

Patient Name	: Mrs.RINA KUMARI	Collected	: 23/Mar/2024 10:46AM
Age/Gender	: 41 Y 9 M 7 D/F	Received	: 23/Mar/2024 02:34PM
UHID/MR No	: CAUN.0000125578	Reported	: 23/Mar/2024 03:49PM
Visit ID	: CAUNOPV168642	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4336		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,**  
**WBC's mild leucopenia**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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

SIN No:BED240080288

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 02:34PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 03:49PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.6</b>	g/dL	12-15	Spectrophotometer
PCV	<b>34.50</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.86	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.3	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>3,910</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	61.6	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	<b>0.9</b>	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2408.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1176.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	35.19	Cells/cu.mm	20-500	Calculated
MONOCYTES	269.79	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.55	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.05		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	196000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	11	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic,  
WBC's mild leucopenia



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

SIN No:BED240080288

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



Patient Name	: Mrs.RINA KUMARI	Collected	: 23/Mar/2024 10:46AM
Age/Gender	: 41 Y 9 M 7 D/F	Received	: 23/Mar/2024 02:34PM
UHID/MR No	: CAUN.0000125578	Reported	: 23/Mar/2024 03:49PM
Visit ID	: CAUNOPV168642	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4336		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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

SIN No:BED240080288

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

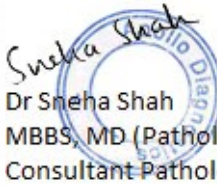


Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 02:34PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 04:42PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240080288

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



Certificate No: MC- 5697

Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 02:06PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 04:05PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE

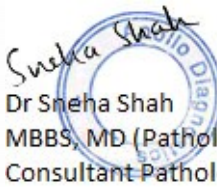
**Comment:**

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

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

SIN No:PLF02132213

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 01:57PM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 04:35PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 06:48PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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.



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

SIN No:PLP1436583

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 02:30PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 08:33PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.9</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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.

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



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

SIN No:EDT240036898

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 05:16PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 06:23PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	59	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.3</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.13	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.03		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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 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.



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

SIN No:SE04673422

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





Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 05:16PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 06:23PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF BIOCHEMISTRY**

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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

SIN No:SE04673422

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



Certificate No: MC-5697

Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 05:16PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 06:23PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.30	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.24	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>35.4</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>39.5</b>	U/L	<35	IFCC
ALKALINE PHOSPHATASE	52.01	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.59</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.81	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**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: SE04673422

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 05:16PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 06:23PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	0.68	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>7.87</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>3.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>1.64</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	<b>8.08</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.29</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.26	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	<b>110.03</b>	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	<b>6.59</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	3.81	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated



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

SIN No: SE04673422

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 05:16PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 06:23PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.14	U/L	<38	IFCC



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

SIN No:SE04673422

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 02:07PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 03:31PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.82	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.287	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

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

SIN No: SPL24053942

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






Certificate No: MC- 5697

Patient Name	: Mrs.RINA KUMARI	Collected	: 23/Mar/2024 10:46AM
Age/Gender	: 41 Y 9 M 7 D/F	Received	: 23/Mar/2024 02:07PM
UHID/MR No	: CAUN.0000125578	Reported	: 23/Mar/2024 03:31PM
Visit ID	: CAUNOPV168642	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4336		

### DEPARTMENT OF IMMUNOLOGY

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

Page 14 of 18

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:SPL24053942

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 01:54PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 02:16PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	POSITIVE ++		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr Sheha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UR2314608

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 01:57PM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 04:48PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 05:38PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



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

SIN No:UPP017333

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





Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 10:46AM
Age/Gender : 41 Y 9 M 7 D/F	Received : 23/Mar/2024 01:54PM
UHID/MR No : CAUN.0000125578	Reported : 23/Mar/2024 02:35PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

SIN No:UF011387

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



Patient Name : Mrs.RINA KUMARI	Collected : 23/Mar/2024 05:39PM
Age/Gender : 41 Y 9 M 7 D/F	Received : 25/Mar/2024 03:04PM
UHID/MR No : CAUN.0000125578	Reported : 27/Mar/2024 08:59PM
Visit ID : CAUNOPV168642	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4336	

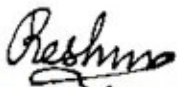
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	<b>CYTOLOGY NO.</b>	7246/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	SHIFT IN FLORA WITH CLUE CELLS
<b>IV</b>	<b>INTERPRETATION</b>	BACTERIAL VAGINOSIS

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

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



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

SIN No: CS077541

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

Page 18 of 18  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



<b>Patient Name</b>	: Mrs. RINA KUMARI	<b>Age/Gender</b>	: 41 Y/F
<b>UHID/MR No.</b>	: CAUN.0000125578	<b>OP Visit No</b>	: CAUNOPV168642
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-03-2024 17:36
<b>LRN#</b>	: RAD2279076	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: UBOIE4336		

---

**DEPARTMENT OF RADIOLOGY**

---

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size, shape and echotexture. No focal lesion is seen. PV and CBD are 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 C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 8.6 x 4.5 cm.

Left kidney – 9.5 x 5.1 cm.

**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 measuring 7.6 x 3.9 x 4.4 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 8 mm.

**Both ovaries**- appear normal in size, shape and echo pattern.

Right ovary – 3.6 x 2.6 cm.

Left ovary – 2.2 x 2.0 cm.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

**Patient Name** : Mrs. RINA KUMARI

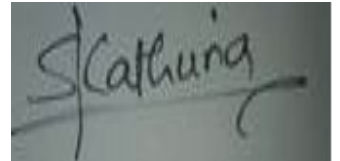
**Age/Gender** : 41 Y/F

**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.



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**

Radiology

**Patient Name** : Mrs. RINA KUMARI

**Age/Gender** : 41 Y/F

**UHID/MR No.** : CAUN.0000125578

**OP Visit No** : CAUNOPV168642

**Sample Collected on** :

**Reported on** : 24-03-2024 10:06

**LRN#** : RAD2279076

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4336

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

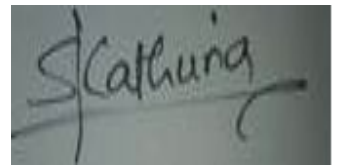
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology

**Patient Name** : Mrs. RINA KUMARI

**Age/Gender** : 41 Y/F

**UHID/MR No.** : CAUN.0000125578

**OP Visit No** : CAUNOPV168642

**Sample Collected on** :

**Reported on** : 25-03-2024 17:46

**LRN#** : RAD2279076

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4336

---

**DEPARTMENT OF RADIOLOGY**

---

**SONO MAMMOGRAPHY - SCREENING**

Breast parenchyma appears normal bilaterally.

There is no evidence of spiculated mass lesion, micro calcification or architectural distortion.

There is no axillary lymphadenopathy on either side.

No obvious chest wall lesion is seen on either side.

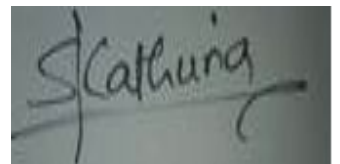
No abnormality is detected in the retro mammary fat.

**IMPRESSION:**

**No significant abnormality detected.**

**Suggest clinical correlation and follow-up**

(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.



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS,DMRE, RADIOLOGY**  
Radiology

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Rina Kumari on 23/08/2024

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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>	

APOLLO CLINIC - AUNDH  
Dr. VIDYA DESHPANDE  
MBBS, DGO  
Family Physician  
Reg.No : 56585

Dr. \_\_\_\_\_  
Medical Officer  
Apollo Clinic, (Aundh, Pune)

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

Date : 23-03-2024  
MR NO : CAUN.0000125578

Department : GENERAL  
Doctor :

Name : Mrs. RINA KUMARI

Registration No :

Age/ Gender : 41 Y / Female

Qualification :

Consultation Timing: 10:12

Height	148
Weight	61
BP	100/70
Pulse	72
Waist	97
Hip	100
EMI	
Consultation with Report	



DATE: 23/3/22

PATIENT NAME : Sina Kumari

AGE : 41 yrs

MARRIED / UNMARRIED: m: 10 yrs

MENSTRUAL HISTORY : Cycle regular

MENARCHE : \_\_\_\_\_

PMC : 3-4/28, avg flow

LMP : 11/01/23

OBSTETRIC HISTORY : G P L A Multiparous

PAST HISTORY : DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES no

FAMILY HISTORY : DM/ HT/ IHD / MALIGNANCIES no

**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@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK MAHARASHTRA**  
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Rina Kumari  
 AGE/Sex : 41/F

Date : 28.03.24  
 UHID/ MR NO : 125578

	RIGHT EYE	LEFT EYE
FAR VISION	C 6/6 VA	C 6/6 <del>VA</del>
NEAR VISION	C 1/6 Glasses	C 1/6 Glasses
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	+/- Reading Glasses	—

Impression: WNC

---




---



---

Optometrist:-  
 Mr. Ritesh Sutnase



### Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Tue 19-03-2024 17:15

To:rinarajarya@gmail.com <rinarajarya@gmail.com>

Cc:Aundh Apolloclinic <aundh@apolloclinic.com>;Niraj B <niraj.b@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

**Dear RINA KUMARI,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-03-23** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

Issue Date: 25/02/2014



रीना कुमारी

Rina Kumari

जन्म तिथि / DOB: 16/06/1982

महिला / Female

9050 8696 8424

भेरा आधार, भेरी पहचान



Government of India

