

Patient Name	: M/sMRUNAL SHAILESH NALAWADE	Collected	: 23/Mar/2024 09:08AM
Age/Gender	: 41 Y 4 M 7 D/F	Received	: 23/Mar/2024 02:17PM
UHID/MR No	: CAUN.0000141599	Reported	: 23/Mar/2024 03:18PM
Visit ID	: CAUNOPV168609	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: H12 20040457418		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240079319

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 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>	12.2	g/dL	12-15	Spectrophotometer
PCV	<b>35.30</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82.8</b>	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,940	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	71	%	40-80	Electrical Impedance
LYMPHOCYTES	22	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4927.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1526.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	90.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	395.58	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.23		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	235000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	9	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate**



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MBBS, MD (Pathology)  
Consultant Pathologist

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**  
**No hemoparasite seen.**

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

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UHID/MR No : CAUN.0000141599	Reported : 23/Mar/2024 04:10PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



*Sheha Shah*  
  
**Dr Sheha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

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Certificate No: MC-5697

Patient Name : M/sMRUNAL SHAILESH NALAWADE	Collected : 23/Mar/2024 09:08AM
Age/Gender : 41 Y 4 M 7 D/F	Received : 23/Mar/2024 02:19PM
UHID/MR No : CAUN.0000141599	Reported : 23/Mar/2024 04:42PM
Visit ID : CAUNOPV168609	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	94	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

*Sheha Shah*  
  
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 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:PLF02131322

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Age/Gender : 41 Y 4 M 7 D/F	Received : 23/Mar/2024 02:24PM
UHID/MR No : CAUN.0000141599	Reported : 23/Mar/2024 05:46PM
Visit ID : CAUNOPV168609	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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	115	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.



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

SIN No: EDT240036305

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### DEPARTMENT OF BIOCHEMISTRY

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

3. 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.

4. 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 glycemc control when clinical conditions that affect erythrocyte survival are present.

5. 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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>108.16</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.55	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.32		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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.



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SIN No:SE04672422

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

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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	1.00	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.20</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.08	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	62.63	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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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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	20.37	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.13	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.81	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.02	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.17	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.02	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.59	U/L	<38	IFCC



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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)	0.78	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.768	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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SIN No: SPL24053138

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : H12 20040457418	

**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	>1.025		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	MODIFIED 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	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2313691

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



Patient Name : M/sMRUNAL SHAILESH NALAWADE	Collected : 23/Mar/2024 09:08AM
Age/Gender : 41 Y 4 M 7 D/F	Received : 23/Mar/2024 04:47PM
UHID/MR No : CAUN.0000141599	Reported : 23/Mar/2024 05:35PM
Visit ID : CAUNOPV168609	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : H12 20040457418	

**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



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

SIN No:UPP017206

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






Patient Name : M/sMRUNAL SHAILESH NALAWADE	Collected : 23/Mar/2024 09:08AM
Age/Gender : 41 Y 4 M 7 D/F	Received : 23/Mar/2024 02:18PM
UHID/MR No : CAUN.0000141599	Reported : 23/Mar/2024 02:35PM
Visit ID : CAUNOPV168609	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : H12 20040457418	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*Sheha Shah*  
  
**Dr Sheha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:UF011309

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



Patient Name	: M/sMRUNAL SHAILESH NALAWADE	Collected	: 23/Mar/2024 09:08AM
Age/Gender	: 41 Y 4 M 7 D/F	Received	: 25/Mar/2024 03:05PM
UHID/MR No	: CAUN.0000141599	Reported	: 27/Mar/2024 08:29PM
Visit ID	: CAUNOPV168609	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: H12 20040457418		

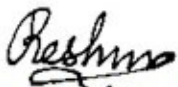
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	<b>CYTOLOGY NO.</b>	7231/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

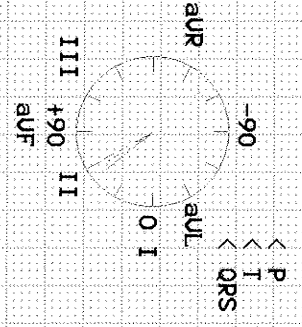
SIN No: CS077288

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

Page 18 of 18  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS

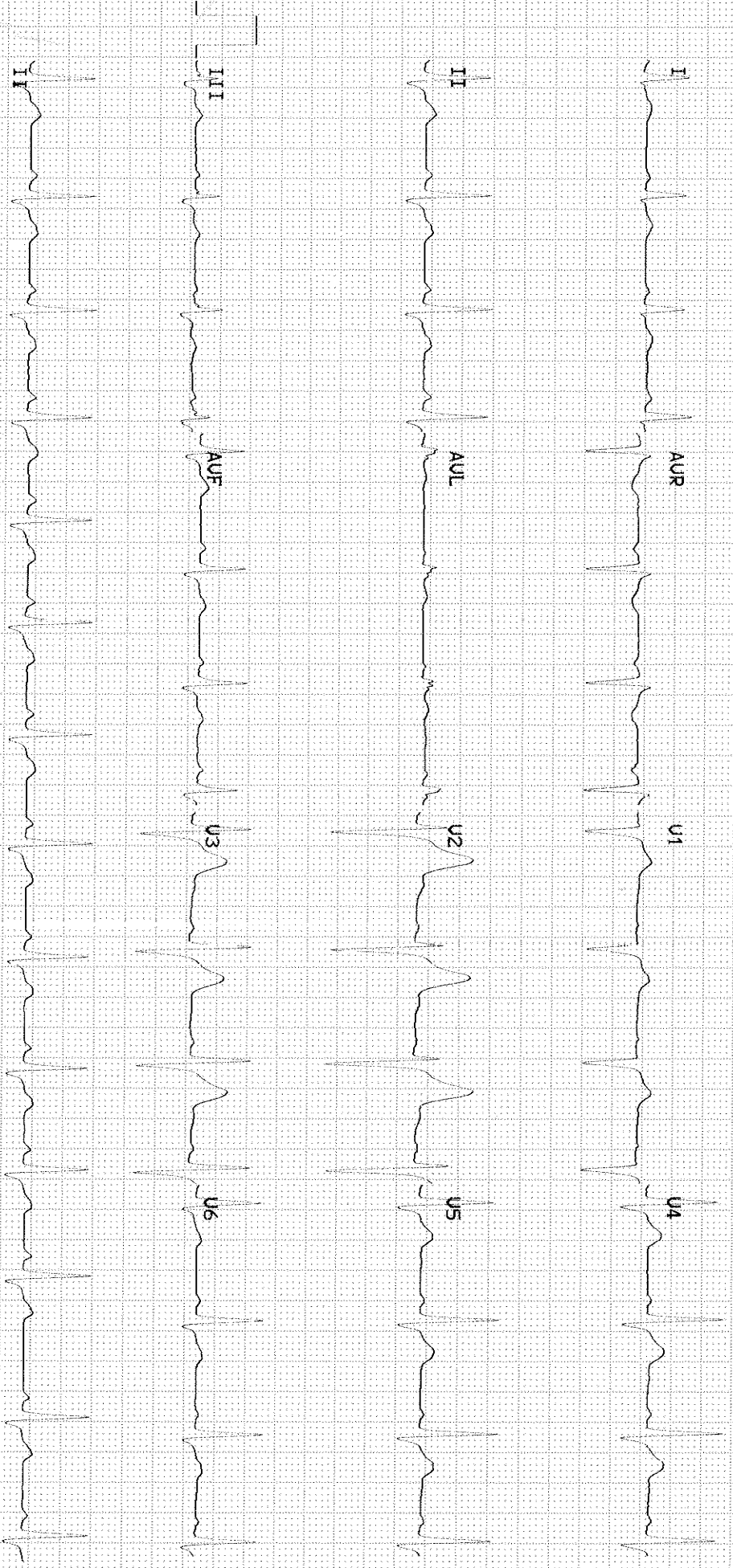


Measurement Results:  
 QRS : 120 ms  
 QT/QTcB : 358 / 417 ms  
 PR : 136 ms  
 P : 100 ms  
 RR/pp : 733 / 740 ms  
 P/QRS/T : 55 / 50 / 60 degrees  
 QTd/QTcBd : 16 / 19 ms  
 Sokolow NK : 2.1 mV  
 11



Interpretation:

*Normal*  
 Dr. VIDYA DESHPANDE  
 MBBS, DGO  
 Family Physician  
 Reg.No : 56565  
 Unconfirmed report.



**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mrunal Shailesh Nalawade on 23/03/2024

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul> <p style="text-align: center;"><i>? Sonomammo Not done ?</i></p>	✓
<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.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

**APOLLO CLINIC - AUNDH**  
**Dr. VIDYA DESHPANDE**  
 MBBS, DGO  
 Family Physician  
 Reg.No : 56565  
 Dr. *Dr. Vidya Deshpande*  
**Medical Officer**  
**Apollo Clinic, (Aundh, Pune)**

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



PATIENT NAME :-MRS.MRUNAL SHAILESH NALAWADE  
REFERRED BY :- ARCOFEMI  
UHID :-141599

AGE :-41YRS/F  
DATE :- 23.03.2024

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

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

RWMA: Absent.

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

AO – 18 mm, LA – 21 mm, LVIDd – 38 mm, LVISd – 21 mm, IVS – 10mm, PW – 9 mm.

### CONCLUSION:

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

Apollo Clinic - Aundh  
Dr. Satyajeet Suryawanshi  
MBBS, MD, DM (Cardiology)  
Reg. M.D. (Cardiology)  
DR.SATYAJEET SURYAWANSHI  
(CONSULTANT CARDIOLOGIST)

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

### **Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

### **APOLLO CLINICS NETWORK MAHARASHTRA**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

<b>Patient Name</b>	: M/s MRUNAL Shailesh Nalawade	<b>Age/Gender</b>	: 41 Y/F
<b>UHID/MR No.</b>	: CAUN.0000141599	<b>OP Visit No</b>	: CAUNOPV168609
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-03-2024 16:55
<b>LRN#</b>	: RAD2278278	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: H12 20040457418		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

Right kidney - 10.3 x 3.6 cm.

Left kidney – 10.1 x 4.3 cm.

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

**Uterus** appears normal in size measuring 8.8 x 4.2 x 5.9 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7.1 mm.

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

Right ovary – 2.3 x 1.2 cm.

Left ovary – 2.6 x 1.6 cm.

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

**Patient Name** : M/s MRUNAL Shailesh Nalawade

**Age/Gender** : 41 Y/F

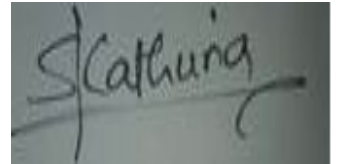
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**IMPRESSION :-**

**No significant abnormality detected.**

Suggest – clinical correlation.

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



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**

Radiology

DATE: 23 / 3 / 24

PATIENT NAME : Mrunal Neerwade

AGE : 41 yrs

MARRIED / UNMARRIED: m: 15 yrs

MENSTRUAL HISTORY : Cycle - Regular

MENARCHE : 11-12 yrs

PMC : 3-4 / 28-30 avg 1

LMP : 5 / 3 / 24

OBSTETRIC HISTORY : G P L A Para (1)

PAST HISTORY : DM/HT/TB/ALLERGIES/ASTHAMA/SURGERIES

FAMILY HISTORY : DM/HT/IHD/MALIGNANCIES

*Hypothyroidism - On thyronorm 100mcg*

*neo*

**Apollo Health and Lifestyle Limited**

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

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TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name : Meenal. Nalawale  
 AGE/Sex : 41 / F

Date : 23 08 24  
 UHID/ MR NO : 141599

	RIGHT EYE	LEFT EYE
FAR VISION	<u>C</u> <u>HA</u> <u>g/ass</u> 6/6	<u>C</u> 6/6 <u>HA</u> <u>g/ass</u>
NEAR VISION	<u>C</u> <u>g/ass</u> M/6	<u>C</u> <u>g/ass</u> M/6
ANTERIOR SEGMENT PUPIL	<u>MD</u>	<u>MD</u>
COLOUR VISION	<u>(N)</u>	<u>(N)</u>
FAMILY / MEDICAL HISTORY	<u>—————</u>	<u>—————</u>

Impression: WNL

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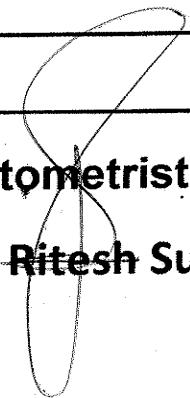


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Optometrist:-  
**Mr. Ritesh Sutnase**



Date : 23-03-2024  
MR NO : CAUN.0000141599

Department : GENERAL  
Doctor :

Name : M/s MRUNAL Shailesh Nalawade

Registration No :

Age/ Gender : 41 Y / Female

Qualification :

Consultation Timing: 08:59

Height	162
Weight	56.
BP	100/60
Pulse	62
Waist	62
Hip	65
BMI	62
Consultation with Report	

## APOLLO CLINIC - AUNDH

### CONSENT FORM

NAME OF THE PATIENT : Mrunal S. Nalawade

COMPANY NAME : —

TEST NAME : Sono Mammography

REASON : —

(For not done test) —

PHONE NO : 9850202032

*MS Nalawade*

PATIENT SIGNATURE



Indian Union Driving Licence  
Issued by Government of Maharashtra

MH12 20040457418

Issue Date  
14-02-2024

Validity(NT)  
13-02-2034

Validity(TR)

Name: MRUNAL NALAWADE

Date of Birth: 16-11-1982

Son / Daughter / Wife of: SHAIKESH

Address:  
FLAT NO 202 WING B SUN GRANDEUR PATIL NAGAR BAVDHAN PUNE PUNE  
CITY,PUNE 411021

Blood Group:

Holder's Signature  
M1 S...  
Organ Donor: N



Date of First Issue 06-01-2004



## Aundh Apolloclinic

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**From:** noreply@apolloclinics.info  
**Sent:** 22 March 2024 03:19 PM  
**To:** ss\_nalawade@yahoo.in  
**Cc:** Aundh Apolloclinic; Niraj B; Syamsunder M  
**Subject:** Your appointment is confirmed



Dear **MRUNAL Shailesh Nalawade**,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-03-23** at **08:30-08:45**.

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

"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** : M/s MRUNAL Shailesh Nalawade

**Age/Gender** : 41 Y/F

**UHID/MR No.** : CAUN.0000141599

**OP Visit No** : CAUNOPV168609

**Sample Collected on** :

**Reported on** : 24-03-2024 09:26

**LRN#** : RAD2278278

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : H12 20040457418

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

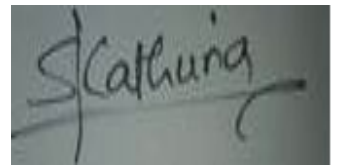
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS, DMRE, RADIOLOGY**  
Radiology