

Patient Name : Mrs.DEEPLAXMI ANKUSH NATE	Collected : 30/Oct/2024 11:00AM
Age/Gender : 38 Y 11 M 21 D/F	Received : 30/Oct/2024 03:14PM
UHID/MR No : CPIM.0000111175	Reported : 30/Oct/2024 04:20PM
Visit ID : CPIMOPV170111	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36991	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes+  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.  
Impression: Microcytic hypochromic anemia  
Advice: Iron studies



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:PPR241004457

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	10.6	g/dL	12-15	Spectrophotometer
PCV	32.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.28	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	61.8	fL	83-101	Calculated
MCH	20	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	20.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,730	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50.6	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4417.38	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3492	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	305.55	Cells/cu.mm	20-500	Calculated
MONOCYTES	471.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.65	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.27		0.78- 3.53	Calculated
PLATELET COUNT	375000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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MBBS, MD (Pathology)  
Consultant Pathologist

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

Advice: Iron studies

  
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**DEPARTMENT OF HAEMATOLOGY**

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.DEEPLAXMI ANKUSH NATE	Collected : 30/Oct/2024 12:03PM
Age/Gender : 38 Y 11 M 21 D/F	Received : 30/Oct/2024 03:26PM
UHID/MR No : CPIM.0000111175	Reported : 30/Oct/2024 04:13PM
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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
GLUCOSE, FASTING , NAF PLASMA	122	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)	138	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.



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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	160	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)



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	147	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>37</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>147</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>117.57</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.33	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.02</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.24</b>		<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



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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.24	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.2	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	68.82	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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 > 1 In 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 Patten:\*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.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.56	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>16.72</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>2.26</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.07	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.54	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.62	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.84	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.17	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.442	µIU/mL	0.34-5.60	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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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
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE+++		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1 - 2	/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.



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DEPARTMENT OF CLINICAL PATHOLOGY

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SIN No:PPR241004452

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Patient Name : Mrs.DEEPLAXMI ANKUSH NATE	Collected : 30/Oct/2024 11:00AM
Age/Gender : 38 Y 11 M 21 D/F	Received : 30/Oct/2024 03:43PM
UHID/MR No : CPIM.0000111175	Reported : 30/Oct/2024 04:09PM
Visit ID : CPIMOPV170111	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36991	

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)	POSITIVE +++		NEGATIVE	GOD-POD

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



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

SIN No:PPR241004455

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



Patient Name : Mrs.DEEPLAXMI ANKUSH NATE	Collected : 30/Oct/2024 05:36PM
Age/Gender : 38 Y 11 M 21 D/F	Received : 01/Nov/2024 11:05AM
UHID/MR No : CPIM.0000111175	Reported : 02/Nov/2024 07:09PM
Visit ID : CPIMOPV170111	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36991	

DEPARTMENT OF CYTOLOGY

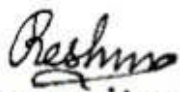
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP SMEAR , CERVICAL SAMPLE

	<b>CYTOLOGY NO.</b>	24092/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	FUNGAL ORGANISMS MORPHOLOGICALLY CONSISTENT WITH CANDIDA SPP
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH CANDIDIASIS

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

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



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist



SIN No: PPR241004483

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

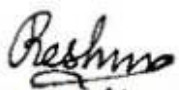


Patient Name : Mrs.DEEPLAXMI ANKUSH NATE  
Age/Gender : 38 Y 11 M 21 D/F  
UHID/MR No : CPIM.0000111175  
Visit ID : CPIMOPV170111  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E36991

Collected : 30/Oct/2024 05:36PM  
Received : 01/Nov/2024 11:05AM  
Reported : 02/Nov/2024 07:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting 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 particulars 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.



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist



CAP  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No: PPR241004483

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Shop No.: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),  
Pune, Maharashtra, India - 411004

 1860 500 7788  
www.apolloclinic.com

---

Patient Name	: Mrs. DEEPLAXMI ANKUSH NATE	Age	: 38Yrs 11Mths 22Days
UHID	: CPIM.0000111175	OP Visit No.	: CPIMOPV170111
Printed On	: 30-10-2024 07:16 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36991		

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## DEPARTMENT OF RADIOLOGY

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**Liver** appears normal in size and **bright** echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. **Sludge noted** Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

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

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

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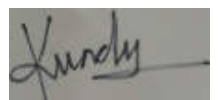
**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.7 mm. No intra/extra uterine gestational sac seen

**Both ovaries** appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

**IMPRESSION:-**  
**GRADE I FATTY LIVER**  
**GB SLUDGE**

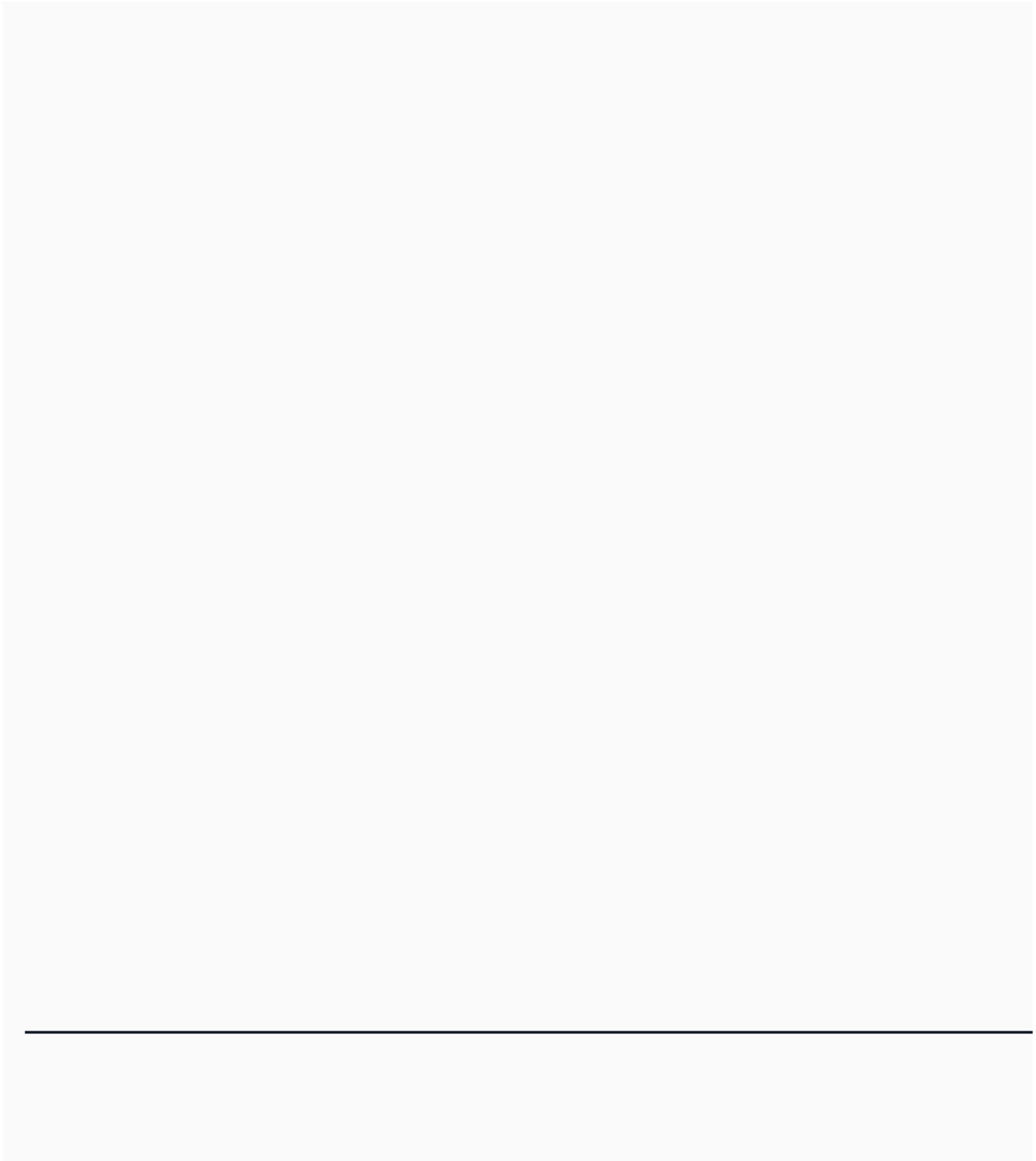
(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr. KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031

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Patient Name : Mrs. DEEPLAXMI ANKUSH NATE Age : 38Yrs 11Mths 22Days  
UHID : CPIM.0000111175 OP Visit No. : CPIMOPV170111  
Printed On : 30-10-2024 06:20 AM Advised/Pres Doctor : --  
Department : Cardiology Qualification : --  
Referred By : Self Registration No. : --  
Employeer Id : 22E36991

---

**DEPARTMENT OF CARDIOLOGY**

---

***2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY***

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

All cardiac chambers are normal in dimensions

No LV regional wall motion abnormalities at rest

LVEF = 60 %

Good RV function

All cardiac valves structurally normal

IAS / IVS intact

No clots / vegetation/ pericardial effusion seen on TTE

Great arteries are normally related & appear normal

IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

Normal transvalvular pressure gradients, No AR/MR, Trivial TR

No LV diastolic dysfunction

No pulmonary hypertension

No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

Left Atrium 31.0 mm Aortic Root 28.0 mm

IVS (d) 10.0 mm IVS (s) 15.0 mm

LVID (d) 39.0 mm LVID (s) 22.0 mm

LVPW(d) 10.0 mm LVPW(s) 15.0 mm

---

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

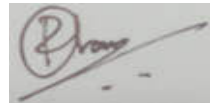
**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**

---End Of The Report---



Dr. RAJENDRA CHAVAN  
MBBS, MD (GEN. MED.), D M (CARDIOLOGY).  
2005020968  
Cardiology

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Patient Name	: Mrs. DEEPLAXMI ANKUSH NATE	Age	: 38Yrs 11Mths 23Days
UHID	: CPM.0000111175	OP Visit No.	: CPMOPV170111
Printed On	: 31-10-2024 04:51 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36991		

## DEPARTMENT OF RADIOLOGY

### Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

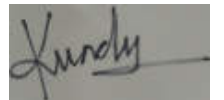
Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

### Impression

Study is within normal limits.

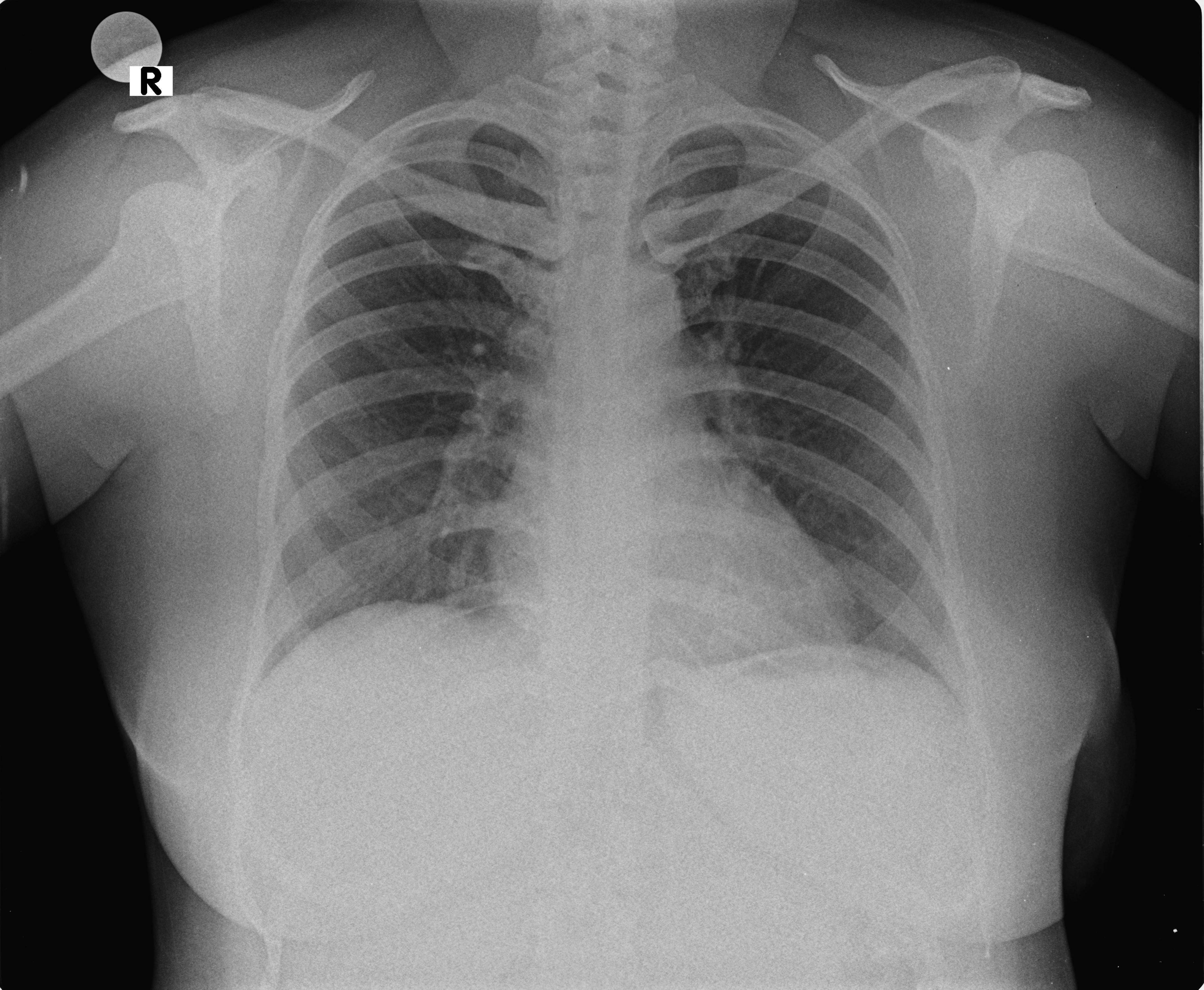
---End Of The Report---



Dr.KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031  
Radiology



R





Deep laxmi Nat e

38

Height : 154	Weight : 75.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 140/75

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Kidney DM on medication

DM with proteinuria  
and hypertension  
as above.

Control  
by  
1/10

*[Signature]*  
30/1/27

Follow up date:

Doctor Signature




**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination  
of Mrs. Deepaymi A. Nate on 31/10/2024

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 <u>prediabetic, Consult Diabetologist</u></li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>Fit with restrictions/recommendations                       Though following restrictions have been revealed, in my opinion these are <b>NOT</b> Impediments to the job.                       1.....                       2.....                       3.....                       However the employee should follow the advice/medication that has been Communicated to him/her.                       Review after _____</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	<input type="checkbox"/>

Dr.  **DR. SAMEER SABAT**  
**Medical Officer** MBBS, MD  
**Apollo Clinic, (NIGDI)** Reg. No. - 2950  
 General Physician

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

















<b>Patient Name</b>	: Mrs.DEEPLAXMI ANKUSH NATE	<b>Collected</b>	: 30/Oct/2024 11:00AM
<b>Age/Gender</b>	: 38 Y 11 M 21 D/F	<b>Received</b>	: 30/Oct/2024 03:27PM
<b>UHID/MR No</b>	: CPIM.0000111175	<b>Reported</b>	: 30/Oct/2024 04:12PM
<b>Visit ID</b>	: CPIMOPV170111	<b>Status</b>	: Final Report
<b>Ref Doctor</b>	: Self	<b>Sponsor Name</b>	: ARCOFEMI HEALTHCARE LIMITED
<b>Emp/Auth/TPA ID</b>	: 22E36991		

**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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.24	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.2	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	68.82	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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:

- 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, Wilson's diseases, Cirrhosis, but the increase is usually not >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.
- Synthetic function impairment:**\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.**

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

SIN No: PPR241004453

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





















**Patient Name** : Mrs.DEEPLAXMI ANKUSH NATE  
**Age/Gender** : 38 Y 11 M 21 D/F  
**UHID/MR No** : CPIM.0000111175  
**Visit ID** : CPIMOPV170111  
**Ref Doctor** : Self  
**Emp/Auth/TPA ID** : 22E36991

**Collected** : 30/Oct/2024 11:00AM  
**Received** : 30/Oct/2024 03:43PM  
**Reported** : 30/Oct/2024 04:09PM  
**Status** : Final Report  
**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
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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.



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

SIN No: IPR241004455

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

Apollo Health and Lifestyle Limited | CIN: U85110DL2009PLC138191  
Regd. Office: 2-50-00/02, Ashoka Bagh (Opp. Ashi Chambers), 5th Floor, Bagundara, Hyderabad, Telangana - 500 016 |  
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, Ph No: 044-46007777, Fax No: 49047744

1. Step No: 1 to 3, Chyavan Prashad Building,  
2. Step No: 25, Road to DDL Chowk, High Complex,  
3. Pune, Maharashtra, India - 411004

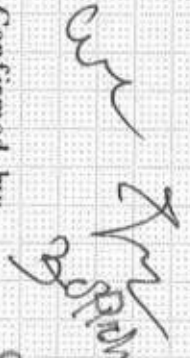


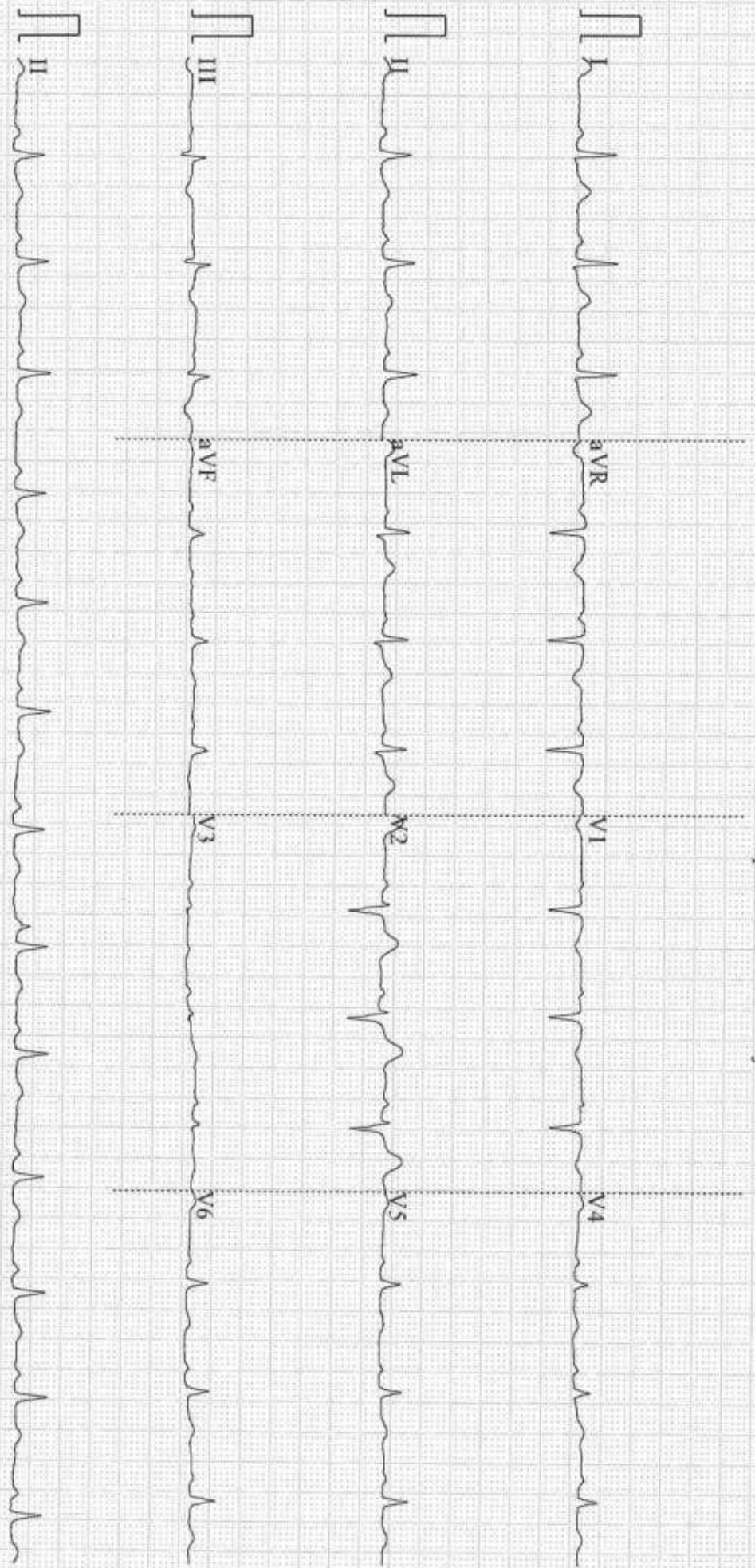
**1860 500 7788**  
www.apolloclinic.com

ID: 228  
DEEPLAXMI LINGE  
Female 38Years

30-10-2024 12:16:25 PM  
HR : 79 bpm  
P : 98 ms  
PR : 156 ms  
QRS : 98 ms  
QT/QTc : 381/438 ms  
P/ORSST : 36/40:10 °  
RV5/SVI : 0.377/0.515 mV

Diagnosis Information:  
Sinus Rhythm  
Low Voltage(Chest Leads)

Report Confirmed by:  
  
**DR. SAMEER SABAT**  
MBBS, MID  
Reg. No. - 2950  
General Physician



0.67~25Hz AC50 25mm/s 10mm/mV 4\*2.5s+1r 79 VI91 SEMIP VI6 APOLLO CLINIC NIGDI

Patient Name	: Mrs. DEEPLAXMI ANKUSH NATE	Age	: 38Yrs 11Mths 22Days
UHID	: CPIM.0000111175	OP Visit No.	: CPIMOPV170111
Printed On	: 31-10-2024 10:21 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E36991		

### DEPARTMENT OF RADIOLOGY

#### Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

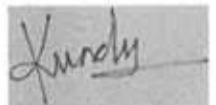
Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

#### Impression

Study is within normal limits.

---End Of The Report---



Dr.KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031  
Radiology

Patient Name	: Mrs. DEEPLAXMI ANKUSH NATE	Age	: 38Yrs 11Mths 21Days
UHID	: CPIM.0000711175	OP Visit No.	: CPIMOPV17011
Printed On	: 30-10-2024 12:48 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36991		

### DEPARTMENT OF RADIOLOGY

**Liver** appears normal in size and **bright** echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. **Sludge** noted Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

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

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

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 4.7 mm. No intra/extra uterine gestational sac seen

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

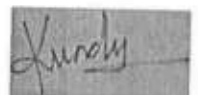
**IMPRESSION:-**

**GRADE I FATTY LIVER**

**GB SLUDGE**

(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.

---End Of The Report---



Dr. KUNDAN MEHTA  
MBBS, DMRE (RADIOLOGY)  
2010/10/3031  
Radiology

---

Patient Name	: Mrs. DEEPLAXMI ANKUSH NATE	Age	: 38Yrs 11Mths 21Days
UHID	: CPIM.0000111175	OP Visit No.	: CPIMOPV17011
Printed On	: 30-10-2024 11:50 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36991		

**DEPARTMENT OF CARDIOLOGY**

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

All cardiac chambers are normal in dimensions

No LV regional wall motion abnormalities at rest

LVEF = 60 %

Good RV function

All cardiac valves structurally normal

IAS / IVS intact

No clots / vegetation / pericardial effusion seen on TTE

Great arteries are normally related & appear normal

IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

Normal transvalvular pressure gradients, No AR/MR, Trivial TR

No LV diastolic dysfunction

No pulmonary hypertension

No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

Left Atrium 31.0 mm Aortic Root 28.0 mm

IVS (d) 10.0 mm IVS (s) 15.0 mm

LVID (d) 39.0 mm LVID (s) 22.0 mm

LVPW(d) 10.0 mm LVPW(s) 15.0 mm



**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**

---End Of The Report---



Dr. RAJENDRA CHAVAN  
MBBS, MD (GEN. MED.), D M (CARDIOLOGY).  
2005020968  
Cardiology

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**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 30.10.24

Patient Name *Deeplexmi Mate*

UHID:

Age / Sex: *38y/f*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i> <i>N6</i>	<i>6/6</i> <i>N6</i>
Near Vision		
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>—</i>	<i>—</i>

*plcno BE*

**IMPRESSION: -**

*[Signature]*  
**OPTOMETRIST**

Deep laxmi Nat e

38 -

Height : 154	Weight : 75.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 140/75

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Kidney DM on Medication.

DM w/o protein  
and glycosuria  
in chart.

CVS  
CNS  
Res  
G.I

mm

Dr. SAMEER SABAT  
30/11/21  
Reg. No. - 2150  
General Physician

Follow up date:

Doctor Signature

**Apollo Clinic, Nigdi (Pimpri)**

Shop No: 14 to 20, City Pride Building, Sector - 25, Next to BHEL Chowk,  
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