


Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:36PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:05PM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's Microcytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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

SIN No:BED240063840

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



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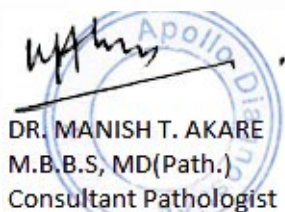
DEPARTMENT OF HAEMATOLOGY

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>	12.9	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>79.7</b>	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	<b>34.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,940	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	40.1	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>49.2</b>	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2381.94	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2922.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	213.84	Cells/cu.mm	20-500	Calculated
MONOCYTES	421.74	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	0.82		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	247000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's Microcytes+  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.

Page 2 of 14



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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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



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Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:36PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:45PM
Visit ID : CPIMOPV158063	Status : Final Report
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**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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



DR.Sanjay Ingle  
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Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 06:55PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 07:59PM
Visit ID : CPIMOPV158063	Status : Final Report
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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	90	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)	82	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.



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SIN No:PLP1429357

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



Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:37PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 09:10PM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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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SIN No:EDT240029120

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	130	mg/dL	<200	CHO-POD
TRIGLYCERIDES	42	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	82	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.71		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04656454

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.4	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.81	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.37</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.75	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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.
- Correlation with PT (Prothrombin Time) helps.



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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.73	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>16.35</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.02	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.99	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.15	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.52	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.78	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>6.37</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.75	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	9.12	U/L	<38	IFCC



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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)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>9.749</b>	µIU/mL	0.34-5.60	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



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SIN No:SPL24042505

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Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:02PM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

**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	1.010		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	15 - 20	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 7	/hpf	<10	MICROSCOPY
RBC	4 - 5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



**DR. MANISH T. AKARE**  
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SIN No:UR2301946

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**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



**DR. MANISH T. AKARE**  
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SIN No:UF011127

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



Patient Name	: Mrs.DIPALI RAHUL RAMTEKE	Collected	: 09/Mar/2024 02:19PM
Age/Gender	: 33 Y 11 M 7 D/F	Received	: 10/Mar/2024 07:09PM
UHID/MR No	: CPIM.0000117124	Reported	: 13/Mar/2024 11:59AM
Visit ID	: CPIMOPV158063	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE10488		

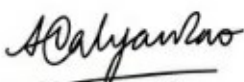
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5394/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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:CS076113

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

<b>Patient Name</b>	: Mrs. DIPALI RAHUL RAMTEKE	<b>Age/Gender</b>	: 33 Y/F
<b>UHID/MR No.</b>	: CPIM.0000117124	<b>OP Visit No</b>	: CPIMOPV158063
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 16-03-2024 14:37
<b>LRN#</b>	: RAD2262375	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobE10488		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

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

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 10 mm. No intra/extra uterine gestational sac seen.

**Both ovaries** appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

### **IMPRESSION:-**

**No significant abnormality detected.**

**Suggest – clinical correlation.**

**Patient Name** : Mrs. DIPALI RAHUL RAMTEKE

**Age/Gender** : 33 Y/F

(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. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology



Patient Name : Mrs. DIPALI RAHUL RAMTEKE Age : 34 Y/F  
 UHID : CPIM.0000117124 OP Visit No : CPIMOPV158063  
 Conducted By: : Conducted Date : 11-03-2024 19:01  
 Referred By : SELF

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MRS. DIPALI RAMTEKE</b>	<b>Age/Sex: 33 / F</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 09.03.2024</b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

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

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

1. Normal transvalvular pressure gradients, No AR, Mild MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	31.0 mm	<b>Aortic Root</b>	27.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	45.0 mm	<b>LVID (s)</b>	26.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**  
**NORMAL CARDIAC CHAMBER DIMENSIONS**  
**NO RWMA; LVEF = 60%**

Patient Name : Mrs. DIPALI RAHUL RAMTEKE  
UHID : CPIM.0000117124  
Conducted By: :  
Referred By : SELF

Age : 34 Y/F  
OP Visit No : CPIMOPV158063  
Conducted Date : 11-03-2024 19:01

---

***NO LV DIASTOLIC DYSFUNCTION  
GOOD RIGHT VENTRICULAR FUNCTION  
STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR/TR  
NO PULMONARY HYPERTENSION  
IAS/IVS INTACT  
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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

Patient Name : Mrs. DIPALI RAHUL RAMTEKE  
UHID : CPIM.0000117124  
Conducted By: :  
Referred By : SELF

Age : 34 Y/F  
OP Visit No : CPIMOPV158063  
Conducted Date :

Patient Name : Mrs. DIPALI RAHUL RAMTEKE  
UHID : CPIM.0000117124  
Conducted By :  
Referred By : SELF

Age : 34 Y/F  
OP Visit No : CPIMOPV158063  
Conducted Date :

---

**Patient Name** : Mrs. DIPALI RAHUL RAMTEKE

**Age/Gender** : 33 Y/F

**UHID/MR No.** : CPIM.0000117124

**OP Visit No** : CPIMOPV158063

**Sample Collected on** :

**Reported on** : 09-03-2024 18:10

**LRN#** : RAD2262375

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE10488

---

**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology



Name: Mrs. DIPALI RAHUL RAMTEKE  
Age/Gender: 34 Y/F  
Address: P - 361/3, ALKAPURI, DEHUROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117124  
Visit ID: CPIMOPV158063  
Visit Date: 09-03-2024 12:09  
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: Mrs. DIPALI RAHUL RAMTEKE  
Age/Gender: 34 Y/F  
Address: P - 361/3, ALKAPURI, DEHUROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117124  
Visit ID: CPIMOPV158063  
Visit Date: 09-03-2024 12:09  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. DIPALI RAHUL RAMTEKE  
Age/Gender: 34 Y/F  
Address: P - 361/3, ALKAPURI, DEHUROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. NIMITA DUBEY

MR No: CPIM.0000117124  
Visit ID: CPIMOPV158063  
Visit Date: 09-03-2024 12:09  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. DIPALI RAHUL RAMTEKE  
Age/Gender: 34 Y/F  
Address: P - 361/3, ALKAPURI, DEHUROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117124  
Visit ID: CPIMOPV158063  
Visit Date: 09-03-2024 12:09  
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: Mrs. DIPALI RAHUL RAMTEKE  
Age/Gender: 34 Y/F  
Address: P - 361/3, ALKAPURI, DEHUROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ARCHANA CHANDAK

MR No: CPIM.0000117124  
Visit ID: CPIMOPV158063  
Visit Date: 09-03-2024 12:09  
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
09-03-2024 15:26	68 Beats/min	120/70 mmHg	20 Rate/min	67 F	157 cms	58 Kgs	%	%	Years	23.53	cms	cms	cms		AHLL03446

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
09-03-2024 15:26	68 Beats/min	120/70 mmHg	20 Rate/min	67 F	157 cms	58 Kgs	%	%	Years	23.53	cms	cms	cms		AHLL03446

Established Patient: No

**Vitals**

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Established Patient: No

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Established Patient: No

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09-03-2024 15:26	68 Beats/min	120/70 mmHg	20 Rate/min	67 F	157 cms	58 Kgs	%	%	Years	23.53	cms	cms	cms		AHLL03446





S.No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date
6	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514304	CHIRAG CHAKRADHAR RAUT	38	year	Male	pojalpwn@gmail.com	9.924E+09
28	Arcofem(Mediwheel)/MAL E/FEMALE	Arcofem MedWheel Full Body Annual Plus Male 2D ECHO	bob510491	Rahul sidharth ramteke	33 year	Male	dh257@gmail.com	9.766E+09	09-03-2024
29	Arcofem(Mediwheel)/MAL E/FEMALE	Arcofem MedWheel Full Body Health Annual Plus Check Female 2D ECHO	bob510488	MS. TEMBHURNIKAR DIPALI HITESH	33 year	Female	dh257@gmail.com	9.766E+09	09-03-2024
6	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514357	Mudit duggar	31	Male	gallin@bcl@gmail.com	7.877E+09	09-Mar-24
7	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE 2D ECHO - PAN INDIA - FY2324	bob514355	MRS. VERMA NEELAM	34	Female	kamyadot@gmail.com	7.877E+09	09-Mar-24
101	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PANINDIA - FY2324	bob513610	Varsha Naik	42 year	Female	ggnaik@gmail.com	8.605E+09	09-03-2024



भारत सरकार  
GOVERNMENT OF INDIA



दिपाली ह्रुशिकेश तेंबहुंकार  
Dipali Hrushikesh Tembhumkar  
जन्म वर्ष / Year of Birth : 1990  
स्त्री / Female

3144 9865 8693



आधार - सामान्य माणसाचा अधिकार

*[Handwritten signature and scribbles in blue ink]*

Date : 09-03-2024

Department : GENERAL

MR NO : CPIM.0000117124

Doctor :

Name : Mrs. DIPALI RAHUL RAMTEKE

Registration No :

Age/ Gender : 33 Y / Female

Qualification :

Consultation Timing: 12:09

TSH

S/L

CUS: L, S<sub>2</sub> ⊕

RS: ACBE

CNS: NAD.

PTA: NAD.

Diet Mix.

No known allergy.

No past sx.

HE- 157

wt- 58.6

BP- 120/70

M=HTN

Aram

ID: 437  
DIPALI RAMTEKE  
Female 33Years

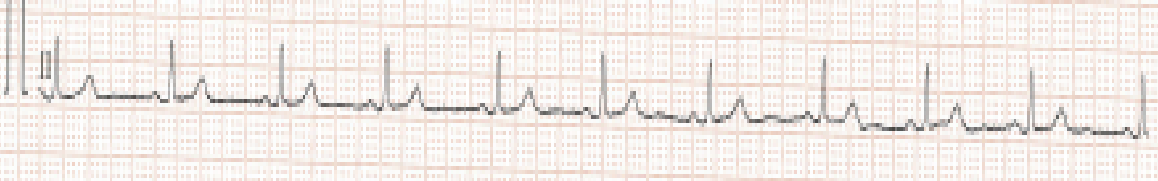
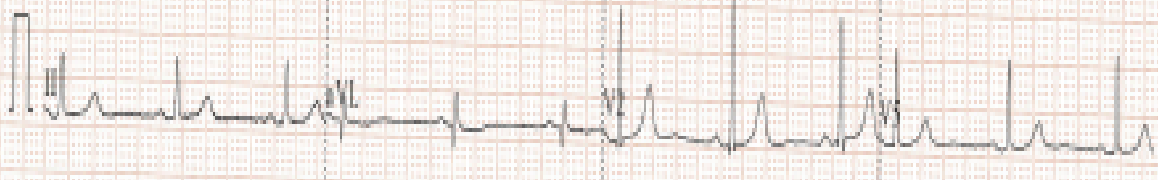
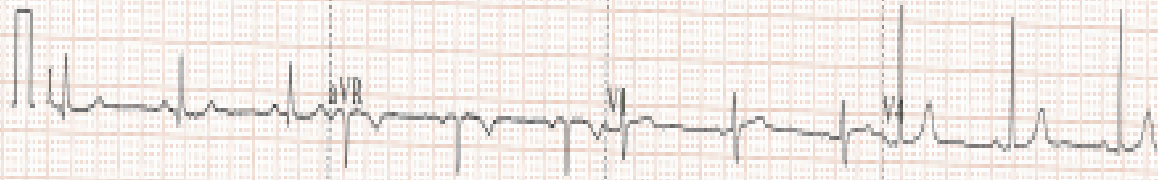
09-03-2024 02:00:06 PM  
HR : 61 bpm  
P : 103 ms  
PR : 157 ms  
QRS : 80 ms  
QT/QTc : 390/394 ms  
PQRST : 25.51/73 °  
RVS SVL : 0.987/0.315 mV

ANM CE

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

*D. Ramteke*

Report Confirmed by:



**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mrs. Dipali Rahul Ramteke on 11/03/2024

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

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<p align="center">Tick</p> <p align="center"><input checked="" type="checkbox"/></p>
<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 Impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	<p align="center"><input type="checkbox"/></p>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p> <ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<p align="center"><input type="checkbox"/></p>

**Dr. Anamdar**  
**Medical Officer     Dr. Anam A. A. Inamdar**  
**Apollo Clinic, (NIGDI)     MBBS**  
**Reg. No. 2021/06/6236**

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

Certificate No: MC-5697

Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:36PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:05PM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

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>	12.9	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>79.7</b>	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	<b>34.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,940	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	40.1	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>49.2</b>	%	20-40	Electrical Impedence
EOSINOPHILS	3.6	%	1-6	Electrical Impedence
MONOCYTES	7.1	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2381.94	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2922.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	213.84	Cells/cu.mm	20-500	Calculated
MONOCYTES	421.74	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	0.82		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	247000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's Microcytes+  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.

Page 2 of 13



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

SIN No:BED240063840

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Shop No.: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),  
Pune, Maharashtra, India - 411004

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chandia Nagar | Kandapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Frasier Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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






Certificate No: MC-5697

Patient Name : Mrs.DIPALI RAHUL RAMTEKE Age/Gender : 33 Y 11 M 7 D/F UHID/MR No : CPIM.0000117124 Visit ID : CPIMOPV158063 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE10488	Collected : 09/Mar/2024 01:11PM Received : 09/Mar/2024 07:36PM Reported : 09/Mar/2024 08:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Microcytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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



SIN No:BED240063840

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Shop No.: 14 to 20, City Pride building,  
 Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),  
 Pune, Maharashtra, India - 411004

**1860 500 7788**

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Certificate No: MC-5697

Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:36PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:05PM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

**DEPARTMENT OF HAEMATOLOGY**

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



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

SIN No:BED240063840

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Certificate No: MC-5697

Patient Name : Mrs.DIPALI RAHUL RAMTEKE Age/Gender : 33 Y 11 M 7 D/F UHID/MR No : CPIM.0000117124 Visit ID : CPIMOPV158063 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE10488	Collected : 09/Mar/2024 01:11PM Received : 09/Mar/2024 07:36PM Reported : 09/Mar/2024 08:45PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240063840

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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	90	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)	82	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.



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



SIN No:PLP1429357

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Certificate No: MC-5697

Patient Name : Mrs.DIPALI RAHUL RAMTEKE Age/Gender : 33 Y 11 M 7 D/F UHID/MR No : CPIM.0000117124 Visit ID : CPIMOPV158063 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobE10488	Collected : 09/Mar/2024 01:11PM Received : 09/Mar/2024 07:37PM Reported : 09/Mar/2024 09:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)



DR.Sanjay Ingle  
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SIN No:EDT240029120

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

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Certificate No: MC- 5697

Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:01PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:23PM
Visit ID : CPIMOPV158063	Status : Final Report
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	130	mg/dL	<200	CHO-POD
TRIGLYCERIDES	42	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	82	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.68	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.71		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.



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Consultant Pathologist

SIN No: SE04656454

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.4	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.81	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.37</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.75	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
AVG RATIO	1.43		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. • Correlation with PT (Prothrombin Time) helps.




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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.73	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>16.35</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.6</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.02	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.99	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.15	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.52	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.78	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>6.37</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.75	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	9.12	U/L	<38	IFCC




**DR.Sanjay Ingle**  
M.B.B.S.,M.D(Pathology)  
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Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

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)	0.96	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>9.749</b>	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. MANISH T. AKARE**  
 M.B.B.S, MD(Path.)  
 Consultant Pathologist

SIN No: SPL24042505


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

Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:02PM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

**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	1.010		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	15 - 20	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 7	/hpf	<10	MICROSCOPY
RBC	4 - 5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2301946

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



Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 01:11PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117124	Reported : 09/Mar/2024 08:00PM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

**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

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)



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

SIN No:UF011127

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

11/9/24

Dr. Manisha Patil  
Dietician,

Mrs Dipali Ramteke.  
33yrs / F.

**Apollo Clinic**  
Expertise. Closer to you.

9th March 2024.

wt -:

Dietary habit - Mixed diet

Δ - Kiclo Hypothyroidism.

Daily Diet

Morning - Tab. Thyroxine 75 mg.

Morning - 1 glass luke warm water with cinnamon powder.

Morning - Breakfast - Chapati Bhaji / Methi roti  
or Mix veg paratha or Thalipith + Curd.  
+ 1 Fruit daily. + boiled egg

Mid Time - Buttermilk + Sabja seeds

Lunch - Salad + Chapati + Sabji less oily,  
Dal / Sprouts / 2-3 pcs chicken / fish.  
+ Rice 1/2 Katori [Avoid rice at night]

Evening - Fruit - 3-4 Almonds + 3-4 walnuts.  
4-5 pm 3-4 Figs + Raisins

Dinner - 8:00 pm - Salad + Chapati + Sabji  
+ Dal.

Bed Time - luke warm water + cinnamon powder.

Avoid Cabbage, caulif lower, broccoli, soya products.

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 appointment: www.apolloclinic.com


Patient Name : Mrs.DIPALI RAHUL RAMTEKE	Collected : 09/Mar/2024 02:19PM
Age/Gender : 33 Y 11 M 7 D/F	Received : 10/Mar/2024 07:09PM
UHID/MR No : CPIM.0000117124	Reported : 13/Mar/2024 11:59AM
Visit ID : CPIMOPV158063	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10488	

**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	5394/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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

Page 1 of 1  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076113

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apolloh.com | Email ID: enquiry@apolloh.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Shop No.: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),  
Pune, Maharashtra, India - 411004

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

APOLLO CLINICS NETWORK  
Telangana: Hyderabad (AS Rao Nagar | Charada Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Frasier Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar) | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



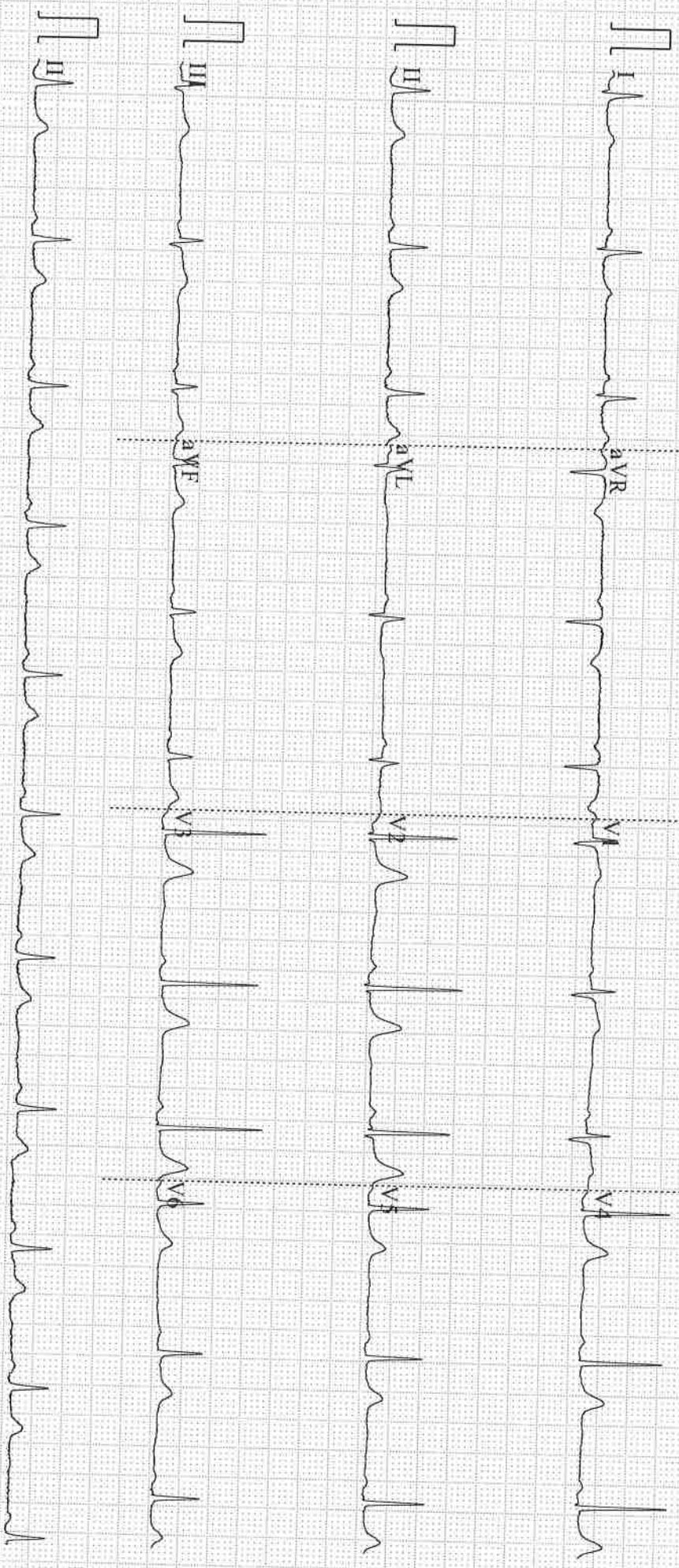
DIPALI RAMTEKE  
Female 33Years

09-05-2024 02:00:06 PM  
HR : 61 bpm  
P : 103 ms  
PR : 157 ms  
QRS : 80 ms  
QT/QTc : 390/394 ms  
P/ORS/T : 25/51/73 °  
RV5/SV1 : 0.987/0.315 mV

Diagnosis: Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:

*Anam*  
Dr. Anam A. Inamdar  
MBBS  
Reg. No. 2021/06/6236



0.67-25Hz AC50 25mm/s 10mm/mV 4\*2.5s+1r 61 V1.91 SEMIP V1.6 APOLO CLINIC NIGDI

Patient Name : Mrs. DIPALI RAHUL RAMTEKE Age : 33 Y F  
UHID : CPIM.0000117124 OP Visit No : CPIMOPV158063  
Reported on : 09-03-2024 16:09 Printed on : 09-03-2024 18:10  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

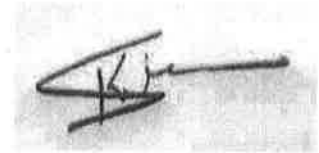
Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.

Printed on:09-03-2024 16:09

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**

MBBS, DMRD

Radiology



**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MRS. DIPALI RAMTEKE</b>	<b>Age/Sex: 33 / F</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 09.03.2024</b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

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

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

1. Normal transvalvular pressure gradients, No AR, Mild MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	31.0 mm	<b>Aortic Root</b>	27.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	45.0 mm	<b>LVID (s)</b>	26.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR/TR**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**



**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**

334m

9/3/24

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

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

UMP, 3/3/24  
 PMS 4/5 days (B)  
 some time  
 GI - FTD - 16 weeks  
 Mild Hypo-Thyroidism  
 P/A salt .  
 P/S, Co-US (N)  
 P/Int NO, AS

No acute gynae.  
 problem at now

Follow up date:

TAC NIGDI  
 Dr. Archana Chaudak  
 MBBS, DGO  
 Reg. No. 27533  
 Doctor Signature

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 9.03.24

Patient Name

Dipali Ramteke

UHID:

Age / Sex:

33yr 1F

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6	6/6
Near Vision	NG	NG
Anterior Segment Pupil	WNL	WNL
Color Vision	Normal	Normal
Family History/Medical History	-	-

Plano BF

**IMPRESSION: -**

  
**OPTOMETRIST**

Date : 09-03-2024  
MR NO : CPIM.0000117124

Department : GENERAL  
Doctor :

Name : Mrs. DIPALI RAHUL RAMTEKE  
Age/ Gender : 33 Y / Female

Registration No :  
Qualification :

Consultation Timing: 12:09

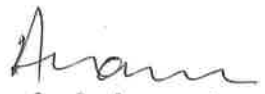
Ht - 157  
wt - 58.6  
BP - 120/70  
M = HTN

TSH  
S/C

CUS: C<sub>1</sub>S<sub>2</sub>(+)  
RS: ACBL  
CNS: NAD.

Diet Mix.

PA: NAD.  
No known allergy.  
No past sx.

  
Dr. Anam A. A. Inamdar  
MBBS  
Reg. No. 2021/06/6236