



Patient Name : Mrs.SHILPI KUMARI Age/Gender : 28 Y 10 M 10 DF UHID-MR No : CPIM 0000115960 Visi ID : CPIMOPV156765 Ref Doctor : Dr.SELF Email/WhatsApp ID : 313761	Certificate No: MD-5687	Collected : 13/Jan/2024 01:13PM Received : 13/Jan/2024 06:31PM Reported : 13/Jan/2024 06:16PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

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

Manish T. Akare

DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist



Certificate No: N10-8887

Patient Name : Mrs. SHILPI KUMAR Age/Gender : 26 Y 10 M 10 D F UHID/MR No : CPIM.D03D115960 Visa ID : CPIMQHV155703 Ref Doctor : Dr. SELF Emp/Auth/TPA ID : 313751	Collected : 13/Jan/2024 11:13PM Received : 13/Jan/2024 06:41PM Reported : 13/Jan/2024 07:09PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	92	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 ≥ 126 mg/dL and/or a random 2 hr post glucose value of ≥ 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. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist



Patient Name : Mrs.SHILPI KUMARI	Certificate No: MD-5887	Collected : 13/Jan/2024 01:13PM
Age/Gender : 28 Y 10 M 10 D/F	Received : 13/Jan/2024 06:33PM	Reported : 13/Jan/2024 07:46PM
UHD/MR No : CPIM.0000115960	Status : Final Report	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Visit ID : CPIMOPV155703		
Ref Doctor : Dr.SELF		
Emp/Auth/TPA ID : 313761		

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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	7.4
UNSATISFACTORY CONTROL	8.0
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 Cure/anchor advised in interpretation of low Values.
 - Unusually 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 (HPLC/immuno) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy
- Hb Electrophoresis is recommended method for detection of Hemoglobinopathy



Manish T. Akare
DR. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist

Patient Name : Mrs. SHILPA KUMARI Age/Gender : 28 Y 10 M 10 D/F UH ID/AR No : CPIM.0000113060 Visit ID : CP.MOPV155703 Ref Doctor : Dr.SFLF Emp/Alth/IFA ID : 313761	Certificate No: MD-5597 Collected : 13/Jan/2024 01:13PM Received : 13/Jan/2024 06:40PM Reported : 13/Jan/2024 07:35PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM				
CREATININE	0.44	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	20.83	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.01	mg/dL	2.6-6.0	Uncase PAP
CALCIUM	9.59	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.5	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.21	mmol/L	101-109	ISE (Indirect)

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 Consultant Pathologist



Patient Name : Mrs SHILPI KUMARI	Certificate No: MG-6687	Collected : 13/Jan/2024 01:13PM
Age/Gender : 29 Y 10 M 10 D F	Received : 13/Jan/2024 09:41PM	Reported : 13/Jan/2024 11:24PM
UHID/MH No : CPIM.0300115563	Visited : CPIMOPV155703	Status : Final Report
Ref Doctor : Dr.SELF	Emp/Op/TPA ID : 213757	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOETHYRONE (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.27	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.940	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/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 biosynthesis of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood levels 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 related to sub-clinical types of hyperthyroidism respectively.
- Both T3 & T4 provides limited clinical information as both are highly bound to proteins in circulation and seldom cross-reactive hormones. 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 or Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Grave, Thyrotoxicosis, 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 Toxicosis, non thyroidal cause
High	High	High	High	Pituitary Adenoma, TSH secreting Pituitary Tumors

CR Selva Jayaraj
M.B.B.S M.D Pathology
Consultant: Pathologist





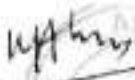
Patient Name : Mrs. SHILPI KUMARI	Certificate No. MD-5897	Collected : 13/Jan/2024 01:13PM
Age/Gender : 28 Y 10 M 10 D F		Received : 13/Jan/2024 06:41PM
UHID/MR No : CPIM.0000115960		Reported : 13/Jan/2024 07:06PM
Visit ID : CPIMOPV155703		Status : Final Report
Ref Doctor : Dr.SELF		Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 313761		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NL	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




DR. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist



Patient Name	: Mrs. SHILPI KUMARI	Certificate No	: MD-5557
Age/Gender	: 28 Y 10 M 10 D/F	Collected	: 13/Jan/2024 01:13PM
L.MID/MR No	: CPIM.0003: 15960	Received	: 13/Jan/2024 09:46PM
Visit ID	: CPIM/OPV155703	Reported	: 13/Jan/2024 07:05PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Emp/Auth/PA ID	: 313761	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

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 ***

Results to Follow.
T.B. PAP TEST (PAP SMEAR)



DR. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist

Patient Name : Mrs. SHIT.PI KUMARI

UHID : CPIM.0000115960

Reported on : 13-01-2024 17:05

Adm/Consult Doctor :

Age : 28 Y F

OP Visit No : CPIMOPV155703

Printed on : 13-01-2024 19:30

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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.

Printed on:13-01-2024 17:05

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE

MBBS, DMRD

Radiology

SHILPI KUMARI
Female 28 Years

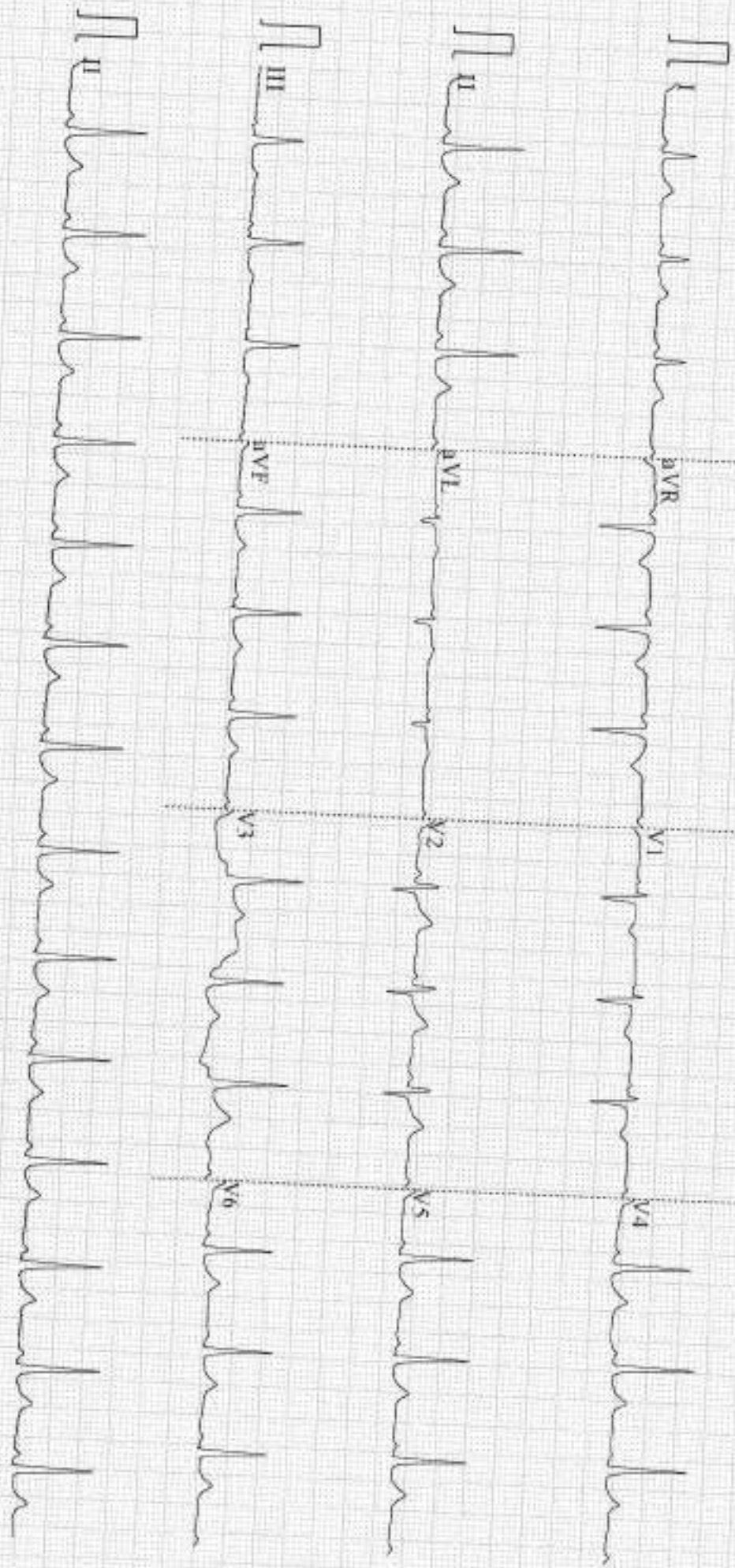
13-01-2024 12:50:30 PM
HR : 86 bpm
P : 77 ms
PR : 102 ms
QRS : 93 ms
QT/QTc : 347/416 ms
P/ORS/ST : 33.69/42 °
RV5/SVI : 1.229/0.597 mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval

Report Confirmed by:

Dr. Anam A. Inamdar
MBBS

Reg. No. 2021/05/6236



0.67~25Hz ACS50 25mm/s 10mm/mV 4*2.5s+1r 86

V191 SEMIP V1.6 APOLO CLINIC NIGDI

Patient Name : Mrs. SHILPI KUMARI
UHID : CPIM.0000115960
Reported on : 13-01-2024 15:03
Adm/Consult Doctor :
Age : 28 Y F
OP Visit No : CPIMOPV155703
Printed on : 13-01-2024 15:05
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is well distended. No evidence of calculus. 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. **RK shows a 3-4mm mid and lower calyx concretions.**

No 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

Patient Name : Mrs. SHILPI KUMARI

UHID : CPIM.0000115960

Reported on : 13-01-2024 15:03

Adm/Consult Doctor :

Age : 28 Y F

OP Visit No : CPIMOPV155703

Printed on : 13-01-2024 15:05

Ref Doctor : SET F

echo-complex appears normal and measures 3.3 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:-

RIGHT RENAL CONCRETIONS

(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.

Patient Name : Mrs. SHILPI KUMARI
UHID : CPJM.0000115960
Reported on : 13-01-2024 15:03
Adm/Consult Doctor :

Age : 28 Y F
OP Visit No : CPJMOPV155703
Printed on : 13-01-2024 15:05
Ref Doctor : SELF

Printed on:13-01-2024 15:03

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

CONSENT FORM

Name of the patient: SHRUTI KUMARI

Company Name: AROFEMI MEDICAL

Test name: 2D GCHD

Reason: COMFORTNESS


Signature & date
13/10/2024

48

Date : 13-01-2024
MR NO : CPIM.0000115960

Department : GENERAL
Doctor :

Name : Mrs SHILPI KUMARI

Registration No :

Age/Gender : 28 Y / Female

Qualification :

Consultation Timing: 10.32

Wt 62.7

Ht 158

BP 110/80

S/E

COB'S, S₂ ⊕

Diet Mix

AS: ACBE

CA: NAD.

PA: NAD.

No known allergy.

No past sx

UCCS 2018.

Anam

Dr. Anand K. Isandar

MBCS

Reg. No. 21/05/6236

Shilpi Kumari

28 y/o

13.1.24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

UMP: 12/12/23
PMS ± 10 days

No acute gynae problem
at now

G. - L.S.C.S 64w-M

past Personal US

PA: still

P/S Cx - US (N)

P/S U-A-W-N



TAC NIGDI
Dr. Archana Chaudhary
MBBS, MCh
Reg. No. 73030

Doctor Signature

Follow up date:

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 13.01.24

Patient Name *Shilpi Kumari*

UHID:

Age / Sex: *28 yr / F*

EYE CHECK UP	COMPLETE	PREMEDICAL/OTHER
	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N/C</i>	<i>N/C</i>
Anterior Segment Pupil	<i>white</i>	<i>white</i>
Color Vision	<i>white</i>	<i>white</i>
Family History/Medical History		

plano BE

IMPRESSION:-

[Signature]
OPTOMETRIST