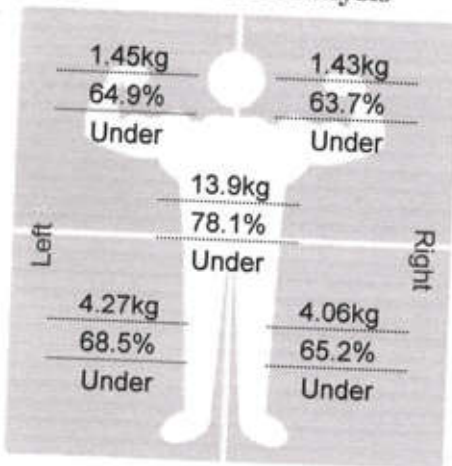
Muscle-Fat Analysis



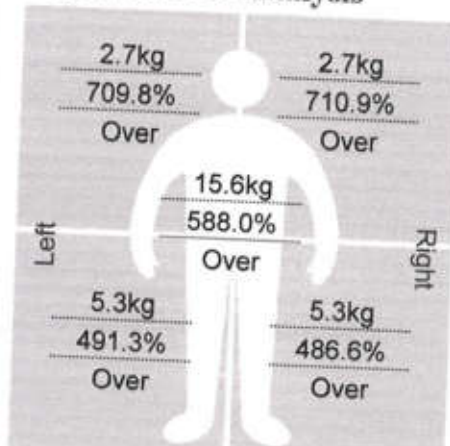
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

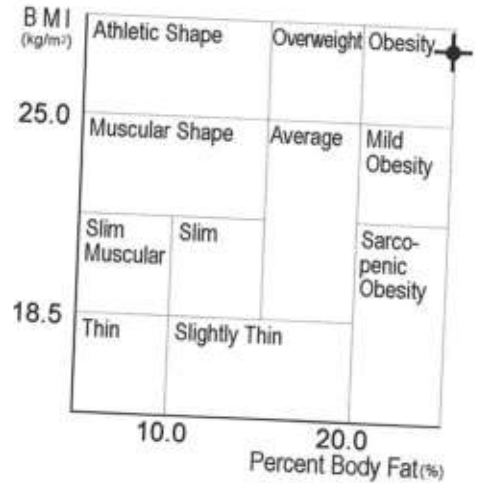
	14.09.24. 14:12				
Weight (kg)	62.1				
SMM (kg)	15.2				
PBF (%)	52.8				
<input checked="" type="checkbox"/> Recent <input type="checkbox"/> Total					

InBody Score

47 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Body Type



Weight Control

Target Weight	41.9 kg
Weight Control	- 20.2 kg
Fat Control	- 26.5 kg
Muscle Control	+ 6.3 kg

Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Slightly Over <input checked="" type="checkbox"/> Over

Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Lower	<input type="checkbox"/> Balanced <input checked="" type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1004 kcal (1396~1624)
Waist-Hip Ratio	0.85 (0.80~0.90)
Visceral Fat Level	18 (1~9)
Obesity Degree	148 % (90~110)
Bone Mineral Content	1.64 kg (1.79~2.19)
SMI	5.9 kg/m ²
Recommended calorie intake	1704 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	434.7	426.4	26.4	266.9	247.8
50 kHz	393.3	386.4	23.8	247.9	228.0
250 kHz	356.7	351.0	21.2	227.9	207.4

NAME:-KANCHAN K	AGE: 40Y/ SEX: F
DATE: September 14, 2024	REF.BY:- HEALTH CHECKUP
S.NO.:-	UHID NO.:- CAOP.0000001234

SONOMAMMOGRAPHY

Ultrasound of both the breasts performed with high frequency probe using radial, antiradial, transverse and longitudinal scanning planes.

Bilateral breast shows normal parenchymal pattern.

Evidence of cystic lesion of size~5X3 mm seen at 10o'clock from 5 to 6cm away from nipple of right breast

Bilateral breast shows few prominent ducts below retro areolar region.

There are few subcentrimetric bilateral axillary lymph nodes are seen with maintained central fatty hilum.

IMPRESSION: Bilateral breast BIRAD-III

ADV: -follow up

Please correlate clinically.



**DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIOAIGNOSIS**

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Eye Checkup

NAME:- MRS KANCHAN

Age:- 40

Date: 14/9/24

SELF / CORPORATE:-

Right Eye		Left Eye
Distant Vision	6/6	6/6
Near vision	6/6	6/6
Color vision	ok	ok
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature

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APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA, Karol Bagh
New Delhi - 110005

Echocardiography Report

Name: Kanchan
Age/Sex: 40Yrs/M
Date: 16.09.2024

Summary of 2D echo

Baseline echocardiography revealed:

- High normal RA
- No RWMA.
- LVEF - 62%
- Grade I Diastolic dysfunction (E>A)
- Good RV function
- Mild MR (2+)
- Moderate TR (RVSP 29+RAP mm of Hg)
- Trace AR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse

Observations:-Dimensions

LVID d=	38.9	(35-55mm)
LV IVS=	7.1	(06-11mm)
Pwd =	8.8	(06-11mm)
Ao =	19.6	(20-37mm)
LA =	35.4	(21-37mm)
LVEF =	62%	(55 +6.2%)

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Mitral Valve - Normal

Mild MR (2+)

Aortic valve- Normal

Trace AR

Tricuspid Valve -

Moderate TR

Pulmonary Valve-Norm

Trace PR

Impression:

- High normal RA
- Mild MR (2+), Trace AR
- Moderate TR (RVSP=35mm of Hg)
- No RWMA
- Normal LV systolic function (EF= 62%)
- Grade I Diastolic dysfunction


DR. RAJNI SHARMA (DM CARDIOLOGY)
MBBS, MD (Cardiology)
Senior Consultant- Cardiology
Plot No.34, Pusa Road
Karol Bagh, New Delhi-110005
Regn. No. DMC-22672

SR. CONSULTANT

16-09-2024

Exam

Accession #
Exam Date
Description
Operator

KANCHAN EDHO

