

LB

Name : Mrs. SUNITA RAJARAM JADHAV

Age: 39 Y

UHID:CVIM.0000238094

Sex: F



Address : pune

OP Number:CVIMOPV597836

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CVIM-OCR-63779

Date : 23.03.2024 10:16

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

Miramsi  
Physiotherapy

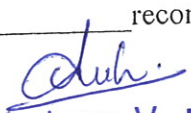
## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sunita Jadhav on 23/03/24

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Mildly Anaemia</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"><li>• Currently Unfit. Review after _____ recommended</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Unfit</li></ul>	<input type="checkbox"/>

  
**Dr. Archana V. MBBS**  
Registration No. 103429

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, (Location)

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

Date : 23-03-2024 Department : GENERAL  
 MR NO : CVIM.0000238094 Doctor :  
 Name : Mrs. SUNITA RAJARAM JADHAV Registration No :  
 Age/ Gender : 39 Y / Female Qualification :

Consultation Timing: 10:15

Height : 160	Weight : 64	BMI : 25	Waist Circum : 98
Temp : 97 F	Pulse : 78	Resp : 20	B.P : 120/70

**General Examination / Allergies History**

O/Bs  
 PR cas / NAD.

LAD - 03/2024

PTA - 27/2/21. gastric reflux (G).

CAD - NAD (G)

**Clinical Diagnosis & Management Plan**

**HOME SAMPLE COLLECTION**  
 PH.: 7775870014  
 :020-26634331/32/34

• No specific complaints.  
 • H/o renal stone → med

family -  
 Mother - DM/GHRA.

Suggest:

Vitamins Panel E.

**FREE CHECK UP**  
 - PHYSIOTHERAPY  
 - DENTAL  
 - AUDIO (HEARING)  
 - OPHTHAL (EYE)

Follow up date:

**Dr. Archana V. MBBS**  
 Registration No. 103429



Doctor Signature



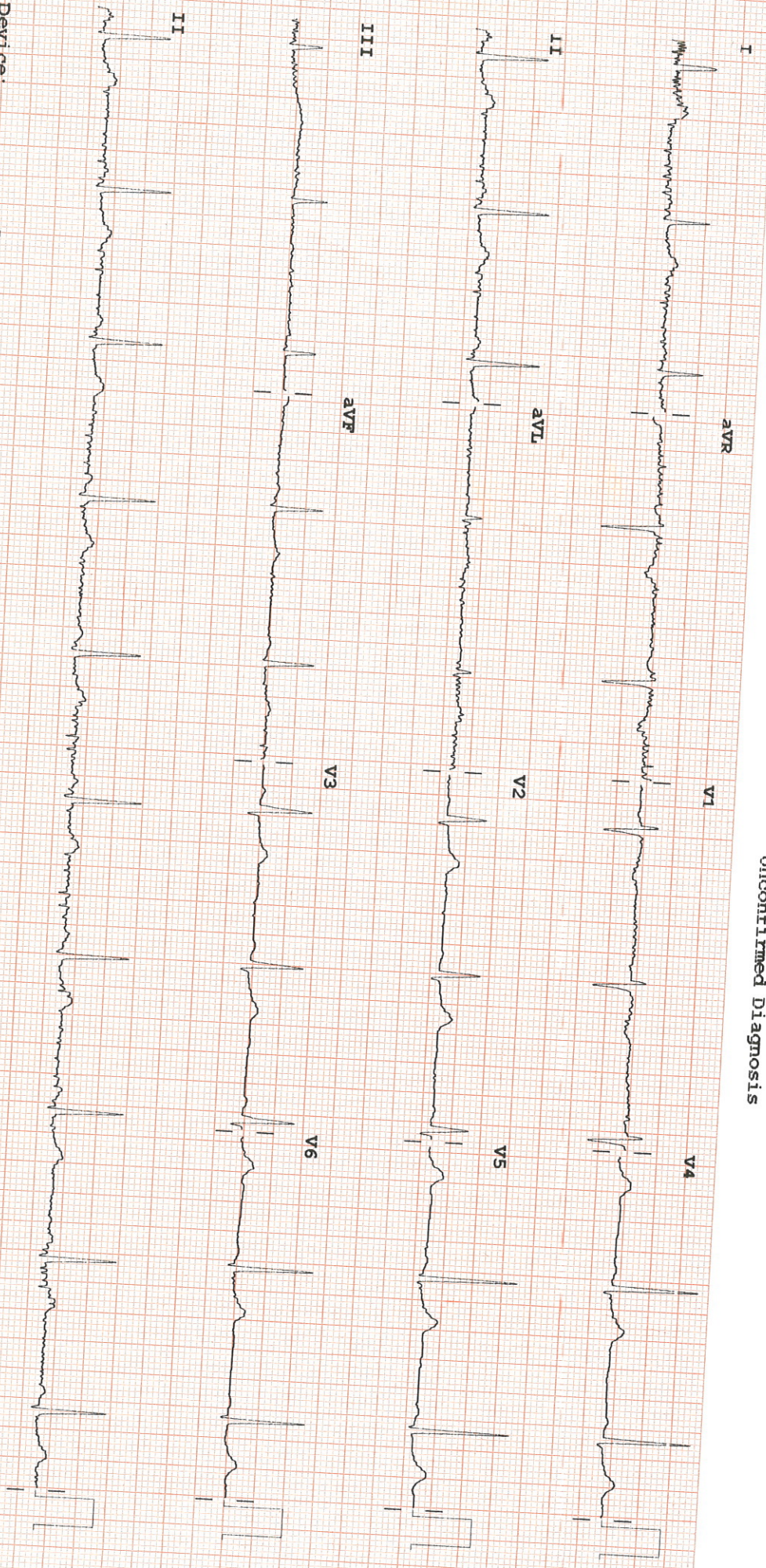
Rate 58  
 PR 135  
 QRSd 86  
 QT 415  
 QTc 408

Sinus rhythm  
 Abnormal R-wave progression, early transition  
 Artifact in lead(s) II, III, aVR, aVL, aVF, V1  
 normal P axis, V-rate 50-99  
 QRS area > 0 in V2

--AXIS--  
 P 52  
 QRS 49  
 T 23  
 12 Lead, Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

F 50 ~ 0.50 ~ 40 Hz W

PH100B CL

P?

REORDER M3708A





Certificate No: MC-5697

Patient Name	: Mrs.SUNITA RAJARAM JADHAV	Collected	: 23/Mar/2024 10:39AM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS16575		

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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

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

SIN No:BED240080237

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK

Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | Jayashankar | J.B. Nagar | K. H. Reddy Nagar | K. J. Somayajulu Nagar | K. P. Nagar | K. V. Nagar | K. Y. Nagar | K. Z. Nagar | K. A. Nagar | K. B. Nagar | K. C. Nagar | K. D. Nagar | K. E. Nagar | K. F. Nagar | K. G. Nagar | K. H. Nagar | K. I. Nagar | K. J. Nagar | K. K. Nagar | K. L. Nagar | K. M. Nagar | K. N. Nagar | K. O. Nagar | K. P. Nagar | K. Q. Nagar | K. R. Nagar | K. S. Nagar | K. T. Nagar | K. U. Nagar | K. V. Nagar | K. W. Nagar | K. X. Nagar | K. Y. Nagar | K. Z. 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Certificate No: MC-5697

Patient Name : Mrs.SUNITA RAJARAM JADHAV	Collected : 23/Mar/2024 10:39AM
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Visit ID : CVIMOPV597836	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS16575	

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.3</b>	g/dL	12-15	Spectrophotometer
PCV	<b>30.40</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.84	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>79.1</b>	fL	83-101	Calculated
MCH	<b>26.7</b>	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>16</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,520	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedence
LYMPHOCYTES	34.8	%	20-40	Electrical Impedence
EOSINOPHILS	4.3	%	1-6	Electrical Impedence
MONOCYTES	6.6	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2980.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1920.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	237.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	364.32	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.56	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.55		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>303000</b>	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>12</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's Anisocytosis+, Microcytes+, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**

Page 2 of 15



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

SIN No: BED240080237

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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

Nyati Millenium Premises, Cooperative Society  
Limited, Shop No.S1 & Still Floor, Building "C",  
Viman Nagar, Pune, Maharashtra, India - 411014



APOLLO CLINICS NETWORK

elangan: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nailakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira

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





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

**No hemoparasite seen.**

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M.B.B.S,M.D(Pathology)  
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Nyati Millenium Premises, Cooperative Society  
Limited, Shop No.S1 & Still Floor, Building "C",  
Viman Nagar, Pune, Maharashtra, India - 411014





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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240080237

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Certificate No: MC-5697

Patient Name : Mrs.SUNITA RAJARAM JADHAV  
 Age/Gender : 39 Y 11 M 2 D/F  
 UHID/MR No : CVIM.0000238094  
 Visit ID : CVIMOPV597836  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : bobS16575

Collected : 23/Mar/2024 10:39AM  
 Received : 23/Mar/2024 01:07PM  
 Reported : 23/Mar/2024 02:26PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	84	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.



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

SIN No:PLF02132164

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 Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name	: Mrs.SUNITA RAJARAM JADHAV	Collected	: 23/Mar/2024 12:54PM
Age/Gender	: 39 Y 11 M 2 D/F	Received	: 23/Mar/2024 03:10PM
UHID/MR No	: CVIM.0000238094	Reported	: 23/Mar/2024 06:10PM
Visit ID	: CVIMOPV597836	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS16575		

**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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	90	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  
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SIN No:PLP1436250

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Certificate No: MC-5697

Patient Name : Mrs.SUNITA RAJARAM JADHAV  
Age/Gender : 39 Y 11 M 2 D/F  
UHID/MR No : CVIM.0000238094  
Visit ID : CVIMOPV597836  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS16575

Collected : 23/Mar/2024 10:39AM  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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

*Sneha Shah*  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist  
SIN No:EDT240036867



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

Patient Name : Mrs.SUNITA RAJARAM JADHAV	Collected : 23/Mar/2024 10:39AM
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	123	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>102.28</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.66	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.52		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine



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SIN No:SE04673370

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Certificate No: MC-5697

Patient Name : Mrs.SUNITA RAJARAM JADHAV  
Age/Gender : 39 Y 11 M 2 D/F  
UHID/MR No : CVIM.0000238094  
Visit ID : CVIMOPV597836  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobS16575

Collected : 23/Mar/2024 10:39AM  
Received : 23/Mar/2024 01:22PM  
Reported : 23/Mar/2024 02:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

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).

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.74	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10.92	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.6	U/L	<35	IFCC
ALKALINE PHOSPHATASE	45.64	U/L	30-120	IFCC
PROTEIN, TOTAL	7.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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.



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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.69	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>13.05</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.1</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.01	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.21	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135.22</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.4	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.76	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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

SIN No:SE04673370

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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.83	U/L	<38	IFCC

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

SIN No:SE04673370

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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.03	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.723	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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



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

SIN No:SPL24053896

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Certificate No: MC-5697

Patient Name	: Mrs.SUNITA RAJARAM JADHAV	Collected	: 23/Mar/2024 10:39AM
Age/Gender	: 39 Y 11 M 2 D/F	Received	: 23/Mar/2024 03:38PM
UHID/MR No	: CVIM.0000238094	Reported	: 23/Mar/2024 03:55PM
Visit ID	: CVIMOPV597836	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS16575		

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2314562

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Silt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



IPOLLO CLINICS NETWORK

elangana: Hyderabad (A5 Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira





Certificate No: MC-5697

Patient Name : Mrs.SUNITA RAJARAM JADHAV	Collected : 23/Mar/2024 10:39AM
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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

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

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



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

SIN No:UF011381

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APOLLO CLINICS NETWORK

elangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi) Bellandur | Electronics City | Fraser Town | HSR Layout | Indir

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Limited, Shop No.S1 & Silt Floor, Building "C",  
Viman Nagar, Pune, Maharashtra, India - 411014



**1860 500 7788**

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Patient Name : Mrs. SUNITA RAJARAM JADHAV Age : 39 Y F  
UHID : CVIM.0000238094 OP Visit No : CVIMOPV597836  
Reported on : 23-03-2024 11:57 Printed on : 25-03-2024 09:00  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

**Impression:** Essentially Normal Study.

Printed on:23-03-2024 11:57

---End of the Report---

*Preeti*

**Dr. PREETI P KATHE**  
**DMRE, MD, DNB**  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com



Patient Name : Mrs. SUNITA RAJARAM JADHAV Age : 39 Y F  
UHID : CVIM.0000238094 OP Visit No : CVIMOPV597836  
Reported on : 23-03-2024 11:59 Printed on : 25-03-2024 09:00  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

**ULTRASOUND OF BOTH BREASTS**

Bilateral breast shows predominantly fatty and glandular breast parenchyma in all the quadrants of the both breasts.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy.

**IMPRESSION :**

**No significant pathology noted in bilateral breast parenchyma.**

NOTE: This report is not for medico legal purpose. The science of the radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal structures. Hence the report represents only some of the various possibilities and a number of variables, known and unknown does exist.

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Printed on:23-03-2024 11:59

---End of the Report---

*Preeti*  
**Dr. PREETI P KATHE**  
DMRE, MD, DNB  
Radiology

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Patient Name : Mrs. SUNITA RAJARAM JADHAV Age : 39 Y F  
UHID : CVIM.0000238094 OP Visit No : CVIMOPV597836  
Reported on : 23-03-2024 11:58 Printed on : 25-03-2024 09:00  
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 well distended. No evidence of calculus. Wall thickness appears normal.  
No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and  
CM differentiation are maintained. No calculus / hydronephrosis seen on right side.  
Left kidney all poles show calculi concretions and shows 8 mm calculus in the lower pole  
with prominent pelvi-calyceal system.

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

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial  
echo-complex appears normal and measures 5.2 mm.

**Both ovaries** appear normal in size, shape and echotexture. Left ovary is seen adherent posterior  
wall of uterus in the POD.

No evidence of any adnexal pathology noted.

**Bowel loops and Retroperitoneum** appear normal. Aorta and IVC appear normal.  
No abnormal lymphadenopathy noted.

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Patient Name : Mrs. SUNITA RAJARAM JADHAV Age : 39 Y F  
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Adm/Consult Doctor : Ref Doctor : SELF

**IMPRESSION:-**

Left kidney all poles show calcular concretions and shows 8 mm calculus in the lower pole with prominent pelvi-calyceal system.

(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:23-03-2024 11:58

---End of the Report---

*Preeti*  
Dr. PREETI P KATHE  
DMRE, MD, DNB  
Radiology

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Online appointments: www.apolloclinic.com



NAME : SUNITA JADHAV  
AGE : 39/F

DATE : 23/03/2024

**ECHOCARDIOGRAPHY REPORT**

**MITRAL VALVE** : Normal trileaflets,. normal subvalvular apparatus . Mild MR/ No MS.

**AORTIC VALVE** : Normal trileaflets, normal gradients across the valve. No AS/AR.

**PULMONARY VALVE** : normal.

**TRICUSPID VALVE**: normal gradients . Trivial tricuspid regurgitation. RVSP 28 mm Hg. No pulmonary hypertension.

**Left Ventricle** : LV is normal in size with normal wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 65%.

**Left Atrium** : is normal and free of clots.

**RA/RV** : are normal

**IAS/IVS** : intact with normal thickness.

No clot/veg/ pericardial effusion.

**MEASUREMENTS**

AORTA	:22MM
LEFT ATRIUM	24MM
IVSd	:09 MM
PWd	:09MM
LVIDd	:42 MM
LVIDs	:25MM
LVEF	: 65 %

**IMPRESSION:**

NORMAL CARDIAC VALVES  
NORMAL CARDIAC CHAMBERS  
GOOD LV SYSTOLIC FUNCTION, LVEF 65%



**DR.PRAMOD NARKHEDE**  
DNB(Medicine), DNB(Cardiology)  
Consultant Interventional Cardiologist  
Apollo clinic, Viman Nagar

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Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

# NO SAMPLE GIVEN

TO,  
APOLLO CLINIC  
VIMAN NAGAR

Dear sir / madam ✓

I Sunita Jadhav working at

Company Name Bank of Baroda

I have not given the 1) Diet Consultation 2) CBC Sample do not wish given it.  
3) 3) Gynaecology consultation PAP TEST - Pap smear 1) OPthal

I AGREE \_\_\_\_\_

UHID =

  
SIGN -