

Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:50PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.2	g/dL	12-15	Spectrophotometer
PCV	23.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	54.1	fL	83-101	Calculated
MCH	16.6	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,830	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4159.47	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	448000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240087174



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

Patient Name : Mrs.DEEPALI MAHESH NAZARE
Age/Gender : 47 Y 1 M 26 D/F
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Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.


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Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

P.No 9 & 10a, S.NO.284, Resate Chambers, Saras Baug Road,
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Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 03:02PM
Visit ID : SPUNOPV62531	Status : Final Report
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Emp/Auth/TPA ID : 158307	

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
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
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:BED240087174



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Collected : 29/Mar/2024 12:10PM
 Received : 29/Mar/2024 01:04PM
 Reported : 29/Mar/2024 02:05PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	97	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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:PLP1439885

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UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:01PM
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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 Sneha Shah
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Consultant Pathologist

SIN No:EDT240040440



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Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 11:52AM
Visit ID : SPUNOPV62531	Status : Final Report
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	149.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574



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DEPARTMENT OF BIOCHEMISTRY

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

- 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).

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

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.19	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.41	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.25	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.49	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC

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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.518	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
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SIN No: SPL24059040

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Emp/Auth/TPA ID : 158307	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2320027

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

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
P.No 9 & 10a, S.No.284, Reside Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra.



Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 12:45PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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

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

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

SIN No:UF011550



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

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

P.No 9 & 10a, S.NO.284, Reside Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra.

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 12:22PM
Age/Gender : 47 Y 1 M 26 D/F	Received : 30/Mar/2024 03:32PM
UHID/MR No : SPUN.0000047072	Reported : 02/Apr/2024 07:32PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8017/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

Page 14 of 14
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS078141

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

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62,5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
P.No 9 & 10a, S.NO.284, Resule Chambers, Saras Baug Road,
Vijayanagar Colony, Opp. Saras Play Ground, Sadashiv Peth,
Pune, Maharashtra.

Name : Mrs. Deepali Mahesh Nazare

Age: 47 Y

UHID:SPUN.0000047072

Sex: F



Address : KEM Hospital Near 154 Rasta Peth Pune 411011

OP Number:SPUNOPV62531

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10603

Date : 29.03.2024 08:22

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACOBGLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) 11.15am	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X 14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.15am	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMMOGRAPHY - SCREENING	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Deepali Nazare on 20/10/24

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

<ul style="list-style-type: none">• Medically Fit	Tick <input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Needs Consultation</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 29/03/24
MRNO :
Name : Deepachi Nazare
Age/Gender : 47 / F
Mobile No :

Department : Gen Physician
Consultant :
Reg. No : Dr. Samrat Shah
Qualification :
Consultation Timing :

SPO2 - 97%

Pulse: 80b/min	B.P: 160/90 mmHg	Resp: 20b/min	Temp: 98.4f.
Weight: 69.3kg	Height: 156cm.	BMI: 28.5	Waist Circum:

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

→ Newly detected HYP not on Rx

Adv

→ Tab Felby CH 00
1 - 0 - 0 x 90

- T. Gluc Fe
1 - 0 - 0 x 90

- Ly bra AOPs
weekly - 5

- Kshir D3 605
weekly - 12

Dr. Samrat Shah
MBBS MD

Reg No. 202108/302

Consultant Internist & Diabetologist
Apollo Speciality Hospital

Follow up date:

Date : 29/03/24
MRNO :
Name : Deepali Nazare
Age/Gender : 47 / F
Mobile No :

Department : Gynec
Consultant :
Reg. No : Dr. Vinita
Qualification : Joshi
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No complaints.

P2 L2

M/H - PMH 3-4/25-28
moderate flow LMP - 26/3/24.

O/H - P2 L2 → 24 yrs / FTND.
→ 18 yrs

B:1. Breast Examⁿ :

P/S - CX / (h)

P/V - vt Bwhg, AV
Bil h cloc, NT.

Follow up date:

Doctor Signature

Joshi

Date : 29/03/24
MRNO :
Name : Deepali Nazare
Age/Gender : 47/F
Mobile No :

Department : ENT
Consultant :
Reg. No : Dr. Shivprakash
Qualification : Mehta
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT NAD



Follow up date:

Doctor Signature

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 12:11PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 02:50PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.2	g/dL	12-15	Spectrophotometer
PCV	23.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	54.1	fL	83-101	Calculated
MCH	16.6	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6.830	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4159.47	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	448000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
 WBC's are normal in number and morphology
 Platelets are Adequate
 No hemoparasite seen.
 Impression: Iron Deficiency Anemia

Page 1 of 13



Susika Shah
 Dr Susika Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: BED240087174

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

Patient Name : Mrs. DEEPALI MAHESH NAZARE
Age/Gender : 47 Y 1 M 26 D/F
UHID/MR No : SPUN 0000047072
Visit ID : SPUNOPV62531
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
Received : 29/Mar/2024 12:11PM
Reported : 29/Mar/2024 02:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: BED240087174

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

Patient Name : Mrs DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 DiF	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 03:02PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
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
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: BED240087174

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 12:10PM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 01:04PM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 02:05PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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	97	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 \geq 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or \geq 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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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: PL.P1430885

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



Patient Name : Mrs DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 28 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.000047072	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Suska Shah
 Dr Susha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SEN No: EDT240040440

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

Patient Name : Mrs. DEEPALI MAHESH NAZARE
 Age/Gender : 47 Y 1 M 26 D/F
 UHID/MR No : SPUN 0000047072
 Visit ID : SPUNOPV62531
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
 Received : 29/Mar/2024 10:58AM
 Reported : 29/Mar/2024 11:52AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	149.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 13



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: SED4680574

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



Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

DEPARTMENT OF BIOCHEMISTRY

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

- 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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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



Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.19	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

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

Common patterns seen

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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




 Dr Saeha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680574

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

Patient Name	: Mrs. DEEPA MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.41	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.25	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.49	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.8-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated



Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:SE04680574



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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 12:24PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3. TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4. TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.518	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
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma



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

SIN No: SPI 24059040

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



Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 12:22PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 12:45PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



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

SIN No:UR2320027

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 DiF	Received	: 29/Mar/2024 12:22PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 12:45PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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

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

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:UFD11550



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

2D ECHO / COLOUR DOPPLER

Name : Mrs. Deepali Mahesh Nazare
Ref by : HEALTH CHECKUP

Age : 47YRS / F
Date : 29/03/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Apollo Clinic

CONSENT FORM

Patient Name: Deepal Nazare Age: 47

UHID Number: _____ Company Name: BOB

I Mr/Mrs/Ms Deepal Nazare Employee of Arcote m.

(Company) Want to inform you that I am not interested in getting Dental consultation

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Deepal Nazare

Date: 29/03/2024

EYE REPORT



ASH/PUN/OPHT/06/02-0216

Name: Mrs. Deepali Nazare

Date: 29/03/24

Age / Sex: 47 y / F

Ref No.:

Complaint: No complaints

Examination
NO DM

corrected Vision $\left\{ \begin{array}{l} R \ 6/6 \ N6 \\ L \ 6/6 \ N6 \end{array} \right.$

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-9.00	-0.50	180°	6/6	-8.00	-0.25	150°
Read	1.75	—	—	N6	1.75	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Add

Remarks:

WNL

PGP $\left\{ \begin{array}{l} R \ -9.00 / -0.50 \times 110^\circ \\ L \ -8.00 / -0.25 \times 180^\circ \end{array} \right.$ Add $\left\{ \begin{array}{l} + \\ 1.75 \\ (BE) \end{array} \right.$

Medications: \therefore BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 year

Consultant:

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.
IMPRESSION: No significant abnormality is seen.



Dr. Santhosh Kumar DMRD, DNB
Consultant Radiologist
Reg. No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



Name	Mrs Deepali Mahesh Nazare	Age	47 Years
Patient ID	DD/293/2023-2024/1647	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	29/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10.2x4.7cms and **the left kidney** measures 10x4.6cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus is bulky and measures 11x5.4x5.2cms in size. Multiple subcentimeter size myometrial fibroids are noted. Rest of the myometrium appears uniform in echotexture. The endometrium measures 8 mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

**Bulky uterus with multiple subcentimeter fibroids.
No other significant abnormality is seen.**

Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)



Name	Mrs Deepali Mahesh Nazare	Age	47 Years
Patient ID	DD/293/2023-2024/1647	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	29/03/2024

SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

A 4x2mm simple cyst is noted at 9 o'clock position on right side.

Multiple simple cyst are noted at 12 to 3 o'clock position on left side. Largest measures 4x4mm on at 12 o'clock position.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

A 4x2mm simple cyst at 9 o'clock position on right side.

Multiple simple cyst from 12 to 3 o'clock position on left side.

(Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptoms and other related test. Please interpret accordingly)


Dr. Lalit Deore
MD(Radiology)

Nazare, Deepali
ID: 47072

156 cm Female
69.0 kg

29.03.2024 9:14:58 AM
Apollo Spectra Hospital
SWARGATE
PUNE-4110

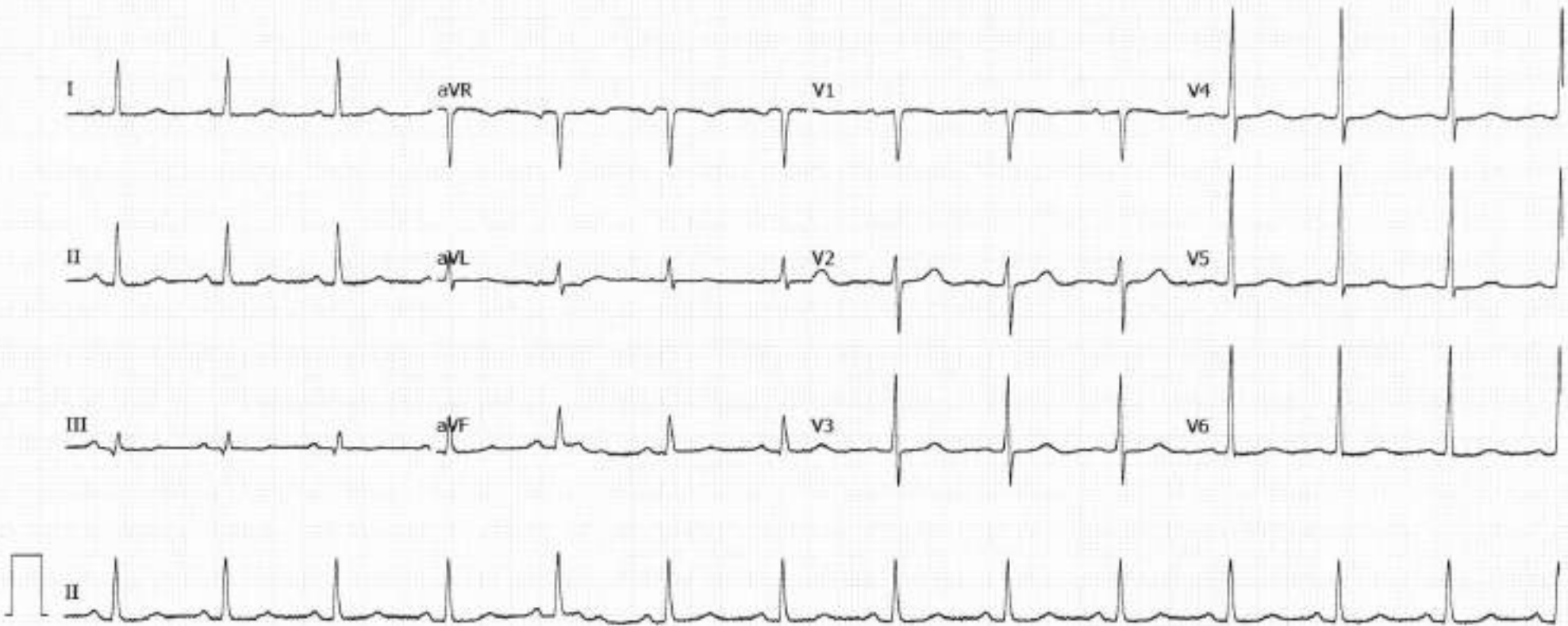
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

81 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms Normal sinus rhythm
QT / QTcBaz : 384 / 446 ms Normal ECG
PR : 164 ms
P : 98 ms
RR / PP : 742 / 740 ms
P / QRS / T : 64 / 40 / 41 degrees



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement
✓ 121058	ARCOFEMI HEALTHCARE LIMITED...	MS. NAZARE DEEPALI	maheshdeepali1998@gmail.com	7040548039	ARCOFEMI MEDIWHEEL FEMALE AHC...
120891	ARCOFEMI HEALTHCARE LIMITED...	mahesh nazare	maheshdeepali1998@gmail.com	7040548039	ARCOFEMI MEDIWHEEL MALE AHC-CR...


सर्वोच्च शासन
 Government of India
 


दिपाली महेश नाडरे
Deepali Mahesh Nazare
 जन्म तारीख / DOB: 03/02/1977
 महिला / FEMALE

6213 1700 3776

मेरा आधार, मेरी पहचान


एनयूआईडीएल प्राधिकरण
 Unique Identification Authority of India
 

पता: W/O महेश नाडरे, के.ई.एम.हॉस्पिटल
 बस, पुणे रोड नैट मार्ग बी, डा. कोसपुणे
 १६, पुणे शिरी, पुणे, महाराष्ट्र, ४११०११

Address: W/O Mahesh Nazare, near
 K.E.M.hospital, 154 masta path marion
 shree hou soc pune 11, Pune City, Pune,
 Maharashtra, 411011

6213 1700 3776

1947 help@uidai.gov.in www.uidai.gov.in



Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:50PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.2	g/dL	12-15	Spectrophotometer
PCV	23.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	54.1	fL	83-101	Calculated
MCH	16.6	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,830	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4159.47	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	448000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:BED240087174

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



Patient Name : Mrs.DEEPALI MAHESH NAZARE
Age/Gender : 47 Y 1 M 26 D/F
UHID/MR No : SPUN.0000047072
Visit ID : SPUNOPV62531
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
Received : 29/Mar/2024 12:11PM
Reported : 29/Mar/2024 02:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240087174

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





Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 03:02PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
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:BED240087174

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



Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 12:10PM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 01:04PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:05PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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	97	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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





Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240040440

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





Certificate No: MC-5697

Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 11:52AM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	149.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:SE04680574

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



Certificate No: MC-5697

Patient Name	: Mrs.DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

DEPARTMENT OF BIOCHEMISTRY

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

- 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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Certificate No: MC-5697

Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.19	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
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Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.41	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.25	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.49	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
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Emp/Auth/TPA ID : 158307	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 12:24PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.518	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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



SIN No: SPL24059040

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



Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 12:45PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No:UR2320027

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



Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 12:45PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011550

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





Patient Name	: Mrs.DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 12:22PM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 30/Mar/2024 03:32PM
UHID/MR No	: SPUN.0000047072	Reported	: 02/Apr/2024 07:32PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8017/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

Page 14 of 14
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS078141

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

Name : Mrs. Deepali Mahesh Nazare

Age: 47 Y

UHID:SPUN.0000047072

Sex: F



Address : KEM Hospital Near 154 Rasta Peth Pune 411011

OP Number:SPUNOPV62531

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10603

Date : 29.03.2024 08:22

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) 11.15am	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X 14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.15am	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Deepali Nazare on 20/10/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Needs Consultation</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 29/03/24
MRNO :
Name : Deepali Nazari
Age/Gender : 47 / F
Mobile No :

Department : Gen Physician
Consultant :
Reg. No : Dr. Samrat Shah
Qualification :
Consultation Timing :

SPO2 - 97%

Pulse: 80b/min	B.P: 160/90 mmHg	Resp: 20b/min	Temp: 98.4f.
Weight: 69.3kg	Height: 156cm.	BMI: 28.5	Waist Circum:

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

→ Newly detected HYP not on Rx

Adv

- Tab Felby CH 60
1 - 0 - 0 x 90
- T. Gluc Fe
1 - 0 - 0 x 90
- Ly bra AOPs
weekly - 5
- Kshir D3 605
weekly - 12

Follow up date:

Dr. Samrat Shah
MBBS MD
Reg No. 202108/302
Consultant Internist
Apollo Speciality Hospital

Date : 29/03/24
MRNO :
Name : Deepali Nazare
Age/Gender : 47 / F
Mobile No :

Department : Gynec
Consultant :
Reg. No : Dr. Vinita
Qualification : Joshi
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No complaints.

P₂ L₂

M/H - PMH 3-4/25-28
moderate flow LMP - 26/3/24.

O/H - P₂ L₂ → 24 yrs / FTND.
→ 18 yrs

B:1. Breast Examⁿ :

P/S - CX / (h)

P/V - vt Bwhg, AV
Bil h cloc, NT.

Follow up date:

Doctor Signature

Joshi

Date : 29/03/24
MRNO :
Name : Deepali Nazare
Age/Gender : 47/F
Mobile No :

Department : ENT
Consultant :
Reg. No : Dr. Shivprakash
Qualification : Mehta
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT NAD



Follow up date:

Doctor Signature

Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:50PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.2	g/dL	12-15	Spectrophotometer
PCV	23.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	54.1	fL	83-101	Calculated
MCH	16.6	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6.830	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4159.47	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	448000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia

Page 1 of 13



Susika Shah

Dr Susika Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: BED240087174

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

Patient Name : Mrs. DEEPALI MAHESH NAZARE
Age/Gender : 47 Y 1 M 26 D/F
UHID/MR No : SPUN 0000047072
Visit ID : SPUNOPV62531
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
Received : 29/Mar/2024 12:11PM
Reported : 29/Mar/2024 02:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: BED240087174

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

Patient Name	: Mrs DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 DiF	Received	: 29/Mar/2024 12:11PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 03:02PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
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
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: BED240087174

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 12:10PM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 01:04PM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 02:05PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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	97	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 \geq 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or \geq 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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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: PL.P1430885

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



Patient Name : Mrs DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 28 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.000047072	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Suska Shah
 Dr Susha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SEN No: EDT240040440

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

Patient Name : Mrs. DEEPALI MAHESH NAZARE
 Age/Gender : 47 Y 1 M 26 D/F
 UHID/MR No : SPUN 0000047072
 Visit ID : SPUNOPV62531
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
 Received : 29/Mar/2024 10:58AM
 Reported : 29/Mar/2024 11:52AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	149.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 13



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: SED4680574

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



Patient Name : Mrs. DEEPALI MAHESH NAZARE
Age/Gender : 47 Y 1 M 26 D/F
UHID/MR No : SPUN.0000047072
Visit ID : SPUNOPV62531
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
Received : 29/Mar/2024 10:58AM
Reported : 29/Mar/2024 11:52AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- 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. Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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



Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.19	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

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

Common patterns seen

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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




 Dr Saeha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680574

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

Patient Name	: Mrs. DEEPA MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.41	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.25	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.49	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.8-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated



Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 11:52AM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:SE04680574



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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 12:24PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3. TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4. TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.518	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
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma



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

SIN No: SPI 24059040

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



Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 12:22PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 12:45PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



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

SIN No:UR2320027

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 DiF	Received	: 29/Mar/2024 12:22PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 12:45PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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

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

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:UFD11550

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

2D ECHO / COLOUR DOPPLER

Name : Mrs. Deepali Mahesh Nazare
Ref by : HEALTH CHECKUP

Age : 47YRS / F
Date : 29/03/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR.SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

Apollo Clinic

CONSENT FORM

Patient Name: Deepal Nazare Age: 47

UHID Number: _____ Company Name: BOB

I Mr/Mrs/Ms Deepal Nazare Employee of Arcochem

(Company) Want to inform you that I am not interested in getting Dental consultation

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Deepal Nazare

Date: 29/03/2024

EYE REPORT



ASH/PUN/OPHT/06/02-0216

Name: Mrs. Deepali Nazare

Date: 29/03/24

Age / Sex: 47 y / F

Ref No.:

Complaint: No complaints

Examination
NO DM

corrected Vision $\left\{ \begin{array}{l} R \ 6/6 \ N6 \\ L \ 6/6 \ N6 \end{array} \right.$

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-9.00	-0.50	180°	6/6	-8.00	-0.25	150°
Read	1.75	—	—	N6	1.75	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Add

Remarks:

WNL

PGP $\left\{ \begin{array}{l} R \ -9.00 / -0.50 \times 110^\circ \\ L \ -8.00 / -0.25 \times 180^\circ \end{array} \right.$ Add $\left\{ \begin{array}{l} + \\ 1.75 \\ (BE) \end{array} \right.$

Medications: \therefore BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 year

Consultant:

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.
IMPRESSION: No significant abnormality is seen.



Dr. Santhosh Kumar DMRD, DNB
Consultant Radiologist
Reg. No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



Name	Mrs Deepali Mahesh Nazare	Age	47 Years
Patient ID	DD/293/2023-2024/1647	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	29/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10.2x4.7cms and **the left kidney** measures 10x4.6cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus is bulky and measures 11x5.4x5.2cms in size. Multiple subcentimeter size myometrial fibroids are noted. Rest of the myometrium appears uniform in echotexture. The endometrium measures 8 mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

**Bulky uterus with multiple subcentimeter fibroids.
No other significant abnormality is seen.**

Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)



Name	Mrs Deepali Mahesh Nazare	Age	47 Years
Patient ID	DD/293/2023-2024/1647	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	29/03/2024

SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

A 4x2mm simple cyst is noted at 9 o'clock position on right side.

Multiple simple cyst are noted at 12 to 3 o'clock position on left side. Largest measures 4x4mm on at 12 o'clock position.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

A 4x2mm simple cyst at 9 o'clock position on right side.

Multiple simple cyst from 12 to 3 o'clock position on left side.

(Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptoms and other related test. Please interpret accordingly)


Dr. Lalit Deore
MD(Radiology)

Nazare, Deepali
ID: 47072

156 cm Female
69.0 kg

29.03.2024 9:14:58 AM
Apollo Spectra Hospital
SWARGATE
PUNE-4110

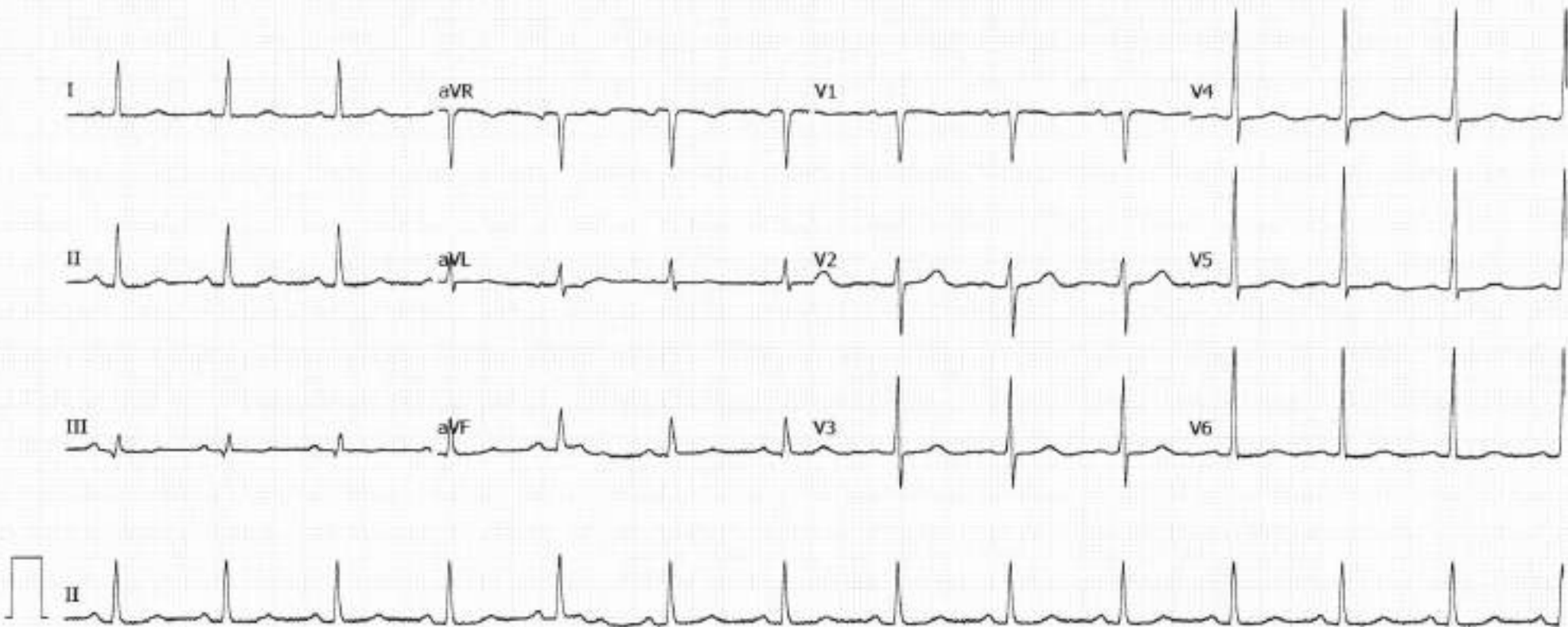
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

81 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms Normal sinus rhythm
QT / QTcBaz : 384 / 446 ms Normal ECG
PR : 164 ms
P : 98 ms
RR / PP : 742 / 740 ms
P / QRS / T : 64 / 40 / 41 degrees



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement
✓ 121058	ARCOFEMI HEALTHCARE LIMITED...	MS. NAZARE DEEPALI	maheshdeepali1998@gmail.com	7040548039	ARCOFEMI MEDIWHEEL FEMALE AHC...
120891	ARCOFEMI HEALTHCARE LIMITED...	mahesh nazare	maheshdeepali1998@gmail.com	7040548039	ARCOFEMI MEDIWHEEL MALE AHC-CR...


सर्वोच्च शासन
 Government of India
 


डिपली महेश नझरे
Deepali Mahesh Nazare
 जन्म तारीख / DOB: 03/02/1977
 महिला / FEMALE

6213 1700 3776

मेरा आधार, मेरी पहचान


एनयूआईडीएल प्राधिकरण
 Unique Identification Authority of India
 

पता: W/O महेश नझरे, के.ई.एम.हॉस्पिटल
 अक्षा, पुणे रोड नं. 154, कोसपुणे
 १६, पुणे शिबि, पुणे, महाराष्ट्र, ४११०११

Address: W/O Mahesh Nazare, near
 K.E.M. hospital, 154 masta path, marion
 shree hou soc pune 11, Pune City, Pune,
 Maharashtra, 411011

6213 1700 3776

1947 help@uidai.gov.in www.uidai.gov.in



Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:50PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.2	g/dL	12-15	Spectrophotometer
PCV	23.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	54.1	fL	83-101	Calculated
MCH	16.6	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,830	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4159.47	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	448000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:BED240087174

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



Patient Name	: Mrs.DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 12:11PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 02:50PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240087174

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





Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 03:02PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
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:BED240087174

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



Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 12:10PM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 01:04PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:05PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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	97	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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





Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:EDT240040440

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



Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 11:52AM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	149.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



SIN No:SE04680574

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



Certificate No: MC-5697

Patient Name	: Mrs.DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

DEPARTMENT OF BIOCHEMISTRY

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

- 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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
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Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.19	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Certificate No: MC-5697

Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 11:52AM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.41	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.25	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.49	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04680574

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





Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
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Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.518	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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



SIN No:SPL24059040

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



Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 12:45PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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 Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2320027

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





Certificate No: MC-5697

Patient Name : Mrs.DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 12:22PM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 12:45PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011550

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





Patient Name	: Mrs.DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 12:22PM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 30/Mar/2024 03:32PM
UHID/MR No	: SPUN.0000047072	Reported	: 02/Apr/2024 07:32PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8017/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



SIN No:CS078141

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

Customer Pending Tests
Doctor Not available for dental Consultation.

Name : Mrs. Deepali Mahesh Nazare

Age: 47 Y

UHID:SPUN.0000047072

Sex: F



Address : KEM Hospital Near 154 Rasta Peth Pune 411011

OP Number:SPUNOPV62531

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-10603

Date : 29.03.2024 08:22

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL) 11.15am	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
X 14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11.15am	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMMOGRAPHY - SCREENING	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Deepali Nazare on 20/10/24

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

<ul style="list-style-type: none">• Medically Fit	Tick <input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Needs Consultation</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	
<ul style="list-style-type: none">• Unfit	

Dr. Samrat Shah
General Physician
Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Dr. Samrat Shah
MBBS MD
Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Date : 29/03/24
MRNO :
Name : Deepali Nazari
Age/Gender : 47 / F
Mobile No :

Department : Gen Physician
Consultant :
Reg. No : Dr. Samrat Shah
Qualification :
Consultation Timing :

SPO2 - 97%

Pulse: 80b/min	B.P: 160/90 mmHg	Resp: 20b/min	Temp: 98.4f.
Weight: 69.3kg	Height: 156cm.	BMI: 28.5	Waist Circum:

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

→ Newly detected HYP not on Rx

Adv

→ Tab Felty CH 00
1-0-0 x 90

- T. Gluc Fe
1-0-0 x 90

- Ly bra AOPs
weekly - 5

- Kshir D3 605
weekly - 12

Dr. Samrat Shah
MBBS MD

Reg No. 202108/302
Consultant Internist
Apollo Speciality Hospital

Follow up date:

Date : 29/03/24
MRNO :
Name : Deepali Nazare
Age/Gender : 47 / F
Mobile No :

Department : Gynec
Consultant :
Reg. No : Dr. Vinita
Qualification : Joshi
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No complaints.

P₂ L₂

M/H - PMH 3-4/25-28
moderate flow LMP - 26/3/24.

O/H - P₂ L₂ → 24 yrs / FTND.
→ 18 yrs

B:1. Breast Examⁿ :

P/S - CX / (h)

P/V - vt Bwhg, AV
Bil h cloc, NT.

Follow up date:

Doctor Signature

Joshi

Date : 29/03/24
MRNO :
Name : Deepali Nazare
Age/Gender : 47/F
Mobile No :
47/F

Department : ENT
Consultant :
Reg. No : Dr. Shivprakash
Qualification : Mehta
Consultation Timing :

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT NAD



Follow up date:

Doctor Signature

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 12:11PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 02:50PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	7.2	g/dL	12-15	Spectrophotometer
PCV	23.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	54.1	fL	83-101	Calculated
MCH	16.6	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6.830	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4159.47	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	232.22	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	448000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.
Impression: Iron Deficiency Anemia

Page 1 of 13



Susika Shah
Dr Susika Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: BED240087174

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

Patient Name : Mrs. DEEPALI MAHESH NAZARE
Age/Gender : 47 Y 1 M 26 D/F
UHID/MR No : SPUN 0000047072
Visit ID : SPUNOPV62531
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
Received : 29/Mar/2024 12:11PM
Reported : 29/Mar/2024 02:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Advice: Iron studies & Hb Electrophoresis.




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: BED240087174

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

Patient Name	: Mrs DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 DiF	Received	: 29/Mar/2024 12:11PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 03:02PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
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
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: BED240087174

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 12:10PM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 01:04PM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 02:05PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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	97	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 \geq 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or \geq 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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	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: PL.P1430885

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



Patient Name : Mrs DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 28 D/F	Received : 29/Mar/2024 12:11PM
UHID/MR No : SPUN.000047072	Reported : 29/Mar/2024 02:01PM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Suska Shah
 Dr Susha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SEN No: EDT240040440

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

Patient Name : Mrs. DEEPAI MAHESH NAZARE
 Age/Gender : 47 Y 1 M 26 D/F
 UHID/MR No : SPUN 0000047072
 Visit ID : SPUNOPV62531
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 158307

Collected : 29/Mar/2024 09:54AM
 Received : 29/Mar/2024 10:58AM
 Reported : 29/Mar/2024 11:52AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	149.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.7	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		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.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 6 of 13



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



SIN No: SED4680574

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

DEPARTMENT OF BIOCHEMISTRY

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

- 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).



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:SE04680574

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.1	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.1	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.19	U/L	30-120	IFCC
PROTEIN, TOTAL	6.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

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

Common patterns seen

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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




 Dr Saeha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04680574

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

Patient Name	: Mrs. DEEPA MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 11:52AM
Visit ID	: SPUNOPV62531	Status	: Final Report
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Emp/Auth/TPA ID	: 158307		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.59	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.41	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.11	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.25	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.49	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.60	g/dL	6.8-8.3	Biuret
ALBUMIN	4.04	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated



Patient Name : Mrs. DEEPALI MAHESH NAZARE	Collected : 29/Mar/2024 09:54AM
Age/Gender : 47 Y 1 M 26 D/F	Received : 29/Mar/2024 10:58AM
UHID/MR No : SPUN.0000047072	Reported : 29/Mar/2024 11:52AM
Visit ID : SPUNOPV62531	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 158307	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.44	U/L	<38	IFCC



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:SE04680574



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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 10:58AM
UHID/MR No	: SPUN 0000047072	Reported	: 29/Mar/2024 12:24PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3. TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4. TOTAL)	9.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.518	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
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma



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

SIN No: SPI 24059040

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



Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 D/F	Received	: 29/Mar/2024 12:22PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 12:45PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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



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

SIN No:UR2320027

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

Patient Name	: Mrs. DEEPALI MAHESH NAZARE	Collected	: 29/Mar/2024 09:54AM
Age/Gender	: 47 Y 1 M 26 DiF	Received	: 29/Mar/2024 12:22PM
UHID/MR No	: SPUN.0000047072	Reported	: 29/Mar/2024 12:45PM
Visit ID	: SPUNOPV62531	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 158307		

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

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

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Susika Shah

Dr Susika Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: UFD11550

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

2D ECHO / COLOUR DOPPLER

Name : Mrs. Deepali Mahesh Nazare
Ref by : HEALTH CHECKUP

Age : 47YRS / F
Date : 29/03/2024

LA – 32 AO – 26 IVS – 10 PW – 10
LVIDD – 37 LVIDS - 25
EF 60 %

Normal LV size and systolic function.
No diastolic dysfunction
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow.
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :
NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
NO RWMA. NO PULMONARY HTN
NO CLOTS/VEGETATIONS



DR. SAMRAT SHAH
MD, CONSULTANT PHYSICIAN

EYE REPORT



ASH/PUN/OPHT/06/02-0216

Name: Mrs. Deepali Nazare

Date: 29/03/24

Age / Sex: 47 y / F

Ref No.:

Complaint: No complaints

Examination
NO DM

corrected Vision $\left\{ \begin{array}{l} R \ 6/6 \ N6 \\ L \ 6/6 \ N6 \end{array} \right.$

Spectacle Rx

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-9.00	-0.50	180°	6/6	-8.00	-0.25	150°
Read	1.75	—	—	N6	1.75	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Add

Remarks:

WNL

PGP $\left\{ \begin{array}{l} R \ -9.00 / -0.50 \times 110^\circ \\ L \ -8.00 / -0.25 \times 180^\circ \end{array} \right.$ Add $\left\{ \begin{array}{l} + \\ 1.75 \\ (BE) \end{array} \right.$

Medications:

∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 year

Consultant:

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.
There is no focal pulmonary mass lesion is seen.
No collapse or consolidation is evident.
The apices, costo and cardiophrenic angles are free.
No hilar or mediastinal lymphadenopathy is demonstrated.
There is no pleural or pericardial effusion.
No destructive osseous pathology is evident.
IMPRESSION: No significant abnormality is seen.



Dr. Santhosh Kumar DMRD, DNB
Consultant Radiologist
Reg. No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.



Name	Mrs Deepali Mahesh Nazare	Age	47 Years
Patient ID	DD/293/2023-2024/1647	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	29/03/2024

USG ABDOMEN AND PELVIS.

The liver appears normal in size, shape and echotexture. No focal lesion is seen. The hepatic venous radicals and intrahepatic biliary tree appear normal. The portal vein and CBD appears normal.

The gall bladder is distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen.

The pancreas appear normal in size and echotexture. No focal lesion seen.

The spleen appears normal in size and echotexture. No focal lesion seen.

The right kidney measures 10.2x4.7cms and **the left kidney** measures 10x4.6cms. Both kidneys appear normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side.

The urinary bladder distends well and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.

The uterus is bulky and measures 11x5.4x5.2cms in size. Multiple subcentimeter size myometrial fibroids are noted. Rest of the myometrium appears uniform in echotexture. The endometrium measures 8 mm

Both ovaries are normal in size, shape and echotexture. No adnexal mass is seen.

There is no free fluid or paraaortic lymphadenopathy seen. The aorta and IVC appear normal.

IMPRESSION:

**Bulky uterus with multiple subcentimeter fibroids.
No other significant abnormality is seen.**

Dr. Lalitkumar S Deore
MD(Radiology) (2001/04/1871)



Name	Mrs Deepali Mahesh Nazare	Age	47 Years
Patient ID	DD/293/2023-2024/1647	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	29/03/2024

SONOGRAPHY OF BOTH BREASTS

Both breasts were scanned by using a high frequency linear transducer.

A 4x2mm simple cyst is noted at 9 o'clock position on right side.

Multiple simple cyst are noted at 12 to 3 o'clock position on left side. Largest measures 4x4mm on at 12 o'clock position.

No fluid collection or abscess seen in both breast.

No dilated ducts are seen.

No evidence suggestive of mastitis is noted.

No obvious intramammary mass is seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

A 4x2mm simple cyst at 9 o'clock position on right side.

Multiple simple cyst from 12 to 3 o'clock position on left side.

(Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptoms and other related test. Please interpret accordingly)


Dr. Lalit Deore
MD(Radiology)

Nazare, Deepali
ID: 47072

156 cm Female
69.0 kg

29.03.2024 9:14:58 AM
Apollo Spectra Hospital
SWARGATE
PUNE-4110

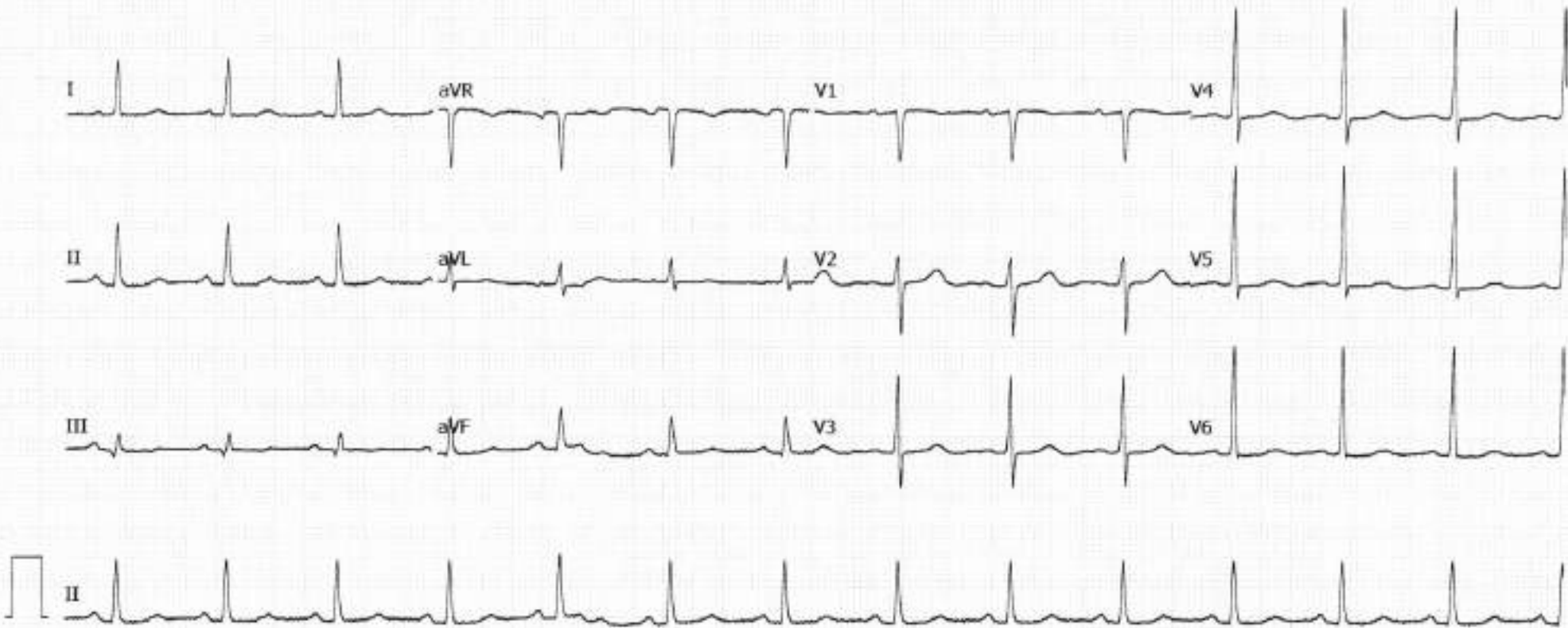
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

81 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms Normal sinus rhythm
QT / QTcBaz : 384 / 446 ms Normal ECG
PR : 164 ms
P : 98 ms
RR / PP : 742 / 740 ms
P / QRS / T : 64 / 40 / 41 degrees



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement
✓ 121058	ARCOFEMI HEALTHCARE LIMITED...	MS. NAZARE DEEPALI	maheshdeepali1998@gmail.com	7040548039	ARCOFEMI MEDIWHEEL FEMALE AHC...
120891	ARCOFEMI HEALTHCARE LIMITED...	mahesh nazare	maheshdeepali1998@gmail.com	7040548039	ARCOFEMI MEDIWHEEL MALE AHC-CR...


सर्वोच्च शासन
 Government of India
 


दिपाली महेश नाडरे
Deepali Mahesh Nazare
 जन्म तारीख / DOB: 03/02/1977
 महिला / FEMALE

6213 1700 3776

मेरा आधार, मेरी पहचान


एनयूआईडीएल प्राधिकरण
 Unique Identification Authority of India
 

पता: W/O महेश नाडरे, के.ई.एम.हॉस्पिटल
 बस, पुणे रोड नं. 154, शिवेरी रोड, पुणे
 १९, पुणे शिवेरी, पुणे, महाराष्ट्र, ४११०११

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 K.E.M. hospital, 154 maha path marion
 shree hou soc pune 11, Pune City, Pune,
 Maharashtra, 411011

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