



Certificate No: MO-5597

Patient Name : Mrs.SUJATA FARANDE	Collected : 08/Mar/2024 08:24AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 08/Mar/2024 02:00PM
UHID/MR No : CKHA.0000072232	Reported : 08/Mar/2024 02:39PM
Visit ID : CKHAOPV110419	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS12862	

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	9.9	g/dL	12-15	Spectrophotometer
PCV	29.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	66.7	fL	83-101	Calculated
MCH	22.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	19.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,010	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.8	%	40-80	Electrical Impedance
LYMPHOCYTES	35.6	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	7.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2795.58	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1783.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	40.08	Cells/cu.mm	20-500	Calculated
MONOCYTES	385.77	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.01	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
PLATELET COUNT	334000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis+, Microcytes+, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
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DEPARTMENT OF HAEMATOLOGY

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



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UHID/MR No : CKHA.0000072232	Reported : 08/Mar/2024 03:46PM
Visit ID : CKHAOPV110419	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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

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



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Patient Name : Mrs.SUJATA FARANDE	Collected : 08/Mar/2024 08:24AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 08/Mar/2024 01:56PM
UHID/MR No : CKHA.0000072232	Reported : 08/Mar/2024 02:34PM
Visit ID : CKHAOPV110419	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	81	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.

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Patient Name : Mrs.SUJATA FARANDE	Collected : 08/Mar/2024 08:24AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 08/Mar/2024 01:59PM
UHID/MR No : CKHA.0000072232	Reported : 08/Mar/2024 05:03PM
Visit ID : CKHAOPV110419	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

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:

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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Age/Gender : 41 Y 6 M 0 D/F	Received : 08/Mar/2024 01:48PM
UHID/MR No : CKHA.0000072232	Reported : 08/Mar/2024 04:08PM
Visit ID : CKHAOPV110419	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	149	mg/dL	<200	CHO-POD
TRIGLYCERIDES	82	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.98	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.41	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.18		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.71	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.9	U/L	<35	IFCC
ALKALINE PHOSPHATASE	56.16	U/L	30-120	IFCC
PROTEIN, TOTAL	7.22	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.97		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.70	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.87	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.17	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.49	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.82	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.22	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.43	g/dL	2.0-3.5	Calculated
A/G RATIO	1.97		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	9.91	U/L	<38	IFCC



Sneha Shah
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Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi

Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,

WVD, Shop No. 200, KHL SCAPES, Opp. Reliance Mall, Kharadi, Pune-411024

Certificate No: MO-5597

Patient Name : Mrs.SUJATA FARANDE	Collected : 08/Mar/2024 08:24AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 08/Mar/2024 01:40PM
UHID/MR No : CKHA.0000072232	Reported : 08/Mar/2024 03:30PM
Visit ID : CKHAOPV110419	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.43	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.381	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



DR. Sanjay Ingle
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Age/Gender : 41 Y 6 M 0 D/F	Received : 08/Mar/2024 03:56PM
UHID/MR No : CKHA.0000072232	Reported : 08/Mar/2024 05:09PM
Visit ID : CKHAOPV110419	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



DR.Sanjay Ingle
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Patient Name : Mrs.SUJATA FARANDE	Collected : 08/Mar/2024 10:32AM
Age/Gender : 41 Y 6 M 0 D/F	Received : 09/Mar/2024 02:39PM
UHID/MR No : CKHA.0000072232	Reported : 11/Mar/2024 04:54PM
Visit ID : CKHAOPV110419	Status : Final Report
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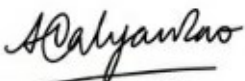
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5176/24
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

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CAP
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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sujata Farande 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. <u>IDA</u></p> <p>2. <u>HbA1C - pre-diabetes</u></p> <p>3. <u>Multiple uterine fibroids</u></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 	

Zhan
Dr. Zoha Khan
MBBS General Physician
Reg No: 2020/03/1804
Medical Officer
Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

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**

Date : 08-03-2024
 MR NO : CKHA.0000072232
 Name : Mrs. Sujata Farande
 Age/ Gender : 41 Y / Female
 Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 08:20

nip/ 99

Height : 153	Weight : 58.5	BMI : 24	Waist Circum : 84
Temp : 97.6°f	Pulse : 75	Resp : 18	B.P : 113/73

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

H/O covid infection -

Vaccinated with -

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Ms Sujada Farsande

GENDER: M/F

DATE: 8-3-24

AGE: 41

UHID: 72232

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	.	6/c
NEAR	+1.00	-	.	

	SPH	CYL	AXIS	VISION
DISTANCE	.	-0.75	135	6/c
NEAR	+1.00			

INSTRUCTIONS:

SIGNATURE



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**

ID: 72232

suata farande
Female 41Years
kg / mmHg
Req. No. :

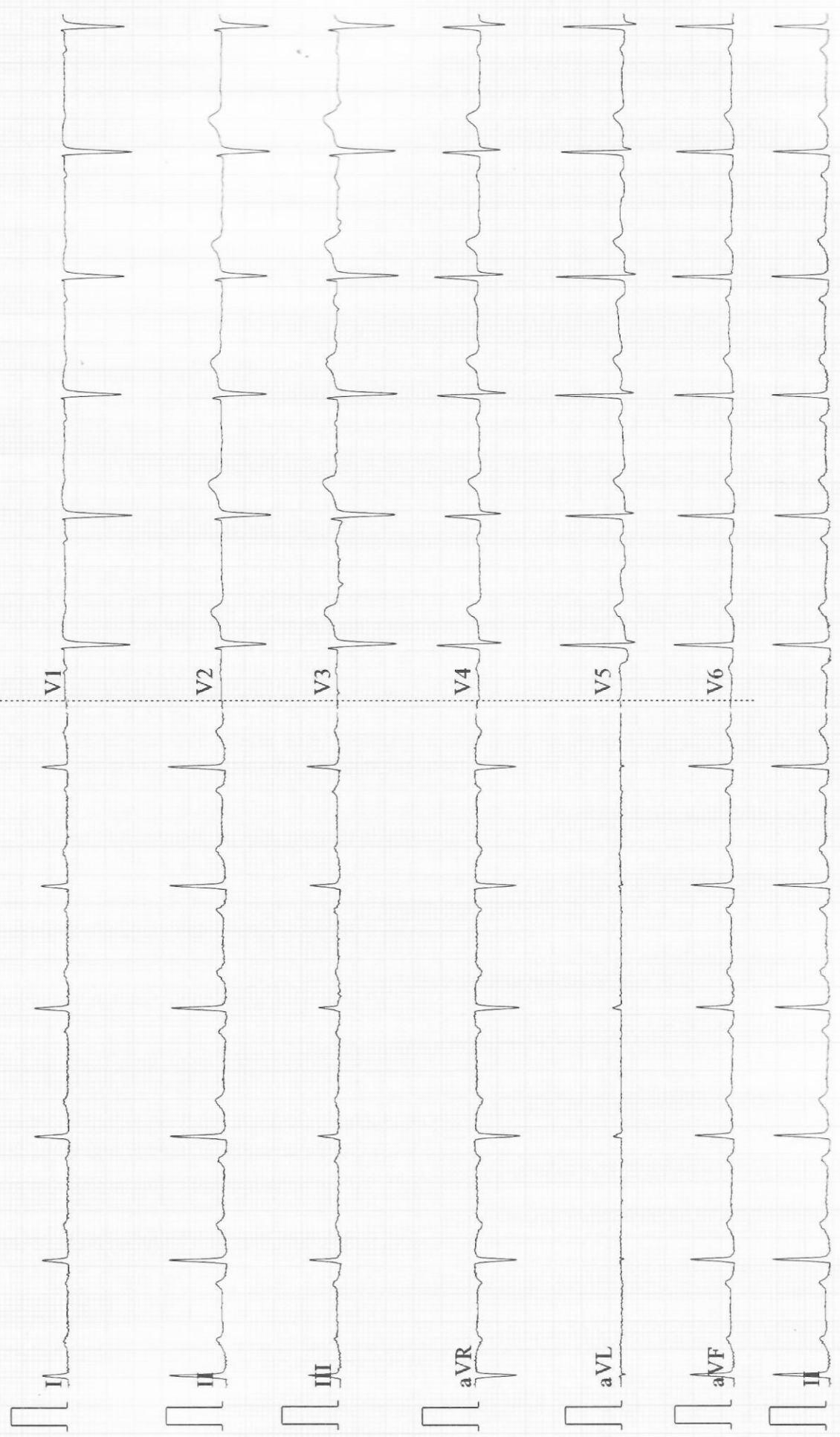
08-03-2024 12:51:32

HR : 67 bpm
P : 108 ms
PR : 188 ms
QRS : 80 ms
QT/QTcBz : 378/399 ms
P/QRS/T : 66/58/61 °
RV5/SV1 : 1.133/1.103 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name : Mrs. Sujata Farande Age : 41 Y F
UHID : CKHA.0000072232 OP Visit No : CKHAOPV110419
Reported on : 08-03-2024 18:52 Printed on : 08-03-2024 19:27
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

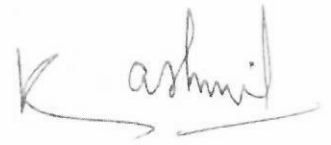
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:08-03-2024 18:52

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mrs. Sujata Farande Age : 41 Y F
UHID : CKHA.0000072232 OP Visit No : CKHAOPV110419
Reported on : 08-03-2024 14:22 Printed on : 08-03-2024 19:27
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchyma shows normal echoanatomy.

No solid / cystic lesion noted.

Visualized vessels appears normal.

No obvious lymphadenopathy noted.

IMPRESSION:

NORMAL STUDY.

Clinical correlation suggested

Consultant Radiologist.

(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 14:22

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. Sujata Farande
UHID : CKHA.0000072232
Reported on : 08-03-2024 14:22
Adm/Consult Doctor :

Age : 41 Y F
OP Visit No : CKHAOPV110419
Printed on : 08-03-2024 19:27
Ref Doctor : SELF

Radiology

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT



1860 500 7788

Page 2 of 2

Patient Name	: Mrs. Sujata Farande	Age	: 41 Y F
UHID	: CKHA.0000072232	OP Visit No	: CKHAOPV110419
Reported on	: 08-03-2024 14:26	Printed on	: 08-03-2024 19:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is well distended. No calculus or sludge noted.

Spleen : It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas : It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : Normal in size ms 8.1 x 4.0 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 8.8 x 3.6 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus:is anteverted, and measures 7.8 x 3.4 x 6.0 cms. E/o two well defined rounded heterogeneous lesion , more of hypoechoic of size approx 20 x 15 mm at anterior wall (subserosal) and 27 x 17 mm at posterior wall (intramural) s/o fibroid.Endometrial thickness is 9.1 mm.

Right ovary : measures 3.5 x 3.0 cms.DF noted of size 22 mm .

Left ovary : measures 2.6 x 1.9 cms.

Visualised bowel loops appear normal.

IMPRESSION :

- Multiple uterine fibroids as mentioned..

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Page 1 of 2

Patient Name : Mrs. Sujata Farande
UHID : CKHA.0000072232
Reported on : 08-03-2024 14:26
Adm/Consult Doctor :

Age : 41 Y F
OP Visit No : CKHAOPV110419
Printed on : 08-03-2024 19:27
Ref Doctor : SELF

Clinical correlation suggested.....

(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 14:26

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Name: Mrs. Sujata Farande

Age/ Sex: 41 Yrs / F

Date:08/03/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	28	PULMONARY VE(m/sec)	0.7
LEFT ATRIUM (mm)	32	PG (mmHg)	3
		AORTIC VEL (m/sec)	1.1
IVS – D (mm)	10	PG (mmHg)	5
LVID – D (mm)	43	MITRAL E WAVE(m/sec)	0.7
LVID – S (mm)	26	A WAVE (m/sec)	0.5
LVPW – D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal. **Trivial mitral regurgitation/** No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.



DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627



भारत सरकार
Government of India



सुजाता महादेव फरांदे
Sujata Mahadev Farande
जन्म तारीख/DOB: 01/05/1982
महिला/ FEMALE

Download Date: 14/12/2020

Issue Date: 24/12/2019

7209 2668 1377

VID : 9138 9289 2879 9070

माझे आधार, माझी ओळख

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: Monday, March 4, 2024 06:43 PM
To: mahadev.farande@bankofbaroda.co.in
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your appointment is confirmed



Dear Shujata,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at KHARADI 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 ANNUAL PLUS CHECK ADVANCED - 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:

Patient Name : Mrs. Sujata Farande

Age/Gender : 41 Y/F

UHID/MR No. : CKHA.0000072232

OP Visit No : CKHAOPV110419

Sample Collected on :

Reported on : 08-03-2024 18:52

LRN# : RAD2259658

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS12862

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

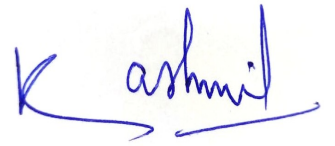
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Thoracic wall and soft tissues appear normal.

CONCLUSION :

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Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mrs. Sujata Farande

Age/Gender : 41 Y/F

UHID/MR No. : CKHA.0000072232

OP Visit No : CKHAOPV110419

Sample Collected on :

Reported on : 08-03-2024 14:31

LRN# : RAD2259658

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS12862

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is well distended. No calculus or sludge noted.

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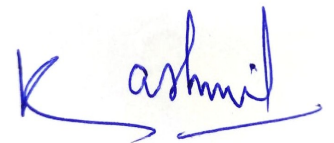
Visualised bowel loops appear normal.

IMPRESSION :

- **Multiple uterine fibroids as mentioned..**

Clinical correlation suggested.....

(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. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mrs. Sujata Farande

Age/Gender : 41 Y/F

UHID/MR No. : CKHA.0000072232

OP Visit No : CKHAOPV110419

Sample Collected on :

Reported on : 08-03-2024 14:22

LRN# : RAD2259658

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS12862

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchyma shows normal echoanatomy.

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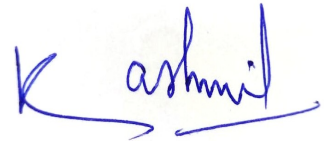
IMPRESSION:

NORMAL STUDY.

Clinical correlation suggested

Consultant Radiologist.

(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. SANKET KASLIWAL
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Radiology