

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical	l examination	
or projekta kolte	on 20, 102/2024	
After reviewing the medical history and on clinic that he/she is	al examination it has been found	
that he she is		Tick
Medically Fit		
• Fit with restrictions/recommendations		
Though following restrictions have been r not impediments to the job.		
1. Anaemia		
2		
3		
However the employee should follow the a communicated to him/her.	advice/medication that has been	
Review after		
Currently Unfit. Review after	recommended	
• Unfit	APOLLO CLINIC - AUNDH Dr. VIDYA DESHPANDE MBBS DGO	
	Family Physician Peg.No: 56565 Medical Officer	roll
		()
	Apollo Clinic, (Aundh, Pune)	

This certificate is not meant for medico-legal purposes

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

Online annointments: wavaw anolloclinic com

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



PATIENT NAME:-MRS.PRAJAKTA KOLTE

REFERRED BY :- ARCOFEMI

AGE :-35YRS/F

DATE: - 24.02.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve

: Normal.

Aortic Valve

: Normal.

Tricuspid Valve

: Normal.

Pulmonary Valve

: Normal.

RWMA: Absent.

RA : Normal RV : Normal **IVS** : Intact IAS : Intact Pericardial effusion: No

IVC : Normal.

AO - 24 mm, LA - 26 mm, LVIDd - 41 mm, LVISd - 25 mm, IVS -10 mm, PW - 9 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

DR. SATYAJEET SURYAWANSHI (CONSULTANT CARDIOLOGIST)

P/S: Normal echo does not rule out coronary artery disease.

Apollo Health and Lifestyle Limited

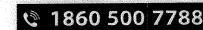
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Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)



Apollo Clinic Expertise. Closer to you.

PATIENT NAME AGE MARRIED / UNMARRIED:____ MENSTRUAL HISTORY: **MENARCHE PMC** LMP **OBSTETRIC HISTORY PAST HISTORY** : DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES - NO **FAMILY HISTORY** : DM/HT/IHD/MALIGNANCIES

, plo

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com





: Porajakta Kolde. : 3518

:24.02.24

AGE/Sex

UHID/ MR NO

:82703

	RIGHT EYE	LEFT EYE
FAR VISION	UA 616	UA 616
NEAR VISION	NIB	N/6
ANTERIOR SEGMENT PUPIL	MO	MD
COLOUR VISION	(b)	(1)
FAMILY / MEDICAL HISTORY	Construction for the contract of the contract	

Impress	ion:	$-(v)^{\circ}$	<u>ل</u>		
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				Optome	trist:-

Mr. Ritesh Sutnase

sand Lifestyle Limited

200PLC*15819)

50/62, Ashoka Raghupathi Chambers, 5th Floor, Bequimpet, Hyderabad, Telangana - 500 315. 777, Fax No. 4904 77 14 | Email D: enquiry@apollohi.com | www.apollohi.com

NETWORK MAHARASHTRA

radi Nigdi Pradhikaran | Viman Nagar | Wanowrie

Date

: 24-02-2024

MR NO

: CAUN.0000082703

Department

: GENERAL

Doctor

.

Name

: Mrs. PRAJAKTA KOLTE

Registration No

Qualification

Age/ Gender

: 35 Y / Female

Consultation Timing:

10:13

(2) 2012年の中の関係はないからからできる。 (2) 2012年の日の関係はないからからできる。 (3) 2012年の日の関係はないからからない。	12-20-4-11-11-11-11-11-11-11-11-11-11-11-11-1
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APOLLO CLINIC - AUNDH CONSENT FORM

NAME OF THE PATIENT	: Prajaka Kolte
COMPANY NAME	: Bank of Barocla
TEST NAME	: X-rony
REASON (For not done test)	tring for 2nd Barry
PHONE NO	9579599147

PATIENT SIGNATURE

Apollo Health and Lifestyle Limited

CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

STEGONE TAX DEPARTMENT

BOAPK8943M

FRAJAKTA P DORLIKAR

WAMANIRAO AEHAJI KALTE

804/04/1988

Fwd: Health Check up Booking Request(bobE9901), Beneficiary Code-150902

prajakta kolte <kolteprajakta1@gmail.com>

Fri 23-02-2024 12:39 PM

To:NIGDI Branch, Pune District Region <nigdi@bankofbaroda.com>

**सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी हि **CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT

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

From: Mediwheel < wellness@mediwheel.in >

Date: Fri, 16 Feb, 2024, 6:32 pm

Subject: Health Check up Booking Request(bobE9901), Beneficiary Code-150902

To: < kolteprajakta1@gmail.com > Cc: < customercare@mediwheel.in >

011-41195959

Dear MS. KOLTE PRAJAKTA WAMANRAO.

We have received your booking request for the following health checkup, please upload HRM Latter as soon as posible.

Individual Endaggia Communication

Booking Date

: 16-02-2024

User Package Name

Mediwheel Full Body Health Checkup Female Below 40

Hospital Package

Name

Mediwheel Full Body Health Annual Plus Check

Health Check Code

: PKG10000377

Name of

Diagnostic/Hospital

: Apollo Clinic - Aundh

Address of

Apollo Clinic, 130, Centriole Building, Above Star Bucks coffee, ITI

Diagnostic/Hospital- Road, Aundh, Pune - 411007

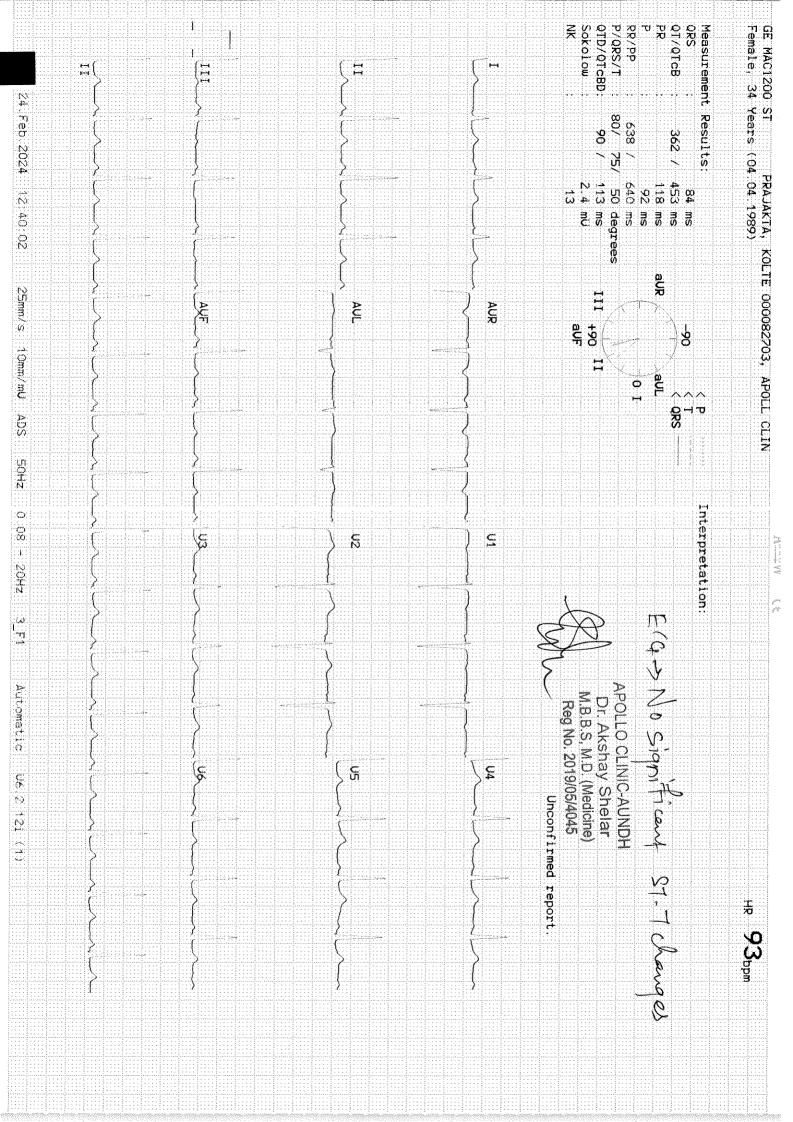
Appointment Date

: 24-02-2024

Preferred Time

: 9:00am

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1	
1	Booked Member Name
- 1	MOONOU MOITURE I VALUE IA A IA IA IA
- 1	Age Gender
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II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-02-2024 16:03			20 Rate/min	96 F	154 cms	66 Kgs	%	%	Years	27.83	87 cms	93 cms	cms		AHLL09262

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
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24-02-2024 16:03			20 Rate/min	96 F	154 cms	66 Kgs	%	%	Years	27.83	87 cms	93 cms	cms		AHLL09262

Name: Mrs. PRAJAKTA KOLTE

Age/Gender: 35 Y/F

Address: PIMPLE SAUDAGAR PUNE Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL

Rate Plan: AUNDH_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. PRADNYA NIKAM

Doctor's Signature

MR No: CAUN.000082703 Visit ID: CAUNOPV167089 Visit Date: 24-02-2024 10:25

Discharge Date:

Referred By: SELF

Name: Mrs. PRAJAKTA KOLTE
Age/Gender: 35 Y/F
Address: PIMPLE SAUDAGAR PUNE
Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL Rate Plan: AUNDH_06042023

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. VIDYA DESHPANDE

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CAUN.0000082703 CAUNOPV167089 24-02-2024 10:25

Discharge Date:

Referred By:

SELF

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-02-2024 16:03			20 Rate/min	96 F	154 cms	66 Kgs	%	%	Years	27.83	87 cms	93 cms	cms		AHLL09262

Name: Mrs. PRAJAKTA KOLTE
Age/Gender: 35 Y/F
Address: PIMPLE SAUDAGAR PUNE
Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL Rate Plan: AUNDH_06042023

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. NANDINI SUDHIR BHAGAT

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CAUN.0000082703 CAUNOPV167089 24-02-2024 10:25

Discharge Date:

Referred By:

SELF

Name: Mrs. PRAJAKTA KOLTE
Age/Gender: 35 Y/F
Address: PIMPLE SAUDAGAR PUNE
Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL Rate Plan: AUNDH_06042023

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CAUN.0000082703 CAUNOPV167089 24-02-2024 10:25

Discharge Date:

Referred By:

SELF

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	Weight	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-02-2024 16:03			20 Rate/min	96 F	154 cms	66 Kgs	%	%	Years	27.83	87 cms	93 cms	cms		AHLL09262

Name: Mrs. PRAJAKTA KOLTE

Age/Gender: 35 Y/F

Address: PIMPLE SAUDAGAR PUNE Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL

Rate Plan: AUNDH_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. BALKRISHNA SURYAKANTRAO RANGDAL

Doctor's Signature

MR No: CAUN.000082703 Visit ID: CAUNOPV167089 Visit Date: 24-02-2024 10:25

Discharge Date:

Referred By: SELF



Patient Name	: Mrs. PRAJAKTA KOLTE	Age/Gender	: 35 Y/F
UHID/MR No.	: CAUN.0000082703	OP Visit No	: CAUNOPV167089
Sample Collected on	:	Reported on	: 24-02-2024 17:15
LRN#	: RAD2247434	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 363387		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> appears normal in size, shape and echotexture. No focal lesion is seen. PV and CBD are normal. No dilatation of the intrahepatic biliary radicals.

<u>Gall bladder</u> 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. Spleenic vein appears normal.

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

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

Right kidney - 9.4 x 4.3 cm.

Left kidney $-12.5 \times 4.2 \text{ cm}$.

<u>Urinary Bladder</u>: - is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

<u>Uterus</u> appears normal in size measuring 9.2 x 4.9 x 6.4 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 10.1mm.

Both ovaries- appear normal in size, shape and echo pattern.

 $\overline{\text{Right ovary}} - 2.9 \text{ x } 2.0 \text{ cm.}$

Left ovary $-3.0 \times 1.6 \text{ cm}$.

No obvious free fluid or lymphadenopathy is noted in the abdomen .



Patient Name : Mrs. PRAJAKTA KOLTE Age/Gender : 35 Y/F

IMPRESSION:-

No 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.

Dr. SUHAS SANJEEV KATHURIA MBBS,DMRE, RADIOLOGY

Radiology



Patient Name: Mrs. PRAJAKTA KOLTEAge/Gender: 35 Y/F

UHID/MR No. : CAUN.0000082703 **OP Visit No** : CAUNOPV167089

Sample Collected on : Reported on : 24-02-2024 15:26

LRN# : RAD2247434 Specimen :
Ref Doctor : SELF

Emp/Auth/TPA ID : 363387

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA







Certificate No: MC-5697

Patient Name

: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: Dr.SELF : 363387

Collected

: 24/Feb/2024 10:33AM

Received

: 24/Feb/2024 01:33PM

Reported

: 24/Feb/2024 03:36PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEDADTMENT OF LIVEWATOR OGA

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells

WBC's are normal in number and morphology

Platelets are Adequate

No Abnormal cells/hemoparasite seen.

Impression: Iron Deficiency Anemia

Advice: Iron studies & Hb Electrophoresis

Page 1 of 15



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240048789







: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: Dr.SELF : 363387

Collected

: 24/Feb/2024 10:33AM

Received

: 24/Feb/2024 01:33PM

Reported

: 24/Feb/2024 03:36PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	10.5	g/dL	12-15	Spectrophotometer
PCV	31.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	67.1	fL	83-101	Calculated
MCH	22.5	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	17.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	49.4	%	40-80	Electrical Impedance
LYMPHOCYTES	35.9	%	20-40	Electrical Impedance
EOSINOPHILS	6.8	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3280.16	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2383.76	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	451.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	478.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	300000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells WBC's are normal in number and morphology

Platelets are Adequate

Page 2 of 15

Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240048789











: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: 363387

: Dr.SELF

Status

Collected

Received

Reported

: 24/Feb/2024 03:36PM : Final Report

: 24/Feb/2024 10:33AM

: 24/Feb/2024 01:33PM

Sponsor Name : AR

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 No Abnormal cells/hemoparasite seen.

Impression: Iron Deficiency Anemia

Advice: Iron studies & Hb Electrophoresis

Page 3 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240048789







: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No Visit ID

: CAUN.0000082703

Ref Doctor

: Dr.SELF

: 363387

Emp/Auth/TPA ID

: CAUNOPV167089

Status Sponsor Name

Collected

Received

Reported

: 24/Feb/2024 03:36PM : Final Report

: 24/Feb/2024 10:33AM

: 24/Feb/2024 01:33PM

: ARCOFEMI HEALTHCARE LIMITED

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
BLOOD GROUP ABO AND RH FACTOR	R, WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 4 of 15



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:BED240048789









: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: Dr.SELF : 363387

Collected

: 24/Feb/2024 12:46PM

Received

: 24/Feb/2024 03:57PM

Reported

: 24/Feb/2024 05:38PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	86	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation	
70-100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	
<70 mg/dL	Hypoglycemia	

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	124	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.

Page 5 of 15



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

SIN No:PLP1423482

APOLLO CLINICS NETWORK







Patient Name : Mrs.PRAJAKTA KOLTE

Age/Gender : 35 Y 9 M 12 D/F

UHID/MR No : CAUN.0000082703

Visit ID : CAUNOPV167089

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 363387 Collected : 24/Feb/2024 10:33AM

Received : 24/Feb/2024 01:33PM Reported : 24/Feb/2024 08:31PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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), W	/HOLE BLOOD EDTA		¥	
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	1	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)

Page 6 of 15

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

SIN No:EDT240021996







: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No Visit ID : CAUN.0000082703 : CAUNOPV167089

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 363387

Collected

: 24/Feb/2024 10:33AM

Received

: 24/Feb/2024 01:51PM

Reported

: 24/Feb/2024 07:50PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	66	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.63	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.04		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

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 7 of 15

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

SIN No:SE04640682







: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: Dr.SELF

: 363387

Collected

: 24/Feb/2024 10:33AM

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	0.40	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.87	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	60.25	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

- \bullet ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

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

SIN No:SE04640682







Age/Gender : 35 Y

: 35 Y 9 M 12 D/F

UHID/MR No

Patient Name

: CAUN.0000082703

: Mrs.PRAJAKTA KOLTE

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: Dr.SELF : 363387 Collected Received : 24/Feb/2024 10:33AM

: 24/Feb/2024 01:51PM

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: 24/Feb/2024 07:50PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.57	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.99	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.94	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.52	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.67	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.93	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.72	mmol/L	101–109	ISE (Indirect)

Page 9 of 15

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

SIN No:SE04640682











Patient Name : Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor

: CAUNOPV167089

Emp/Auth/TPA ID : 363387

: Dr.SELF

Collected

: 24/Feb/2024 10:33AM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.63	U/L	<38	IFCC

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Consultant Pathologist SIN No:SE04640682

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









: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: 363387

: Dr.SELF

Collected Received

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: 24/Feb/2024 01:49PM

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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-IODOTHYRONINE (T3, TOTAL)	0.87	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.84	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.847	μIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)		
First trimester	0.1 - 2.5		
Second trimester	0.2 - 3.0		
Third trimester	0.3 - 3.0		

- 1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- 2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- 3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- 4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	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	mary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy	
Low	N	N	N	bclinical Hyperthyroidism	
Low	Low	Low	Low	entral Hypothyroidism, Treatment with Hyperthyroidism	
Low	N	High	High	hyroiditis, Interfering Antibodies	
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes	
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma	

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SIN No:SPL24032214











: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703 : CAUNOPV167089

Ref Doctor

Visit ID

: Dr.SELF : 363387

Emp/Auth/TPA ID

Collected

: 24/Feb/2024 10:33AM

Received

: 24/Feb/2024 01:49PM

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: 24/Feb/2024 03:02PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24032214

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

Page 12 of 15









: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

Emp/Auth/TPA ID

: Dr.SELF : 363387 Collected

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: 24/Feb/2024 01:41PM

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Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	5.5		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET N	OUNT AND MICROSCOPY	•		
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15

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

SIN No:UR2290855









: Mrs.PRAJAKTA KOLTE

Age/Gender : 35 Y 9 M 12 D/F

UHID/MR No : CAUN.0000082703

Visit ID : CAUNOPV167089

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 363387 Collected : 24/Feb/2024 10:33AM

Received : 24/Feb/2024 01:59PM Reported : 24/Feb/2024 02:18PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - 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

Page 14 of 15



Dr Smeha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UF010786







: Mrs.PRAJAKTA KOLTE

Age/Gender

: 35 Y 9 M 12 D/F

UHID/MR No

: CAUN.0000082703

Visit ID Ref Doctor : CAUNOPV167089

: Dr.SELF

: 363387

Emp/Auth/TPA ID

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: 24/Feb/2024 02:30PM

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: 26/Feb/2024 12:10PM

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: 28/Feb/2024 05:52PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEDARTMENT OF CYTOL OCY

BC PA	P TEST (PAPSURE) , CERVICAL BRUSH SAI	MPLE		
	CYTOLOGY NO.	4154/24		
I	SPECIMEN	*		
a	SPECIMEN ADEQUACY	ADEQUATE		
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)		
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR		
c	C ENDOCERVICAL-TRANSFORMATION ABSENT ZONE			
d	COMMENTS	SATISFACTORY FOR EVALUATION		
П	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.		
Ш	RESULT			
a	EPITHEIAL CELL			
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN		
	GLANDULAR CELL ABNORMALITIES	NOT SEEN		
b	ORGANISM	NIL		
IV	INTERPRETATION NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY			

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

*** End Of Report ***

Dr.A.Kalyan Rao M.B.B.S,M.D(Pathology) Consultant Pathologist





SIN No:CS075135

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

