

Name : Mrs. Malati WAGASKAR

Age: 37 Y

UHID:CVIM.0000236416

Sex: F



Address : pune

OP Number:CVIMOPV590978

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

Bill No :CVIM-OCR-62805

Date : 17.02.2024 08:09

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

*① - Nirmai explain*  
*Chd*

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Malati Wagas Kar on 17/02/24

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

	Tick
<ul style="list-style-type: none"><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> <p>1. <u>HBAIC-1. - 58%</u></p> <p>2. ....</p> <p>3. ....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	✓
<ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

Dr. Archana V.  
Medical Officer  
The Apollo Clinic, (Location)

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

Dr. Archana V. MBBS  
Registration No. 103429

EYE EXAMINATION

DATE: 17/2/20

MOBILE NO: 9

NAME: Mr. ANAND, WAGAR

AGE: 37

CORPORATE: Apollo

	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
Slit lamp exam.	Normal	Normal

Mr. S. (R)

Impression - Normal Eye Check Up.

(Ophthalmology)

The Apollo Clinic  
DR. M. D. ALAVAND  
MBBS, D.O.M.S.  
Consulting Eye Surgeon  
Reg. no.: 36319





Certificate No: MC-5697

Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 12:56PM
UHID/MR No	: CVIM.0000236416	Reported	: 17/Feb/2024 02:03PM
Visit ID	: CVIMOPV590978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 347988		

**DEPARTMENT OF HAEMATOLOGY**

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

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC's Anisocytosis+, Microcytes+, Elliptocytes+  
 WBC's are normal in number and morphology  
 Platelets are Adequate  
 No Abnormal cells/hemoparasite seen.



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

SIN No:BED240040337

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





Certificate No: MC-5697

Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 12:56PM
UHID/MR No	: CVIM.0000236416	Reported	: 17/Feb/2024 02:03PM
Visit ID	: CVIMOPV590978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID	: 347988		

**DEPARTMENT OF HAEMATOLOGY**

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

No Abnormal cells/hemoparasite seen.

*Sriena Shah*  
  
 Dr Sriena Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:HE:240040337

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





Certificate No: MC-5657

Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 12:56PM
UHID/MR No	: CVIM.0000236416	Reported	: 17/Feb/2024 02:41PM
Visit ID	: CVIMOPV590978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 347968		

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BF02400M0337

This test has been performed at Apollo Health and Lifestyle Ltd- Sadaniv Peth Pune, Diagnostics Lab  
Apollo Health and Lifestyle Limited (CIN: LAC1902009PUN115819)

Regd. Office: T-10 48/62, Indira Bagh (near) Chhatrapati, 114-Poona, Bangalore, Hyderabad, Telangana - 500 016 |  
www.apolloclinics.com | Email: info@apolloclinics.com | Ph No: 099-4604-7777, Fax No: 4604-7744

Apoll Member: Prabhu, Colgan (D) Society  
Unit-1, Shop No. 01 & 02, 5th Floor, Building No. 1,  
Vishal Nagar, Pune, Maharashtra, India - 411014





Certificate No: MC-5897

Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:54PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 01:41PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

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	94	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  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq 200$  mg/dL on at least 2 occasions.
- Very high glucose levels ( $>450$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No: PLF02107282

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





Certificate No: MC-5697

Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:59PM
UHID/IMR No : CVIM0000236416	Reported : 17/Feb/2024 03:21PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	99	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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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

Page 6 of 14

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

SIN No: E1X1240017645

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







Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 12:57PM
UHID/MR No	: CVIM.0000236416	Reported	: 17/Feb/2024 02:47PM
Visit ID	: CVIMOPV590978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 347986		

**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	172	mg/dL	<200	CHO-POD
TRIGLYCERIDES	52	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	62	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.42	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.75		0-4.97	Calculated

**Comment:**

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

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

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



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

SIN No: SE04631775

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

Apollo Health and Lifestyle Limited (P) Ltd. Unit: 1002/2000/17/17/17/17

 Regd. Office: 1-30-43852, Arundha Nagar, Hyderabad, 500 088, Hyderabad, India. (0800101)  
www.apolloclinics.com | Email: (Diagnostics) Apollo@apolloclinics.com Ph No: 040 4304 7777, Fax No: 4304 7744

Apollo (Bioscience) Private Limited, Corporate Office, Sachshiv Peth, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:57PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:47PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

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)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.74	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.64	U/L	30-120	IFCC
PROTEIN, TOTAL	6.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

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



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

SEN No: SEB4631775

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





Patient Name : Mrs. MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:57PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:47PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**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	0.49	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	25.56	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.66	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.54	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.98	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.22	mmol/L	101-109	ISE (Indirect)



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

SIN No: SE04631775

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

Apollo Health and Lifestyle Limited (CIN - 08510002006PLC115819)

Regd. Office: 1-10/40/52, Apollo Bhagwati Chambers, 5th Floor, Bagayam, Hyderabad, Telangana - 500 016

www.apolloclinic.com | Email ID: enquiry@apolloclinic.com | Ph No: 085 4904 7777, Fax No: 0854 7744

Apoll Medical Services, Cooperative Society Limited, Shop No. 51 & 5th Floor, Building 'C', Waman Nagar, Pune, Maharashtra, India - 411014







Certificate No: MC-5697

Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 12:57PM
UHID/MR No	: CIVM.0000236416	Reported	: 17/Feb/2024 02:47PM
Visit ID	: CIVMOPV590976	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 347988		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.04	U/L	<38	IFCC



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

SIN No:SED4631775

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

Apollo Health and Lifestyle Limited (CIN - UAS1101G2000PLC115819)

Regd. Office: 1-10-6802, Akshaya Vigharpati Chavners, 11th Floor, Ring Road, Hyderabad, Telangana - 500014 |  
www.apolloclinic.com | Email: @apollo@apollohd.com | Ph No: 040-4904 7777, Fax No: 4904 7744

Apollu Bhikshav Pradhani, Cooperative Society Limited, Shop No. 51 & 51st Floor, Building 'C', Khairi Nagar, Pune, Maharashtra, India - 411014



Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 12:55PM
UHID/MR No	: CVIM.0000236416	Reported	: 17/Feb/2024 03:55PM
Visit ID	: CVIMOPV590978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 347988		

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)	0.87	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.878	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24026303

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



Certificate No: MC-5697

Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 01:08PM
UHID/IMR No	: CVIM.0000236416	Reported	: 17/Feb/2024 01:29PM
Visit ID	: CVIMOPV590978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 347988		

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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14

*Smriti Shah*  
 Dr Smriti Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No.UR2284451

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





Patient Name	: Mrs.MALATI WAGASKAR	Collected	: 17/Feb/2024 08:11AM
Age/Gender	: 37 Y 6 M 10 D/F	Received	: 17/Feb/2024 01:10PM
UHID/MR No	: CVIM.0000236416	Reported	: 17/Feb/2024 01:39PM
Visit ID	: CVIMOPV590978	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 347988		

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 \*\*\*

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

SIN No:UF018598

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





Patient Name	: Mrs. Malati WAGASKAR	Age	: 37 Y F
UHID	: CVIM.0000236416	OP Visit No	: CVIMOPV590978
Reported on	: 17-02-2024 10:26	Printed on	: 19-02-2024 16:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

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.

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

Uterus is anteverted & normal in size. No focal lesion is seen. The endometrium is central & with empty cavity. Both the ovaries appear normal. No adnexal pathology noted on either side. TVS would be more informative.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted. Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present.

#### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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

#### APOLLO CLINICS NETWORK MAHARASHTRA

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

Patient Name : Mrs. Malati WAGASKAR  
UHID : CVIM.0000236416  
Reported on : 17-02-2024 10:26  
Adm/Consult Doctor :

Age : 37 Y F  
OP Visit No : CVIMOPV590978  
Printed on : 19-02-2024 16:27  
Ref Doctor : SELF

**IMPRESSION:**

- No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable.  
Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Printed on: 17-02-2024 10:26

---End of the Report---



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology

Patient Name	: Mrs. Malati WAGASKAR	Age	: 37 Y F
UHID	: CVIM.0000236416	OP Visit No	: CVIMOPV590978
Reported on	: 17-02-2024 10:52	Printed on	: 19-02-2024 16:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

**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.

Printed on: 17-02-2024 10:52

---End of the Report---

*Preeti*

**Dr. PREETI P KATHE**  
**DMRE, MD, DNB**  
Radiology

NAME : MALATI WAGASKAR

DATE : 17/02/2024

AGE : 37 Y/ F

**ECHOCARDIOGRAPHY REPORT**

**MITRAL VALVE** : has thin leaflets, normal subvalvular apparatus . Trivial MR

**AORTIC VALVE** : Thin trileaflets, normal gradients across the valve. No AR/ AS

**PULMONARY VALVE** : normal.

**TRICUSPID VALVE**: normal gradients . Mild tricuspid regurgitation. Rvsp- 25 mm hg  
No pulmonary hypertension.

**Left Ventricle** : LV is normal in size with normal wall thickness. No regional wall motion abnormality. No LV diastolic dysfunction. Good LV systolic function. LVEF 60%.

**Left Atrium** : is normal and free of clots.

**RA/RV** : are normal

**IAS/IVS** : intact.

No clot/veg/ pericardial effusion.


**MEASUREMENTS**

AORTA	:25MM
LEFT ATRIUM	28MM
IVSd	: 09 MM
PWd	:09MM
LVIDd	:45 MM
LVIDs	:26MM
LVEF	: 60 %

**IMPRESSION:**

GOOD LV SYSTOLIC FUNCTION, LVEF 60%

NO PAH

  
**DR. PRAMOD NARKHEDE**  
DNB(Medicine), DNB(Cardiology)  
Consultant Interventional Cardiologist  
Apollo clinic, Viman Nagar



**Patient Name** : Mrs. Malati WAGASKAR

**Age/Gender** : 37 Y/F

**UHID/MR No.** : CVIM.0000236416

**OP Visit No** : CVIMOPV590978

**Sample Collected on** :

**Reported on** : 17-02-2024 10:53

**LRN#** : RAD2238896

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 347988

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

**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.



**Dr. PREETI P KATHE**  
**DMRE, MD, DNB**  
Radiology

<b>Patient Name</b>	: Mrs. Malati WAGASKAR	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CVIM.0000236416	<b>OP Visit No</b>	: CVIMOPV590978
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 17-02-2024 10:27
<b>LRN#</b>	: RAD2238896	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 347988		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity.

Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

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.

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

Uterus is anteverted & normal in size. No focal lesion is seen. The endometrium is central & with empty cavity. Both the ovaries appear normal. No adnexal pathology noted on either side. TVS would be more informative.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted.

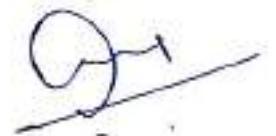
Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present.

#### **IMPRESSION:**

- **No significant abnormality detected at present scan**

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.



**Dr. BHUSHANA SURYAWANSHI**  
**MBBS, DMRE**  
Radiology

Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:56PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:03PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Anisocytosis+, Microcytes+, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No Abnormal cells/hemoparasite seen.**



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

SIN No:BED240040337

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

Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:56PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:03PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**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>				
<b>HAEMOGLOBIN</b>	12.8	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.93</b>	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>75.4</b>	fL	83-101	Calculated
MCH	<b>26</b>	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,940	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	59.1	%	40-80	Electrical Impedence
LYMPHOCYTES	32.8	%	20-40	Electrical Impedence
EOSINOPHILS	1.1	%	1-6	Electrical Impedence
MONOCYTES	6.4	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3510.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1948.32	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	65.34	Cells/cu.mm	20-500	Calculated
MONOCYTES	380.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.8		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	212000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's Anisocytosis+, Microcytes+, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**

Page 2 of 14



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240040337

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





Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:56PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:03PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**DEPARTMENT OF HAEMATOLOGY**

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

**No Abnormal cells/hemoparasite seen.**



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240040337

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



Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:56PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:41PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240040337

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





Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:59PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 03:21PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240017645

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





Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:59PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 03:21PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**DEPARTMENT OF BIOCHEMISTRY**

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

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 Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:EDT240017645

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



Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:57PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:47PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**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	172	mg/dL	<200	CHO-POD
TRIGLYCERIDES	52	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>62</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	98.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.42	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.75		0-4.97	Calculated

**Comment:**

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

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

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



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

SIN No: SE04631775

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



Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:57PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:47PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

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)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.74	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.64	U/L	30-120	IFCC
PROTEIN, TOTAL	6.77	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.54	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

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



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

SIN No:SE04631775

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



Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:57PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:47PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**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	<b>0.49</b>	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	25.56	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.66	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.54	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.98	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.22	mmol/L	101-109	ISE (Indirect)



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

SIN No:SE04631775

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





Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:57PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 02:47PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**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 TRANSPEPTIDASE (GGT) , SERUM</b>	17.04	U/L	<38	IFCC



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

SIN No:SE04631775

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



Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 12:55PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 03:55PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

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)	0.87	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.878	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:SPL24026303

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



Patient Name : Mrs.MALATI WAGASKAR	Collected : 17/Feb/2024 08:11AM
Age/Gender : 37 Y 6 M 10 D/F	Received : 17/Feb/2024 01:08PM
UHID/MR No : CVIM.0000236416	Reported : 17/Feb/2024 01:29PM
Visit ID : CVIMOPV590978	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 347988	

**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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2284451

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



