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Certificate No. MC-5697

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:04PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

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

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

SIN No:VIR241003128
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. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.8**	g/dL	12-15	Spectrophotometer
PCV	**30.10**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**67.8**	fL	83-101	Calculated
MCH	**22.1**	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	**19.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46	%	40-80	Electrical Impedance
LYMPHOCYTES	**42.1**	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4181.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	**3826.89**	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	309.06	Cells/cu.mm	20-500	Calculated
MONOCYTES	736.29	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.09		0.78- 3.53	Calculated
PLATELET COUNT	**782000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**22**	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
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No hemoparasite seen

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

SIN No:VIR241003128
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DR.Sanjay Ingle
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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. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Consultant Pathologist

SIN No:VIR241003128

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 11:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:28PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 05:14PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	98	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	112	mg/dL	70-140	HEXOKINASE

Comment:

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

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

DR.Sanjay Ingle
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Consultant Pathologist

SIN No:VIR241003291

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 02:06PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	**6**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.

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

DR.Sanjay Ingle
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Consultant Pathologist

SIN No:VIR241003129

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 11:01AM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	63	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**33**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	**102.13**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.47		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

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

SIN No:VIR241003125

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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. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.97	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	**0.21**	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.71	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	61.80	U/L	30-120	IFCC
PROTEIN, TOTAL	8.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.85**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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

SIN No:VIR241003125

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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.46**	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	**11.88**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**5.6**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.4	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.53	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.85**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	22.58	U/L	<38	IFCC

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

SIN No:VIR241003125

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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. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.02	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.237	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

DR.Sanjay Ingle
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Consultant Pathologist

SIN No:VIR241003123
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:VIR241003123

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APOLLO CLINICS NETWORK

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:30PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:55PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003127

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

Apollo Health and Lifestyle Limited
1860 500 7788
www.apolloclinic.com

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:30PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:55PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003127
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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APOLLO CLINICS NETWORK

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:31PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:56PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003124
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:31PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:56PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies.Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Sneha Shah
Apollo Diagnostics

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003124
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs. PARUL SIYAR	Age	: 34Yrs 1Mths 17Days
UHID	: CVIM.0000246325	OP Visit No.	: CVIMOPV636811
Printed On	: 26-10-2024 03:47 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E34280		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF WHOLE ABDOMEN

Liver appears normal in size, shape and shows Grade I increased echogenicity. No focal lesion is noted.No e/o IHBR dilatation is seen.Portal vein apeears normal in size, flow & phasicity.
Hepatic veins & their confluence appears normal.

Gall bladder is partially distended. No obvious pericholecystic fluid is noted. Follow up scan in fasting state is advised for re-evaluation

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.
Left kidney shows a well-defined cystic lesion with no septae, vascularity ar present. It approx. measures 23 x 20 mm in lower pole. It shows few mural echogenic foci.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflective calculus or soft tissue mass noted.

Uterus is anteverted & normal in size. No focal lesion is seen. The endometrium is central with empty cavity. ET : 9-10 mm. Slighltly bulky ovaries with grossly normal morphology. No adnexal pathology noted. TVS would be more informative.

No obvious abdominal lymphadenopathy is seen. No e/o any free fluid noted.

Visualized bowel loops appear normal. No abnormal bowel wall thickening or bowel dilatation noted. Appendix, IC junction could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present. Follow up is advised

IMPRESSION:

Fatty infiltration of liver.
Left renal complex cyst (Bosniak type IIF)

Suggest :clinical correlation and further evaluation / imaging
This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.

---End Of The Report---

Dr.BHUSHANA SURYAWANSHI
MBBS, DMRE
2008 / 04 / 1111
Radiology

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Patient Name	: Mrs. PARUL SIYAR	Age	: 34Yrs 1Mths 17Days
UHID	: CVIM.0000246325	OP Visit No.	: CVIMOPV636811
Printed On	: 26-10-2024 05:36 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E34280		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

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

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Apollo HOSPITALS

Apollo Clinic

Name : Mrs. PARUL SIYAR		Age : 34Y 1M 16D	UHID : CVIM.0000246375
Address : Hadapsar Pune Maharashtra INDIA 411028		sex : Female	CVIM.0000246375
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT			OP No: CVIMOPV636411 Bill No: CVIM OCR-68276 Date: Oct 26th, 2024, 8:31 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		
2	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	
3	~~OPTHAL BY~~ GENERAL PHYSICIAN	Consultation	
4	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	
5	GAMMA GLUTAMYL TRANFERASE (GGT)	Biochemistry	
6	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	
7	GYNAECOLOGY CONSULTATION	Consultation	
8	DIET CONSULTATION	General	
9	~~BODY MASS INDEX (BMI)~~	General	
10	ECG	Cardiology	
11	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	
12	2 D ECHO	Cardiology	
13	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	
14	X-RAY CHEST PA	X Ray Radiology	
15	URINE GLUCOSE(FASTING)	Clinical Pathology	
16	LBC PAP TEST- PAPSURE Not willing	Histopathology	
17	~~FITNESS BY~~ GENERAL PHYSICIAN	Consultation	
18	GLUCOSE, POST PRANDIAL (PP)(2 HOURS (POST MEAL) - 2hrs	Biochemistry	
19	GLUCOSE, FASTING	Biochemistry	
20	ENT CONSULTATION	Consultation	
21	LIPID PROFILE	Biochemistry	
22	DENTAL CONSULTATION	Consultation	
23	HEMOGRAM + PERIPHERAL SMEAR	Haematology	
24	PERIPHERAL SMEAR	Haematology	
25	COMPLETE URINE EXAMINATION	Clinical Pathology	
26	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	
27	LIVER FUNCTION TEST (LFT)	Biochemistry	

Niacinamide - Bill not done

vitamin D
vitamin 12 } Bill done

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Parul Siyar on _____

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. Low Hb, Vit D, B12 def. 2. Fatty liver, Bosniah + DF 3. _____ However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	
• Currently Unfit. Review after _____ recommended	
• Unfit	

Dr. Alia Fatima
M.B.B.S.
Registration No. 2023/01/200

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Apollo HOSPITALS

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Date	: 10/26/2024	Department	: General Practice
Patient Name	: Mrs. PARUL SIYAR	Doctor	: Dr.ALIA FATHIMA
UHID	: CVIM.0000246325	Registration No.	: 9050
Age / Gender	: 34Yrs 1Mths 16Days / Female	Qualification	: MBBS
Consulation Timing	: 8:33 AM		

Height : 159	Weight : 81	BMI : 32	Waist Circum : 102
Temp : 96.9 F	Pulse : 77	Resp : 18	B.P : 110/70

General Examination / Allergies History

O/E: conscious oriented

R/S
PNS
P/A
CNS
NAD

Clinical Diagnosis & Management Plan

HC

No c/o at present

Past h/o: PCOS

Sx h/o: nil

Fam h/o: Parents: S.HTN DM

~~[illegible]~~ Occasional dizziness

Dust allergy

Diet: veg

Adv :- V1+B12, V1+D3

- Post report consultation
- lifestyle modifications

Follow up date:

Dr. Alia Fathima
M.B.B.S.
Registration No. 2023/09050

Doctor Signature

Apollo HOSPITALS

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Date	: 10/26/2024	Department	: ENT
Patient Name	: Mrs. PARUL SIYAR	Doctor	: Dr.SHIRISH S SHELKE
UHID	: CVIM.0000246325	Registration No.	: 2006020512
Age / Gender	: 34Yrs 1Mths 16Days / Female	Qualification	: MBBS, DLO (ENT)
Consulation Timing	: 8:34 AM		

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE: 26/10/24

NAME:- PARUL SIYAR

AGE:- 28 yrs

CORPORATE:- Accenture

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Silt lamp exam.	Normal	Normal

Impression – Normal Eye Check Up.

(Ophthalmology)

27/10/24

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Parul Siyar 34 y.

P1L1 - OP / 4½ y / FTND.

P/H 5/10/24
25/10/24.

O/H P1L1 - OP / 4½ y / FTND

F/H NAD

B/L Breast - NAD

Adv
- FIO SOS

DR. DEEPALI AMOL GALGE
M.B.B.S.,D.G.O.,D.N.B.
OBSTETRICIAN & GYNAECOLOGIST
Reg.No.:2003093485

Mrs. Pearl Siyar

Sir

DMG (L)

East Jaintia

Hills

246325 parul siyar 26-Oct-24 10:10:18 AM
34 Years Female

Rate	87	. Sinus rhythm.....normal P axis, V-rate 50- 99
		. Low voltage, precordial leads.....precordial leads <1.0mV
PR	159	. Baseline wander in lead(s) V4
QRSD	82	
QT	383	
QTc	461	

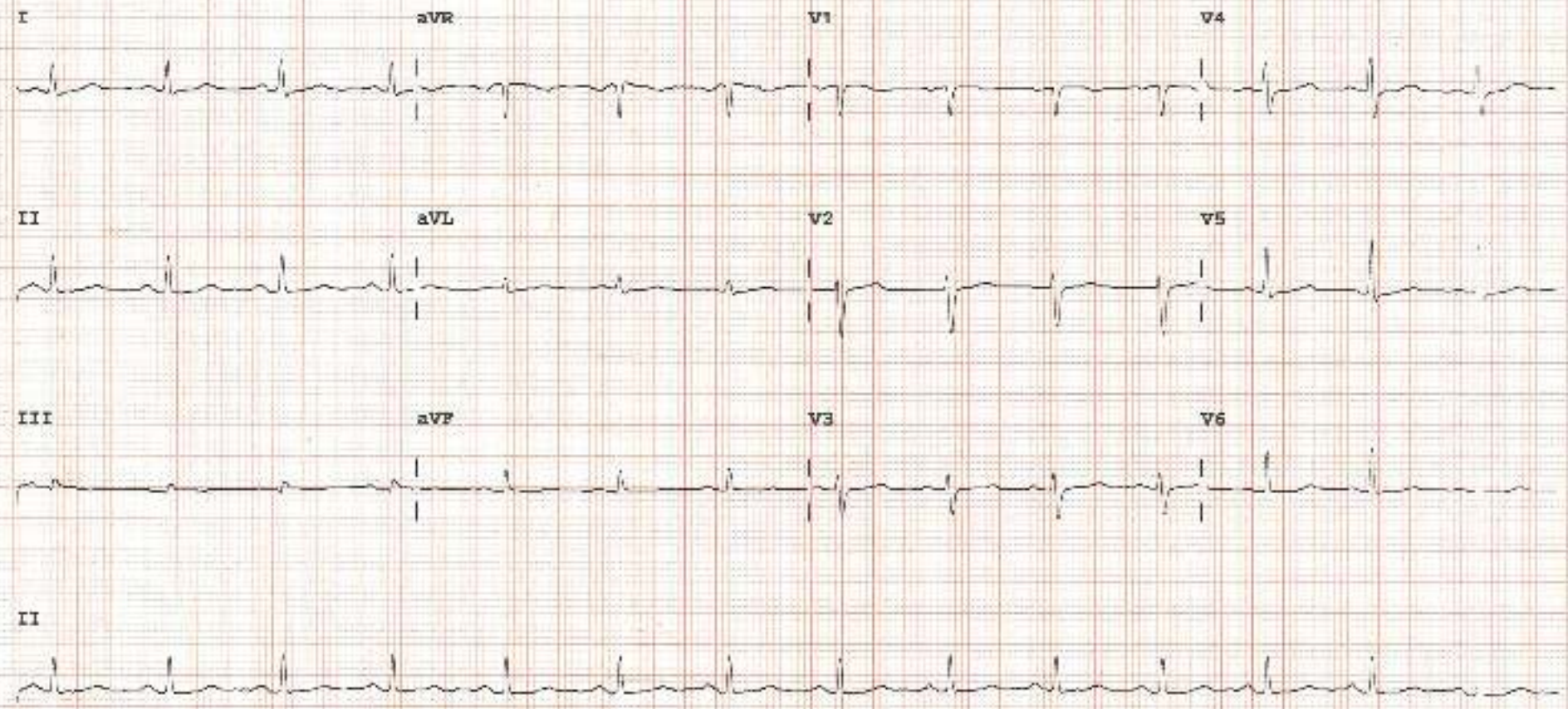
--AXIS--

P	38
QRS	40
T	18

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50~ 40 Hz W PH100B

PHILIPS

Apollo

Certificate No: MC-5697

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:38AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:04PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

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

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

SIN No:VIR241003128
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune. Diagnostics Lab

Apollo Health and Lifestyle Limited CIN: L85110TG2000PLC115019
Regd. Office: 1-10-165/2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500016
www.apollohl.com | Email: investor@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744
Apollo Health and Lifestyle Limited, Shop No. 51 & 52 1st Floor, Building "C", Aman Nagar, Pune, Maharashtra, India - 411014
1860 500 778
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Certificate No: MC-5697

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:38AM
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Erp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.8**	g/dL	12-15	Spectrophotometer
PCV	**30.10**	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.44	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	**67.8**	fL	83-101	Calculated
MCH	**22.1**	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	**19.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46	%	40-80	Electrical Impedance
LYMPHOCYTES	**42.1**	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4181.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	**3826.89**	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	309.06	Cells/cu.mm	20-500	Calculated
MONOCYTES	736.29	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.09		0.78- 3.53	Calculated
PLATELET COUNT	**782000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**22**	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

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

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

SIN No:VTR241003128
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Apollo Health and Lifestyle Limited CIN: U85110TG2008PLC119181
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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:04PM
Visit ID	: CVIMOPV636611	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

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:VTR241003128

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC158191)
Legal Office: 5-10-65/2, Adeeb Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500016
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Apollo TOUCHING LIVES

Certificate No: MC-5697

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:04PM
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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. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

SIN No:VTR241003128

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

Apollo Health and Lifestyle Limited (CIN: L85110TG2000PLC115810)
Legal Office: 5-10-65/2, Ashoka Rajyalaxmi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500016 | www.apollohls.com | Email: Wecare@apollohls.com, Ph No: 040-4904 7777, Fax No: 4904 7744
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APOLLO CLINICS WITH ...

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 11:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:28PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 05:14PM
Visit ID	: CVIMOPV636911	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	98	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	112	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:VIR241003291

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

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 10:50AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 02:06PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22F34280		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.

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

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

SIN No:VTR241003129

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

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Hyd Mindspace Premises, Cooperative Society Limited, Survey No.64 & 66 Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014
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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 11:01AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:08PM
Visit ID	: CVIMOPV698811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22F34280		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	63	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**33**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	**102.13**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.47		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

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

SIN No:VIR241003125
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 28/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 28/Oct/2024 11:01AM
UHID/MR No	: CVIM.0000246325	Reported	: 28/Oct/2024 12:08PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.97	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	**0.21**	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.71	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	61.80	U/L	30-120	IFCC
PROTEIN, TOTAL	8.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.85**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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

SIN No:VIR241003125

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

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 11:01AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:08PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.46**	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	**11.88**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**5.6**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.4	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.53	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.14	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	**3.85**	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

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

SIN No:VIR241003125
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 11:01AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:08PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	22.58	U/L	<38	IFCC

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

SIN No:VIR241003125

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

Apollo Health and Lifestyle Limited CIN: L85110TG2000PLC115819
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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:38AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 11:00AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:08PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22ES4280		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.02	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.237	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 hyputhyroidism 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

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

SIN No:VIR241003123

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

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 11:00AM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 12:08PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:VTR241003123

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

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:30PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:55PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003127
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:30PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:55PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VLR241003127
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 18 D/F	Received	: 26/Oct/2024 03:31PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:56PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR24J003124
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 08:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:31PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 03:56PM
Visit ID	: CVIMOPV636811	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E34280		

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies.Laboratories not be responsible for any interpretation whatsoever.
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4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003124
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Certificate No: MC-5697

Patient Name	: Mrs.PARUL SIYAR	Collected	: 28/Oct/2024 11:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 28/Oct/2024 03:05PM
UHID/MR No	: CVIM.0000246325	Reported	: 28/Oct/2024 04:07PM
Visit ID	: CVIMOPV636877	Status	: Final Report
Ref Doctor	: Dr.ALIA FATHIMA	Centre Name	: CNEHUB VIMAN NAGAR

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D), *SERUM*	12.98	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12, *SERUM*	**100**	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003290

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115019)
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Certificate No: MC-5697

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Patient Name	: Mrs.PARUL SIYAR	Collected	: 26/Oct/2024 11:39AM
Age/Gender	: 34 Y 1 M 16 D/F	Received	: 26/Oct/2024 03:05PM
UHID/MR No	: CVIM.0000246325	Reported	: 26/Oct/2024 04:07PM
Visit ID	: CVIMOPV636877	Status	: Final Report
Ref Doctor	: Dr.ALIA FATHIMA	Centre Name	: ONEHUB VIMAN NAGAR

DEPARTMENT OF IMMUNOLOGY

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003290

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

Apollo Health and Lifestyle Limited (CIN: U85110TG2000PLC115819)
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Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241003290
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Patient Name	: Mrs. PARUL SIYAR	Age	: 34Yrs 1Mths 17Days
UHID	: CVIM.0000246325	OP Visit No.	: CVIMOPV635811
Printed On	: 26-10-2024 05:35 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E342BC		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

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

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Apollo Clinic
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Patient Name	: Mrs. PARUL SIYAR	Age	: 34Yrs 1Mths 17Days
UHID	: CVIM0000246325	OP Visit No.	: CVIMOPV636511
Printed On	: 26-10-2024 03:47 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E34280		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF WHOLE ABDOMEN

Liver appears normal in size, shape and shows Grade I increased echogenicity. No focal lesion is noted.No e/o IHBR dilatation is seen.Portal vein apeears normal in size, flow & phasicity.
Hepatic veins & their confluence appears normal.

Gall bladder is partially distended. No obvious pericholecystic fluid is noted. Follow up scan in fasting state is advised for re-evaluation

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.
Left kidney shows a well-defined cystic lesion with no septae, vascularity ar present. It approx. measures 23 x 20 mm in lower pole. It shows few mural echogenic foci.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflective calculus or soft tissue mass noted.

Uterus is anteverted & normal in size. No focal lesion is seen. The endometrium is central with empty cavity. ET : 9-10 mm. Slightly bulky ovaries with grossly normal morphology. No adnexal pathology noted. TVS would be more informative.

No obvious abdominal lymphadenopathy is seen. No c/o any free fluid noted.

Visualized bowel loops appear normal. No abnormal bowel wall thickening or bowel dilatation noted. Appendix, IC junction could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present. Follow up is advised

IMPRESSION:

Fatty infiltration of liver.
Left renal complex cyst (Bosniak type IIF)

Suggest :clinical correlation and further evaluation / imaging
This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.

---End Of The Report---

Dr.BHUSHANA SURYAWANSHI
MBBS, DMRE
2008 / 04 / 1111
Radiology

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CONSENT FORM

Patient Name: Parul Sayar Age: 34

UHID Number: ..... Company Name: Bank of Baroda

I Mr/Mrs/Ms Parul Sayar Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting pap smear + Dental checkup + Diet

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

And I claim the above statement in my full consciousness.

Patient Signature: ..... Date: 25/10/2019

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2D ECHO/COLOUR DOPPLER

NAME	PARUL SIYAR
AGE & SEX	34 /FEMALE
DATE	26/10/2024
REF:	

AO-25mm; LA-27 mm; IVS- 10mm; LVIDd-46 mm; PW-10mm; LVIDS: 25mm; LVEF-60%.

MITRAL VALVE: Normal leaflets. No MR

AORTIC VALVE: Normal leaflets.

TRICUSPID VALVE: Normal tricuspid leaflets. No tricuspid regurgitation.

PULMONARY VALVE: Normal leaflets. Normal gradients. No Pulmonary Regurgitation.

LEFT VENTRICLE: : Normal LV size & normal wall thickness.Uniform contractility.Normal LV Systolic Function,LVEF-60%.

PERICARDIUM: Normal

RA & RV: Normal .

IVS & IAS: Intact IAS. No flow seen across it.

IMPRESSION:

NORMAL LV SYSTOLICFUNCTION..LVEF-60%.

NO PAH

DR. PRAMOD NARKHEDE

CONSULTANT INTERVENTIONAL CARDIOLOGIST

MBBS, DNB (MEDICINE). DNB (CARDIOLOGY),F.S.C.A.I, F,I,S,H.

MMC NO 2004/ 09 / 3195