

Patient Name : Mrs.VARSHARANI V JADHAV	Collected : 11/Oct/2024 09:35AM
Age/Gender : 33 Y 10 M 7 D/F	Received : 11/Oct/2024 02:28PM
UHID/MR No : CPIM.0000052064	Reported : 11/Oct/2024 03:48PM
Visit ID : CPIMOPV168987	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33786	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PPR241001646

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	36.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79.9	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	35.5	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,380	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.1	%	40-80	Electrical Impedance
LYMPHOCYTES	38.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3323.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2481.82	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	102.08	Cells/cu.mm	20-500	Calculated
MONOCYTES	446.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Page 2 of 16



Dr Sneha Shah
MBBS, MD (Pathology)
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DEPARTMENT OF HAEMATOLOGY

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



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DEPARTMENT OF HAEMATOLOGY

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

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

Sneha Shah

Dr Sneha Shah
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 Consultant Pathologist

SIN No:PPR241001646

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Patient Name : Mrs.VARSHARANI V JADHAV	Collected : 11/Oct/2024 12:22PM
Age/Gender : 33 Y 10 M 7 D/F	Received : 11/Oct/2024 06:52PM
UHID/MR No : CPIM.0000052064	Reported : 11/Oct/2024 07:09PM
Visit ID : CPIMOPV168987	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33786	

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	110	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)	107	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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MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PPR241001769

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Age/Gender : 33 Y 10 M 7 D/F	Received : 11/Oct/2024 02:28PM
UHID/MR No : CPIM.0000052064	Reported : 11/Oct/2024 04:42PM
Visit ID : CPIMOPV168987	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33786	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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Patient Name : Mrs.VARSHARANI V JADHAV	Collected : 11/Oct/2024 09:35AM
Age/Gender : 33 Y 10 M 7 D/F	Received : 11/Oct/2024 01:57PM
UHID/MR No : CPIM.0000052064	Reported : 11/Oct/2024 05:22PM
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	107	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.04	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.5	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.26		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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



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

SIN No: PPR241001644

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.92	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8.5	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	13.1	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	55.12	U/L	30-120	IFCC
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		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.



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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.53	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.72	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.17	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.73	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.55	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.79	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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M.B.B.S, M.D(Pathology)
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	11.49	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.792	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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M.B.B.S, M.D(Pathology)
Consultant Pathologist



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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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Visit ID : CPIMOPV168987	Status : Final Report
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.003		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	5 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

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



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

SIN No: PPR241001647

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UHID/MR No	: CPIM.0000052064	Reported	: 11/Oct/2024 07:14PM
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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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PPR241001768

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



Patient Name	: Mrs.VARSHARANI V JADHAV	Collected	: 11/Oct/2024 09:35AM
Age/Gender	: 33 Y 10 M 7 D/F	Received	: 11/Oct/2024 01:29PM
UHID/MR No	: CPIM.0000052064	Reported	: 11/Oct/2024 02:10PM
Visit ID	: CPIMOPV168987	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33786		

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick



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

SIN No:PPR241001648

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



Patient Name : Mrs.VARSHARANI V JADHAV	Collected : 11/Oct/2024 10:15AM
Age/Gender : 33 Y 10 M 7 D/F	Received : 12/Oct/2024 02:45PM
UHID/MR No : CPIM.0000052064	Reported : 14/Oct/2024 06:22PM
Visit ID : CPIMOPV168987	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33786	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	22550/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL

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.A. Kalyan Rao
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:PPR241001731

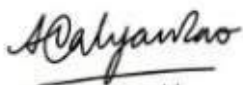
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.VARSHARANI V JADHAV
Age/Gender : 33 Y 10 M 7 D/F
UHID/MR No : CPIM.0000052064
Visit ID : CPIMOPV168987
Ref Doctor : Self
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Collected : 11/Oct/2024 10:15AM
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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.A. Kalyan Rao
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:PPR241001731

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

Patient Name	: Mrs. VARSHARANI V JADHAV	Age	: 33Yrs 10Mths 8Days
UHID	: CPIM.0000052064	OP Visit No.	: CPIMOPV168987
Printed On	: 11-10-2024 10:53 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E33786		

DEPARTMENT OF RADIOLOGY

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. 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 5.9 mm. No intra/extra uterine gestational sac seen.

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

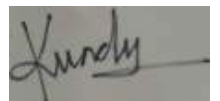
IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

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

---End Of The Report---



Kundly

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

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Mrs. VARSHARANI V JADHAV
Age/Gender 33Y | Female
UHID CPIM.0000052064

Appt ID CPIMAPT1674
Consult Date 11 Oct 2024
Order Bill ID CPIM-OCR-83034
Visit Display ID CPIMOPV168987

VITALS

Weight : 79Kgs
Pulse : 80 BPM
BP : 120 / 70 MmHg
Temperature : 97 °F

Height : 168Cms
Spo2 : 96%
Respiratory Rate : 20 BPM

Patient Name	: Mrs. VARSHARANI V JADHAV	Age	: 33Yrs 10Mths 8Days
UHID	: CPIM.0000052064	OP Visit No.	: CPIMOPV168987
Printed On	: 11-10-2024 11:09 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E33786		

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 28.0 mm **Aortic Root** 26.0 mm

IVS (d) 09.0 mm **IVS (s)** 14.0 mm

LVID (d) 41.0 mm **LVID (s)** 24.0 mm

LVPW(d) 09.0 mm **LVPW(s)** 14.0 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

Patient Name	: Mrs. VARSHARANI V JADHAV	Age	: 33Yrs 10Mths 8Days
UHID	: CPIM.0000052064	OP Visit No.	: CPIMOPV168987
Printed On	: 11-10-2024 12:14 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E33786		

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.

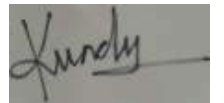
Both the domes of diaphragm are normal.

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

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

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Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

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Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



भारत सरकार
GOVERNMENT OF INDIA



Varsharani Vinayak Jadhav
Date of Birth/DOB: 04/12/1990
Female/ FEMALE
Mobile No: 9545149324

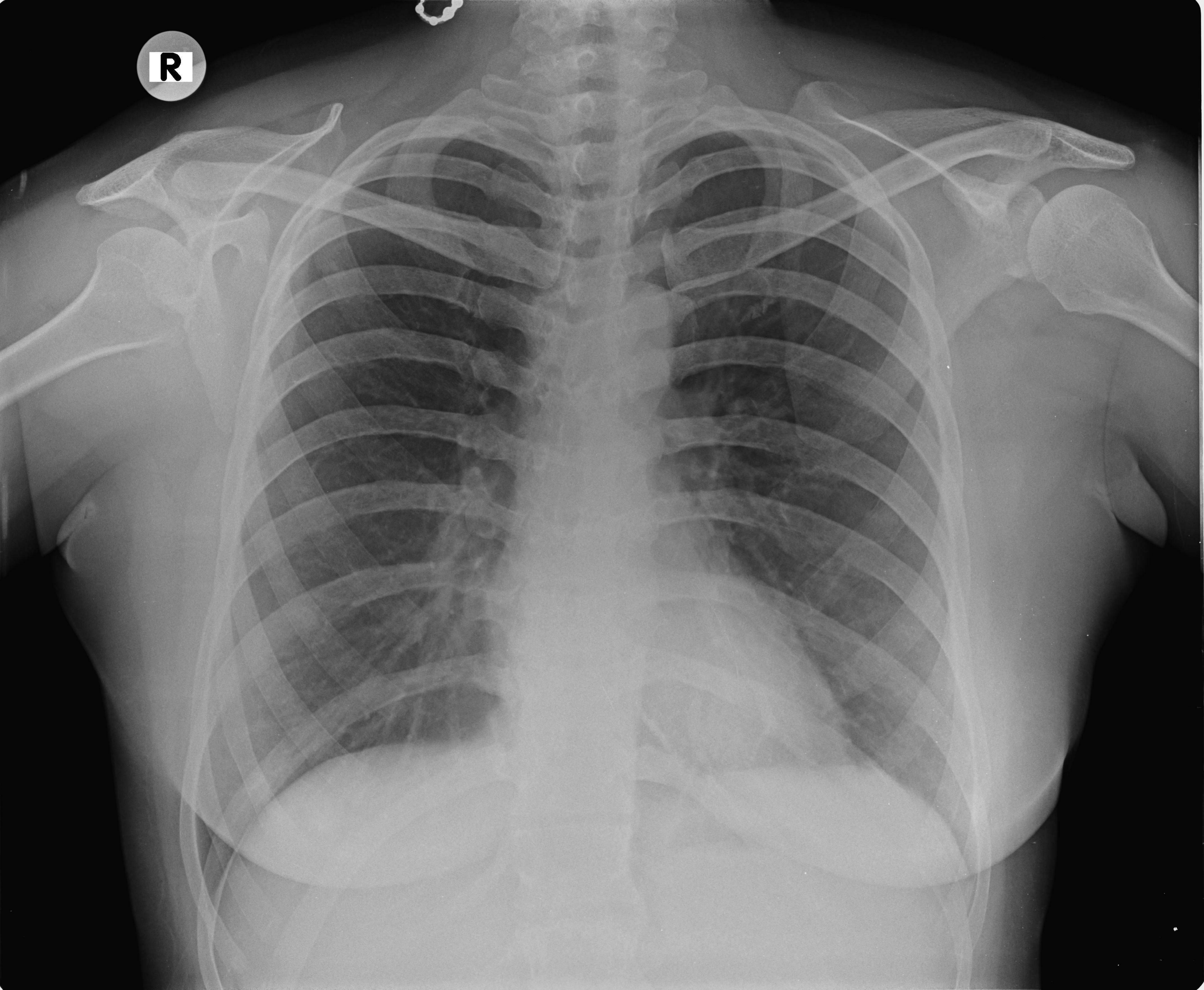


5563 4833 0451
VID : 9184 8487 8794 9267

माझे आधार, माझी ओळख

S. No.	PACKAGE NAME	Booking ID	EMP-NAME
22	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO	22E33786	MS. VARSHARANI

R



ms varsharani jadhav
Age 33/4s

Height : 168	Weight : 79	BMI :	Waist Circum :
Temp :	Pulse : 80	Resp :	B.P : 120/70

General Examination / Allergies History

Clinical Diagnosis & Management Plan

AP:- No fresh complaints.
FH:- father - DM.
KCCO:- Hypothyroidism : 4 years on
T. Thyronorm 50.
PHr ALB.
Allergies: Not known

O/E

RS
CVS
P/A
O/E } XIAD

[Signature]

Follow up date:

Doctor Signature

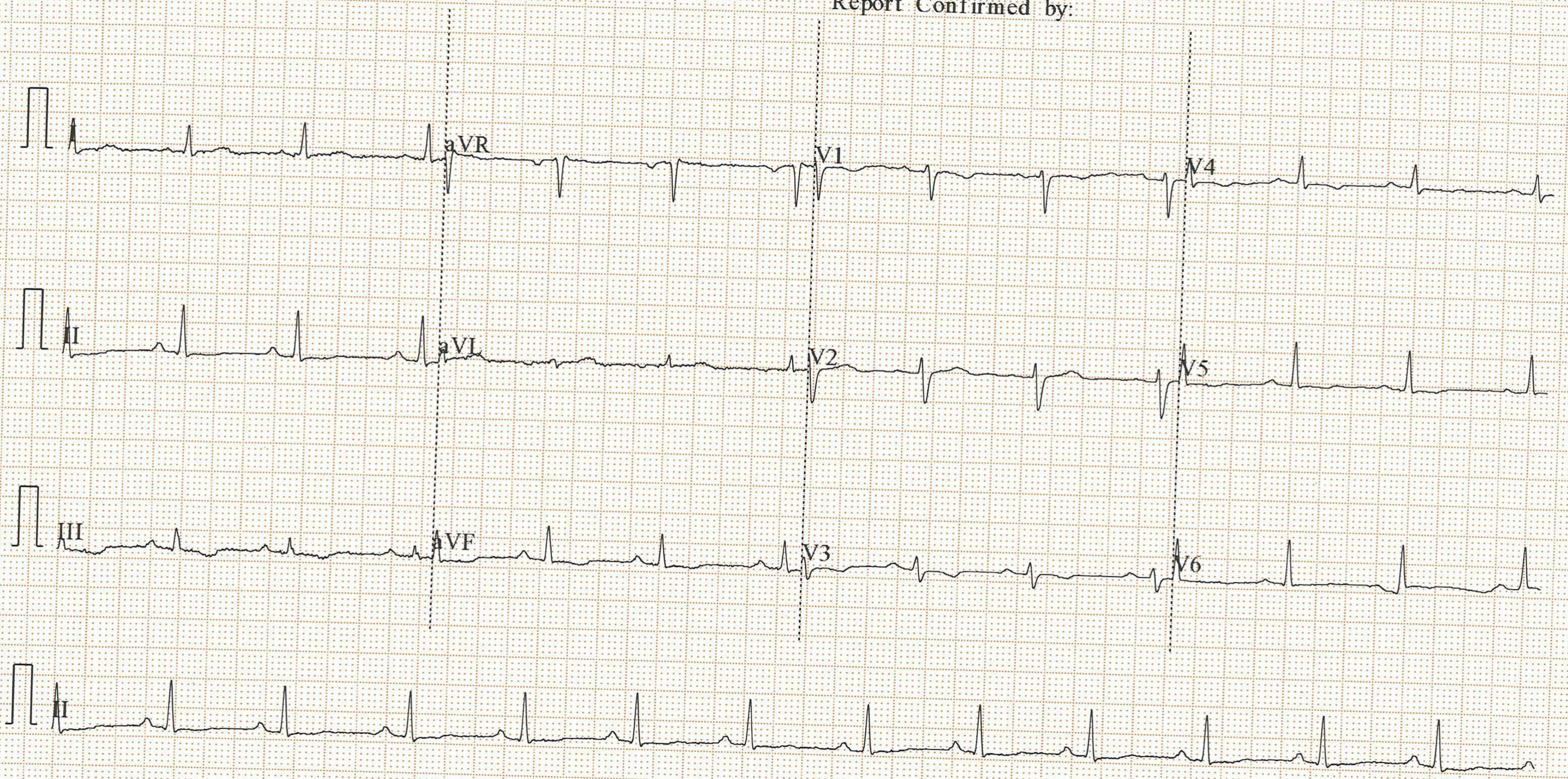
VARSHARANI JADHAV
Female 33Years

11-10-2024 12:06:46 PM
HR : 77 bpm
P : 110 ms
PR : 179 ms
QRS : 89 ms
QT/QTc : 349/395 ms
P/QRS/T : 71/51/-33 °
RV5/SVI : 0.669/0.533 mV

Diagnosis Information:
Sinus Rhythm
Low Voltage(Chest Leads)

*Wall
Study*

Report Confirmed by:



Patient Name : Mrs.VARSHARANI V JADHAV
Age/Gender : 33 Y 10 M 7 D/F
UHID/MR No : CPIM.0000052064
Visit ID : CPIMOPV168897
Ref Doctor : Self
Emp/Auth/TPA ID : 22E33786

Collected : 11/Oct/2024 09:35AM
Received : 11/Oct/2024 02:28PM
Reported : 11/Oct/2024 04:02PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: PPR241001646

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



Patient Name	: Mrs.VARSHARANI V JADHAV	Collected	: 11/Oct/2024 12:22PM
Age/Gender	: 33 Y 10 M 7 D/F	Received	: 11/Oct/2024 06:52PM
UHID/MR No	: CPIM.0000052054	Reported	: 11/Oct/2024 07:09PM
Visit ID	: CPIMOPV168987	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33786		

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	110	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	HEXOKINASE

Comment:

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No.PPR241001769

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



Patient Name : Mrs.VARSHARANI V JADHAV
 Age/Gender : 33 Y 10 M 7 D/F
 UHID/MR No : CPIM.0000052064
 Visit ID : CPIMOPV188987
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E33786

Collected : 11/Oct/2024 09:35AM
 Received : 11/Oct/2024 01:57PM
 Reported : 11/Oct/2024 05:22PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	12.53	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.72	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.17	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.73	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.55	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.79	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.07	g/dL	6.6-8.3	Biuret
ALBUMIN	3.93	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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

SIN No: PPR241001644

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



Patient Name : Mrs. VARSHARANI V JADHAV	Collected : 11/Oct/2024 09:35AM
Age/Gender : 33 Y 10 M 7 D/F	Received : 11/Oct/2024 01:57PM
UHID/MR No : CPIM.D000052064	Reported : 11/Oct/2024 05:22PM
Vslk ID : CPIMOPV168987	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33786	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT), <i>SERUM</i>	11.49	U/L	<38	IFCC

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



SIN No: PPR241001644

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

Patient Name : Mrs.VARSHARANI V.JADHAV
Age/Gender : 33 Y 10 M 7 D/F
UHID/MR No : CPIM.D000052061
Visit ID : CPIMOPV188987
Ref Doctor : Self
Emp/Auth/TPA ID : 22E337B6

Collected : 11/Oct/2024 09:35AM
Received : 11/Oct/2024 03:09PM
Reported : 11/Oct/2024 04:17PM
Status : Final Report
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. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.792	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 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



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

SIN No:PPR241001643

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



Certificate No. MC-5657

Patient Name	: Mrs.VARSHARANI V JADHAV	Collected	: 11/Oct/2024 09:35AM
Age/Gender	: 33 Y 10 M 7 D/F	Received	: 11/Oct/2024 03:09PM
UHID/MR No	: CPIM.0000052064	Reported	: 11/Oct/2024 04:17PM
Visit ID	: CPIMOPV168987	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33786		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	------------------------------------------

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

SIN No: PPR241001643

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



Patient Name : Mrs.VARSHARANI V JADHAV	Collected : 11/Oct/2024 09:35AM
Age/Gender : 33 Y 10 M Y D/F	Received : 11/Oct/2024 01:29PM
UHID/MR No : CPIM.D000062064	Reported : 11/Oct/2024 02:10PM
Vist ID : CPIMOPV168987	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E337B6	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Blo. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipslick

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

Result/s to Follow:
LBC PAP SMEAR




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

SIN No:PPR241001648

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

Apollo Health and Lifestyle Limited | CIN : U52100-GJ-2008-PT-159131
Regd. Office: 1-10-6th/62, Balokha Bapubhai Chambers, 6th Floor, Begunpeta, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com. Ph No: 040-4004 7777, Fax No: 0904 2246

Emp No: 14 to 24, City Pate building,
Sector - 25, Near to BHEL, Cloak, Nigdi(Pune),
Pune, Maharashtra, India - 411004

1860 500 7788
www.apolloclinic.com

APOLLO CLINICS NETWORK
Bhaskar - Hyderabad (SE/No Nagar) | G. S. Nagar | Madhapur | Malad (West) | Marol Nagar - Mumbai | Apollo Health - Prakash Vihar (Srinagar) | Punj Kaur | Bangalore (Residency of - Bellandur) | Sakinaka City (Korwar) | SPS, Laxmi, Indira Nagar | Pratap | Pundarikoti | Kakirajpet | Sarjapur | Vadivady | Mysore | W. Medikal | Chokkondra, Chennar | D. Srangan | Kattupalli | Kikkangudi | T. Nagar | Wilasapattan - Madhav | Gobindanagar (Pune) | G. H. Nagar | M. Nagar | V. Nagar | U. Nagar | G. Nagar | H. Nagar | I. Nagar | J. Nagar | K. Nagar | L. Nagar | M. Nagar | N. Nagar | O. Nagar | P. Nagar | Q. Nagar | R. Nagar | S. Nagar | T. Nagar | U. Nagar | V. Nagar | W. Nagar | X. Nagar | Y. Nagar | Z. Nagar

ID: 39
VARSHARANI JADHAV
Female 33Years

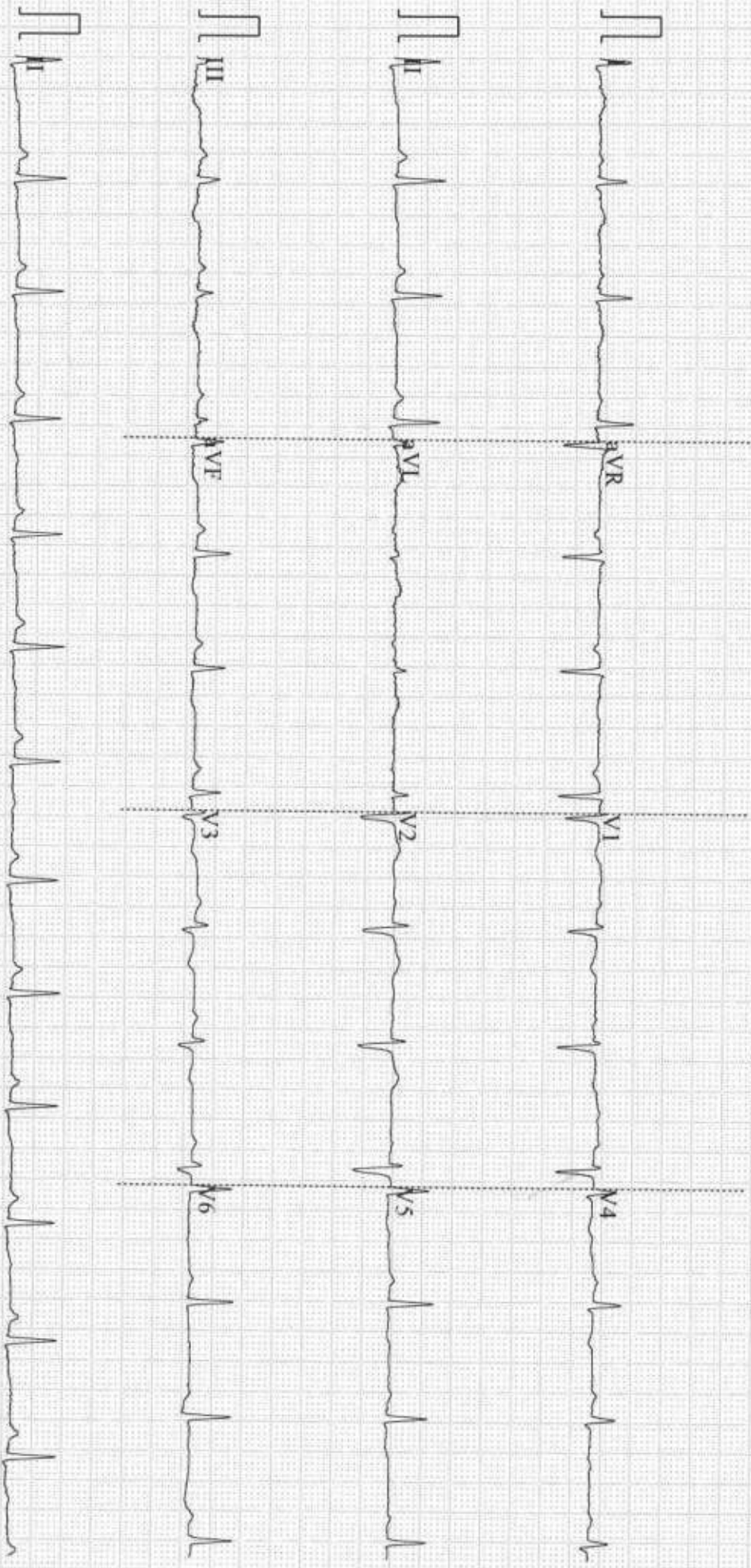
11-10-2024 12:06:46 PM

Diagnosis Information:
Sinus Rhythm
Low Voltage(Chest Leads)

HR : 77 bpm
P : 110 ms
PR : 179 ms
QRS : 89 ms
QT/QTc : 349/395 ms
P/ORS/T : 71/51/-33 °
RV5/SV1 : 0.669/0.533 mV

Dr. Samrudhi Jadhav
M.B.B.S.
Reg. No. 2019010144

Report Confirmed by:



0.67-25Hz AG30 25mm/s 10mm/mV 4*2.5s+1r 77 V191 SEMIP V1.6 APOLLO CLINIC NIGDI

Patient Name	: Mrs. VARSHARANI V JADHAV	Age	: 33Yrs 10Mths 7Days
UHID	: CPIM.0000052064	OP Visit No.	: CPIMOPV168987
Printed On	: 11-10-2024 05:44 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E33786		

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.

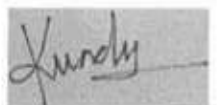
Both the domes of diaphragm are normal.

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. VARSHARANI V JADHAV	Age	: 33Yrs 10Mths 7Days
UHID	: CPIM.0000052064	OP Visit No.	: CPIMOPV168887
Printed On	: 11-10-2024 04:39 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E33786		

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 28.0 mm Aortic Root 26.0 mm

IVS (d) 09.0 mm IVS (s) 14.0 mm

LVID (d) 41.0 mm LVID (s) 24.0 mm

LVPW(d) 09.0 mm LVPW(s) 14.0 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

Patient Name	: Mrs. VARSHARANI V JADHAV	Age	: 33Yrs 10Mths 7Days
UHID	: CPIM.0000052064	OP Visit No.	: CPIMOPV188887
Printed On	: 11-10-2024 04:23 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E33786		

DEPARTMENT OF RADIOLOGY

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. 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 5.9 mm. No intra/extra uterine gestational sac seen.

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

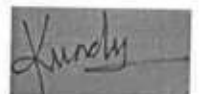
IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

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

---End Of The Report---



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

Mrs. Varsharani Jadhav

11-10-20

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

O/E

Dental caries $\frac{6}{7}$ $\frac{78}{7}$

Stain ++

cal ++


Adv - Scaling & Polishing

Adv - composite filling

Adv - X-ray

$\frac{6}{7}$ $\frac{78}{7}$

Follow up date:


Doctor Signature

Vancharani Jadhav

33yrs

11.10.24

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

UMP: 30/9/24
 PMC - 8/11/20 RMC
 GI - PAND - 44ms (F)

No anti-ob-gyn problem.

Thyroxine 50mcg

DA salt

P/S. Cr-ly performed
 suspension

Annual screening

DIV wt - 45, MS

Breast No palpable mass / lump.

Follow up date:

TAC NIGDI
 Dr. Archana Chaudhkar
 M.B.B.S. D.O
 Reg. No. 3333

Doctor Signature

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 11.10.24

Patient Name *varshwami jadhav*

UHID:

Age / Sex: *33y 01 F*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 respect</i>	<i>6/6 respect</i>
Near Vision	<i>1/6 respect</i>	<i>1/6 respect</i>
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>

same as rx

IMPRESSION: -

[Signature]
OPTOMETRIST

Mrs Varsharani Jadhav
Age 33/4

Height : 168	Weight : 79	BMI :	Waist Circum :
Temp :	Pulse : 60	Resp :	B.P : 120/70

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

A/P:- No fresh complaints.
 FH:- father - DM.
 KCCO:- Hypothyroidism : 4 years on
 T. Thyronorm 50.
 P/H & A/S.
 Allergies: Not known

O/B

RS
 CVB
 P/A
 CNS } X/AD

[Signature]

Rudhi Jadhav

Follow up date:

Doctor Signature

Apollo Clinic, Nigdi (Pimpri)

Shop No: 14 to 20, City Pride Building, Sector - 25, Next to BHEL Chowk,
 Nigdi Pradhikaran, Pune -411004 | Phone:(020) 27653312/13

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Reg. No. 2019011

BOOK YOUR APPOINTMENT TODAY!

Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

15

Name : Mrs. VARSHARANI V JADITAV

Age : 33Y 10M 7D

UHID : CPIM.0000052064

Address : P.C.N.T. Pune Maharashtra INDIA 411044

sex : Female



CPIM.0000052064

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

OP No: CPIMOPV168987

Bill No: CPIM-OCR-83034

Date: Oct 11th, 2024, 8:47 AM

Sno.	Service Type/Service Name	Department	
	ARCOFEMI - MEDIWHEEL - FCU 1. BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - HY2324		
1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
2	OPHTHAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
3	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
4	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
5	HbA1c GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
6	GYNAECOLOGY CONSULTATION	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
9	ECG	Cardiology	<input type="checkbox"/>
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
11	2D ECHO	Cardiology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
14	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
15	LBC PAP TEST- PAPSURE	Histopathology	<input type="checkbox"/>
16	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:30pm	Biochemistry	<input type="checkbox"/>
18	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
19	FNT CONSULTATION	Consultation	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
22	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
23	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
24	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
26	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>