


Patient Name	: Mrs.AARTI R KARPE	Collected	: 08/Mar/2024 08:53AM
Age/Gender	: 35 Y 0 M 23 D/F	Received	: 08/Mar/2024 12:18PM
UHID/MR No	: CWAN.0000135019	Reported	: 08/Mar/2024 12:49PM
Visit ID	: CWANOPV227958	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: CQBPk1485Q		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia
Advice: Iron studies & Hb Electrophoresis.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240061126

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





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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11	g/dL	12-15	Spectrophotometer
PCV	32.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	62.1	fL	83-101	Calculated
MCH	21	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	25.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,460	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.9	%	40-80	Electrical Impedence
LYMPHOCYTES	30.1	%	20-40	Electrical Impedence
EOSINOPHILS	2.4	%	1-6	Electrical Impedence
MONOCYTES	5.2	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4617.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2245.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	179.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	387.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	29.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.06		0.78- 3.53	Calculated
PLATELET COUNT	301000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
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Page 2 of 14



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MBBS, MD (Pathology)
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Certificate No: M3687
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DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.


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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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

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Patient Name : Mrs.AARTI R KARPE	Collected : 08/Mar/2024 08:53AM
Age/Gender : 35 Y 0 M 23 D/F	Received : 08/Mar/2024 12:21PM
UHID/MR No : CWAN.0000135019	Reported : 08/Mar/2024 01:47PM
Visit ID : CWANOPV227958	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : CQBPK1485Q	

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	96	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)	89	mg/dL	70-140	HEXOKINASE

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated



DR. Sanjay Ingle
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SIN No: EDT240027585

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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	143	mg/dL	<200	CHO-POD
TRIGLYCERIDES	96	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	77.92	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.13		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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04653632

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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	0.89	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.74	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.29	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	97.57	U/L	30-120	IFCC
PROTEIN, TOTAL	7.84	g/dL	6.6-8.3	Biuret
ALBUMIN	4.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.28	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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


 Dr Sheha Shah
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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	9.91	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.62	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.33	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.22	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.71	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.69	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.84	g/dL	6.6-8.3	Biuret
ALBUMIN	4.56	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.28	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.64	U/L	<38	IFCC

Sneha Shah
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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)	0.68	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.56	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.899	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



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Consultant Pathologist

SIN No: SPL24040390

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 Visit ID : CWANOPV227958
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : CQBPK1485Q

Collected : 08/Mar/2024 08:53AM
 Received : 08/Mar/2024 02:57PM
 Reported : 08/Mar/2024 03:09PM
 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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		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	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. Sanjay Ingle
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SIN No: UR2299704

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Patient Name : Mrs.AARTI R KARPE	Collected : 08/Mar/2024 08:53AM
Age/Gender : 35 Y 0 M 23 D/F	Received : 08/Mar/2024 02:56PM
UHID/MR No : CWAN.0000135019	Reported : 08/Mar/2024 03:06PM
Visit ID : CWANOPV227958	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : CQBPK1485Q	

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



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SIN No: UF010947

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



Patient Name	: Mrs.AARTI R KARPE	Collected	: 08/Mar/2024 11:24AM
Age/Gender	: 35 Y 0 M 23 D/F	Received	: 09/Mar/2024 02:35PM
UHID/MR No	: CWAN.0000135019	Reported	: 11/Mar/2024 04:24PM
Visit ID	: CWANOPV227958	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: CQBPK1485Q		


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5195/24
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	EPITHELIAL 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



SIN No:CS075886

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

Patient Name : Mrs. AARTI R KARPE	Age/Gender : 35 Y/F
UHID/MR No. : CWAN.0000135019	OP Visit No : CWANOPV227958
Sample Collected on :	Reported on : 08-03-2024 12:20
LRN# : RAD2259784	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : CQBPK1485Q	

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is distended. No evidence of calculus. Wall thickness appears normal. No evidence of focal lesion.

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

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

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

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

Uterus anteverted measures 6.7 x 4.8 x 5.2 cms normal in size, shape and echo pattern. Endometrial echo-complex appears normal and measures 6.7mm. A 14 mm small isoechoic anterior sub serosal fibroid noted.

Both ovaries appear normal in size, shape and echotexture. No focal lesion noted. Right ovary : 2.3 x 1.4 cm. Left ovary : 2.1 x 1.7 cm. No evidence of any adnexal pathology.

No free fluid / abdominal lymphadenopathy.

IMPRESSION:-

Small anterior sub serosal fibroid.

No other significant abnormality detected.

Suggest – clinical correlation.

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



Patient Name : Mrs. AARTI R KARPE

Age/Gender : 35 Y/F

Dr. SATINDER LAMBA
MBBS, DMRE
Radiology

Patient Name : Mrs. AARTI R KARPE

Age/Gender : 35 Y/F

UHID/MR No. : CWAN.0000135019

OP Visit No : CWANOPV227958

Sample Collected on :

Reported on : 08-03-2024 12:01

LRN# : RAD2259784

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : CQBPK1485Q

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Dr. SATINDER LAMBA
MBBS, DMRE
Radiology

sanjit.karpe@bankofbaroda.com

Name : Mrs. AARTI R KARPE

Age: 35 Y

UHID: CWAN.0000135019

Sex: F



Address : PUNE

OP Number: CWANOPV227958

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : CWAN-OCR-50410

Date : 08.03.2024 08:45

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

Ht - 157cm
Wt - 58.4kg
BP - 100/60

FREE CONSULTATIONS
DENTAL / PHYSIO / AUDIO MERTY



Pending Test Form

I, Asali Karpe visiting from
Deofermi Company for health check.

UHID: - 135019

Date: - 08 March 24

This is a consent form to inform you that I do not wish to do this test.

ENT and Diet Consultation and LBC report

Or will be doing their test later on after 3 days.

Signature: - _____



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Aarti Karpe on 5/3/2024

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 	<input 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. <u>Mild Increase in TSH Levels</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Unfit 	<input type="checkbox"/>

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanawarie
NIBM Road, Kondhwa.

Dr. Mushfiya
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Date : 08-03-2024
MR NO : CWAN.0000135019

Department : GENERAL
Doctor :

Name : Mrs. AARTI R KARPE

Registration No :
Qualification :

Age/ Gender : 35 Y / Female

Consultation Timing: 08:44

Height : 157 cm.	Weight : 58.4 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/60/60

General Examination / Allergies History

Ins.
Thyroid 75 mcg.

2 Covid Vaccines taken

Clinical Diagnosis & Management Plan

: For AIC
no obs. at the moment
O/E - CVS
CVS
Resp. WAS
Abdy
Flup i Reports




Follow up date:

Doctor Signature

ACI200 ST KARPE, AARTI 000135019, APOLLO CLINIC WANOWRIE
Age 35 Years (13.02.1989)

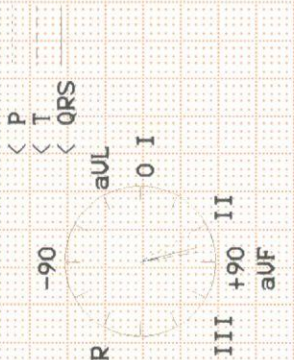
HR 82 bpm

awz

Interpretation:

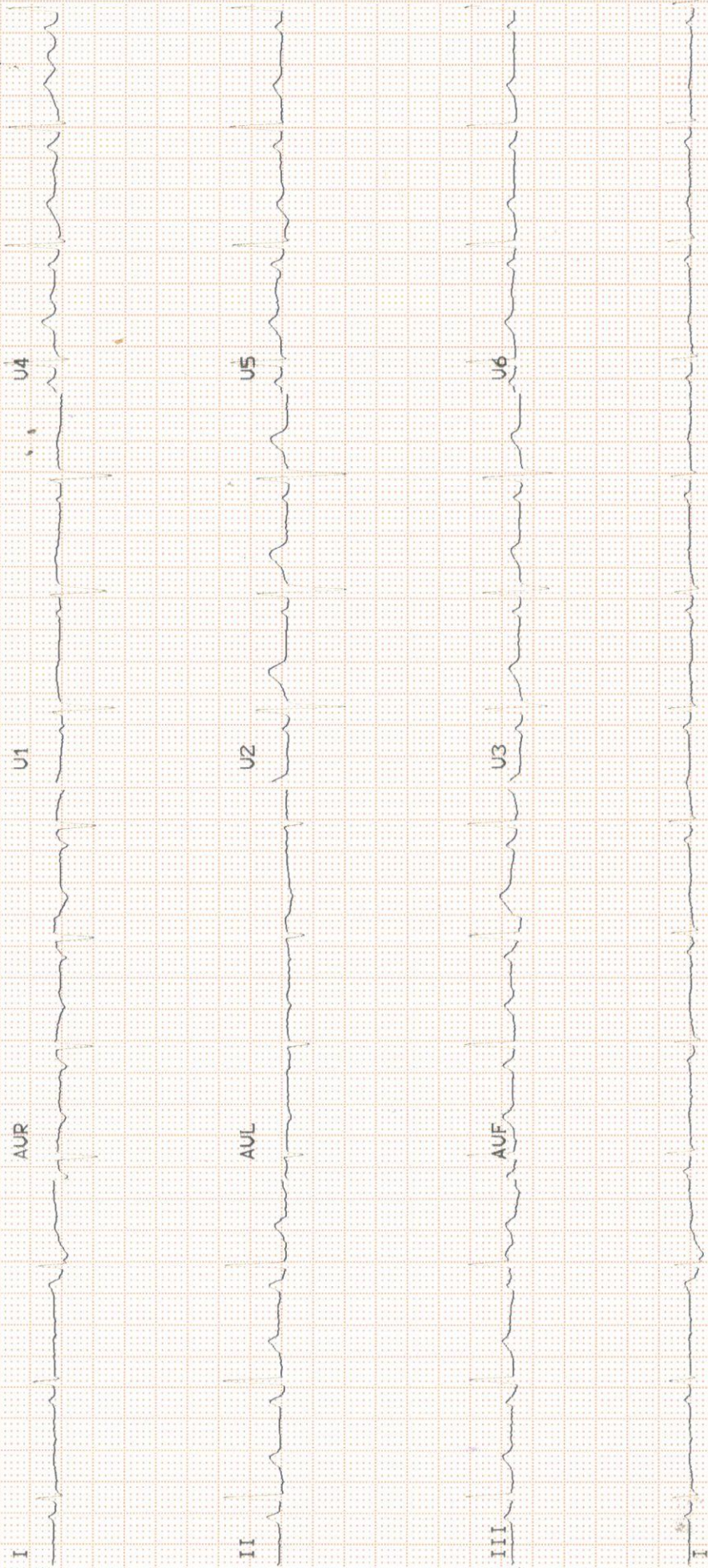
normal ECG

Measurement Results:					
P	88 ms				
PR	374 /				
QTcB	438 ms				
QT	132 ms				
QTc	94 ms				
PRP	730 /				
PR/T	60 / 75 /				
PR/Tc80	30 /				
low	1.6 mV				
	12				



DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Unconfirmed report.



The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mrs. Anji Kape

DATE :- 8/3/24

AGE/SEX :- 35y/F

UHID : 135019

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 ✓	6/6 ✓
Near Vision	N/6 ✓	N/6 ✓
Anterior Segment Pupil	NORMAL ✓	NORMAL ✓
Fundus	NORMAL	NORMAL
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL —	NORMAL
Family History/Medical History	—	—

IMPRESSION:- Both Eyes Normal vision.

Advice :-

Ophthalmologist

Patient Name : Mrs. AARTI R KARPE Age : 35 Y F
UHID : CWAN.0000135019 OP Visit No : CWANOPV227958
Reported on : 08-03-2024 12:01 Printed on : 08-03-2024 12:01
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA


Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Cardiac shadow is normal.
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:08-03-2024 12:01

---End of the Report---


Dr. SATINDER LAMBA
MBBS, DMRE
Dr. Satinder Lamba
(Ex-Major) Radiology
Reg. No. 2004/02/386

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MRS.AARTI KARPE Age/Sex : 35/F Date : 08/03/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – No LV diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, no mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –8 mm Hg

Tricuspid valve – no tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

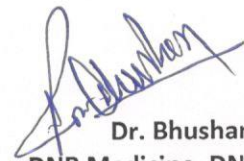
Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
25	36	10	10	39	28	60%

Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

Patient Name	: Mrs. AARTI R KARPE	Age	: 35 Y F
UHID	: CWAN.0000135019	OP Visit No	: CWANOPV227958
Reported on	: 08-03-2024 11:53	Printed on	: 08-03-2024 12:20
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is distended. No evidence of calculus. Wall thickness appears normal. No evidence of focal lesion.

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

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

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

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

Uterus anteverted measures 6.7 x 4.8 x 5.2 cms normal in size, shape and echo pattern. Endometrial echo-complex appears normal and measures 6.7mm. A 14 mm small isoechoic anterior sub serosal fibroid noted.

Both ovaries appear normal in size, shape and echotexture. No focal lesion noted. Right ovary : 2.3 x 1.4 cm. Left ovary : 2.1 x 1.7 cm. No evidence of any adnexal pathology.

No free fluid / abdominal lymphadenopathy.

Patient Name : Mrs. AARTI R KARPE
UHID : CWAN.0000135019
Reported on : 08-03-2024 11:53
Adm/Consult Doctor :

Age : 35 Y F
OP Visit No : CWANOPV227958
Printed on : 08-03-2024 12:20
Ref Doctor : SELF


IMPRESSION:-

**Small anterior sub serosal fibroid.
No other significant abnormality detected.
Suggest – clinical correlation.**

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

Printed on:08-03-2024 11:53

---End of the Report---


Dr. SATINDER LAMBA
Dr. Satinder Lamba MBBS, DMRE
(Ex-Major) Radiology
Reg. No. 2004/02/386

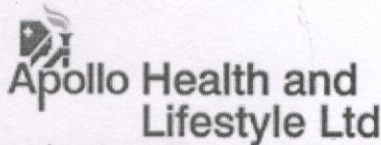
Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 07-03-2024 12:05

To:ranjit.karpe@bankofbaroda.com <ranjit.karpe@bankofbaroda.com>

Cc:Wanowrie Apolloclinic <wanowrie@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>;DCM Wanowrie <dcm.wanowrie@apolloclinic.com>



Dear Aarti Ranjit Karpe,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **WANOURI clinic** on **2024-03-08** 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:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

AARTI RANJIT KARPE

DATTARAY PRATAP GAIKWAD

13/02/1989

Permanent Account Number

CQBPK1485Q

A. R. Karpe

Signature



07082012

For further assistance, please call us on our Help Line #: 1860 500 7788.
Clinic Address: "AMBA VATICA", PLOT NO. B-1, SURVEY NO. 16A/2, WANOWRIE,
KHONDAWA KHURD, TALUKA HAVELI, PUNE.
Contact No: (020) 2683 0291 - 95.
P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on
Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the
Reports are ready.
Warm Regards,
Apollo Clinic

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.