



| | |
|---------------------------------|--|
| Patient Name : Mrs.FAAZLA RIZVI | Collected : 17/Feb/2024 08:53AM |
| Age/Gender : 31 Y 4 M 29 D/F | Received : 17/Feb/2024 11:59AM |
| UHID/MR No : CWAN.0000134670 | Reported : 17/Feb/2024 01:09PM |
| Visit ID : CWANOPV226638 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 339271 | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240040692

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



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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13 | g/dL | 12-15 | Spectrophotometer |
| PCV | 38.20 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.39 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 87 | fL | 83-101 | Calculated |
| MCH | 29.5 | pg | 27-32 | Calculated |
| MCHC | 33.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.7 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,600 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 67.1 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 23.5 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 1.7 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 7.4 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.3 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4428.6 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1551 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 112.2 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 488.4 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 19.8 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.86 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 194000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 17 | 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



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

SIN No: BED240040692

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Certificate No: M6681

DEPARTMENT OF HAEMATOLOGY

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

No Abnormal cells/hemoparasite seen.



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

SIN No:BED240040692

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| UHID/MR No : CWAN.0000134670 | Reported : 17/Feb/2024 02:02PM |
| Visit ID : CWANOPV226638 | Status : Final Report |
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DEPARTMENT OF HAEMATOLOGY

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

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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240040692

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





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| Patient Name : Mrs.FAAZLA RIZVI | Collected : 17/Feb/2024 08:53AM |
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| UHID/MR No : CWAN.0000134670 | Reported : 17/Feb/2024 12:55PM |
| Visit ID : CWANOPV226638 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 339271 | |

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 | 95 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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

SIN No:PLF02107583

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





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|---------------------------------|--|
| Patient Name : Mrs.FAAZLA RIZVI | Collected : 17/Feb/2024 01:05PM |
| Age/Gender : 31 Y 4 M 29 D/F | Received : 17/Feb/2024 03:27PM |
| UHID/MR No : CWAN.0000134670 | Reported : 17/Feb/2024 04:01PM |
| Visit ID : CWANOPV226638 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 339271 | |

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 101 | mg/dL | 70-140 | HEXOKINASE |

Comment:

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

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



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

SIN No:PLP1420674

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





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| UHID/MR No | : CWAN.0000134670 | Reported | : 17/Feb/2024 02:36PM |
| Visit ID | : CWANOPV226638 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 339271 | | |

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 | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 114 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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 Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240017854

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|---------------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 205 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 62 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 56 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 149 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 136.94 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 12.31 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.67 | | 0-4.97 | Calculated |

Comment:

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

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

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

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04632143

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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 | 0.59 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.13 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.46 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 18.71 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.3 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 131.17 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.98 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.27 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.71 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.58 | | 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.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04632143

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






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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.64 | mg/dL | 0.55-1.02 | Modified Jaffe, Kinetic |
| UREA | 25.56 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 11.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.24 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.26 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.37 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139.12 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.2 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 104.39 | mmol/L | 101-109 | ISE (Indirect) |


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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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 | 21.30 | U/L | <38 | IFCC |

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

SIN No:SE04632143

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| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 339271 | |

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) | 0.84 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 10.19 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.825 | 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: SPL24026577

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



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| Visit ID : CWANOPV226638 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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 | HAZY | | CLEAR | Visual |
| pH | <5.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | >1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | POSITIVE + | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 6 - 8 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 3 - 4 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 13 of 15



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

SIN No: UR2284770

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





| | |
|---------------------------------|--|
| Patient Name : Mrs.FAAZLA RIZVI | Collected : 17/Feb/2024 08:53AM |
| Age/Gender : 31 Y 4 M 29 D/F | Received : 17/Feb/2024 03:34PM |
| UHID/MR No : CWAN.0000134670 | Reported : 17/Feb/2024 03:58PM |
| Visit ID : CWANOPV226638 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 339271 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF010601

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



| | |
|---------------------------------|--|
| Patient Name : Mrs.FAAZLA RIZVI | Collected : 17/Feb/2024 01:31PM |
| Age/Gender : 31 Y 4 M 29 D/F | Received : 18/Feb/2024 02:04PM |
| UHID/MR No : CWAN.0000134670 | Reported : 20/Feb/2024 01:06PM |
| Visit ID : CWANOPV226638 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 339271 | |


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|---|
| | CYTOLOGY NO. | 3363/24 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy. |
| III | RESULT | |
| a | EPITHELIAL CELL | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN |
| b | ORGANISM | NIL |
| IV | INTERPRETATION | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY |

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr.A. Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist


Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS074624

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

subs_yourfriend@yahoo.com

| | | |
|---|---|---|
| Name : Mrs. FAAZLA RIZVI Address : Pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 31 Y Sex : F | UHID :CWAN.0000134670  <small>* CWAN . 0 0 0 0 1 3 4 6 7 0 *</small> OP Number :CWANOPV226638 Bill No :CWAN-OCR-50242 Date : 17.02.2024 08:43 |
|---|---|---|

| 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 D ECHO | |
| 3 | LIVER FUNCTION TEST (LFT) | |
| 4 | GLUCOSE, FASTING | |
| 5 | HEMOGRAM + PERIPHERAL SMEAR | |
| 6 | GYNAECOLOGY CONSULTATION | |
| 7 | DIET CONSULTATION | |
| 8 | COMPLETE URINE EXAMINATION | |
| 9 | URINE GLUCOSE(POST PRANDIAL) | |
| 10 | PERIPHERAL SMEAR | |
| 11 | ECG <i>IN 10:10</i> <i>OUT 10:16</i> | |
| <input checked="" type="checkbox"/> | 12 LBC PAP TEST- PAPSURE | |
| 13 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 14 | DENTAL CONSULTATION | |
| <input checked="" type="checkbox"/> | 15 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |
| 16 | URINE GLUCOSE(FASTING) | |
| 17 | HbA1c, GLYCATED HEMOGLOBIN | |
| <input checked="" type="checkbox"/> | 18 X-RAY CHEST PA | |
| 19 | ENT CONSULTATION | |
| 20 | FITNESS BY GENERAL PHYSICIAN | |
| 21 | BLOOD GROUP ABO AND RH FACTOR | |
| 22 | LIPID PROFILE | |
| 23 | BODY MASS INDEX (BMI) | |
| 24 | OPHTHAL BY GENERAL PHYSICIAN | |
| 25 | ULTRASOUND - WHOLE ABDOMEN | |
| 26 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

wl - 65.2 kg
 Ht - 165 cm
 B.P - 120/80 mmHg.

FREE CONSULTATIONS
 DENTAL / PHYSIO / AUDIOMETRY



Date : 17-02-2024

Department : GENERAL

MR NO : CWAN.0000134670

Doctor :

Name : Mrs. FAAZLA RIZVI

Registration No :

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 08:43

| | | | |
|----------------|-----------------|--------|----------------|
| Height : 165cm | Weight : 65.2kg | BMI : | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : 120/80 |

General Examination / Allergies
History

1 Covid Vaccines
taken

Clinical Diagnosis & Management Plan

For AUC
No lcs at the moment
O/E - CVS
 CVS
 Resp. } NA
 Abd. }
Flup i Report

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

SAMPLE
HC
9763461253
Clinic
9121226368
PATHOLOGY **COLLECTION**
Follow up date:

Doctor Signature

Handwritten signature

DR. MUSHFIYA BAHRAINWALA

M.B.B.S

Reg. No.: 47527

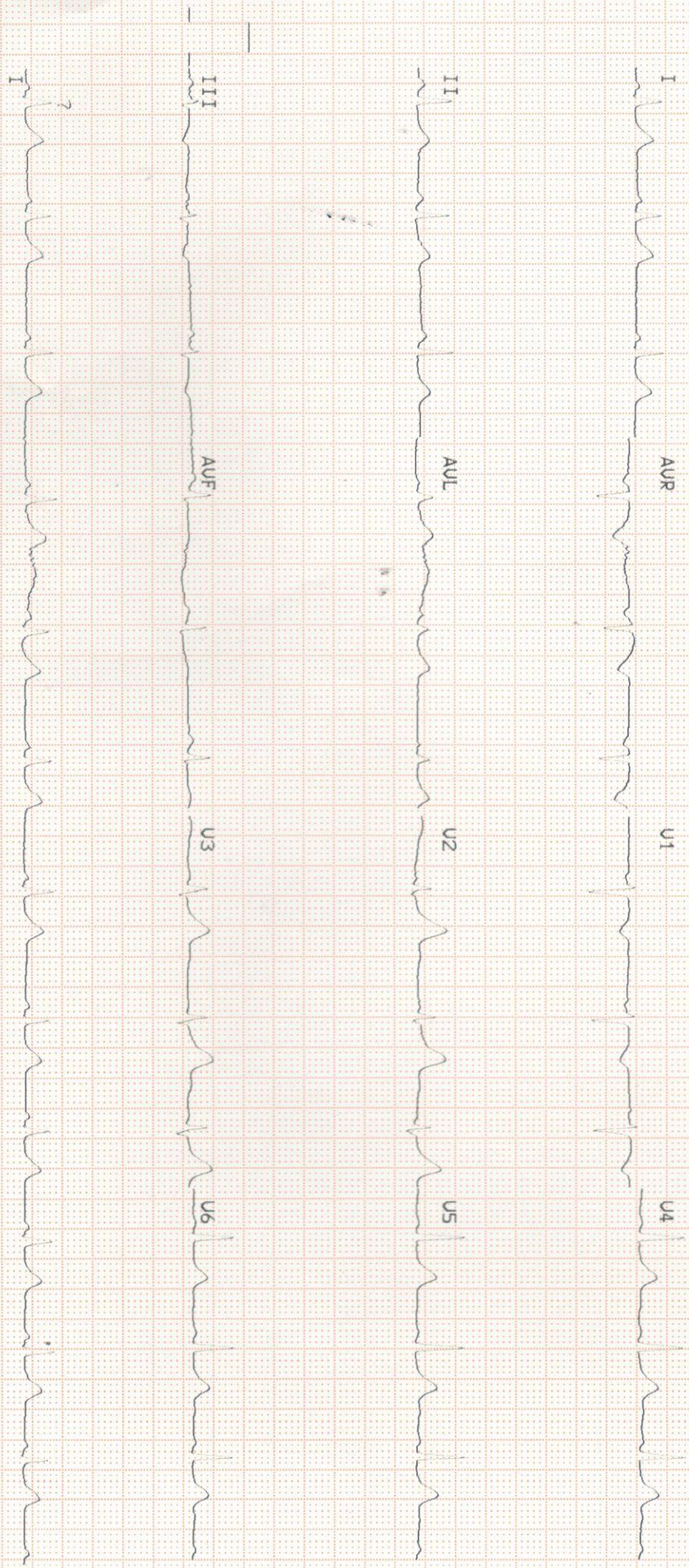
Apollo Clinic Wari, Warie
 NIBW Road, Kondi, wa.

Interpretation:

Low QRS amplitudes
 R/S inversion area between U1 and U2
 probably abnormal ECG

Measurement Results:

| | | |
|-----------|----------------------|-------|
| QRS | 88 ms | < P |
| QT/QTcB | 388 / 425 ms | < T |
| PR | 122 ms | < QRS |
| P | 100 ms | |
| RR/PP | 832 / 830 ms | |
| P/QRS/T | 45 / 40 / 10 degrees | |
| QTd/QTcBd | 22 / 24 ms | |
| Sokolow | 1.4 mV | |
| NK | 10 | |



Unconfirmed report

The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mrs. Faazla

DATE :- 17/12/24

AGE/SEX :- 31/f

UHID :

EYE CHECK UP

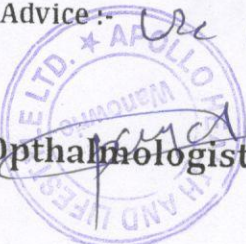
COMPLETE

REMEDICAL/OTHER

| | RIGHT EYE | LEFT EYE |
|--------------------------------|----------------------|------------------|
| Far Vision | 6/6 - 0.75 X 170° | 6/6 - plano - |
| Near Vision | N/6 | N/6 |
| Anterior Segment Pupil | NORMAL | NORMAL |
| Fundus | NORMAL | NORMAL |
| Colour Vision | NORMAL | NORMAL |
| Iop | NORMAL MA | NORMAL |
| Family History/Medical History | MA | |

IMPRESSION :- Astigmatism

Advice :- Use computer glasses


Ophthalmologist

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MRS.FAAZLA RIZVI Age/Sex :31/F Date : 17/02/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – no diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, minimal mitral regurgitation.

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

Tricuspid valve – NO tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

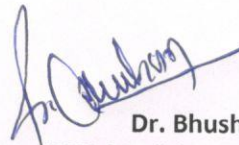
| Aorta | LA | IVS | PWD | LVIDd | LVIDs | LVEF |
|-------|----|-----|-----|-------|-------|------|
| 28 | 30 | 10 | 11 | 39 | 28 | 60% |

Conclusion:-

Normal chamber dimensions.

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

Normal PA pressure.



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

PATIENT CASE SHEET



Name: Foazla Rizvi Age: 31 Gender: F

Address: Pune

UHID / Emp Id: 134670

Ref. by Doctor

Treating Doctor
Apurva

Past Dental History: NAD

Past Medical History: NAD

Chief Complaint(s): Regular dental check-up

Investigation: RVG OPG CBCT

Patient Name : Mrs. FAAZLA RIZVI
UHID : CWAN.0000134670
Reported on : 17-02-2024 13:18
Adm/Consult Doctor :

Age : 31 Y F
OP Visit No : CWANOPV226638
Printed on : 17-02-2024 13:19
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

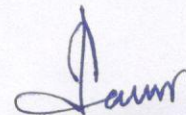
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:17-02-2024 13:18

---End of the Report---



Dr. SATINDER LAMBA
MBBS, DMRE
Radiology

| | | | |
|--------------------|---------------------|-------------|--------------------|
| Patient Name | : Mrs. FAAZLA RIZVI | Age | : 31 Y F |
| UHID | : CWAN.0000134670 | OP Visit No | : CWANOPV226638 |
| Reported on | : 17-02-2024 12:53 | Printed on | : 17-02-2024 12:56 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

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

Uterus measures 6.2 x 4.4 x 5.2 cms normal in size, shape and echo pattern. Endometrial echo-complex appears normal and measures 7.0mm.

Both ovaries appear normal in size, shape and echotexture. Right ovary : 2.9 x 2.0 cm. Left ovary : 2.2 x 1.8cm. No evidence of any adnexal pathology.

No free fluid / retroperitoneal lymphadenopathy seen.

IMPRESSION:-

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

TO BOOK AN APPOINTMENT

Patient Name : Mrs. FAAZLA RIZVI Age : 31 Y F
UHID : CWAN.0000134670 OP Visit No : CWANOPV226638
Reported on : 17-02-2024 12:53 Printed on : 17-02-2024 12:56
Adm/Consult Doctor : Ref Doctor : SELF


No significant abnormality detected.

Suggest – clinical correlation.

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

Printed on:17-02-2024 12:53

---End of the Report---


Dr. SATINDER LAMBA
(Ex-Major) Radiology
Reg. No. 2004 MBBS, DMRE
Radiology