

## Fo KBH

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**To:** Corporate Apollo Clinic; Customer Care :Mediwheel : New Delhi  
**Cc:** Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Dilip Baniya; Pritam Padyal; Rattul Raj; Cc Kbit; phc Klc; Astranagar Apolloclinic; fo.indira@apollocradle.com  
**Subject:** RE: Health Check-up Bookings No. 6 (Annual Blue)

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOIE3120	NEHA SHARMA	35 year		

Thanks & Regards,

**Anvesh M** | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: [corporate@apolloclinic.com](mailto:corporate@apolloclinic.com) | [www.apolloclinic.com](http://www.apolloclinic.com) |

**From:** Customer Care :Mediwheel : New Delhi <[customer-care@mediwheel.in](mailto:customer-care@mediwheel.in)>  
**Sent:** 26 December 2023 13:43  
**To:** Corporate Apollo Clinic <[corporate@apolloclinic.com](mailto:corporate@apolloclinic.com)>  
**Cc:** Wellness : Mediwheel : New Delhi <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>; Network : Mediwheel : New Delhi <[network@mediwheel.in](mailto:network@mediwheel.in)>; deepak <[deepak.c@apolloclinic.com](mailto:deepak.c@apolloclinic.com)>  
**Subject:** Health Check-up Bookings No. 6 (Annual Blue)

Dear Team,

Please find the attached Health Check-up Bookings file and confirm the same.

Thanks & Regards



भारत सरकार  
Government of India

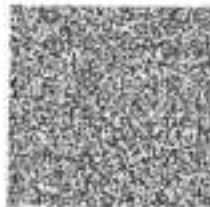
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0656/13527/03429

Download Date: 05/12/2020

To  
श्री शर्मा  
Naha Sharma  
D/O K.L. Sharma  
1/77  
MADHUBAN COLONY  
BASN  
NEAR P.N.B., BASN-1st PHASE  
Jodhpur  
Jodhpur K.L.M. Bhagal Ki Kothi  
Jodhpur-342005  
813024

Issue Date: 21/02/2020



आपका आधार क्रमांक / Your Aadhaar No. :

**3203 9602 7998**

VID : 9155 3698 4153 1183

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Download Date: 05/12/2020



श्री शर्मा  
Naha Sharma  
जन्म तिथि/DOB: 15/07/1988  
लिंग/ FEMALE

Issue Date: 21/02/2020

**3203 9602 7998**

VID : 9155 3698 4153 1183

मेरा आधार, मेरी पहचान



Government of India



### सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

### INFORMATION

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- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

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भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
D/O के.एल. शर्मा, 1/77, माधुबन कॉलोनी, नजद प.न.ब.,  
नजद-भरा पुर, बान्सी, जोधपुर, जोधपुर,  
राजस्थान - 342005

Address:  
D/O K.L. Sharma, 1/77, MADHUBAN  
COLONY, NEAR P.N.B., BASN-1st PHASE,  
BASN, Jodhpur, Jodhpur,  
Rajasthan - 342005



**3203 9602 7998**

VID : 9155 3698 4153 1183

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

Patient Name	: Mrs.NEHA SHARMA	Collected	: 27/Dec/2023 09:53AM
Age/Gender	: 35 Y 9 M 12 D/F	Received	: 27/Dec/2023 11:55AM
UHID/MR No	: SKAR.0000100815	Reported	: 27/Dec/2023 12:58PM
Visit ID	: SKAROPV130427	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empri/Auth/TPA ID	: 1221454		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear  No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



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Visit ID	: SKAROPV130427	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.1	g/dL	12-15	Spectrophotometer
PCV	37.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82.0	fL	83-101	Calculated
MCH	26.4	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	78	%	40-80	Electrical Impedance
LYMPHOCYTES	16	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4056	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	832	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	52	Cells/cu.mm	20-500	Calculated
MONOCYTES	260	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	244000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	45	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



Patient Name : Mrs.NEHA SHARMA  
 Age/Gender : 35 Y 9 M 12 D/F  
 UHID/MR No : SKAR.0000100815  
 Visit ID : SKAROPV130427  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 1221454

Collected : 27/Dec/2023 09:53AM  
 Received : 27/Dec/2023 11:55AM  
 Reported : 27/Dec/2023 03:50PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



Patient Name : Mrs.NEHA SHARMA  
 Age/Gender : 35 Y 9 M 12 D/F  
 UHID/MR No : SKAR.0000100815  
 Visit ID : SKAROPV130427  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 1221454

Collected : 27/Dec/2023 09:53AM  
 Received : 27/Dec/2023 11:20AM  
 Reported : 27/Dec/2023 12:21PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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



Patient Name	: Mrs.NEHA SHARMA	Collected	: 27/Dec/2023 09:53AM
Age/Gender	: 35 Y 9 M 12 D/F	Received	: 27/Dec/2023 02:05PM
UHID/MR No	: SKAR.0000100815	Reported	: 27/Dec/2023 07:46PM
Visit ID	: SKAROPV130427	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)



Patient Name	: Mrs.NEHA SHARMA	Collected	: 27/Dec/2023 09:53AM
Age/Gender	: 35 Y 9 M 12 D/F	Received	: 27/Dec/2023 02:07PM
UHID/MR No	: SKAR.0000100815	Reported	: 27/Dec/2023 02:36PM
Visit ID	: SKAROPV130427	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	69	mg/dL	<150	
HDL CHOLESTEROL	57	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.79		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.





Patient Name : Mrs.NEHA SHARMA  
Age/Gender : 35 Y 9 M 12 D/F  
UHID/MR No : SKAR.0000100815  
Visit ID : SKAROPV130427  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 1221454

Collected : 27/Dec/2023 09:53AM  
Received : 27/Dec/2023 02:07PM  
Reported : 27/Dec/2023 02:36PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	89.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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.



Patient Name : Mrs.NEHA SHARMA  
Age/Gender : 35 Y 9 M 12 D/F  
UHID/MR No : SKAR.0000100815  
Visit ID : SKAROPV130427  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 1221454

Collected : 27/Dec/2023 09:53AM  
Received : 27/Dec/2023 02:07PM  
Reported : 27/Dec/2023 02:36PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.74	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	27.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>5.80</b>	mg/dL	3.0-5.5	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE



Patient Name	: Mrs.NEHA SHARMA	Collected	: 27/Dec/2023 09:53AM
Age/Gender	: 35 Y 9 M 12 D/F	Received	: 27/Dec/2023 02:07PM
UHID/MR No	: SKAR.0000100815	Reported	: 27/Dec/2023 02:36PM
Visit ID	: SKAROPV130427	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Autv/TPA ID	: 1221454		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name	: Mrs.NEHA SHARMA	Collected	: 27/Dec/2023 09:53AM
Age/Gender	: 35 Y 9 M 12 D/F	Received	: 27/Dec/2023 02:26PM
UHID/IR No	: SKAR.0000100815	Reported	: 27/Dec/2023 03:44PM
Visit ID	: SKAROPV130427	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.660	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



SIN No:SPL23191721

Patient Name	: Mrs.NEHA SHARMA	Collected	: 27/Dec/2023 09:53AM
Age/Gender	: 35 Y 9 M 12 D/F	Received	: 27/Dec/2023 01:34PM
UHID/MR No	: SKAR.0000100815	Reported	: 27/Dec/2023 01:43PM
Visit ID	: SKAROPV130427	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 1221454		

**DEPARTMENT OF CLINICAL PATHOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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

  
Dr. Tanish Mandal  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

  
Dr. Shivangi Chauhan  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist

  
Dr. Nidhi Sachdev  
M.B.B.S.,MD(Pathology)  
Consultant Pathologist



Patient Name:- Neha	Age:- 35Yrs /F
REFD. DOCTOR:- HC	Date:-27.12.2023

### ULTRASOUND WHOLE ABDOMEN

**Liver is normal in size and shows diffuse increase in echotexture suggestive of Grade I fatty infiltration.** No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder** does not show any evidence of cholecystitis or cholelithiasis.  
**CBD** is not dilated.  
**Portal vein** is normal in caliber.

**Both kidneys** are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size and echotexture.  
**Pancreas** does not show any pathology.

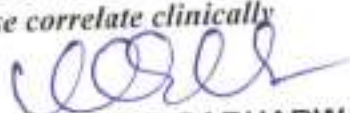
No free fluid seen in the peritoneal cavity.

**Urinary bladder** is distended and shows no mural or intraluminal pathology.  
**Uterus is retroverted**, normal in size, shape and echopattern.

**Endometrium** echo is 8mm, echogenic.  
**Both ovaries** are normal in size, shape, and echopattern.

Bilateral adnexae are clear. No adnexal mass.  
No free fluid is seen in Cul-de sac.

*Please correlate clinically*

  
**DR. GLOSSY B SABHARWAL, MD**  
**CONSULTANT RADIOLOGIST**

This report is only a professional opinion and it is not valid for medico-legal purposes.

Patient

ID: 27122023-115706AM  
Name: NEHA  
Exam Date: 27-12-2023  
Gender: NEHA

Exam

Accession #: 27122023-115706AM  
Exam Date: 27-12-2023  
Description:   
Operator:



Neha, Sharma  
ID: 100815

35 Years Female  
158 cm 72.0 kg

27.12.2023 10:12:08  
APOLLO SPECIALITY HOSPITAL  
ROHTAK ROAD  
DELHI-110005

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

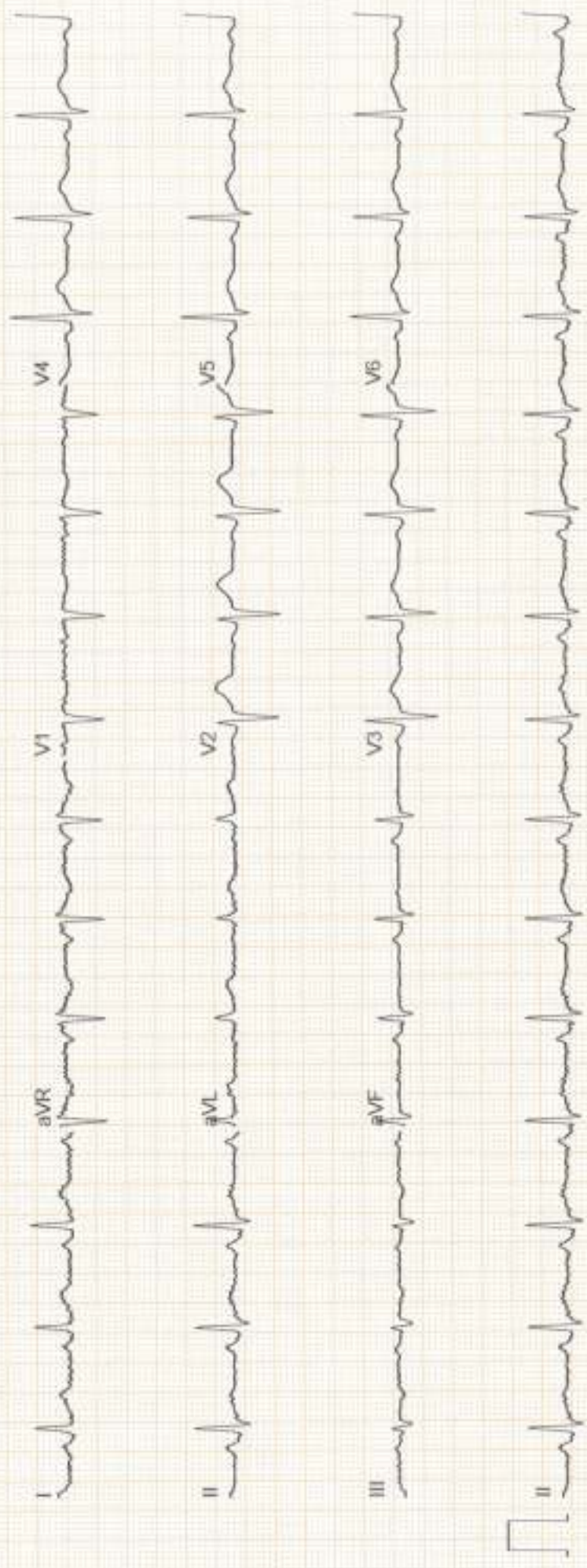
88 bpm  
-- / -- mmHg

BP - 110/70 mmHg  
BMI - 28.8

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Normal sinus rhythm  
Normal ECG

QRS: 76 ms  
QT / QTcBaz: 372 / 450 ms  
PR: 146 ms  
P: 94 ms  
RR / PP: 680 / 681 ms  
P / QRS / T: 53 / 30 / 40 degrees





Mrs. Neha Sharma

27/12/23

35y/f

BMI - 28.8



Early Morning:-  
6:30 Am

1 glass luke warm water with 1/2 tsp Roasted flax seeds / Ajwain water after 30 min.

4 Soaked almonds with 1/2 walnut

Breakfast 8:30 Am.

veg Poha / veg upma / sprouts / oats / muesli / channa chat / chole chat / veg uttapam / moong dal cheela / Besan + oats cheela

Mid morning.  
11 Am

1 fruit / fruit chat / coconut water

Lunch 1pm-

2 multigrain chapati  
1k green veg.  
1k dal  
Salad / curd.

Evening 4pm-

Tea / Soup + Roasted channa / Roasted Mathana / Roasted Mummure / Home made diet mixture.

Dinner - 7:30pm

Saute Veggies / moong dal khichdi / veg moong dal dalia. / oats / muesli.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTCD49961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005

Ph: 011-49407700, 8448702877  
www.apollospectra.com

**Registered Address**

#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

**Deptt. of Obst. Gynae, Laparoscopic & Endoscopic Surgery**

27/12/23

**Dr. Malvika Sabharwal**

M.B.B.S., D.G.O., Dipl., Endo. Surgery  
Awarded Padmashri by the President of India  
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery  
Member : Adv. Laparoscopic & Hysteroscopic Surgery Dipl.  
International Society of Gynae laparoscopists  
Association of Laparoscopic Surgeons, India  
Gasless Laparoscopic Surgeons International, Japan  
Indian Association of Gynae Endoscopists  
Association of Obst. & Gynaecologist of Delhi  
Faculty : Ethicon Institute of Surgical Education, Mumbai  
IMA - Academy of Medical Specialities  
Federation of Obst. & Gynae. Societies of India  
DMC Regn. No. 4686

MAs - Veba - Scarms  
3gy IF

MRx10yrs  
P, L, I

LD = 6 1/2<sup>45</sup> 0, Uses  
A 911

**Dr. Shivani Sabharwal**

M.B.B.S., M.S.  
Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery  
Association of Obst. & Gynaecologist of Delhi  
Federation of Obst. & Gynae. Societies of India  
DMC Regn. No. 44715

MHT Regular

Mild dysmenorrhoea +

LHP = 18/12/23

Adx

Cap Doxy post DRL  
100mg 1300  
0-0

Las Pan 10 up 0-0  
BBB x 15 days

**Dr. Vinay Sabharwal**

M.B.B.S., M.S., FICA, F.A.I.S.  
Hon. Surgeon to the President of India, 2017  
Sir Ganga Ram Hospital  
Sr. Member : Association of Surgeons of India  
Indian Association of Gastro, Endo Surgeons  
Indian Hernia Society  
Association of Min. Access Surgeons of India  
DMC Regn. No. 4687

D/s ex Hyperproliferative  
multiple nabothian  
follicles + Bleds on touch  
retaken.

Las Meflogyl 100mg  
1300 0-0  
x 7 days

**Dr. Arush Sabharwal**

M.B.B.S., M.S., FMAS (Minimal Access)  
DMC Regn. No. 2774

Caused CE vag + isb + NS  
↑ x 6 =

**Dr. Glossy Sabharwal**

MD, Radio Diagnosis  
Breast Interventional Fellow (Paris)  
Dept. Clinical Imaging & Interventional Radiology

ONEX  
BIL breast

Small nodular -  
5 o'clock (RT) breast

→ MUBIL breast.  
↓  
BIRADS-I

For appointment please contact :  
011-49407700, 8448702877

LULUOTA NAD

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7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

**Dr. Sanjiv Dang**

MBS, MS (ENT)  
Ear, Nose & Throat Consultant  
DMC Regn. No. 9555  
Timing : 5.30 pm - 8.30 pm  
E : sanjivdang.mamc@gmail.com

For appointment please contact :  
011-49407700, 8448702877

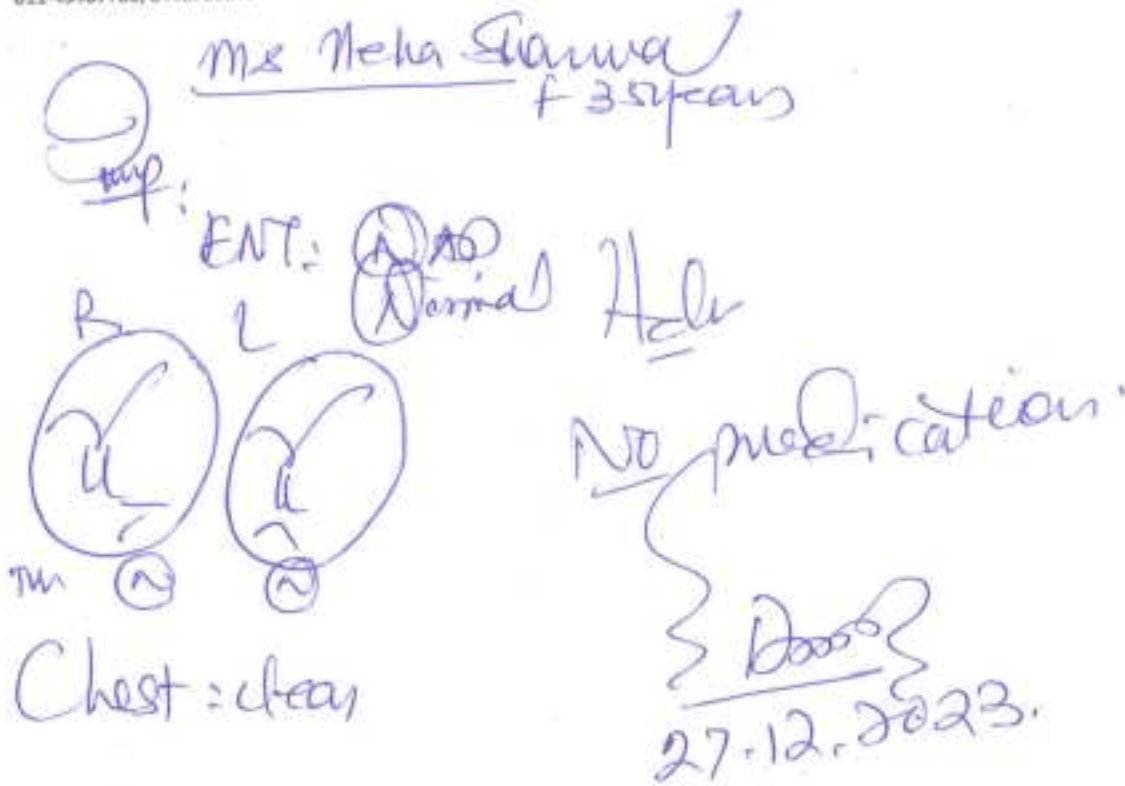
Sup: Ms Neha Sharma f 35 years

ENT: NO Normal Hale

No medication

Done  
27.12.2023.

Chest: clear



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Ameerpet, Hyderabad-500038, Telangana.

Nche Shurme  
2/2/22

un-  
giz

Centrifuge  
color in / MAn pu

Adv. 1. cleaning eye 2  
2. clear dust eye 3  
3. Tub xilast 10

AJ  
27/12/22

**Dr. Ashwani Seth**  
Consultant-Ophthalmology  
DMC Reg. No. 13702  
Mob. No : 9811018149  
MONDAY TO THURSDAY  
8-9:30 AM. 12-01 PM. 05-08 PM.

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Ameerpet, Hyderabad-500038, Telangana.

## APOLLO SPECTRA HOSPITAL

### MEDICAL EXAMINATION REPORT

Name: - *Neha Sharma*      Age/Sex: *35y/F*      DOB: -

ADDRESS: - *New Delhi*

He is not suffering from following disease

- |         |             |                    |             |
|---------|-------------|--------------------|-------------|
| 1. DM   | / <i>NO</i> | 5. Eye disorder    | / <i>NO</i> |
| 2. HTN  |             | 6. Paralysis       |             |
| 3. COPD |             | 7. Dental Check-up |             |
| 4. TB   |             | 8. ENT             |             |

BP: - *110/70 mmHg*      PR: - *98/min*      WEIGHT: - *72 Kg*

RR: - *18/min*      HEIGHT: *158 Cm*

Date: - *27/12/23*

Place: - *New Delhi*

*Apollo Spectra Hospitals*  
*66-A/2, New Railway Road,*  
*Koral Bagh, New Delhi-110005*

Doctor Name:

Doctor Signature:

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Neva Specialty Hospitals Private Limited)  
CIN: U05100KA2009PT1049961

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