



Certificate No: MC-5697

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:29PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.7	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	36.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3633.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2547.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	167.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	598.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	263000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 13



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



SIN No:BED240063636

Apollo Speciality Hospitals Private Limited
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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
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DEPARTMENT OF HAEMATOLOGY

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

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

SIN No:BED240063636



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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)	116	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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240029033



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DEPARTMENT OF BIOCHEMISTRY

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

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)

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	131	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.32		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.



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



SIN No:SE04656243

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.82	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	49.96	U/L	30-120	IFCC
PROTEIN, TOTAL	6.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		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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Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.51	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.15	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.63	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.3	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108.23	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.66	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.13	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.980	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24042328



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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2301817

Apollo Speciality Hospitals Private Limited
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:10PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:43PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

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



SIN No:UF011117

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

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 02:13PM
Age/Gender : 35 Y 6 M 10 D/F	Received : 10/Mar/2024 07:17PM
UHID/MR No : SPUN.0000046726	Reported : 13/Mar/2024 11:21AM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5316/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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

Page 13 of 13
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076092

This report is the property of Apollo Speciality Hospitals Private Limited, Global Reference Laboratory, Hyderabad

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra

Name : Mrs. Rupali Maroti Mahore

Age: 35 Y

UHID:SPUN.0000046726

Sex: F



Address : Akola

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:SPUNOPV61943

Bill No :SPUN-OCR-10446

Date : 09.03.2024 11:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
✓ 6	GYNAECOLOGY CONSULTATION	
✓ 7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
✓ 9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
✓ 11	ECG	
✓ 12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓ 14	DENTAL CONSULTATION	
✓ 15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2 PM	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
✓ 18	X-RAY CHEST PA	
✓ 19	ENT 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)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rupali Mahore on 09/03/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
 MBBS MD
 Reg No. 2021097302
 Consultant Internal Medicine
 Apollo Speciality Hospital

Date : 09/03/24
MRNO :
Name : Rupali Mahore
Age/Gender :
Mobile No : 3518

Department : Gen physician
Consultant :
Reg. No :
Qualification : Dr. Samrat Shah
Consultation Timing :
Shah

Spout 98d

Pulse: 88/min	B.P: 140/70	Resp: 22/min	Temp: 98°K
Weight: 73 kg	Height: 155 cm	BMI: 30.3	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

found fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Spectra Hospital
Doctor Signature
Shah

Date : 09/03/24
MRNO :
Name : Rupali Mahore
Age/Gender :
Mobile No : 35/F

Department : ENT
Consultant :
Reg. No : Dr. Shivprakash
Qualification :
Consultation Timing : Mehta

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT - NAD



Dr. Shiv Mehta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205

Follow up date:

Doctor Signature

Date : 09/03/24
MRNO :
Name : Rupali Mahore
Age/Gender :
Mobile No : 351F

Department : Gynec
Consultant :
Reg. No : Dr. Sayali
Qualification :
Consultation Timing : Kani Boqum

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

General Examination / Allergies
History

9/3/24

Clinical Diagnosis & Management Plan

35yrs / F.
M/H - Regular
4/30 days.
LMP - 19/2/24.
MS - 6yrs.
P/L - LSCS - 4yrs.
Presently no complaints.
P/A - soft.
Breasts - Bulky
~~Adv. → Pap smear Test taken~~
P/S - cx healthy
P/V - NAI

Follow up date:



Doctor Signature

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:29PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89.7	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,960	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.2	%	40-80	Electrical Impedence
LYMPHOCYTES	36.6	%	20-40	Electrical Impedence
EOSINOPHILS	2.4	%	1-6	Electrical Impedence
MONOCYTES	8.6	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3633.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2547.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	167.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	598.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	263000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 12



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



SIN No:BED240063636

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apolldiagnostics.in

Patient Name	: Mrs.RUPALI MAROTI MAHORE	Collected	: 09/Mar/2024 11:16AM
Age/Gender	: 35 Y 6 M 10 D/F	Received	: 09/Mar/2024 12:13PM
UHID/MR No	: SPUN.0000046726	Reported	: 09/Mar/2024 12:29PM
Visit ID	: SPUNOPV61943	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 66582		

DEPARTMENT OF HAEMATOLOGY

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:BED240063636

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana


Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 01:26PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF HAEMATOLOGY

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240063636

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



Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:48PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

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)	116	mg/dL	70-140	HEXOKINASE

Comment:

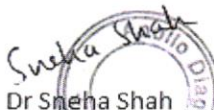
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

Page 4 of 12


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240029033

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



Patient Name : Mrs.RUPALI MAROTI MAHORE
Age/Gender : 35 Y 6 M 10 D/F
UHID/MR No : SPUN.0000046726
Visit ID : SPUNOPV61943
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 66582

Collected : 09/Mar/2024 11:16AM
Received : 09/Mar/2024 12:13PM
Reported : 09/Mar/2024 12:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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)



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

SIN No:EDT240029033

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

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 02:12PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	131	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.32		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.



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



SIN No:SE04656243

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

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 02:12PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.82	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	49.96	U/L	30-120	IFCC
PROTEIN, TOTAL	6.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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

SIN No:SE04656243

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



Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:10PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:44PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2301817

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



Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 02:12PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.51	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.15	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.63	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.3	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108.23	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated



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

SIN No:SE04656243

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



Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 02:12PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

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	17.66	U/L	<38	IFCC



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

SIN No:SE04656243



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

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 01:25PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.13	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.98	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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

SIN No: SPL24042328

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

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:10PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:43PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

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

SIN No:UF011117

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



Patient Name : Mrs.RUPALI MAROTI MAHORE
Age/Gender : 35 Y 6 M 10 D/F
UHID/MR No : SPUN.0000046726
Visit ID : SPUNOPV61943
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 66582

Collected : 09/Mar/2024 02:13PM
Received : 10/Mar/2024 07:17PM
Reported : 13/Mar/2024 11:21AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

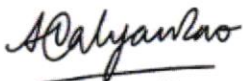
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5316/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***



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



Mahore, Rupali
ID: 46726

09.03.2024 12:17:13 PM
Apollo Specra Hospital
SWARGATE
PUNE-4110

ARROW CE

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

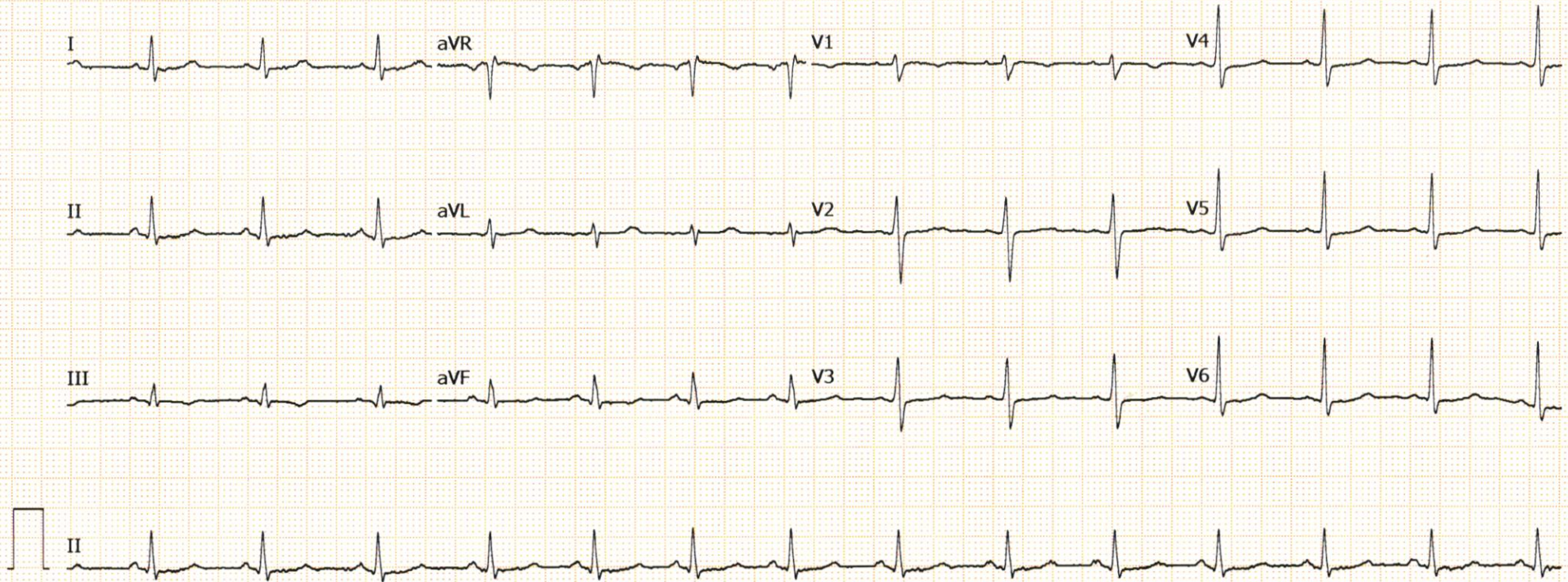
Room:

84 bpm
-- / -- mmHg

155 cm Female
73.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms Normal sinus rhythm
QT / QTcBaz : 404 / 477 ms Normal ECG
PR : 130 ms
P : 112 ms
RR / PP : 712 / 714 ms
P / QRS / T : 45 / 53 / 7 degrees



2D ECHO / COLOUR DOPPLER

Name : Mrs. Rupali Mahore
Ref by : HEALTH CHECKUP

Age : 35YRS / F
Date : 09/03/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS


DR. SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Rupali Mahore

Date: 09/03/24

Age / Sex: 35 y / F

Ref No.:

Complaint: No complaints

Examination

NO DM
NO HTN

Unaided Vision
 R 6/6 (P) N6
 L 6/6 (P) N6

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	±	0.25	90'	6/6	±	0.25	90'
Read	—————			N6	—————			N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

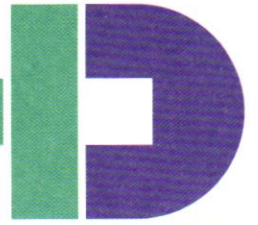
PGP
 R
 L

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration
Tear drop / Refresh Tears	Twice in a day	X15 days

Follow up: 1785

Consultant: [Signature]



Name	Mrs Rupali Maroti Mahore	Age	34 Years
Patient ID	DD/93/2023-2024/1523	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

A 2.3x1.9x1.1cm size oval shape heterogenous lesion wider than tall is seen at 2o'clock postion of left breast ? resolving galactocele ? fibroadenoma.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

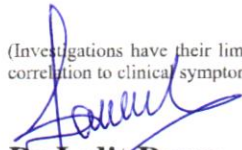
No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

A 2.3x1.9x1.1cm size oval shape heterogenous lesion wider than tall is seen at 2o'clock postion of left breast ? resolving galactocele ? fibroadenoma.

(Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptom and other related test. Please interpret accordingly)


Dr. Lalit Deore
MD(Radiology)

Patient Name:
Age:

MRS.RUPALI MAHORE
35 Years

MR No:
Location:

SPUN.00046726
Apollo Spectra Hospital Pune
(Swargate)

Gender:
Image Count:
Arrival Time:

F
1
09-Mar-2024 13:02

Physician:
Date of Exam:
Date of Report:

SELF
09-Mar-2024
09-Mar-2024 14:28

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



Dr.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

Name	Mrs Rupali Maroti Mahore	Age	34 Years
Patient ID	DD/93/2023-2024/1523	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and shows moderate fatty echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 11x5.1cms and **the left kidney** measures 10x4.8cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus measures 8.5x3.4x3.2cms in size. The myometrium appears uniform in echotexture. The endometrium measures 8 mm

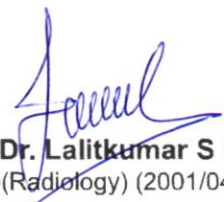
Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

Moderate fatty liver.

No other significant abnormality is seen.



Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

Apollo Clinic

CONSENT FORM

Patient Name: Rupali mahore Age: 35 / F

UHID Number: Company Name: Arcofem

I Mr/Mrs/Ms Rupali mahore Employee of Arcofem

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Doctor not available for Dental

Patient Signature:  Date: 09/03/24

Appointment id	Corporate Name	Name	Email id	Mobile	Agree	Action
106463	ACCENTURE SOLUTIONS PRIVATE LI...	Harshit Pandey	harshit.g.pandey@accenture.com	7348313151	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
105561	CONNECT AND HEAL PRIMARY CARE ...	Mayur Kshirsagar	reports@connectandheal.com	8007459009	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
105556	CONNECT AND HEAL PRIMARY CARE ...	Sangeeta	reports@connectandheal.com	9380029882	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
105302	ARCOFEMI HEALTHCARE LIMITED...	sarika bhosale	vikas_jyod@gmail.com	9552018920	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
105220	ARCOFEMI HEALTHCARE LIMITED...	MR. BHOSALE VIKAS	vikas_jyod@gmail.com	9552018920	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
104664	VISIT HEALTH PRIVATE LIMITED...	Vikas Mane	vikas.mane@bentley.com	7350976666	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
104243	CIPLA LIMITED...	Vivek Kumar	Nitin Jog <providersupport1@bajajfinsevrhealth.in>	9316756546	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
104130	ARCOFEMI HEALTHCARE LIMITED...	Rupali Maroti Mahore	maroti_mahore@rediffmail.com	9423109863	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
104076	ARCOFEMI HEALTHCARE LIMITED...	MR. MAHORE MAROTI	maroti_mahore@rediffmail.com	9423109863	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>
103937	PHASORZ TECHNOLOGIES PRIVATE L...	Bharat Pandhannath Pawar	Bharat.Pawar@Cognizant.Com	9372271975	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>

भारत सरकार
Government of India

रूपाली मारोती माहोरे
Rupali Maroti Mahore
जन्म तारीख / DOB: 30/08/1988
स्त्री / Female

2292 7676 3066

माझे आधार, माझी ओळख




आधार
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता C/O मारोती साहेबराव माहोरे, योगेश्वर कॉलनि, शेगाव रोड
, नियर हनुमान मंदिर, तेल्हारा, अकोला, महाराष्ट्र, 444108

Address: C/O Maroti Sahebrao Mahore,
Yogeshwar Colony, Shegaon Road, Near
Hanuman Mandir, Telhara, Akola, Maharashtra,
444108

2292 7676 3066

1947 help@uidai.gov.in www.uidai.gov.in



Name : Mrs. Rupali Maroti Mahore

Age: 35 Y

UHID:SPUN.0000046726

Address : Akola

Sex: F



OP Number:SPUNOPV61943

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10446

Date : 09.03.2024 11:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	✓2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
✓6	✓6 GYNAECOLOGY CONSULTATION	
✓7	✓7 DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
✓9	✓9 URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
✓11	✓11 ECG	
✓12	✓12 LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓14	✓14 DENTAL CONSULTATION	
✓15	✓15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2 PM	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
✓18	✓18 X-RAY CHEST PA	
✓19	✓19 ENT CONSULTATION	
20	20 FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
✓23	✓23 BODY MASS INDEX (BMI)	
✓24	✓24 OPHTHAL BY GENERAL PHYSICIAN	
✓25	✓25 ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

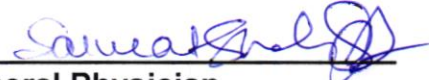
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rupali Mahore on 09/03/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. 
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 09/03/24
MRNO :
Name : Rupali Mahore
Age/Gender :
Mobile No : 3518

Department : Gen physician
Consultant :
Reg. No :
Qualification : Dr. Samrat Shah
Consultation Timing : Shah

SPO2 98%

Pulse: 88/min	B.P: 140/70	Resp: 22/min	Temp: 98°F
Weight: 73 kg	Height: 155 cm	BMI: 30.3	Waist Circum: -

General Examination / Allergies History

Clinical Diagnosis & Management Plan

found fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2751097302
Consultant Internal Medicine
Apollo Spectra Hospital
Doctor Signature

Date : 09/03/24
MRNO :
Name : Rupali Mahore
Age/Gender :
Mobile No : 35/F

Department : ENT
Consultant :
Reg. No : Dr. Shivprakash
Qualification :
Mehta
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT- NAD



Dr. Shiv Mehta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205

Follow up date:

Doctor Signature

Date : 09/03/24
MRNO :
Name : Rupali Mahore
Age/Gender :
Mobile No : 351F

Department : Gynec
Consultant :
Reg. No : Dr. Sayali
Qualification :
Consultation Timing : Kani Boqum

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

General Examination / Allergies
History

9/3/24

Clinical Diagnosis & Management Plan

35yrs / F.
M/H - Regular
4/30 days.
LMP - 19/2/24.
MS - 6yrs.
P/LI - LSCS - 4yrs.
Presently no complaints.
P/A - soft.
Breasts - Bulky
~~Adv. → Pap smear Test taken~~
P/S - cx healthy
P/V - NAI

Follow up date:



Doctor Signature

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:29PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	36.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.7	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.2	%	40-80	Electrical Impedance
LYMPHOCYTES	36.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3633.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2547.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	167.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	598.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	263000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 12



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



SIN No:BED240063636

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

www.apolldiagnostics.in

Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
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DEPARTMENT OF HAEMATOLOGY

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:BED240063636

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




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Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 01:26PM
Visit ID : SPUNOPV61943	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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240063636

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Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:13PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:48PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

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)	116	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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

Page 4 of 12


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240029033

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



Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
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UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:48PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF BIOCHEMISTRY

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

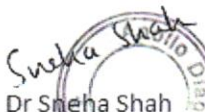
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240029033

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Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:36PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 02:12PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	131	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.32		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.



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



SIN No:SE04656243

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.82	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	49.96	U/L	30-120	IFCC
PROTEIN, TOTAL	6.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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

SIN No:SE04656243



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Patient Name : Mrs.RUPALI MAROTI MAHORE	Collected : 09/Mar/2024 11:16AM
Age/Gender : 35 Y 6 M 10 D/F	Received : 09/Mar/2024 12:10PM
UHID/MR No : SPUN.0000046726	Reported : 09/Mar/2024 12:44PM
Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



SIN No:UR2301817

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

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.51	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.15	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.63	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.3	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108.23	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.57	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated



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

SIN No:SE04656243

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	17.66	U/L	<38	IFCC



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

SIN No:SE04656243



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Visit ID : SPUNOPV61943	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 66582	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.13	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.98	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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

SIN No: SPL24042328

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

Patient Name : Mrs.RUPALI MAROTI MAHORE
 Age/Gender : 35 Y 6 M 10 D/F
 UHID/MR No : SPUN.0000046726
 Visit ID : SPUNOPV61943
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 Emp/Auth/TPA ID : 66582

Collected : 09/Mar/2024 11:16AM
 Received : 09/Mar/2024 12:10PM
 Reported : 09/Mar/2024 12:43PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

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



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

SIN No:UF011117

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



Mahore, Rupali
ID: 46726

155 cm Female
73.0 kg

09.03.2024 12:17:13 PM
Apollo Specra Hospital
SWARGATE
PUNE-4110



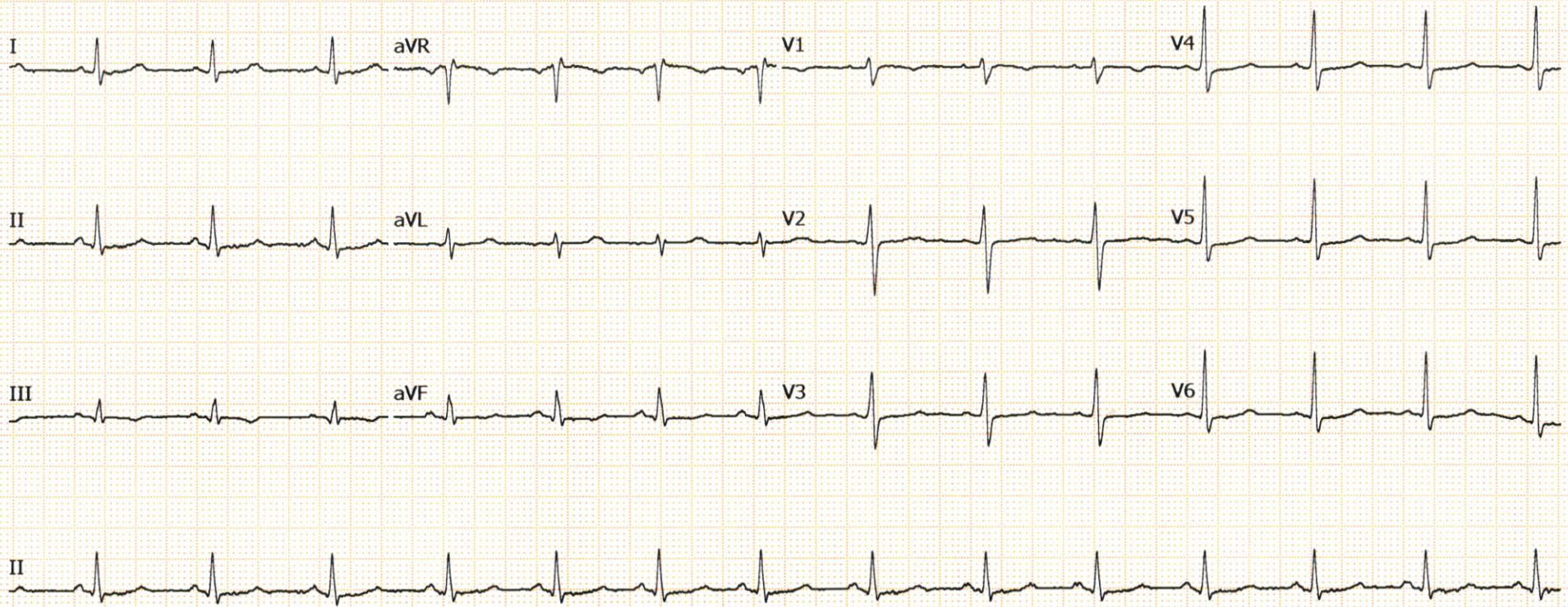
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

84 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms Normal sinus rhythm
QT / QTcBaz : 404 / 477 ms Normal ECG
PR : 130 ms
P : 112 ms
RR / PP : 712 / 714 ms
P / QRS / T : 45 / 53 / 7 degrees



2D ECHO / COLOUR DOPPLER

Name : Mrs. Rupali Mahore
Ref by : HEALTH CHECKUP

Age : 35YRS / F
Date : 09/03/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR. SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Rupali Mahore

Date: 09/03/24

Age / Sex: 35 y / F

Ref No.:

Complaint: No complaints

Examination

NO DM
NO HTN

Unaided Vision
R 6/6 (P) N6
L 6/6 (P) N6

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	±	0.25	90'	6/6	±	0.25	90'
Read	—————			N6	—————			N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

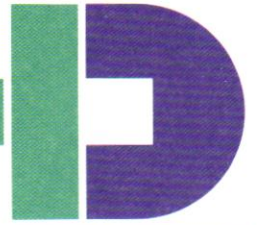
PGP
R
L

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration
Tear drop / Refresh Tears	Twice in a day	X 15 days

Follow up: 1 yr

Consultant: [Signature]



Name	Mrs Rupali Maroti Mahore	Age	34 Years
Patient ID	DD/93/2023-2024/1523	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

A 2.3x1.9x1.1 cm size oval shape heterogenous lesion wider than tall is seen at 2o'clock position of left breast ? resolving galactocele ? fibroadenoma.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

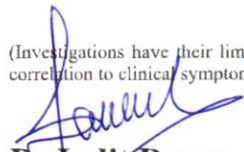
No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

A 2.3x1.9x1.1cm size oval shape heterogenous lesion wider than tall is seen at 2o'clock position of left breast ? resolving galactocele ? fibroadenoma.

(Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptom and other related test. Please interpret accordingly)


Dr. Lalit Deore
MD(Radiology)



Patient Name:
Age:

MRS.RUPALI MAHORE
35 Years

MR No:
Location:

SPUN.00046726
Apollo Spectra Hospital Pune
(Swargate)



Gender:
Image Count:
Arrival Time:

F
1
09-Mar-2024 13:02

Physician:
Date of Exam:
Date of Report:

SELF
09-Mar-2024
09-Mar-2024 14:28

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

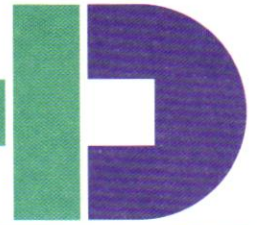
Dr.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



Name	Mrs Rupali Maroti Mahore	Age	34 Years
Patient ID	DD/93/2023-2024/1523	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	09/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and shows moderate fatty echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 11x5.1cms and **the left kidney** measures 10x4.8cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus measures 8.5x3.4x3.2cms in size. The myometrium appears uniform in echotexture. The endometrium measures 8 mm

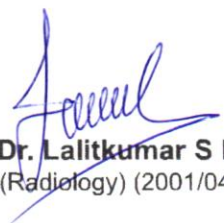
Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

Moderate fatty liver.

No other significant abnormality is seen.


Dr. Lalitkumar S Deore
 MD(Radiology) (2001/04/1871)

Apollo Clinic

CONSENT FORM

Patient Name: Rupali mahore Age: 35 / F

UHID Number: Company Name: Arcofem

I Mr/Mrs/Ms Rupali mahore Employee of Arcofem

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Doctor not available for Dental

Patient Signature:  Date: 09/03/24

Appointment id	Corporate Name	Name	Email id	Mobile	Agree	Action
106463	ACCENTURE SOLUTIONS PRIVATE LI...	Harshit Pandey	harshit.g.pandey@accenture.com	7348313151	<input type="radio"/>	<input checked="" type="checkbox"/>
105561	CONNECT AND HEAL PRIMARY CARE ...	Mayur Kshirsagar	reports@connectandheal.com	8007459009	<input type="radio"/>	<input checked="" type="checkbox"/>
105556	CONNECT AND HEAL PRIMARY CARE ...	Sangeeta	reports@connectandheal.com	9380029882	<input type="radio"/>	<input checked="" type="checkbox"/>
105302	ARCOFEMI HEALTHCARE LIMITED...	sarika bhosale	vikas_jypt@gmail.com	9552018920	<input type="radio"/>	<input checked="" type="checkbox"/>
105220	ARCOFEMI HEALTHCARE LIMITED...	MR. BHOSALE VIKAS	vikas_jypt@gmail.com	9552018920	<input type="radio"/>	<input checked="" type="checkbox"/>
104664	VISIT HEALTH PRIVATE LIMITED...	Vikas Mane	vikas.mane@bentley.com	7350976666	<input type="radio"/>	<input checked="" type="checkbox"/>
104243	CIPLA LIMITED...	Vivek Kumar	Nitin Jog <providersupport1@bajajfinservehealth.in>	9316756546	<input type="radio"/>	<input checked="" type="checkbox"/>
104130	ARCOFEMI HEALTHCARE LIMITED...	Rupali Maroti Mahore	maroti_mahore@rediffmail.com	9423109863	<input type="radio"/>	<input checked="" type="checkbox"/>
104076	ARCOFEMI HEALTHCARE LIMITED...	MR. MAHORE MAROTI	maroti_mahore@rediffmail.com	9423109863	<input type="radio"/>	<input checked="" type="checkbox"/>
103937	PHASORZ TECHNOLOGIES PRIVATE L...	Bharat Pandhanath Pawar	Bharat.Pawar@Cognizant.Com	9372271975	<input type="radio"/>	<input checked="" type="checkbox"/>

भारत सरकार
Government of India

रुपाली मारोती माहोरे
Rupali Maroti Mahore
जन्म तारीख / DOB: 30/08/1988
स्त्री / Female

2292 7676 3066

माझे आधार, माझी ओळख



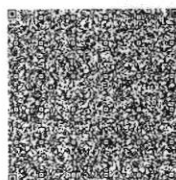
आधार
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता C/O मारोती साहेबराव माहोरे, योगेश्वर कॉलनि, शेगाव रोड
, नियर हनुमान मंदिर, तेलहारा, अकोला, महाराष्ट्र, 444108

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444108

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Customer Pending Test
Doctors not available for Dental