

Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:52PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 05:57PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.7</b>	g/dL	12-15	Spectrophotometer
PCV	<b>33.50</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>74.7</b>	fL	83-101	Calculated
MCH	<b>23.9</b>	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,250	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	59.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5513	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3043.25</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	157.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	527.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.25	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	317000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>30</b>	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs.



Dr. Shobha Emmanuel  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No:BED240004535

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**Apollo Health and Lifestyle Limited** (CIN - U55110TG2000PLC15819)  
Regd. Office: T-7D-00/02, Ashoka Nageshpetti Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

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**DEPARTMENT OF HAEMATOLOGY**

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

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**

**Note: Kindly evaluate for iron deficiency status.**



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www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 040-4904 7777, Fax No: 4904 7788

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Karnataka - 560014

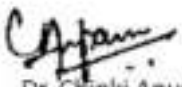
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr. Shobha Emmanuel  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



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Regd. Office: T-7D-00/02, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	81	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC




DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:EDT240001916

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

Apollo Health and Lifestyle Limited | CIN - U55110TG2000PLC1158191  
Regd. Office: T-7D-90/92, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
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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.

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




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**CONSULTANT BIOCHEMIST**

SIN No:EDT240001916

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	146	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>38</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.83		0-4.97	Calculated


Result is rechecked. Kindly correlate clinically

**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.



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M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

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




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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.51-0.95	Jaffe's, Method
UREA	<b>10.20</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>4.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.63	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.94	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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CONSULTANT BIOCHEMIST

SIN No:SE04594834



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**Apollo Health and Lifestyle Limited** (CIN - U55170TG2000PLC15819)  
Regd. Office: T-7D-90/63, Adhika Nigrahapatti Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad | U3 Rai Nagar | Chanda Nagar | Bandapur | Hallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vizag Coorathamma Petal Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kuvempu | Sarjapur Road Mysore: CV Mohanlal Tamil Nadu: Chennai | Anand Nagar | Kotturupalem | Madhavai | T Nagar | Velamanchikun | Wilcochery | Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Viman Nagar | Wankeswar | Uttar Pradesh: Ghaziabad (Indraprasth Gajanan) Ahmedabad (Sanjivni) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Address:  
27/706/121, Duddahangur Village, New Look Main Road,  
New Look Nagar, Electronic City, Bangalore,  
Karnataka - 560014

 1860 500 7788  
www.apolloclinic.com

Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 05:15PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 06:38PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

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	37.00	U/L	<38	IFCC




DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SE04594834

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U55170TG2000PLC1E5819)  
Regd. Office: T-7D-90/63, Ashoka Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
www.apollohlm.com | Email ID: enquiry@apollohlm.com, Ph. No: 080-4904 7777, Fax No: 4904 7788

APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK: Raj Nagar | Chanda Nagar | Gandapur | Hallakurda | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Coalthanna Petal | Karnataka: Bangalore (Banavarsiguda) | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbalhari | Kuvempur | Lal Bahadur Shastri Road | Mysore | YV Mohalla | Tamil Nadu: Chennai | Anand Nagar | Kotturupalli | Madhavaram | T Nagar | Velamanchikun | Wilcochery | Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Wanan Nagar | Warananagar | Uttar Pradesh: Ghaziabad (Indraprastha) | Gujarat: Ahmedabad (Sanfiro) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:  
22/206/121, Duddahangur Village, Marolli Main Road,  
Marolli Nagar, Electronic city, Bangalore,  
Karnataka - 560014

 **1860 500 7788**  
www.apolloclinic.com

Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:29PM
UHID/MR No : CJPN.000090878	Reported : 06/Jan/2024 09:46PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.35	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	<b>6.220</b>	µIU/mL	0.35-4.94	CMIA


Comment:

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

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

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



  
**DR.SHIVARAJA SHETTY**  
**M.B.B.S,M.D(Biochemistry)**  
**CONSULTANT BIOCHEMIST**

SIN No:SPL24003053

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
 Regd. Office: T-7D-90/63, Adhika Nageshpetti Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
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APOLLO CLINICS NETWORK

Telangana: Hyderabad | UK Rai Nagar | Charada Nagar | Bandipur | Hallakurta | Nizampet | Marikonda | Uppal | Andhra Pradesh: Vizag Cochinamma Petal Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kumbhghalli | Kuvempore | Lal Bahadur Nagar Mysore: VV Mohalla Tamil Nadu: Chennai | Annapuram | Kotturam | Madhavpet | T Nagar | Velamanchikun | Wilcochery Maharashtra: Pune (Aundh) | Nagli Pradhikaran | Wanan Nagar | Wananeri Uttar Pradesh: Ghaziabad (Indraprastha Gurgaon) Ahmedabad (Sanitex) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Address:  
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Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:12AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:29PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 09:46PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

DEPARTMENT OF IMMUNOLOGY

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




DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24003053

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC1E5819)  
Regd. Office: T-7D-00/03, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 014 |  
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (KJ Red Nagar | Chanda Nagar | Bandipur | Hallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag Coorthisanna Petal | Karnataka: Bangalore (Banavarsipudi | Bellandur | Electronics City | Phase Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Kuvempu) | Kerala: Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annamalai | Kotturupalli | Madhavai | T Nagar | Velamangalam) | West Bengal: Kolkata (Park Road) | Maharashtra: Pune (Aundh | Nigdi | Pradhikaran | Viman Nagar | Wankesari) | Uttar Pradesh: Ghaziabad (Indraprasth Gurgaon) | Ahmedabad (Sanfiro) | Punjab: Amritsar (Court Road) | Haryana: Faridkot (Railway Station Road)

Address:  
22/706/121, Duddahangur Village, Mettupalai Main Road,  
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Karnataka - 560014

 **1860 500 7788**  
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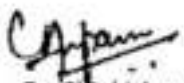


Patient Name : Mrs.MANEKAR SHEELA	Collected : 06/Jan/2024 11:11AM
Age/Gender : 37 Y 11 M 24 D/F	Received : 06/Jan/2024 04:58PM
UHID/MR No : CJPN.0000090878	Reported : 06/Jan/2024 06:15PM
Visit ID : CJPNOPV185311	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7738523848	

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
<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	1.015		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr. Shobha Emmanuel  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2258834

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRI, BANGALORE

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APOLLO CLINICS NETWORK

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New Ashok Nagar, Electronic City, Bangalore,  
Karnataka - 560014

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<b>Patient Name</b>	: Mrs. MANEKAR SHEELA	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CJPN.0000090878	<b>OP Visit No</b>	: CJPNOPV185311
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-01-2024 09:30
<b>LRN#</b>	: RAD2202443	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 7738523848		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

**Dr. KUSUMA JAYARAM**  
**MBBS,DMRD**  
Radiology

Name : Mrs. MANEKAR SHEELA

Age: 37 Y

UHID: CJPN.000090878

Address : BLR

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

OP Number: CJPNDPV185311

Bill No : CJPN-OCR-68516

Date : 06.01.2024 11:03

Sno	Seriv. Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO <i>2.15 PM</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION <i>11</i>	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE <i>MSY</i>	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>2.15 PM</i>	
16	URINE GLUCOSE (FASTING)	
17	HBA1C GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	DENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

wt - 77.4 kg

ht - 162 cms.

BP - 116/88 mm/Hg

waist - 96 cm

HRP - 112 cm

PR - 99/nt

BMI - 29.5

Name - Manikar Shreele  
Age - 37yrs / F

Date - 06/1/24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

CL - Routine  
eye checkup

H/O sup - using  
glasses

H/O eye sx - NO

UNVH { 6/18 NC  
          5/18 NG

C glasses VU { 6/6 NG  
                          6/6 NG

colour vision is normal in RE

Rx RE = -1.75 X 180°  
LE = -1.50 X 160°

Follow up date:

After 6 months

Doctor Signature





Patient Name	: Mrs. MANEKAR SHEELA	Age	: 37 Y F
UHID	: CJPN.0000090878	OP Visit No	: CJPNOPV185311
Reported on	: 08-01-2024 09:30	Printed on	: 08-01-2024 09:30
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .  
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Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:08-01-2024 09:30

---End of the Report---

  
**Dr. KUSUMA JAYARAM**  
**MBBS,DMRD**  
Radiology



37 years  
 Female  
 162cm  
 Asian  
 77kg

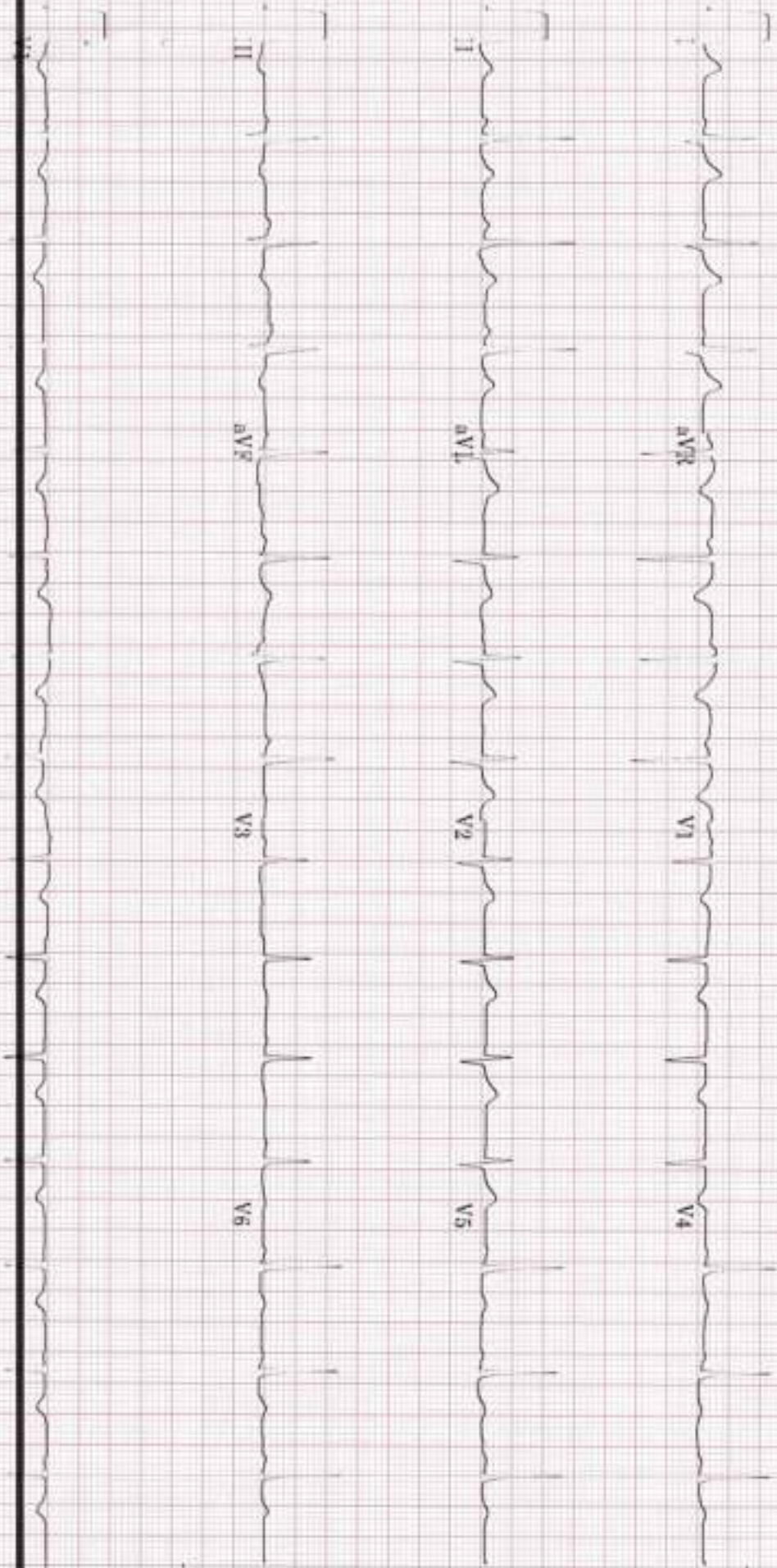
Heart rate 90 bpm  
 PR interval 122 ms  
 QRS duration 74 ms  
 QT/QTc 350/428 ms  
 P-R-T axes 62 58 4

Technician: JYOTHI  
 Test ind: CAD SCREENING

Visit: ARCOFEM  
 Referred by: SELF

Unconfirmed

(2)





ID: CJPN90878

Visit: ARCOFEM

37 years  
162cm

Asian  
77kg

Female

BRUCE  
Max HR: 182bpm 99% of max predicted 183bpm  
Max BP: 140/80  
Maximum workload: 10.1METS

Total Exercise time: 9:01

35.0 mm/s  
10.0 mm/mV  
100hz

Referred by: SELF  
Test ind: CAD SCREENING

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Reason for Termination:  
Comments: GOOD EFFORT AND TOLERANCE  
NORMAL HR/BP RESPONSE  
NO ANGINA AND ARRYTHMIA SEEN  
NO SIGNIFICANT ST-T CHANGES NOTED

Phase Name	Stage Name	Time to Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:07	0.8	0.0	1.3	85	110/80	94
EXERCISE	STAGE 1	3:00	1.7	0.0	4.6	121	120/80	157
	STAGE 2	3:00	2.5	2.0	7.0	160	130/80	208
	STAGE 3	3:00	3.4	4.0	10.1	172	140/80	255
	STAGE 4	0:01	3.4	4.0	10.1	172	140/80	255
RECOVERY	Post	2:05	0.8	0.0	1.0	76	110/80	139

NO RISK

T  
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Y



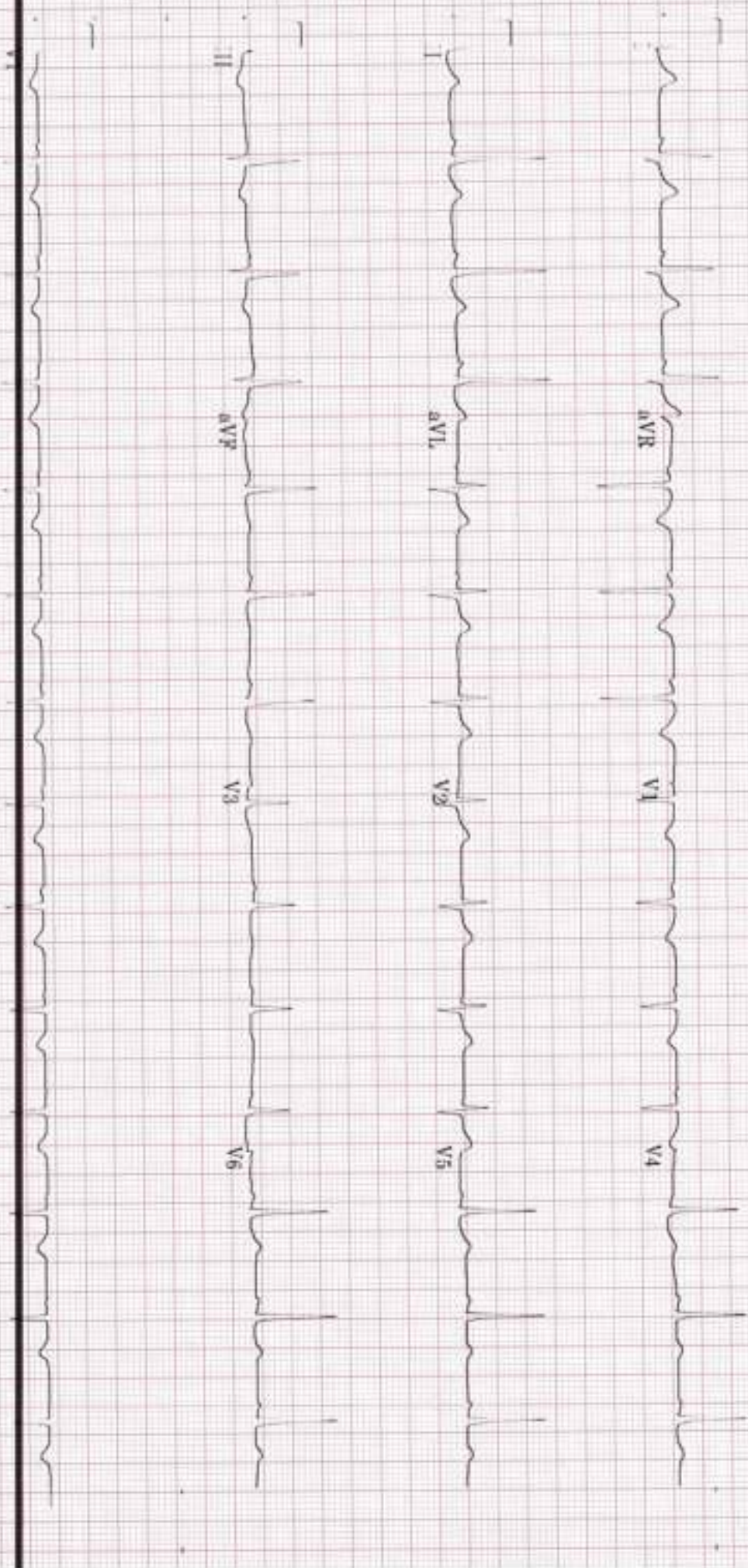
ID: GJPN90878  
Visit: ARCOFEMI

6-Jan-2024  
15:45:32

85bpm  
BP: 110/80

PRETEST  
SUPINE  
0:39

BRUCE  
\*\*mph  
\*\*%





ID: GJPN90878  
Visit: ARCOFEMI

6-Jan-2024  
13:49:50

129bpm

BP: 120/80

ST @ 10mm/mV  
80ms/psd

EXERCISE  
STAGE 1

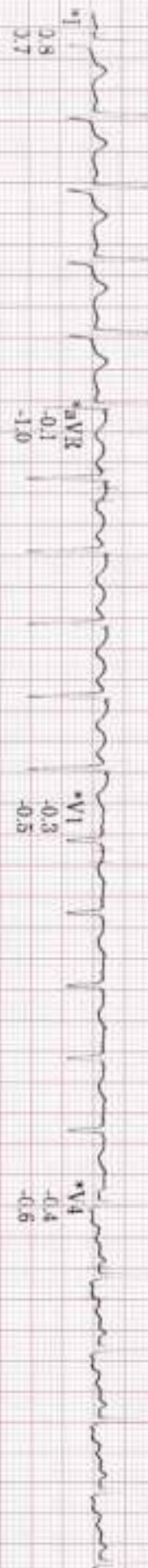
2:50

BRUCE

1.7mph

10.0%

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm



ID: C:\PN90878

Visit: ARCOREMI

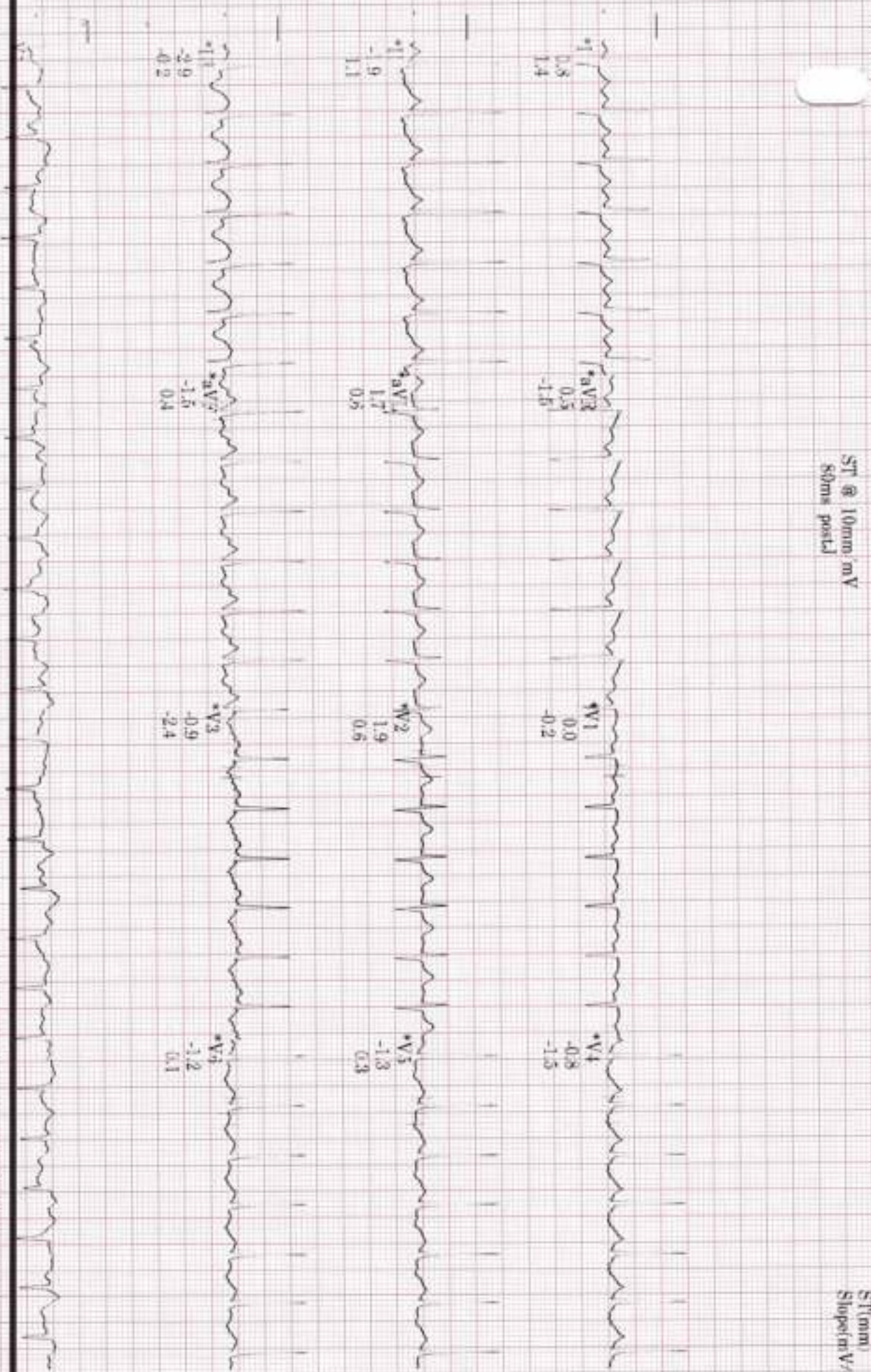
6-Jan-2024  
15:52:30

EXERCISE  
STAGE 2  
160bpm  
3P: 130/80  
5:50

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms/pastd

Lead  
ST(mv)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



ID: C1PN91878

Visit: ARCO/FEM1

6-Jan-2024  
15:55:50

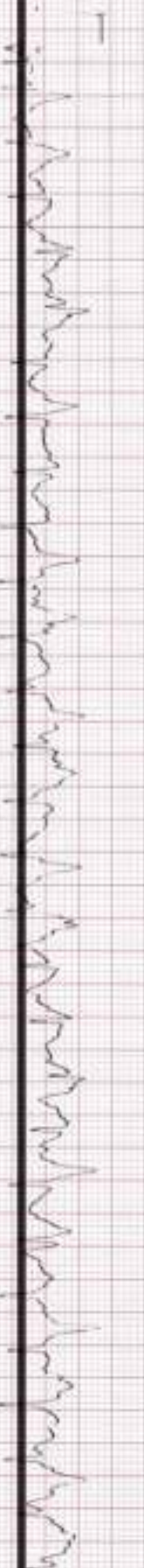
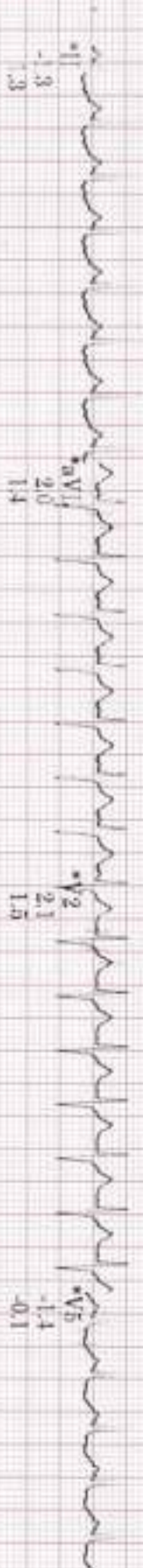
182bpm

BP: 140/80

ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 3  
8:30

BRDCE  
3.4mph  
14.0%



• Computer Synthesized Rhythm



ID: CIPN90878

Visit: ARCOPEMI

EXERCISE

182bpm

BRUCE

6-Jan-2024

15:56:01

BP: 140/80

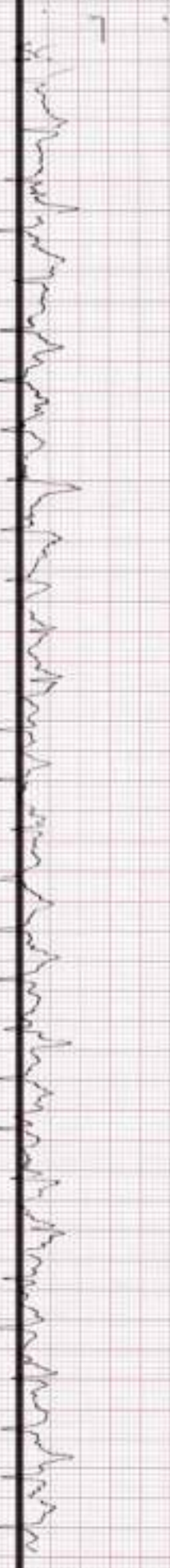
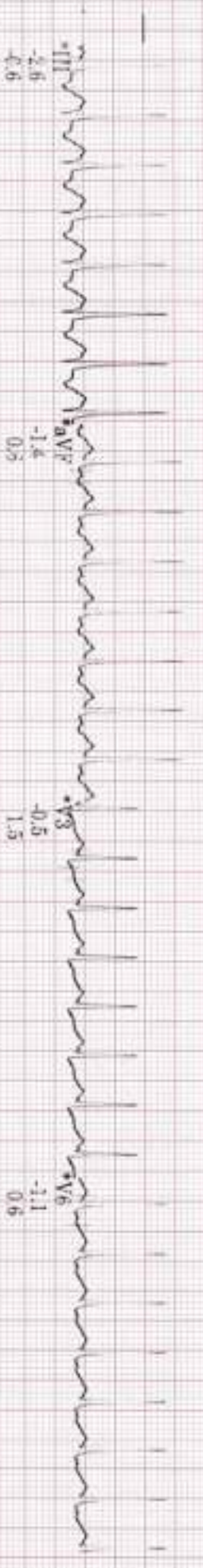
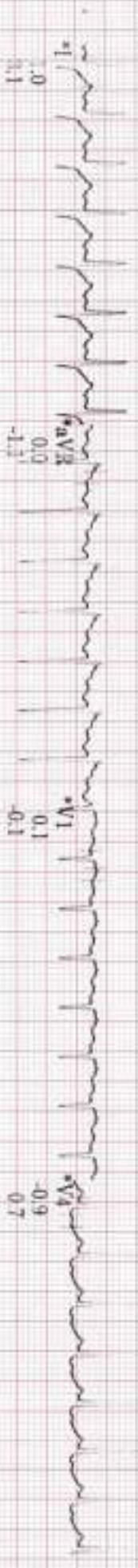
STAGE 4

3.4mph

14.0%

Lead  
ST(mV)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ



Raw Rhythm

Computer Synthesized Rhythm

10 Hz 25.0 mm/s 10.0 mm/mV Change Atrial HR 50Hz HR 46

End Approaching Change Max 55.010V





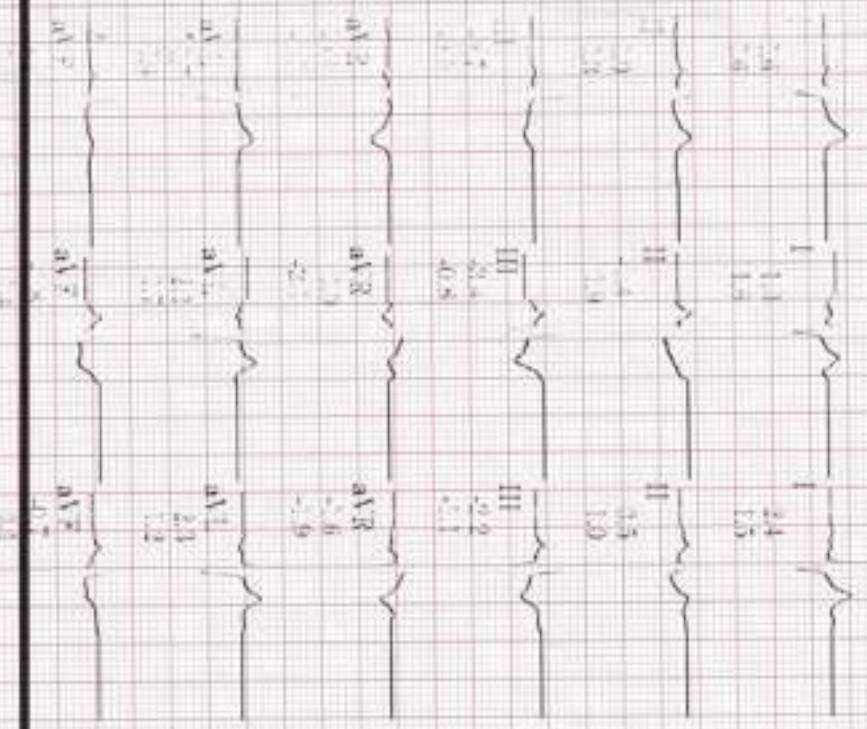


SELECTED MEDIAN REPORT

Dr. JPN90878  
 V: ARCOFEMI  
 37y years  
 172cm  
 Asian  
 77kg  
 Female

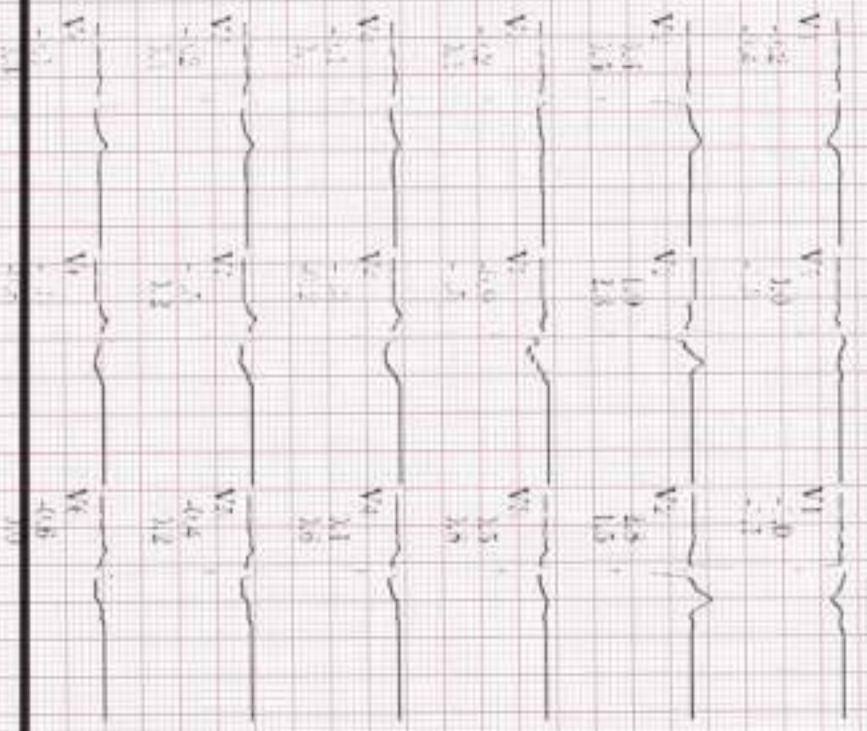
Referred by: SRJP  
 Test: nt CAD SCREENING

BASELINE	MAX ST	TEST END
EXERCISE	EXERCISE	RECOVERY
HR: 100 BP: 110/80	168bpm 6/36	126bpm 2/05 BP: 110/80



BRUC?  
 Max HR: 182bpm 99% of max predicted 183bpm  
 Max EP: 140/80  
 Max/min workload: 10.1 METS  
 Reason for Termination:  
 Comments: GOOD EFFORT AND TOLERANCE  
 NORMAL HR/BP RESPONSE  
 NO ANGINA AND ARRHYTHMIA SEEN  
 NO SIGNIFICANT ST-T CHANGES NOTED  
 TMT IS NEGATIVE FOR INDICIBLE ISCHEMIA

BASELINE	MAX ST	TEST END
EXERCISE	EXERCISE	RECOVERY
HR: 100 BP: 110/80	168bpm 6/36	126bpm 2/05 BP: 110/80



EC confirmed

25.0 mm/s  
 10.0 mm/mV  
 100Hz

Lead  
 ST(mm)  
 Slope on V6



MRS.MANEKAR, SHEELA

GRADED EXERCISE SUMMARY

Total Exercise time: 9:01

ID: GJPN90878  
Visit: ARCOFEMI

6-Jan-2024  
15:45:53

37 years  
162cm  
Asian  
77kg  
Female

BRUCE  
Max HR: 182bpm 99% of max predicted 183bpm  
Max BP: 140/80  
Maximum workload: 10.1METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: SELF  
Test Ind: CAD SCREENING

Reason for Termination:  
Comments: GOOD EFFORT AND TOLERANCE  
NORMAL HR:BP RESPONSE  
NO ANGINA AND ARRYTHMIA SEEN  
NO SIGNIFICANT ST-T CHANGES NOTED  
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

EXERCISE STAGE	13METS	85bpm BP: 110/80	ST @ 10mm/mV 80ms postJ	Lead ST(mm) Slope(mV/s)	EXERCISE STAGE	7.9METS	168bpm	ST @ 10mm/mV 80ms postJ	Lead ST(mm) Slope(mV/s)
BASELINE					MAX ST				



Technician: JYOTHI

Unconfirmed

End Approaching Change Chart

Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 01:51PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 03:30PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240004447

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







Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 01:51PM
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**DEPARTMENT OF HAEMATOLOGY**

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



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

SIN No:BED240004447

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





Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 01:51PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 04:07PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240004447

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



Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 01:50PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 05:14PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

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	79	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated



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

SIN No:EDT240001868

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



Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 01:50PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 05:14PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

**DEPARTMENT OF BIOCHEMISTRY**

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

**Comment:**

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

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

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

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



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

SIN No:EDT240001868

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





Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 02:06PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 05:09PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

**DEPARTMENT OF BIOCHEMISTRY**

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



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

SIN No:SE04594745

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





Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 02:06PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 05:09PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.52	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.3	U/L	<35	IFCC
ALKALINE PHOSPHATASE	106.63	U/L	30-120	IFCC
PROTEIN, TOTAL	6.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.



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



SIN No:SE04594745

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Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
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Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

• Correlation with PT (Prothrombin Time) helps.



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

SIN No:SE04594745

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









Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 01:58PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 03:24PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.31	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.151	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



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



SIN No: SPL24002966

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

Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 01:58PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 03:24PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

DEPARTMENT OF IMMUNOLOGY

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



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

SIN No: SPL24002966

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





Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 04:05PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 04:30PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 5	/hpf	<10	MICROSCOPY
RBC	2 - 3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2258761

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

Patient Name : M/sSURABHI LIHINE	Collected : 06/Jan/2024 10:32AM
Age/Gender : 30 Y 7 M 21 D/F	Received : 06/Jan/2024 04:04PM
UHID/MR No : CAUN.0000139532	Reported : 06/Jan/2024 04:29PM
Visit ID : CAUNOPV164924	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 319747	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, LBC PAP TEST (PAPSURE)



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

SIN No:UF010131

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



**Patient Name** : M/s SURABHI LIHINE

**Age/Gender** : 30 Y/F

**UHID/MR No.** : CAUN.0000139532

**OP Visit No** : CAUNOPV164924

**Sample Collected on** :

**Reported on** : 06-01-2024 14:27

**LRN#** : RAD2202365

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 319747

---

**DEPARTMENT OF RADIOLOGY**

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**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.

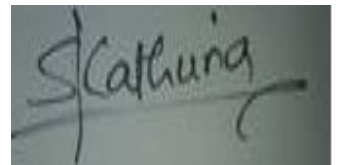
Mediastinal and hilar regions are normal.

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.



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



<b>Patient Name</b>	: M/s SURABHI LIHINE	<b>Age/Gender</b>	: 30 Y/F
<b>UHID/MR No.</b>	: CAUN.0000139532	<b>OP Visit No</b>	: CAUNOPV164924
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 06-01-2024 14:01
<b>LRN#</b>	: RAD2202365	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 319747		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

**Gall bladder** is well distended. **There are multiple 5mm-6mm of size mobile calculi noted in dependent position of gallbladder.** 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 - 9.8 x 4.5 cm.

Left kidney – 10.5 x 4.7 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** appears normal in size measuring 9.4 x 4.5 x 5.6 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.4 mm.

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

Right ovary – 2.4 x 1.3 cm.

Left ovary – 2.5 x 1.6 cm.

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

**Patient Name** : M/s SURABHI LIHINE

**Age/Gender** : 30 Y/F

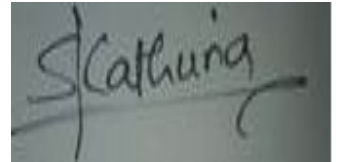
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**IMPRESSION :-**

- **Cholelithiasis without cholecystitis.**

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

Measurement Results:

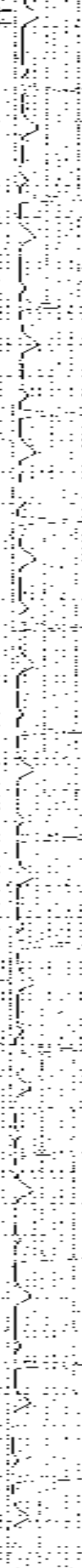
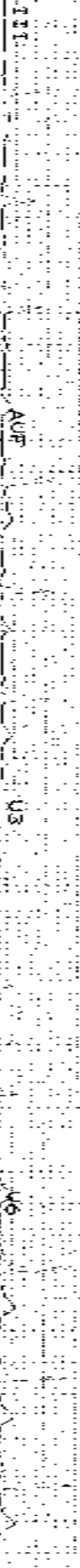
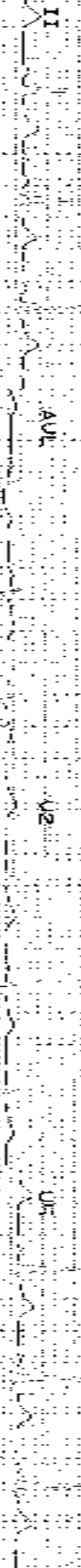
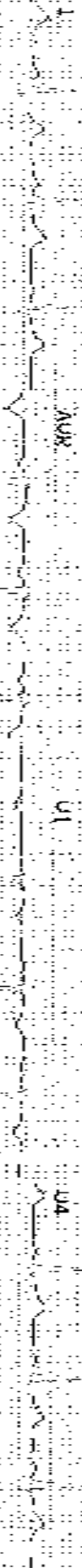
QRS 90 ms  
V1/V2/CRB 362 / 442 ms  
PR 120 ms  
P 92 ms  
P/QRS/T 773 / 690 ms  
P/QRS/Y 50 / 50 / 40 degrees  
QT/QTcBD 187 / 22 ms  
Sokolow NK  
T 12

Interpretation:

Normal sinus rhythm

APOLLICIN

APOLLICIN  
SRI PRAJ, 24/06/2024  
UNCONTINUED, 24/06/2024 - 6:30PM





6/01/24

PATIENT NAME :- *Srinidhi Lelimo*

AGE :- *30 Yr*

MARRIED/UNMARRIED :- *m*

MENSTRUAL HISTORY :- *Cycle irregular*

MENARCHE :- *14y*

PMC :-

LMP :- *15/Dec/23*

OBSTETRIC HISTORY :- **G P L A** *Para 0*

FAST HISTORY :- **DM / HT / TB / ALLERGIES / ASTHMA / SURGERIES** *No*

FAMILY HISTORY :- **DM / HT / IHD / MALIGNANCIES**

*father - HT*

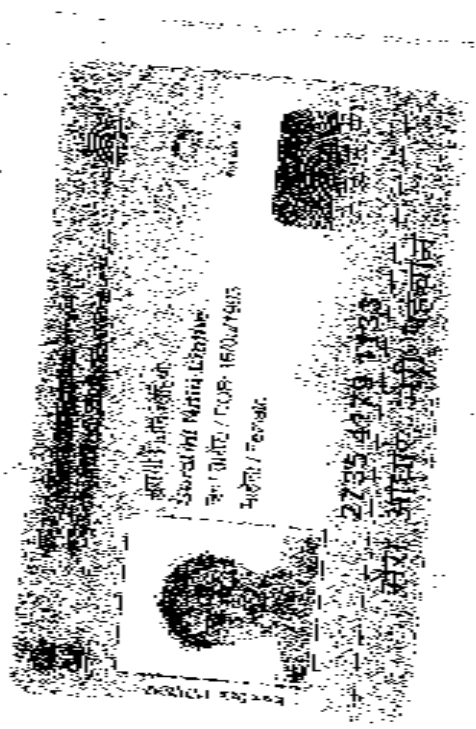
Date : 06-01-2024  
MR NO : CAUN.000C139532  
Name : **Mr** SURABH LIHINE  
Age/Gender : 30 Y / Male

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing : 10:25

Diagnosis  
MR NO  
Name  
Age/Gender  
Date  
Name  
Age/Gender

Height	161
Weight	68
BP	110/70
Pulse	99
Waist	80
Hip	92
BMI	25
Consultation with Report	



SARAH M...  
KORPRI 12/1990

2735 4079 1133

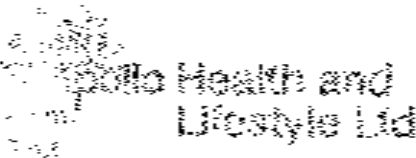


KORPRI 12/1990



**Aundh Apolloclinic**

**From:** noreply@apolloclinics.info  
**Date:** Thursday, December 21, 2023 6:13 PM  
**To:** customerscare@mediwheel.in  
**Re:** Aundh Apolloclinic; Priya Tiwari; Syamsunder M  
**Subject:** Your appointment is confirmed



Dear **SURABHI** ,

Greetings from Apollo Clinics

Your corporate health check appointment is confirmed at **AUNDH** clinic on **2023-12-25** at **08:15-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

Name: M/s SURABHI LIHINE  
Age/Gender: 30 Y/F  
Address: PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PADMA RAJENDRA ITHAPE

MR No: CAUN.0000139532  
Visit ID: CAUNOPV164924  
Visit Date: 06-01-2024 10:25  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: M/s SURABHI LIHINE  
Age/Gender: 30 Y/F  
Address: PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. NANDINI SUDHIR BHAGAT

MR No: CAUN.0000139532  
Visit ID: CAUNOPV164924  
Visit Date: 06-01-2024 10:25  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**



Name: M/s SURABHI LIHINE  
Age/Gender: 30 Y/F  
Address: PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CAUN.0000139532  
Visit ID: CAUNOPV164924  
Visit Date: 06-01-2024 10:25  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

**HT-HISTORY**

**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: M/s SURABHI LIHINE  
Age/Gender: 30 Y/F  
Address: PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: AUNDH\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. BALKRISHNA SURYAKANTRAO RANGDAL

MR No: CAUN.0000139532  
Visit ID: CAUNOPV164924  
Visit Date: 06-01-2024 10:25  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
06-01-2024 14:59	99 Beats/min	110/70 mmHg	22 Rate/min	97 F	161 cms	68 Kgs	%	%	Years	26.23	80 cms	92 cms	cms		AHLL09262



Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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