

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Maneesha Alam on 27/01/2024

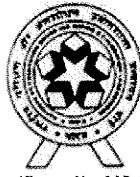
After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Dyslipidemia Adv life style changes.</u></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 <u>6 weeks Repeat lipid profile.</u></p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____</li> </ul>	recommended
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

**APOLLO CLINIC - AUNDH**  
**Dr. VIDYA DESHPANDE**  
 MBBS, DGO  
 Family Physician  
 Reg.No : 56565

Dr. \_\_\_\_\_  
 Medical Officer  
 Apollo Clinic, (Aundh, Pune)

*This certificate is not meant for medico-legal purposes*



Certificate No: MC-5697

Patient Name : Mrs.MANEESHA SUNIL ALAM	Collected : 27/Jan/2024 09:41AM
Age/Gender : 55 Y 1 M 16 D/F	Received : 27/Jan/2024 01:21PM
UHID/MR No : CAUN.0000075705	Reported : 27/Jan/2024 02:25PM
Visit ID : CAUNOPV165684	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333288	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.6	g/dL	12-15	Spectrophotometer
PCV	41.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.89</b>	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.5	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	<b>35.4</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,340	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.3	%	40-80	Electrical Impedence
LYMPHOCYTES	39.5	%	20-40	Electrical Impedence
EOSINOPHILS	1.6	%	1-6	Electrical Impedence
MONOCYTES	6.4	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3838.82	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2899.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	117.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	469.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.68	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	290000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate**

Page 1 of 15

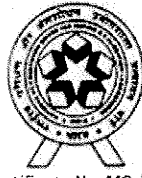


DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240019755

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





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Emp/Auth/TPA ID	: 333288		

**DEPARTMENT OF HAEMATOLOGY**

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

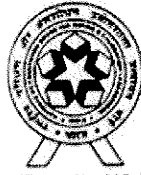
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Consultant Pathologist

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Patient Name : Mrs.MANEESHA SUNIL ALAM	Collected : 27/Jan/2024 09:41AM
Age/Gender : 55 Y 1 M 16 D/F	Received : 27/Jan/2024 01:45PM
UHID/MR No : CAUN.0000075705	Reported : 27/Jan/2024 05:35PM
Visit ID : CAUNOPV165684	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

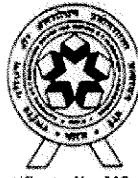


DR. Sanjay Ingle  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No: PLF02095368

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	112	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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

**Comment:**

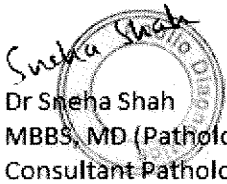
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation

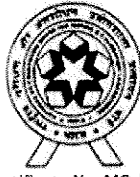
Page 5 of 15

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

SIN No:EDT240008426

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is advised in interpretation of low Values.

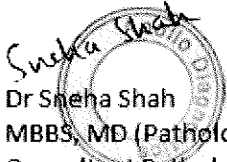
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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.

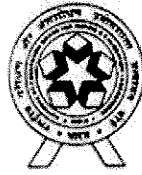
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No:EDT240008426

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>264</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>294</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>213</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>153.79</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>58.87</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.11</b>		0-4.97	Calculated

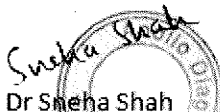
**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Page 7 of 15

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

SIN No:SE04610828

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





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.67	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>123.50</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.61	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.94	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

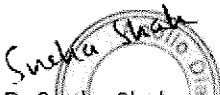
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

**2. Cholestatic Pattern:**

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

**3. Synthetic function Impairment:**

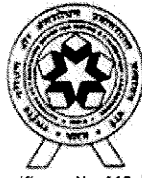
- Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

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

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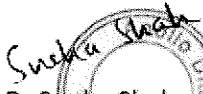


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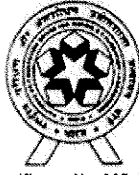
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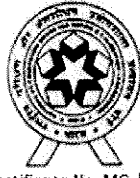
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.69	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	21.57	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.95</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.18	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.18	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.2	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.57	mmol/L	101-109	ISE (Indirect)

*Sneha Shah*  
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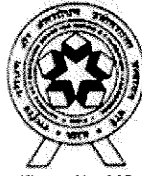
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.25	U/L	<38	IFCC

*Sneha Shah*  
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Consultant Pathologist

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Emp/Auth/TPA ID : 333288	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.76	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.42	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.970	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

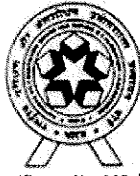
Page 12 of 15

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

SIN No: SPL24012992

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





Certificate No: MC-5697

Patient Name : Mrs.MANEESHA SUNIL ALAM	Collected : 27/Jan/2024 09:41AM
Age/Gender : 55 Y 1 M 16 D/F	Received : 27/Jan/2024 01:31PM
UHID/MR No : CAUN.0000075705	Reported : 27/Jan/2024 02:44PM
Visit ID : CAUNOPV165684	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333288	

**DEPARTMENT OF IMMUNOLOGY**

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

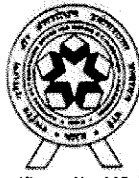
Page 13 of 15

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

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333288	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

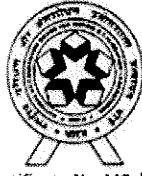
Page 14 of 15

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

SIN No: UR2269336

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





Certificate No: MC-5697

Patient Name : Mrs.MANEESHA SUNIL ALAM	Collected : 27/Jan/2024 09:41AM
Age/Gender : 55 Y 1 M 16 D/F	Received : 27/Jan/2024 01:34PM
UHID/MR No : CAUN.0000075705	Reported : 27/Jan/2024 01:53PM
Visit ID : CAUNOPV165684	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 333288	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
GLUCOSE (POST PRANDIAL) - URINE

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

SIN No:UF010357

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

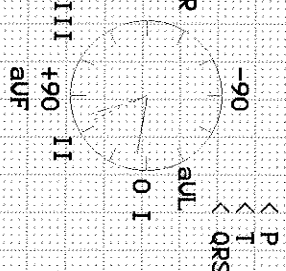




HR **90** bpm

Measurement Results:

QRS	90 ms
QT/QTcB	350 / 431 ms
PR	138 ms
P	108 ms
RR/PP	660 / 650 ms
P/QRS/T	65 / 10 / 70 degrees
QTd/QTcBd	36 / 44 ms
Sokolow	1.1 mV
NK	13

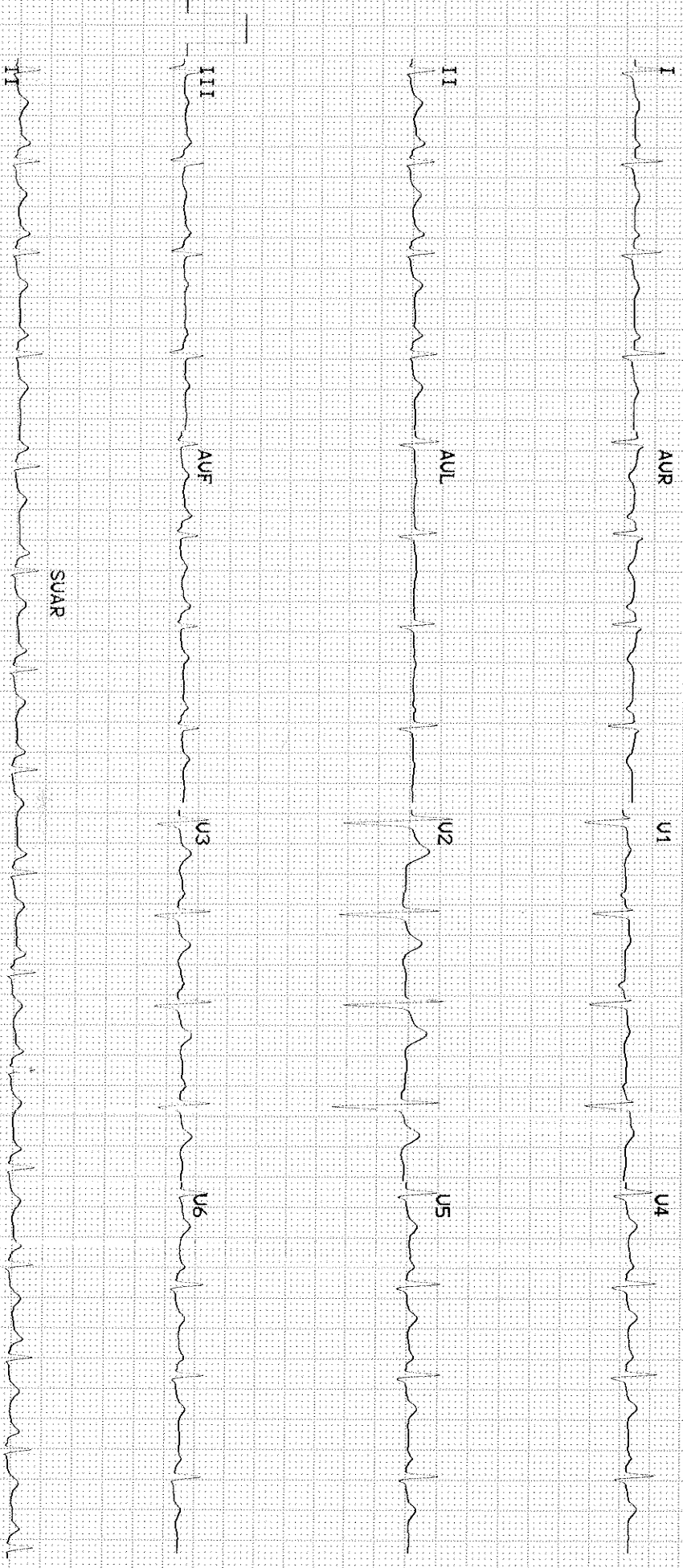


Interpretation:

*Normal sinus rhythm*

**Apoll Clinic**

2nd Floor, Connaught Place, New Delhi  
 Apollo Hospitals Private Limited  
 Unconfirmed report - 411007



27 Jan. 2024 11:33:07

25mm/s 10mm/mV

ADS 50HZ 0.08 - 20HZ 3\_F1

Automatic U6 2 12i (1)

Patient Name : Mrs. MANEESHA SUNIL ALAM  
UHID : CAUN.0000075705  
Reported on : 27-01-2024 16:43  
Adm/Consult Doctor :

Age : 55 Y F  
OP Visit No : CAUNOPV165684  
Printed on : 29-01-2024 15:19  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

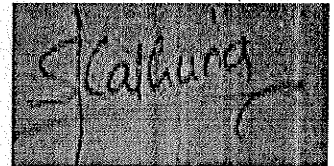
Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.

Printed on:27-01-2024 16:43

---End of the Report---



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology

**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**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mrs. MANEESHA SUNIL ALAM Age : 55 Y F  
UHID : CAUN.0000075705 OP Visit No : CAUNOPV165684  
Reported on : 27-01-2024 17:34 Printed on : 27-01-2024 17:35  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size, shape and shows enhanced in echotexture.

No focal lesion is seen. PV and CBD are 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 C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 10.6 x 3.6 cm.

Left kidney – 10.3 x 5.6 cm.

**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** Hysterectomy status.

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

Patient Name : Mrs. MANEESHA SUNIL ALAM  
UHID : CAUN.0000075705  
Reported on : 27-01-2024 17:34  
Adm/Consult Doctor :

Age : 55 Y F  
OP Visit No : CAUNOPV165684  
Printed on : 27-01-2024 17:35  
Ref Doctor : SELF

**IMPRESSION :-**

- **Grade I fatty liver.**
- **No other significant abnormality detected.**

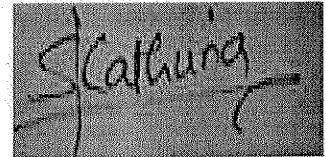
Suggest – clinical correlation.

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

Not valid for medico legal purpose.

Printed on:27-01-2024 17:34

---End of the Report---



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology

Patient Name : Mrs. MANEESHA SUNIL ALAM Age : 55 Y F  
UHID : CAUN.0000075705 OP Visit No : CAUNOPV165684  
Reported on : 29-01-2024 11:26 Printed on : 29-01-2024 11:27  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

Breast parenchyma appears normal bilaterally.  
There is no evidence of spiculated mass lesion, micro calcification or architectural distortion.  
There is no axillary lymphadenopathy on either side.  
No obvious chest wall lesion is seen on either side.  
No abnormality is detected in the retro mammary fat.

**IMPRESSION:**

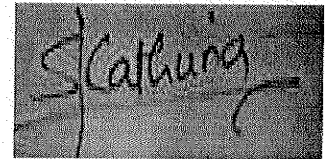
**No significant abnormality detected.**

**Suggest clinical correlation and follow-up**

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

Printed on: 29-01-2024 11:26

---End of the Report---



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS, DMRE, RADIOLOGY**  
Radiology

PATIENT NAME :-MRS.MANEESHA ALAM  
REFERRED BY :- ARCOFEMI  
UHID :- 75705

AGE :-55YRS/F  
DATE :- 27.01.2024

## 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 – 23 mm, LA – 29 mm, LVIDd – 40 mm, LVISd – 20 mm, IVS – 10mm, PW – 10 mm.

**CONCLUSION:** Suboptimal window

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

Apollo Clinic - Aundh  
Dr. Satya Jeet Suryawanshi  
DNB (Cardiology)  
MBBS, FCPS  
Reg. No. 2005/05/2798

**DR.SATYAJEET SURYAWANSHI**  
(CONSULTANT CARDIOLOGIST)

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



Patient Name : Maneesha. Alam.  
 AGE/Sex : 55/f

Date : 27.01.24.  
 UHID/ MR NO : 075705

	RIGHT EYE	LEFT EYE
FAR VISION	G <sup>C</sup> Glasses 6/6	G <sup>C</sup> Glasses 6/6
NEAR VISION	G <sup>C</sup> Glasses N16	G <sup>C</sup> Glasses N16
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	_____	_____

Impression: WNL

Optometrist:-  
 Mr. Ritesh Sutnase

Date : 27-01-2024  
MR NO : CAUN.0000075705

Department : GENERAL  
Doctor :

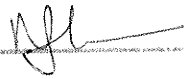
Name : Mrs. MANEESHA SUNIL ALAM

Registration No :

Age/ Gender : 55 Y / Female

Qualification :

Consultation Timing: 09:22

Height	165
Weight	69
BP	130/80
Pulse	82
Waist	98
Hip	105
BMI	25
Consultation with Report	



## APOLLO CLINIC - AUNDH

### CONSENT FORM

NAME OF THE PATIENT : Meneesha ALEM.

COMPANY NAME : ARCOFEME

TEST NAME : A LBC / PEP

REASON : PERSONEL

(For not done test)

PHONE NO : 8806244290



PATIENT SIGNATURE