



Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:40PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 02:03PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.9	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,350	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	33.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3065.55	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1770.85	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	379.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 15



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



SIN No:BED240082569

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 (Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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DEPARTMENT OF HAEMATOLOGY

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

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



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Received : 26/Mar/2024 12:40PM
Reported : 26/Mar/2024 04:19PM
Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

SIN No:BED240082569



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Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 11:22AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:29PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 01:22PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	HEXOKINASE

Comment:

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

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

Sneha Shah
Dr Sneha Shah
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SIN No:PLP1437684



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UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 03:01PM
Visit ID : SPUNOPV62414	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
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)



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	41	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.45	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.18	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804



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

- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.28	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.28	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.83	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.94	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108.12	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.91	U/L	<38	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.74	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.091	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
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No: SPL24055659

Apollo Speciality Hospitals Private Limited
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab
(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:33PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 12:45PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/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

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

SIN No:UR2316307



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 11:22AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:33PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 12:55PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



SIN No:UPP017395

Apollo Speciality Hospitals Private Limited
This test has been performed at Apollo Health and Lifestyle Rd- Sadashiv Peth Pune, Diagnostics Lab

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CIN- U85100TG2009PTC099414

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Begumpet, Hyderabad, Telangana - 500016

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra



Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
UHID/MR No : SPUN.0000047003
Visit ID : SPUNOPV62414
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
Received : 26/Mar/2024 12:33PM
Reported : 26/Mar/2024 12:45PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

SIN No:UF011460



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth,
Pune, Maharashtra

Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 27/Mar/2024 10:28AM
UHID/MR No	: SPUN.0000047003	Reported	: 28/Mar/2024 04:59PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7432/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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	EPITHEIAL 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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No.CS077683

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Name : Mrs. Swadha Upadhyay

Age: 37 Y

UHID:SPUN.0000047003



OP Number:SPUNOPV62414

Address : Nagpur

Sex: F

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10567

Date : 26.03.2024 08:37

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2D ECHO	
<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> GLUCOSE, FASTING	
<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> DIET CONSULTATION	
<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> URINE GLUCOSE(POST PRANDIAL) 11.15 Am	
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> PERIPHERAL SMEAR	
<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> ECG	
<input checked="" type="checkbox"/> 12	<input checked="" type="checkbox"/> LBC PAP TEST- PAPSURE	
<input checked="" type="checkbox"/> 13	<input checked="" type="checkbox"/> RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/> 14	<input checked="" type="checkbox"/> DENTAL CONSULTATION	
<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.15 Am	
<input checked="" type="checkbox"/> 16	<input checked="" type="checkbox"/> URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/> 17	<input checked="" type="checkbox"/> HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/> 18	<input checked="" type="checkbox"/> X-RAY CHEST PA	
<input checked="" type="checkbox"/> 19	<input checked="" type="checkbox"/> ENT CONSULTATION	
<input checked="" type="checkbox"/> 20	<input checked="" type="checkbox"/> FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/> 21	<input checked="" type="checkbox"/> BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/> 22	<input checked="" type="checkbox"/> LIPID PROFILE	
<input checked="" type="checkbox"/> 23	<input checked="" type="checkbox"/> BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/> 24	<input checked="" type="checkbox"/> OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/> 25	<input checked="" type="checkbox"/> ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/> 26	<input checked="" type="checkbox"/> THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Swadha Upadhyay on 26/03/24

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

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
 Reg No. **1097302**
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 26/03/2024
MRNO :
Name : Swadha Upadhyay
Age/Gender : 37/F
Mobile No :

Department : G.P
Consultant :
Reg. No : Dr. Samrat Shah
Qualification :
Consultation Timing :

SpO2 98.1

Pulse: 80/min	B.P: 120/60	Resp: 20/min	Temp: 98°F
Weight: 66.3kg	Height: 157 cm	BMI: 26.8	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

A not seen Reports noted Normal

found fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital
Doctor Signature

Date : 26/03/2024
MRNO :
Name : Swadha Upadhyay
Age/Gender :
Mobile No : 371F

Department : ENT
Consultant :
Reg. No :
Qualification : Dr. Shivprakash
Consultation Timing : Mehta

Pulse:	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT - NAD


Dr. Shiv Mehta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205

Follow up date:

Doctor Signature

Date : 26/03/24
MRNO :
Name : Swadha Upadhyay
Age/Gender : 37/F
Mobile No :

Department : Gynec
Consultant : Dr. Sayali
Reg. No :
Qualification : Kari Bogam
Consultation Timing :

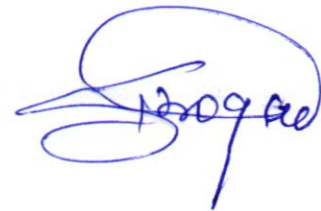
Pulse:	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

26/3/24

Clinical Diagnosis & Management Plan

37yrs.
MS: 13yrs.
M/H - Regular
elo white discharge
LMP - 10/3/24.
P/L - 10yrs.
Breast - soft
P/A - NAD.
P/S - ex healthy
P/V - NAD.



Follow up date:

Doctor Signature

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:40PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 02:03PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	85.9	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,350	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.3	%	40-80	Electrical Impedence
LYMPHOCYTES	33.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	7.1	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3065.55	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1770.85	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	379.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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

Page 1 of 14



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



SIN No:BED240082569

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

Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
UHID/MR No : SPUN.0000047003
Visit ID : SPUNOPV62414
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
Received : 26/Mar/2024 12:40PM
Reported : 26/Mar/2024 02:03PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No:BED240082569

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




Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:40PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 04:19PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:BED240082569
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 11:22AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:29PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 01:22PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

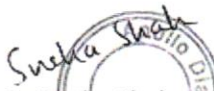
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	HEXOKINASE

Comment:

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

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLP1437684

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



Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:40PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 03:01PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		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)



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

SIN No: EDT240038026

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



Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 01:28PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	41	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.45	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.18	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

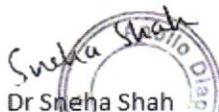
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 14


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04675804

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

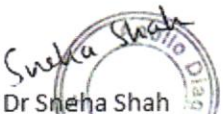


Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 01:28PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF BIOCHEMISTRY

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

- 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).



Dr Sneha Shah
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Patient Name : Mrs.SWADHA UPADHYAY
 Age/Gender : 37 Y 8 M 20 D/F
 UHID/MR No : SPUN.0000047003
 Visit ID : SPUNOPV62414
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.28	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04675804

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




Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
UHID/MR No : SPUN.0000047003
Visit ID : SPUNOPV62414
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
Received : 26/Mar/2024 12:30PM
Reported : 26/Mar/2024 01:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.28	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.83	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.94	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108.12	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804

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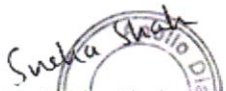


Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:30PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.91	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804

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



Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 01:24PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.74	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.091	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



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

SIN No: SPL24055659

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




Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:33PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 12:45PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316307

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



Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 11:22AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:33PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 12:55PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017395

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



Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:33PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 12:45PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

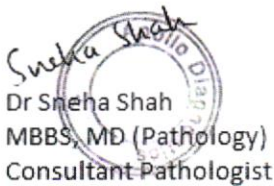
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011460

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



2D ECHO / COLOUR DOPPLER

Name : Mrs. Swadha Upadhyay
Ref by : HEALTH CHECKUP

Age : 37YRS / F
Date : 26/03/2024

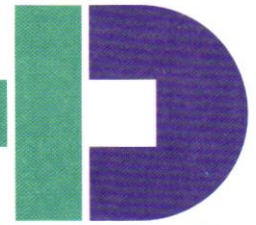
LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN



Name	Mrs Swadha . Upadhyay	Age	37 Years
Patient ID	DD/263/2023-2024/1626	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	26/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10.2x4.8cms and **the left kidney** measures 10x5.0cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus is bulky and measures 8.1x5.1x4.8cms in size. The myometrium appears uniform in echotexture. The endometrium measures 14 mm

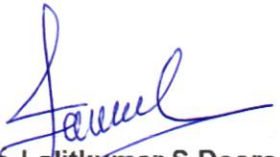
Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

Bulky uterus.

No significant abnormality is seen.


Dr. Lalitkumar S Deore
 MD(Radiology) (2001/04/1871)

Apollo Clinic

CONSENT FORM

Patient Name: Swadha Upadhyay Age: 37 / F
UHID Number: Company Name: Arcofem:

I Mr/Mrs/Ms Swadha Upadhyay Employee of Arcofem:

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Dental Doctor not available

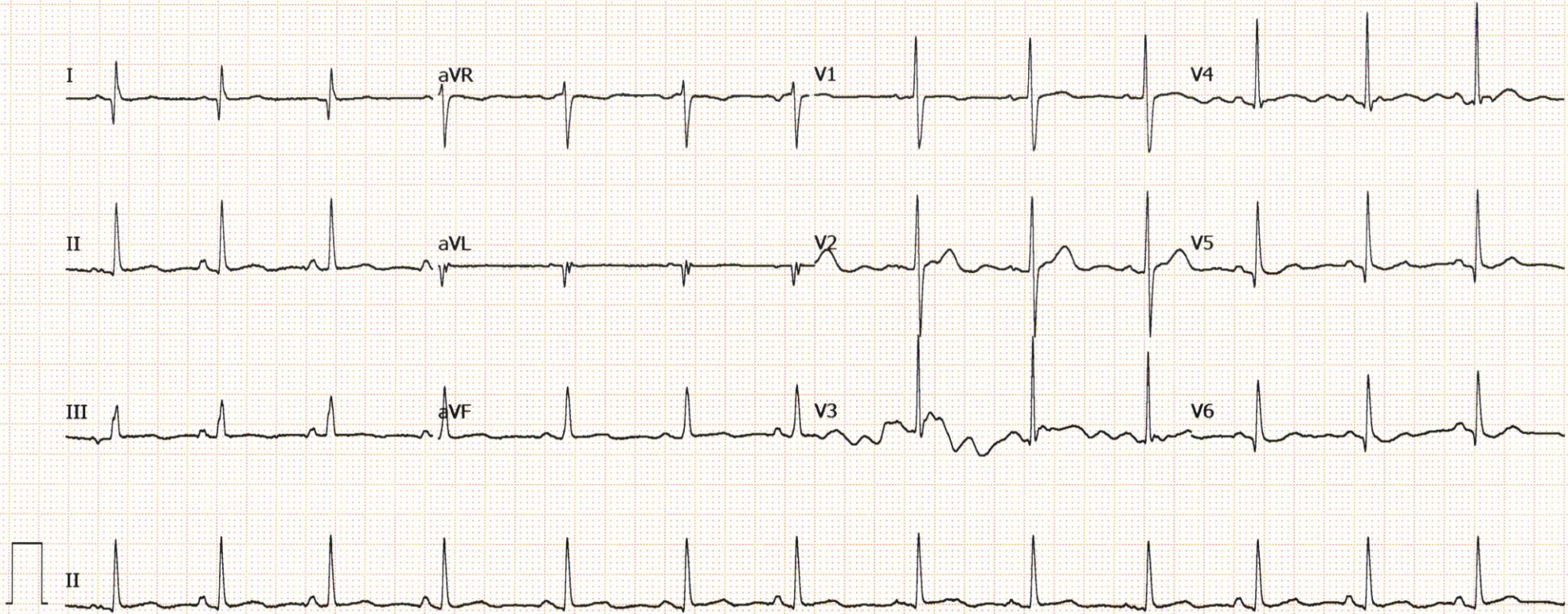
Patient Signature: [Signature] Date: 26/03/2024

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 376 / 431 ms
PR : 148 ms
P : 120 ms
RR / PP : 754 / 759 ms
P / QRS / T : 59 / 70 / 56 degrees

Normal sinus rhythm
Possible Right ventricular hypertrophy
Possible Lateral infarct , age undetermined
Abnormal ECG



EYE REPORT



ASH/PUN/OPHT/06/02-0216

Name: Miss Swadha Upadhyay
Age / Sex: 37/F

Date: 26-3-2024

Complaint: no. complaint

Ref No.:

Examination

Vision: R 6/6
 L 6/6 M/6
 un < 6/60
 6/60
 NO. HT.N
 NO. D.N.

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-5.75	—	—	6/6	-4.50	—	—
Read	no	—	—	—	no	—	—	—
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: make a glass

PGP: R
L

Medications:

BE colour vision test normal

Trade Name	Frequency	Duration

Follow up: one year

Consultant:

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

MRS.SWADHA UPADHYAY MR No:

37Y

Age:

37 Years

Location:

SPUN.000047003

Gender:

F

Physician:

Apollo Spectra Hospital Pune
(Swargate)

Image Count:

1

Date of Exam:

SELF

26-Mar-2024

Arrival Time:

26-Mar-2024 09:35

Date of Report:

26-Mar-2024 9:42

X-RAY CHEST P.A VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

Cardia is normal in size.

Right Lung field : No focal mass lesion. No collapse. No consolidation.

Left Lung field : No focal mass lesion . No collapse. No consolidation .


The apices, costo and cardiophrenic angles are free. No pleural effusion

No pericardial effusion.






No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



Dr.V.Pavan Kumar.MBBS,DMRD.
Consultant Radiologist
Reg.No : 57017

Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement	Action
127941	PHASORZ TECHNOLOGIES PRIVATE L...	Pratik Madge	Pratik.Madge@Cognizant.Com	9967246094	PHASORZ COGNIZANT AHC	  
127662	VISIT HEALTH PRIVATE LIMITED...	Mr. Suraj Hange	arko.sarkar@getvisitapp.com	7350323739	VISIT HEALTH NB DIAGON	  
127649	ARCOFEMI HEALTHCARE LIMITED...	MR. BIPIN KUMAR TIWARI	bipintiwari@gmail.com	9899686440	ARCOFEMI MEDIWHEEL MAI	  
✓ 127641	ARCOFEMI HEALTHCARE LIMITED...	SWADHA UPADHYAY	bipintiwari@gmail.com	9899686440	ARCOFEMI MEDIWHEEL FEI	  
127282	WILLIAMS CONTROLS INDIA PRIVAT...	Devidas Talla	kulkarnin@curtisswright.in	8888849947	WILLIAMS CONTROLS INDI	  
127150	WABTEC INDIA INDUSTRIAL PRIVAT...	Nandini Dusane	npdusane@gmail.com	9096300110	WABTEC INDIA INDUSTRIAL	  
124863	VISIT HEALTH PRIVATE LIMITED...	Ms. AISHWARYA GOKHALE	arko.sarkar@getvisitapp.com	8087494596	VISIT HEALTH NB DIAGON	  
124587	ACCENTURE SOLUTIONS PRIVATE LI...	Ashwini Gujar	s.chandrakant.gujar@accenture.com	9881739501	ACCENTURE SOLUTIONS AI	  
124586	ACCENTURE SOLUTIONS PRIVATE LI...	Shrikant Gujar	s.chandrakant.gujar@accenture.com	09881739501	ACCENTURE SOLUTIONS AI	  



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No.: 0000/00354/24446

To
स्वधा उपाध्याय
Swadha Upadhyay
D/O, A N Upadhyay
F No 101 2nd Floor Shivgiri Himalaya Valley
Hindustan Colony Amravati Road
University Campus
University Campus
Nagpur
Maharashtra 440033
9654723668

28/01/2015
63206011



MD632060112FH



आपका आधार क्रमांक / Your Aadhaar No. :

4173 3241 8078

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



स्वधा उपाध्याय
Swadha Upadhyay
जन्म तिथि / DOB : 06/07/1986
महिला / Female



4173 3241 8078

मेरा आधार, मेरी पहचान



Certificate No: MC- 5697

Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
UHID/MR No : SPUN.0000047003
Visit ID : SPUNOPV62414
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
Received : 26/Mar/2024 12:40PM
Reported : 26/Mar/2024 02:03PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.9	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,350	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	33.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3065.55	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1770.85	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	379.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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

Page 1 of 15

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



SIN No:BED240082569

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



Certificate No: MC- 5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:40PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 02:03PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF HAEMATOLOGY

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

Page 2 of 15

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



SIN No:BED240082569

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



Certificate No: MC-5697


Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
UHID/MR No : SPUN.0000047003
Visit ID : SPUNOPV62414
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
Received : 26/Mar/2024 12:40PM
Reported : 26/Mar/2024 04:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240082569

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Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
UHID/MR No : SPUN.0000047003
Visit ID : SPUNOPV62414
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 11:22AM
Received : 26/Mar/2024 12:29PM
Reported : 26/Mar/2024 01:22PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 1.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.
2. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	HEXOKINASE

Comment:

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1437684

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





Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:40PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 03:01PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR.Sanjay Ingle
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Consultant Pathologist



SIN No:EDT240038026

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



Certificate No: MC- 5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 01:28PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	41	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.45	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.18	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:SE04675804

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




Certificate No: MC-5697

Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 01:28PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF BIOCHEMISTRY

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

- 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).


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804

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Certificate No: MC- 5697

Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
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Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.28	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

- 3. **Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804

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





Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY
Age/Gender : 37 Y 8 M 20 D/F
UHID/MR No : SPUN.0000047003
Visit ID : SPUNOPV62414
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
Received : 26/Mar/2024 12:30PM
Reported : 26/Mar/2024 01:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.28	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.83	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.94	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108.12	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated


Dr Sneha Shah
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Consultant Pathologist

SIN No:SE04675804

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Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.91	U/L	<38	IFCC


Dr Sneha Shah
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Consultant Pathologist

SIN No:SE04675804

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Certificate No: MC- 5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 01:24PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.74	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.091	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

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



SIN No:SPL24055659

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




Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:33PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 12:45PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316307

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





Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 11:22AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:33PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 12:55PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



SIN No:UPP017395

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



Certificate No: MC-5697

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:33PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 12:45PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

SIN No:UF011460

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





MC-2438

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 27/Mar/2024 10:28AM
UHID/MR No : SPUN.0000047003	Reported : 28/Mar/2024 04:59PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7432/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

SIN No:CS077683

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

Page 15 of 15
CAP
ACCREDITED ✓
COLLEGE of AMERICAN PATHOLOGISTS



Name : Mrs. Swadha Upadhyay

Age: 37 Y

UHID:SPUN.0000047003

Sex: F



OP Number:SPUNOPV62414

Address : Nagpur

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10567

Date : 26.03.2024 08:37

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2D ECHO	
<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> GLUCOSE, FASTING	
<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> GYNAECOLOGY CONSULTATION	
<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> DIET CONSULTATION	
<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> URINE GLUCOSE(POST PRANDIAL) 11.15 Am	
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> PERIPHERAL SMEAR	
<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> ECG	
<input checked="" type="checkbox"/> 12	<input checked="" type="checkbox"/> LBC PAP TEST- PAPSURE	
<input checked="" type="checkbox"/> 13	<input checked="" type="checkbox"/> RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/> 14	<input checked="" type="checkbox"/> DENTAL CONSULTATION	
<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.15 Am	
<input checked="" type="checkbox"/> 16	<input checked="" type="checkbox"/> URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/> 17	<input checked="" type="checkbox"/> HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/> 18	<input checked="" type="checkbox"/> X-RAY CHEST PA	
<input checked="" type="checkbox"/> 19	<input checked="" type="checkbox"/> ENT CONSULTATION	
<input checked="" type="checkbox"/> 20	<input checked="" type="checkbox"/> FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/> 21	<input checked="" type="checkbox"/> BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/> 22	<input checked="" type="checkbox"/> LIPID PROFILE	
<input checked="" type="checkbox"/> 23	<input checked="" type="checkbox"/> BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/> 24	<input checked="" type="checkbox"/> OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/> 25	<input checked="" type="checkbox"/> ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/> 26	<input checked="" type="checkbox"/> THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Swadha Upadhyay on 26/03/24

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 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
 Reg No. **1097302**
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 26/03/2024
MRNO :
Name : Swadha Upadhyay
Age/Gender : 37/F
Mobile No :

Department : G.P
Consultant :
Reg. No : Dr. Samrat Shah
Qualification :
Consultation Timing :

SpO2 98.1

Pulse: 80/min	B.P: 120/60	Resp: 20/min	Temp: 98°F
Weight: 66.3kg	Height: 157 cm	BMI: 26.8	Waist Circum: -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

A not seen Reports noted Normal

found fit to join duty

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital
Doctor Signature

Date : 26/03/2024
MRNO :
Name : Swadha Upadhyay
Age/Gender :
Mobile No : 371F

Department : ENT
Consultant :
Reg. No :
Qualification : Dr. Shivprakash
Mehta
Consultation Timing :

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT - NAD


Dr. Shiv Mehta
MBBS, MS (ENT), Head & Neck Surgeon
Reg. No. 2010030364 (MMC)
Mob.: 9890250205

Follow up date:

Doctor Signature

Date : 26/03/24
MRNO :
Name : Swadha Upadhyay
Age/Gender : 37/F
Mobile No :

Department : Gynec
Consultant : Dr. Sayali
Reg. No :
Qualification : Kari Bogam
Consultation Timing :

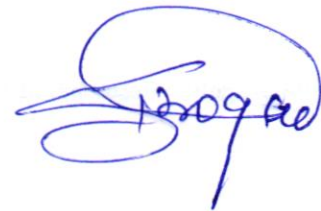
Pulse:	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

26/3/24

Clinical Diagnosis & Management Plan

37yrs.
MS: 13yrs.
M/H - Regular
elo white discharge
LMP - 10/3/24.
P/L - 10yrs.
Breast - soft
P/A - NAD.
P/S - ex healthy
P/V - NAD.



Follow up date:

Doctor Signature

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:40PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 02:03PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	85.9	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,350	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.3	%	40-80	Electrical Impedence
LYMPHOCYTES	33.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	7.1	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3065.55	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1770.85	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	379.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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



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

SIN No:BED240082569

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



Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:40PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 02:03PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No:BED240082569

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




Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:40PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 04:19PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination




 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:BED240082569
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 11:22AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:29PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 01:22PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

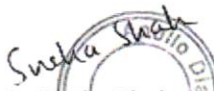
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	mg/dL	70-140	HEXOKINASE

Comment:

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

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PLP1437684

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



Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:40PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 03:01PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		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)

Page 5 of 14



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

SIN No: EDT240038026

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



Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 01:28PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	41	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	114.45	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.18	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

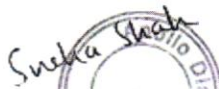
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 14


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04675804

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

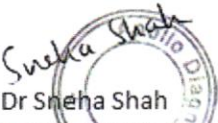


Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:30PM
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Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF BIOCHEMISTRY

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

- 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).



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804

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



Patient Name : Mrs.SWADHA UPADHYAY
 Age/Gender : 37 Y 8 M 20 D/F
 UHID/MR No : SPUN.0000047003
 Visit ID : SPUNOPV62414
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 78784

Collected : 26/Mar/2024 08:41AM
 Received : 26/Mar/2024 12:30PM
 Reported : 26/Mar/2024 01:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	70.28	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04675804

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




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Age/Gender : 37 Y 8 M 20 D/F
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	16.28	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.83	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.94	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	108.12	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804

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

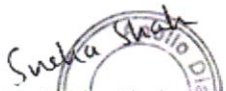


Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:30PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 01:28PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.91	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04675804

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



Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:30PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 01:24PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.74	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.091	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



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

SIN No: SPL24055659

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



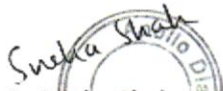
Patient Name : Mrs.SWADHA UPADHYAY	Collected : 26/Mar/2024 08:41AM
Age/Gender : 37 Y 8 M 20 D/F	Received : 26/Mar/2024 12:33PM
UHID/MR No : SPUN.0000047003	Reported : 26/Mar/2024 12:45PM
Visit ID : SPUNOPV62414	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 78784	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/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

Page 12 of 14


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2316307

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



Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 11:22AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:33PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 12:55PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017395

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



Patient Name	: Mrs.SWADHA UPADHYAY	Collected	: 26/Mar/2024 08:41AM
Age/Gender	: 37 Y 8 M 20 D/F	Received	: 26/Mar/2024 12:33PM
UHID/MR No	: SPUN.0000047003	Reported	: 26/Mar/2024 12:45PM
Visit ID	: SPUNOPV62414	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 78784		

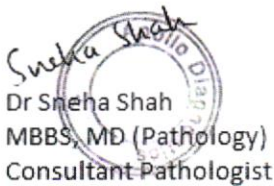
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011460

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



2D ECHO / COLOUR DOPPLER

Name : Mrs. Swadha Upadhyay
Ref by : HEALTH CHECKUP

Age : 37YRS / F
Date : 26/03/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Name	Mrs Swadha . Upadhyay	Age	37 Years
Patient ID	DD/263/2023-2024/1626	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	26/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10.2x4.8cms and **the left kidney** measures 10x5.0cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus is bulky and measures 8.1x5.1x4.8cms in size. The myometrium appears uniform in echotexture. The endometrium measures 14 mm


Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

Bulky uterus.

No significant abnormality is seen.



Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)

Apollo Clinic

CONSENT FORM

Patient Name: Swadha Upadhyay Age: 37 / F
UHID Number: Company Name: Arcofem:

I Mr/Mrs/Ms Swadha Upadhyay Employee of Arcofem:

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Dental Doctor not available

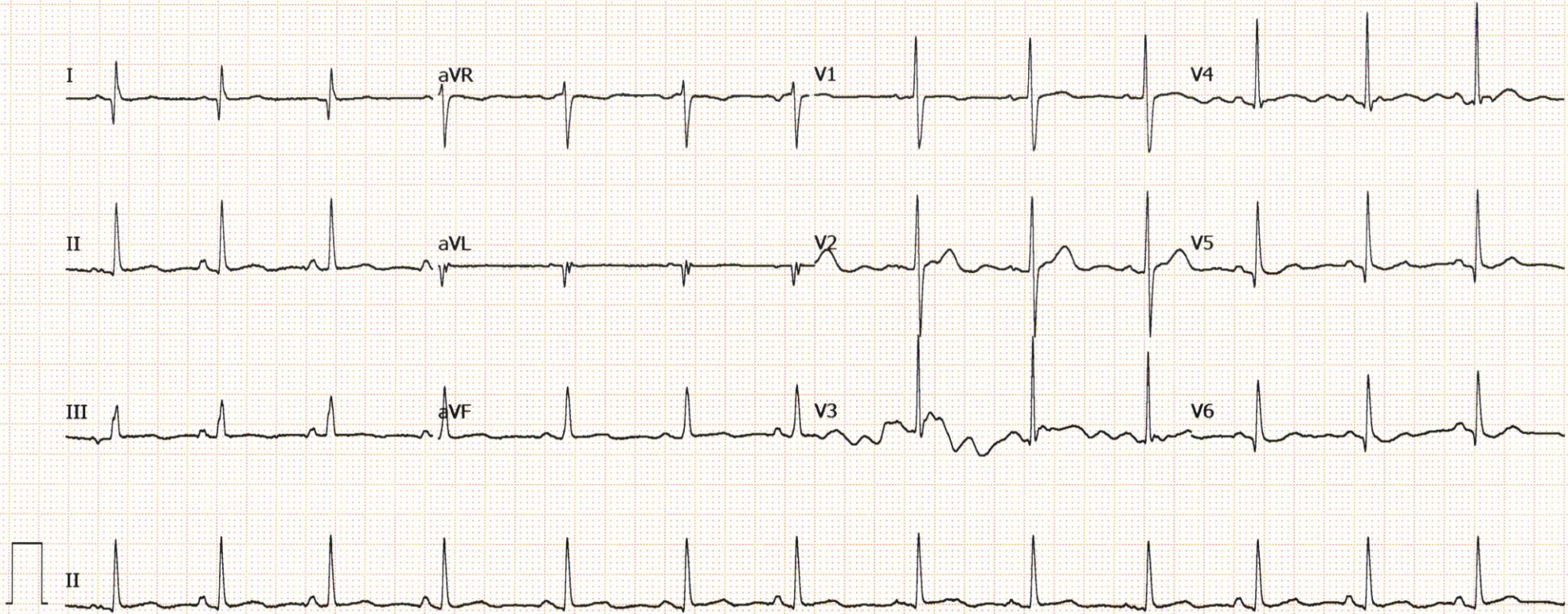
Patient Signature: [Signature] Date: 26/03/2024

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 376 / 431 ms
PR : 148 ms
P : 120 ms
RR / PP : 754 / 759 ms
P / QRS / T : 59 / 70 / 56 degrees

Normal sinus rhythm
Possible Right ventricular hypertrophy
Possible Lateral infarct , age undetermined
Abnormal ECG



EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Miss Swadha Upadhyay
Age / Sex: 37/F

Date: 26-3-2024

Ref No.:

Complaint: no. complaint

Examination: *catd*
Vision: R 6/6, L 6/6 M/6
no. H.T.N
no. D.N.
un < 6/60
6/60

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-5.75	—	—	6/6	-4.50	—	—
Read	no	—	—	—	no	—	—	—
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks: *make a glass*
PGP: R, L

Medications:

BE colour vision test normal

Trade Name	Frequency	Duration

Follow up: *one year*

Consultant: *[Signature]*

MRS.SWADHA UPADHYAY MR No:

37Y

Age:

37 Years

Location:

SPUN.000047003

Gender:

F

Physician:

Apollo Spectra Hospital Pune
(Swargate)

Image Count:

1

Date of Exam:

SELF

26-Mar-2024

Arrival Time:

26-Mar-2024 09:35

Date of Report:

26-Mar-2024 9:42

X-RAY CHEST P.A VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum. No hilar or mediastinal lymphadenopathy.

Cardia is normal in size.

Right Lung field : No focal mass lesion. No collapse. No consolidation.

Left Lung field : No focal mass lesion . No collapse. No consolidation .


The apices, costo and cardiophrenic angles are free. No pleural effusion

No pericardial effusion.






No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.



Dr.V.Pavan Kumar.MBBS,DMRD.
Consultant Radiologist
Reg.No : 57017

Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement	Action
127941	PHASORZ TECHNOLOGIES PRIVATE L...	Pratik Madge	Pratik.Madge@Cognizant.Com	9967246094	PHASORZ COGNIZANT AHC	  
127662	VISIT HEALTH PRIVATE LIMITED...	Mr. Suraj Hange	arko.sarkar@getvisitapp.com	7350323739	VISIT HEALTH NB DIAGON	  
127649	ARCOFEMI HEALTHCARE LIMITED...	MR. BIPIN KUMAR TIWARI	bipintiwari@gmail.com	9899686440	ARCOFEMI MEDIWHEEL MAI	  
✓ 127641	ARCOFEMI HEALTHCARE LIMITED...	SWADHA UPADHYAY	bipintiwari@gmail.com	9899686440	ARCOFEMI MEDIWHEEL FEM	  
127282	WILLIAMS CONTROLS INDIA PRIVAT...	Devidas Talla	kulkarnin@curtisswright.in	8888849947	WILLIAMS CONTROLS INDI	  
127150	WABTEC INDIA INDUSTRIAL PRIVAT...	Nandini Dusane	npdusane@gmail.com	9096300110	WABTEC INDIA INDUSTRIAL	  
124863	VISIT HEALTH PRIVATE LIMITED...	Ms. AISHWARYA GOKHALE	arko.sarkar@getvisitapp.com	8087494596	VISIT HEALTH NB DIAGON	  
124587	ACCENTURE SOLUTIONS PRIVATE LI...	Ashwini Gujar	s.chandrakant.gujar@accenture.com	9881739501	ACCENTURE SOLUTIONS AI	  
124586	ACCENTURE SOLUTIONS PRIVATE LI...	Shrikant Gujar	s.chandrakant.gujar@accenture.com	09881739501	ACCENTURE SOLUTIONS AI	  



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No.: 0000/00354/24446

To
स्वधा उपाध्याय
Swadha Upadhyay
D/O, A N Upadhyay
F No 101 2nd Floor Shivgiri Himalaya Valley
Hindustan Colony Amravati Road
University Campus
University Campus
Nagpur
Maharashtra 440033
9654723668

28/01/2015

63206011



MD632060112FH



आपका आधार क्रमांक / Your Aadhaar No. :

4173 3241 8078

मेरा आधार, मेरी पहचान

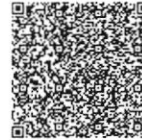


भारत सरकार

Government of India



स्वधा उपाध्याय
Swadha Upadhyay
जन्म तिथि / DOB : 06/07/1986
महिला / Female



4173 3241 8078

मेरा आधार, मेरी पहचान

Customer Pending Tests
DENTAL DOCTOR NOT AVAILABLE HENCE CONSULTATION NOT DONE