

|              |                     |           |                       |
|--------------|---------------------|-----------|-----------------------|
| Patient Name | : Mrs.DEEPIKA MEENA | Collected | : 19/Feb/2024 12:31PM |
| Age/Gender   | : 36 Y 8 M 26 D/F   | Received  | : 19/Feb/2024 03:56PM |
| UHID/MR No   | : CWAN.0000052226   | Reported  | : 19/Feb/2024 04:51PM |
| Visit ID     | : CWANOPV226760     | Status    | : Final Report        |
| Ref Doctor   | : Dr.SELF           |           |                       |

**DEPARTMENT OF IMMUNOLOGY**

**ALP VITAMIN PANEL - LEVEL 1**

| Test Name                                    | Result | Unit  | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| <b>VITAMIN D (25 - OH VITAMIN D) , SERUM</b> | 20.44  | 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. Range | Method |
|----------------------------|--------|-------|-----------------|--------|
| <b>VITAMIN B12 , SERUM</b> | 127    | pg/mL | 120-914         | CLIA   |

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,



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

SIN No: SPL24028389

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





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**DEPARTMENT OF IMMUNOLOGY**

**ALP VITAMIN PANEL - LEVEL 1**

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. 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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

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



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| Age/Gender : 36 Y 8 M 26 D/F     | Received : 19/Feb/2024 11:48AM             |
| UHID/MR No : CWAN.0000052226     | Reported : 19/Feb/2024 12:43PM             |
| Visit ID : CWANOPV226719         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 100635         |  |

**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:BED240042445

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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                         |
|--|---------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |         |                         |                 |                                |
| HAEMOGLOBIN                                | 12.3    | g/dL                    | 12-15           | Spectrophotometer              |
| PCV  | 36.20   | %                       | 36-46           | Electronic pulse & Calculation |
| RBC COUNT                                  | 4.14    | Million/cu.mm           | 3.8-4.8         | Electrical Impedence           |
| MCV  | 87.4    | fL                      | 83-101          | Calculated                     |
| MCH  | 29.7    | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 34      | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 14      | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 5,770   | cells/cu.mm             | 4000-10000      | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |         |                         |                 |                                |
| NEUTROPHILS                                | 52.9    | %                       | 40-80           | Electrical Impedence           |
| LYMPHOCYTES                                | 37.1    | %                       | 20-40           | Electrical Impedence           |
| EOSINOPHILS                                | 2.2     | %                       | 1-6             | Electrical Impedence           |
| MONOCYTES                                  | 7.7     | %                       | 2-10            | Electrical Impedence           |
| BASOPHILS                                  | 0.1     | %                       | <1-2            | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |         |                         |                 |                                |
| NEUTROPHILS                                | 3052.33 | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2140.67 | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 126.94  | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 444.29  | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 5.77    | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 1.43    |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 242000  | cells/cu.mm             | 150000-410000   | Electrical impedence           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 18      | mm at the end of 1 hour | 0-20            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                    |         |                         |                 |                                |

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



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Certificate No: M16681

### DEPARTMENT OF HAEMATOLOGY

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

**No Abnormal cells/hemoparasite seen.**



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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                      |
|---|----------|------|-----------------|-----------------------------|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |                             |
| BLOOD GROUP TYPE  | O        |      |                 | Microplate Hemagglutination |
| Rh TYPE   | Positive |      |                 | Microplate Hemagglutination |



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| UHID/MR No : CWAN.0000052226     | Reported : 19/Feb/2024 02:12PM             |
| Visit ID : CWANOPV226719         | Status : Final Report                      |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 84     | mg/dL | 70-100          | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

| Test Name  | Result | Unit  | Bio. Ref. Range | Method     |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 91     | mg/dL | 70-140          | HEXOKINASE |

Comment:

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

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

| Test Name   | Result | Unit  | Bio. Ref. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.6    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 114    | mg/dL |                 | Calculated |



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**DEPARTMENT OF BIOCHEMISTRY**

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

**Comment:**

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

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

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

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



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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                     |
|------------------------------|--------------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |              |       |                 |                            |
| TOTAL CHOLESTEROL            | 132          | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | <b>184</b>   | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | <b>30</b>    | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 103          | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 65.94        | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | <b>36.72</b> | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 4.45         |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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.



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SIN No:SE04634003

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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             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.40   | mg/dL | 0.3–1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.08   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.32   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 18.8   | U/L   | <35             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 17.0   | U/L   | <35             | IFCC               |
| ALKALINE PHOSPHATASE                     | 82.21  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 6.93   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.20   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.73   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 1.54   |       | 0.9-2.0         | Calculated         |

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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**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                   |
|---|--------------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |              |        |                 |                          |
| CREATININE  | 0.61         | mg/dL  | 0.55-1.02       | Modified Jaffe, Kinetic  |
| UREA  | <b>11.92</b> | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | <b>5.6</b>   | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 4.37         | mg/dL  | 2.6-6.0         | Uricase PAP              |
| CALCIUM   | <b>8.60</b>  | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 4.14         | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 139.21       | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.4          | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 103.87       | mmol/L | 101-109         | ISE (Indirect)           |



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| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 100635         |  |

**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 |
|---|--------|------|-----------------|--------|
| <b>GAMMA GLUTAMYL<br/>TRANSEPTIDASE (GGT) , SERUM</b> | 13.22  | U/L  | <38             | IFCC   |



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

SIN No:SE04634003

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





|                                  |  |
|----------------------------------|--|
| Patient Name : Mrs.DEEPIKA MEENA | Collected : 19/Feb/2024 08:28AM            |
| Age/Gender : 36 Y 8 M 26 D/F     | Received : 19/Feb/2024 11:59AM             |
| UHID/MR No : CWAN.0000052226     | Reported : 19/Feb/2024 12:46PM             |
| Visit ID : CWANOPV226719         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 100635         |  |

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 |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 0.75   | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 9.67   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 2.813  | 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: SPL24027882

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





|                 |                     |              |                               |
|-----------------|---------------------|--------------|-------------------------------|
| Patient Name    | : Mrs.DEEPIKA MEENA | Collected    | : 19/Feb/2024 08:28AM         |
| Age/Gender      | : 36 Y 8 M 26 D/F   | Received     | : 19/Feb/2024 02:26PM         |
| UHID/MR No      | : CWAN.0000052226   | Reported     | : 19/Feb/2024 03:03PM         |
| Visit ID        | : CWANOPV226719     | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF           | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 100635            |              |                               |

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                     |
|--|-------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                  |                            |
| 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           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GLUCOSE OXIDASE            |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING REACTION      |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | SODIUM NITRO PRUSSIDE      |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | MODIFIED EHRlich REACTION  |
| BLOOD  | NEGATIVE    |      | NEGATIVE         | Peroxidase                 |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Diazotization              |
| LEUCOCYTE ESTERASE                                   | POSITIVE +  |      | NEGATIVE         | LEUCOCYTE ESTERASE         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 6 - 7       | /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                 |



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

SIN No: UR2286076

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





|                                  |  |
|----------------------------------|--|
| Patient Name : Mrs.DEEPIKA MEENA | Collected : 19/Feb/2024 08:28AM            |
| Age/Gender : 36 Y 8 M 26 D/F     | Received : 19/Feb/2024 02:27PM             |
| UHID/MR No : CWAN.0000052226     | Reported : 19/Feb/2024 02:42PM             |
| Visit ID : CWANOPV226719         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 100635         |  |

**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 |

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



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


SIN No: UF010616

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





meenadeepika234@gmail.com

|   |   |   |
|---|---|---|
| <b>Name</b> : Mrs. DEEPIKA MEENA<br><br><b>Address</b> : H-19, GREEN ACRES SOC, SALUNKHE VIHAR RD.<br><br><b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT | <b>Age</b> : 36 Y<br><br><b>Sex</b> : F | <b>UHID</b> :CWAN.0000052226<br><br><b>OP Number</b> :CWANOPV226719<br><b>Bill No</b> :CWAN-OCR-50258<br><b>Date</b> : 19.02.2024 08:18 |
|---|---|---|

| Sno                                 | Service Type/ServiceName  | Department |
|-------------------------------------|---|------------|
| 1                                   | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 |            |
| <input checked="" type="checkbox"/> | URINE GLUCOSE(FASTING)  |            |
| <input checked="" type="checkbox"/> | GAMMA GLUTAMYL TRANSFERASE (GGT)  |            |
| <input checked="" type="checkbox"/> | HbA1c, GLYCATED HEMOGLOBIN  |            |
|                                     | 4 2 D ECHO  |            |
| <input checked="" type="checkbox"/> | LIVER FUNCTION TEST (LFT)   |            |
| <input checked="" type="checkbox"/> | X-RAY CHEST PA  |            |
| <input checked="" type="checkbox"/> | GLUCOSE, FASTING  |            |
| <input checked="" type="checkbox"/> | HEMOGRAM + PERIPHERAL SMEAR   |            |
|                                     | 9 ENT CONSULTATION  |            |
|                                     | 10 FITNESS BY GENERAL PHYSICIAN   |            |
|                                     | 11 GYNAECOLOGY CONSULTATION   |            |
|                                     | 12 DIET CONSULTATION  |            |
| <input checked="" type="checkbox"/> | COMPLETE URINE EXAMINATION  |            |
| <input checked="" type="checkbox"/> | URINE GLUCOSE(POST PRANDIAL)  |            |
| <input checked="" type="checkbox"/> | PERIPHERAL SMEAR  |            |
| <input checked="" type="checkbox"/> | ECG   |            |
| <input checked="" type="checkbox"/> | BLOOD GROUP ABO AND RH FACTOR   |            |
| <input checked="" type="checkbox"/> | LIPID PROFILE   |            |
|                                     | 19 BODY MASS INDEX (BMI)  |            |
|                                     | 20 LBC PAP TEST- PAPSURE  |            |
| <input checked="" type="checkbox"/> | OPHTHAL BY GENERAL PHYSICIAN  |            |
| <input checked="" type="checkbox"/> | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)   |            |
| <input checked="" type="checkbox"/> | ULTRASOUND - WHOLE ABDOMEN  |            |
| <input checked="" type="checkbox"/> | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)   |            |
| <input checked="" type="checkbox"/> | DENTAL CONSULTATION   |            |
| <input checked="" type="checkbox"/> | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)  | 11:00 am   |

h:- 160  
 w:- 77kg  
 bp:- 110/70





## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Deepika Meena on 21/2/2024

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

|  | Tick |
|--|------|
| <ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>  | /    |
| <ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"> <li>1. <u>Mild Dyslipidemia &amp; Grade I Fatty Liver</u></li> <li>2. <u>Low Vit D3 levels</u></li> <li>3. <u>E.C.G - non-specific T wave changes</u></li> </ol> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>3m / Stress Test</u></p> | ✓    |
| <ul style="list-style-type: none"> <li>• Currently Unfit.<br/>Review after _____ recommended</li> </ul>  |      |
| <ul style="list-style-type: none"> <li>• Unfit</li> </ul>  |      |

Dr. Mushfiya  
 Medical Officer  
 The Apollo Clinic, (Location)  
**DR. MUSHFIYA BAHRAINWALA**

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

**MBBS**  
 Reg. No.: 47527  
 Apollo Clinic Wankar  
 NIBM Road, Kondl.wa.



Date : 19-02-2024

Department : GENERAL

MR NO : CWAN.0000052226

Doctor :

Name : Mrs. DEEPIKA MEENA

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 08:18

|          |          |        |                |
|----------|----------|--------|----------------|
| Height : | Weight : | BMI :  | Waist Circum : |
| Temp :   | Pulse :  | Resp : | B.P : 110/70   |

General Examination / Allergies  
History

CC - TDM  
Mousp. TDM  
Lead II  
ECG TMT

Clinical Diagnosis & Management Plan

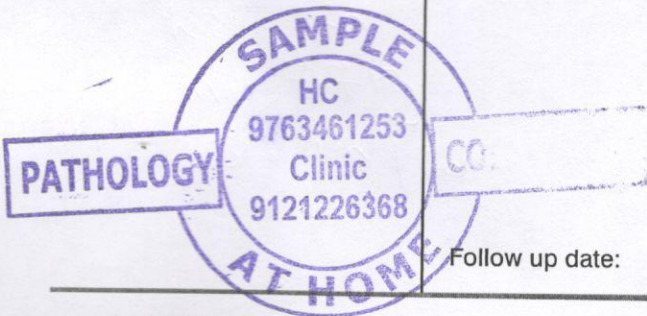
NO major illness. *cently*

CS  
B  
PA  
CM

muscul pains | A/C normal

Review after Lab Reports

**Dr. S. G. Kulkarni**  
M.D. (Medicine)  
Regd. No.: 26273





Follow up date:

Doctor Signature

**Apollo Clinic, Wanowrie**

\*AMBA VATICAN\* Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Taluka Haveli,  
Pune, Pin: 411048 | Phone: (020) 2683 0291/95

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Whatsapp Number : 970 100 3333

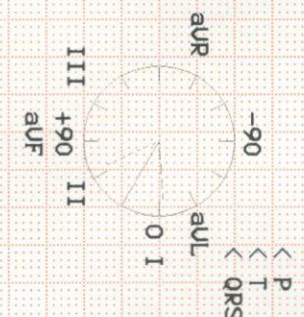
Toll Number : 1860 500 7788

Website : www.apolloclinic.com



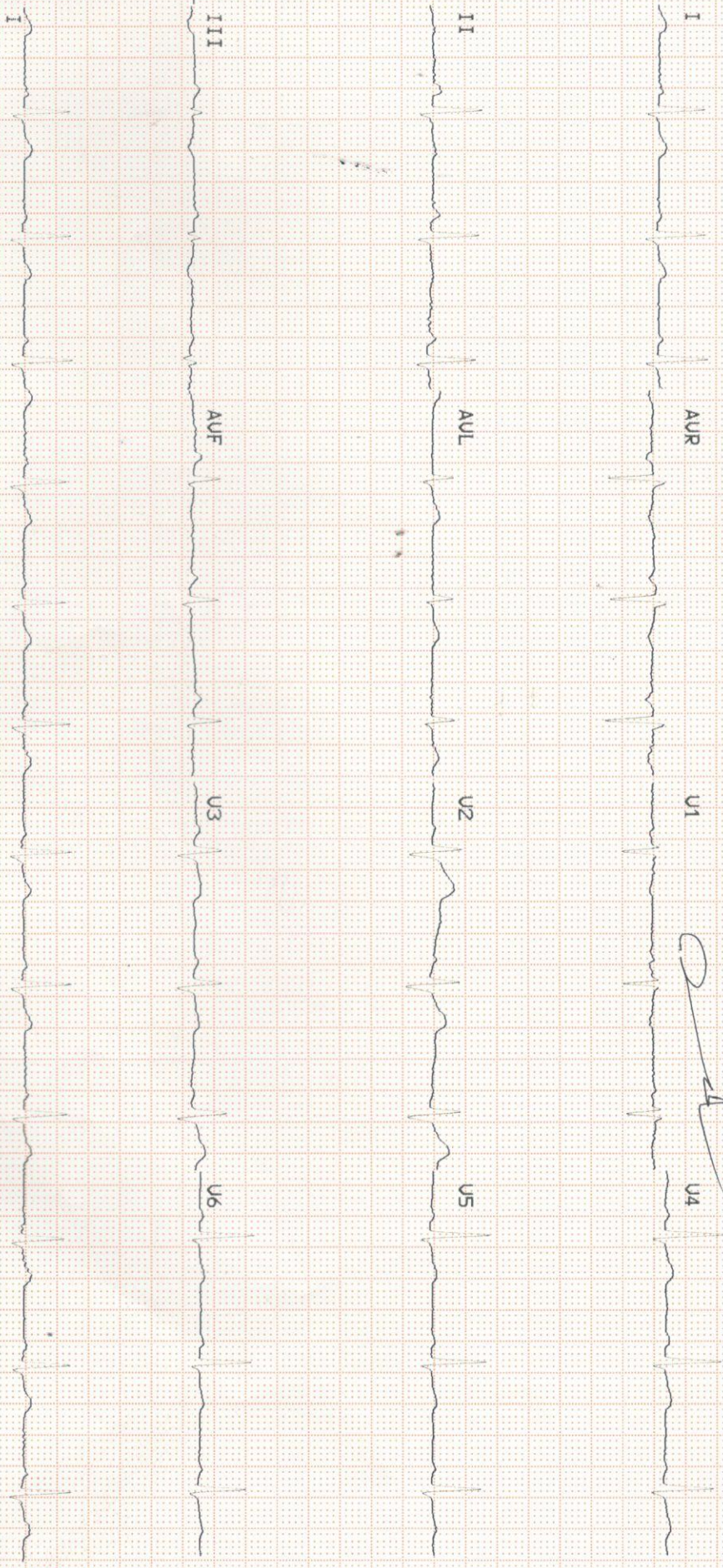
Measurement Results:

|           |                      |
|-----------|----------------------|
| QRS       | 106 ms               |
| QT/QTcB   | 376 / 419 ms         |
| PR        | 136 ms               |
| P         | 106 ms               |
| RR/PP     | 804 / 800 ms         |
| P/ORS/T   | 65 / 30 / -5 degrees |
| QTd/QTcBD | 42 / 47 ms           |
| Sokolow   | 1.3 mV               |
| NK        | 10                   |



Interpretation:

RSR' pattern  
 R/S inversion area between U1 and U2  
 borderline ECG



*adv*  
*non specific*  
*usage*  
*change*

Unconfirmed report  
**Dr. S. G. Kulkarni**  
 M.D. (Medicine)  
 Regd. No.: 25273



**The Apollo Clinic**

Wanowrie  
Pune-411048

PATIENT NAME :- *Deepika Meena*

DATE :- *19/2/24*

AGE/SEX :- *36/9 F*

UHID :

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

|                                | RIGHT EYE          | LEFT EYE           |
|--------------------------------|--------------------|--------------------|
| Far Vision                     | 6/6<br><i>pluo</i> | 6/6<br><i>pluo</i> |
| Near Vision                    | N/6                | N/6                |
| Anterior Segment Pupil         | NORMAL ✓           | NORMAL             |
| Fundus                         | NORMAL ✓           | NORMAL             |
| Colour Vision                  | NORMAL ✓           | NORMAL             |
| Iop                            | NORMAL <i>NA</i>   | NORMAL             |
| Family History/Medical History | <i>NA</i>          |                    |

IMPRESSION:- *Emmetropic / Ans (Refresh tears)*

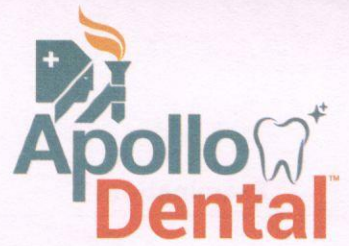
Advice :- *use computer glasses*

*[Signature]*  
Ophthalmologist





# PATIENT CASE SHEET



Name: Deepika Neema Age: 36 Gender: F

Address: Pune

UHID / Emp Id: 52226

Ref. by Doctor

Treating Doctor

Apurva

## Past Dental History:

H/O Ex<sup>m</sup> + RCT

## Past Medical History:

NAD

## Chief Complaint(s):

Regular dental checkup.

## Investigation:

RVG

OPG

CBCT

Patient Name : Mrs. DEEPIKA MEENA  
UHID : CWAN.0000052226  
Reported on : 20-02-2024 10:51  
Adm/Consult Doctor :

Age : 36 Y F  
OP Visit No : CWANOPV226719  
Printed on : 20-02-2024 10:52  
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 .

Both diaphragms are normal in position and contour .

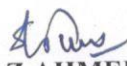
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

**No obvious abnormality seen.**

Printed on:20-02-2024 10:51

---End of the Report---

  
**Dr. SHAAZ AHMED KHAN**  
MBBS,DMRE  
Radiology



|                    |                      |             |                    |
|--------------------|----------------------|-------------|--------------------|
| Patient Name       | : Mrs. DEEPIKA MEENA | Age         | : 36 Y F           |
| UHID               | : CWAN.0000052226    | OP Visit No | : CWANOPV226719    |
| Reported on        | : 19-02-2024 14:06   | Printed on  | : 19-02-2024 14:13 |
| Adm/Consult Doctor | :                    | Ref Doctor  | : SELF             |

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and shows fatty change. 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 periGB collection. 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 hydronephrosis seen on either side.

**Right kidney shows a 5 mm calculus in the upper group of calyces**

**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 9.2 x 4.1 x 5.3 cm appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm.

**Both ovaries** appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

No free fluid is detected in abdomen.



Patient Name : Mrs. DEEPIKA MEENA  
UHID : CWAN.0000052226  
Reported on : 19-02-2024 14:06  
Adm/Consult Doctor :

Age : 36 Y F  
OP Visit No : CWANOPV226719  
Printed on : 19-02-2024 14:13  
Ref Doctor : SELF

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.

**IMPRESSION:**

**Grade I fatty liver.**

**Non obstructive right renal calculus (5 mm)**


**Rest of the study within normal limits.**

**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:19-02-2024 14:06

---End of the Report---

  
**Dr. SHAAZ AHMED KHAN**  
MBBS,DMRE  
Radiology

## Pending Test Form

I, Mrs. Deepika Meeha visiting from  
Arcofemi Company for health check.

UHID: - 52226 ; Date: - 19/2/24.

This is a consent form to inform you that I do not wish to do this test.

LBC PAP, 2D Echo, ENT, Gynaecology Con, Diet con., Fitness.

Or will be doing their test later on \_\_\_\_\_.

Signature: - \_\_\_\_\_.

