


Patient Name	: M/sRAINA KHARE	Collected	: 29/Mar/2024 09:08AM
Age/Gender	: 34 Y 2 M 26 D/F	Received	: 29/Mar/2024 02:41PM
UHID/MR No	: CAUN.0000141882	Reported	: 29/Mar/2024 05:48PM
Visit ID	: CAUNOPV169029	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17963		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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




Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240086848

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

Patient Name : M/sRAINA KHARE	Collected : 29/Mar/2024 09:08AM
Age/Gender : 34 Y 2 M 26 D/F	Received : 29/Mar/2024 02:41PM
UHID/MR No : CAUN.0000141882	Reported : 29/Mar/2024 05:48PM
Visit ID : CAUNOPV169029	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17963	

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	13.7	g/dL	12-15	Spectrophotometer
PCV	40.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.4	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59.7	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3355.14	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1697.24	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	174.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	376.54	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.98		0.78- 3.53	Calculated
PLATELET COUNT	>150000	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



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240086848

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



Patient Name	: M/sRAINA KHARE	Collected	: 29/Mar/2024 09:08AM
Age/Gender	: 34 Y 2 M 26 D/F	Received	: 29/Mar/2024 02:41PM
UHID/MR No	: CAUN.0000141882	Reported	: 29/Mar/2024 05:48PM
Visit ID	: CAUNOPV169029	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17963		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324
Platelets are Adequate. Platelet clumps seen
No hemoparasite seen.

Advice - Repeat in citrate for accurate platelets count


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240086848

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



Patient Name	: M/sRAINA KHARE	Collected	: 29/Mar/2024 09:08AM
Age/Gender	: 34 Y 2 M 26 D/F	Received	: 29/Mar/2024 02:41 PM
UHID/MR No	: CAUN.0000141882	Reported	: 29/Mar/2024 05:25PM
Visit ID	: CAUNOPV169029	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17963		

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	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240086848

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



Patient Name : M/sRAINA KHARE	Collected : 29/Mar/2024 09:08AM
Age/Gender : 34 Y 2 M 26 D/F	Received : 29/Mar/2024 02:29PM
UHID/MR No : CAUN.0000141882	Reported : 29/Mar/2024 03:54PM
Visit ID : CAUNOPV169029	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17963	

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	82	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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLF02136557

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



Patient Name : M/sRAINA KHARE	Collected : 29/Mar/2024 12:35PM
Age/Gender : 34 Y 2 M 26 D/F	Received : 29/Mar/2024 03:59PM
UHID/MR No : CAUN.0000141882	Reported : 29/Mar/2024 05:38PM
Visit ID : CAUNOPV169029	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17963	

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

SIN No: PLP1439984

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



Patient Name	: M/sRAINA KHARE	Collected	: 29/Mar/2024 09:08AM
Age/Gender	: 34 Y 2 M 26 D/F	Received	: 29/Mar/2024 02:37PM
UHID/MR No	: CAUN.0000141882	Reported	: 29/Mar/2024 03:56PM
Visit ID	: CAUNOPV169029	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17963		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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 Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240040232

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



Patient Name : M/sRAINA KHARE	Collected : 29/Mar/2024 09:08AM
Age/Gender : 34 Y 2 M 26 D/F	Received : 29/Mar/2024 06:37PM
UHID/MR No : CAUN.0000141882	Reported : 29/Mar/2024 07:09PM
Visit ID : CAUNOPV169029	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17963	

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	138	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	99	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.16	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.17	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680237

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



Patient Name	: M/sRAINA KHARE	Collected	: 29/Mar/2024 09:08AM
Age/Gender	: 34 Y 2 M 26 D/F	Received	: 29/Mar/2024 06:37PM
UHID/MR No	: CAUN.0000141882	Reported	: 29/Mar/2024 07:09PM
Visit ID	: CAUNOPV169029	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17963		

DEPARTMENT OF BIOCHEMISTRY

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680237

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



Patient Name	: M/sRAINA KHARE	Collected	: 29/Mar/2024 09:08AM
Age/Gender	: 34 Y 2 M 26 D/F	Received	: 29/Mar/2024 06:37PM
UHID/MR No	: CAUN.0000141882	Reported	: 29/Mar/2024 07:09PM
Visit ID	: CAUNOPV169029	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17963		

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	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.04	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.4	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.31	U/L	30-120	IFCC
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680237

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

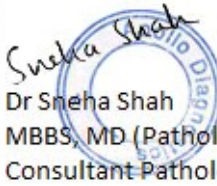


Patient Name : M/sRAINA KHARE	Collected : 29/Mar/2024 09:08AM
Age/Gender : 34 Y 2 M 26 D/F	Received : 29/Mar/2024 06:37PM
UHID/MR No : CAUN.0000141882	Reported : 29/Mar/2024 07:09PM
Visit ID : CAUNOPV169029	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17963	

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	0.64	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.24	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.02	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.89	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.2	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.1	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.88	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680237

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



Patient Name : M/sRAINA KHARE	Collected : 29/Mar/2024 09:08AM
Age/Gender : 34 Y 2 M 26 D/F	Received : 29/Mar/2024 06:37PM
UHID/MR No : CAUN.0000141882	Reported : 29/Mar/2024 07:09PM
Visit ID : CAUNOPV169029	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17963	

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	19.56	U/L	<38	IFCC

Sheha Shah

Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680237

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



Patient Name : M/sRAINA KHARE	Collected : 29/Mar/2024 09:08AM
Age/Gender : 34 Y 2 M 26 D/F	Received : 29/Mar/2024 03:08PM
UHID/MR No : CAUN.0000141882	Reported : 29/Mar/2024 05:06PM
Visit ID : CAUNOPV169029	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17963	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.200	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: SPL24058771

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



Patient Name	: M/sRAINA KHARE	Collected	: 29/Mar/2024 09:08AM
Age/Gender	: 34 Y 2 M 26 D/F	Received	: 29/Mar/2024 03:08PM
UHID/MR No	: CAUN.0000141882	Reported	: 29/Mar/2024 05:06PM
Visit ID	: CAUNOPV169029	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17963		

DEPARTMENT OF IMMUNOLOGY

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

*** End Of Report ***

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, COMPLETE URINE EXAMINATION (CUE), GLUCOSE (FASTING) - URINE, LBC PAP TEST (PAPSURE)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24058771

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



PATIENT NAME :-MS.RAINA KHARE
REFERRED BY :- BOB
UHID :-141882

AGE :-34YRS/F
DATE :- 29.03.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Normal.
- Aortic Valve : Normal.
- Tricuspid Valve : Normal.
- Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.

AO – 23 mm, LA – 25 mm, LVIDd – 42 mm, LVISd – 26 mm, IVS – 9 mm, PW – 9 mm.

CONCLUSION:

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

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

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Raina Khare on 29/03/2024

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

	Tick
<ul style="list-style-type: none"> • 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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


 Dr. _____
 Medical Officer
 Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Patient Name	: M/s RAINA KHARE	Age/Gender	: 34 Y/F
UHID/MR No.	: CAUN.0000141882	OP Visit No	: CAUNOPV169029
Sample Collected on	:	Reported on	: 01-04-2024 10:51
LRN#	: RAD2286052	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17963		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

Right kidney - 9.7 x 4.3 cm.

Left kidney – 11.1 x 4.1 cm.

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

Uterus appears normal in size measuring 8.1 x 4.1 x 5.4 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.2 mm.

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

Right ovary – 2.9 x 1.8 cm.

Left ovary – 2.1 x 1.5 cm.

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

Patient Name : M/s RAINA KHARE

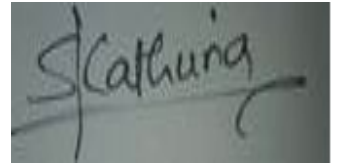
Age/Gender : 34 Y/F

IMPRESSION :-

No significant abnormality detected.

Suggest – clinical correlation.

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



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY

Radiology

Patient Name : Rajna Khare

Date 29/03/24

AGE/Sex : 34/F

UHID/ MR NO : 141982

	RIGHT EYE	LEFT EYE
FAR VISION	<u>⊖ VA 6/6</u>	<u>⊖ VA 6/6</u>
NEAR VISION	<u>N16</u>	<u>N16</u>
ANTERIOR SEGMENT PUPIL	<u>MD</u>	<u>MD</u>
COLOUR VISION	<u>(N)</u>	<u>(N)</u>
FAMILY / MEDICAL HISTORY	<u>—</u>	<u>—</u>

Impression: WNL

Optometrist:-
Mr. Ritesh Sutnase

Date : 29-03-2024
MR NO : CAUN.0000141882
Name : M/s RAINA KHARE
Age/ Gender : 34 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 09:02

Height	159
Weight	72
BP	100/70
Pulse	70
Waist	98
Hip	110
BMI	
Consultation with Report	

APOLLO CLINIC - AUNDH

CONSENT FORM

NAME OF THE PATIENT : Raina Khare

COMPANY NAME : Bank Of Baroda

TEST NAME : Paps Smear / Urine Sample

REASON : Menskual Cycle.
(For not done test)

PHONE NO : 9325893428 / 9424443234

Chaitanya

PATIENT SIGNATURE

DATE: 29/3/24

PATIENT NAME : Pamig Khare

AGE : 34 yrs

MARRIED / UNMARRIED: M. 5 yrs

MENSTRUAL HISTORY : cycle - regular

MENARCHE : 11 yrs

PMC : 3-4 / 28-30 avg flow

LMP : 27/03/24

OBSTETRIC HISTORY : G P L A Para 1 1st

PAST HISTORY : DM/HT/TB/ALLERGIES/ASTHMA/SURGERIES NO

FAMILY HISTORY : DM/HT/IHD/MALIGNANCIES NO

Aundh Apolloclinic

From: noreply@apolloclinics.info
Sent: 26 March 2024 06:43 PM
To: khareraina31@gmail.com
Cc: Aundh Apolloclinic; Niraj B; Syamsunder M
Subject: Your appointment is confirmed



Dear MS. KHARE RAINA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-03-29** at **08:00-08:15**.

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

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

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

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:



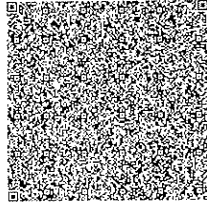
भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक/ Enrolment No.: 0000/00136/17528

To
रेना खरे
Raina Khare
C/O DEEPAK TYAGI
FLAT 1004 WING B TWIN TOWERS
NEAR WIRELESS COLONY OFF DP ROAD
Behind Westend Mall
AUNDH
Pune City
Pune Maharashtra - 411007
9424443234
Signature Not Verified

Digitally signed by AS
UNIQUE IDENTIFICATION
AUTHORITY of India
Date: 2022.12.29 00:54:33
UTC



आपला आधार क्रमांक / Your Aadhaar No. :

9838 5673 6542

VID : 9171 9690 2365 5923

माझे आधार, माझी ओळख



भारत सरकार
Government of India



रेना खरे
Raina Khare
जन्म तारीख/DOB: 03/01/1990
महिला/ FEMALE

Issue Date: 14/11/2012

9838 5673 6542

VID : 9171 9690 2365 5923

माझे आधार, माझी ओळख



सर्वोच्च न्यायालय
Government of India



माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देशभरात वैध आहे
- आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते
- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्ययावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - mAadhaar App वापरा

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



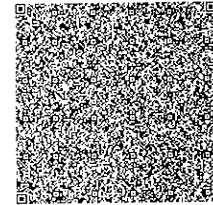
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
क/व दीपक त्यागी, फ्लॉट १००४ विंग ब ट्वीन टॉवर्स, नेट
वायरलेस कॉलनी ऑफ डंप रोड, बेहिन्द वेस्टएंड मॉल,
औंध, पुणे सिटी, पुणे,
महाराष्ट्र - 411007

Address:
C/O DEEPAK TYAGI, FLAT 1004 WING B TWIN
TOWERS, NEAR WIRELESS COLONY OFF DP
ROAD, Behind Westend Mall, AUNDH, Pune
City, Pune,
Maharashtra - 411007

Download Date: 28/12/2022



9838 5673 6542

VID : 9171 9690 2365 5923

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

Patient Name : Rajna Khare

Date 29/03/24


AGE/Sex : 34/F

UHID/ MR NO :
141982

	RIGHT EYE	LEFT EYE
FAR VISION	<u>⊖ VA 6/6</u>	<u>⊖ VA 6/6</u>
NEAR VISION	<u>N16</u>	<u>N16</u>
ANTERIOR SEGMENT PUPIL	<u>MD</u>	<u>MD</u>
COLOUR VISION	<u>(N)</u>	<u>(N)</u>
FAMILY / MEDICAL HISTORY	<u>—————</u>	<u>—————</u>

Impression: WNL

Optometrist:-
Mr. Ritesh Sutnase



Date : 29-03-2024
MR NO : CAUN.0000141882
Name : M/s RAINA KHARE
Age/ Gender : 34 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 09:02

Height	159
Weight	72
BP	100/70
Pulse	70
Waist	98
Hip	110
BMI	
Consultation with Report	

APOLLO CLINIC - AUNDH

CONSENT FORM

NAME OF THE PATIENT : Raina Khare

COMPANY NAME : Bank Of Baroda

TEST NAME : Paps Smear / Urine Sample

REASON : Menstrual Cycle
(For not done test)

PHONE NO : 9325893428 / 9424443234



PATIENT SIGNATURE

DATE: 29/3/24

PATIENT NAME : Pamig Khare

AGE : 34 yrs

MARRIED / UNMARRIED: M. 5 yrs

MENSTRUAL HISTORY : cycle - regular

MENARCHE : 11 yr

PMC : 3-4 / 28-30 avg flow

LMP : 27/03/24

OBSTETRIC HISTORY : G P L A Para 1 1st

PAST HISTORY : DM/HT/TB/ALLERGIES/ASTHAMA/SURGERIES NO

FAMILY HISTORY : DM/HT/IHD/MALIGNANCIES NO

Aundh Apolloclinic

From: noreply@apolloclinics.info
Sent: 26 March 2024 06:43 PM
To: khareraina31@gmail.com
Cc: Aundh Apolloclinic; Niraj B; Syamsunder M
Subject: Your appointment is confirmed



Dear MS. KHARE RAINA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-03-29** at **08:00-08:15**.

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

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

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

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:



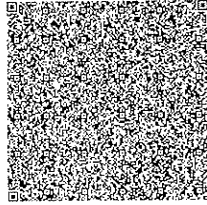
भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक/ Enrolment No.: 0000/00136/17528

To
रेना खरे
Raina Khare
C/O DEEPAK TYAGI
FLAT 1004 WING B TWIN TOWERS
NEAR WIRELESS COLONY OFF DP ROAD
Behind Westend Mall
AUNDH
Pune City
Pune Maharashtra - 411007
9424443234
Signature Not Verified

Digitally signed by AS
UNIQUE IDENTIFICATION
AUTHORITY of India
Date: 2022.12.29 00:54:33
UTC



आपला आधार क्रमांक / Your Aadhaar No. :

9838 5673 6542

VID : 9171 9690 2365 5923

माझे आधार, माझी ओळख



भारत सरकार
Government of India



रेना खरे
Raina Khare
जन्म तारीख/DOB: 03/01/1990
महिला/ FEMALE

9838 5673 6542

VID : 9171 9690 2365 5923

माझे आधार, माझी ओळख



भारत सरकार
Government of India



माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देशभरात वैध आहे
- आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते
- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्ययावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - mAadhaar App वापरा

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

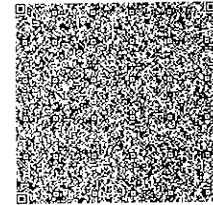


भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
क/व दीपक त्यागी, फ्लॉट १००४ विंग ब ट्वीन टॉवर्स, नेट
वायरलेस कॉलनी ऑफ डंप रोड, बेहिन्द वेस्टएंड मॉल,
औंध, पुणे सिटी, पुणे,
महाराष्ट्र - 411007

Address:
C/O DEEPAK TYAGI, FLAT 1004 WING B TWIN
TOWERS, NEAR WIRELESS COLONY OFF DP
ROAD, Behind Westend Mall, AUNDH, Pune
City, Pune,
Maharashtra - 411007

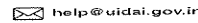


9838 5673 6542

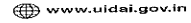
VID : 9171 9690 2365 5923



1947



help@uidai.gov.in



www.uidai.gov.in

Patient Name : M/s RAINA KHARE

Age/Gender : 34 Y/F

UHID/MR No. : CAUN.0000141882

OP Visit No : CAUNOPV169029

Sample Collected on :

Reported on : 29-03-2024 16:25

LRN# : RAD2286052

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE17963

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

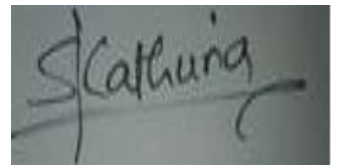
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology