

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Apeksha Sonawane on 19/02/2024

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"> <li><u>Anaemia (IDA) adv followup Consultation</u></li> <li><u>HbA1C 6.6</u></li> <li><u>Dyslipidemia</u> <u>u) PCOS</u></li> </ol> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

APOLLO CLINIC - AUNDH  
 DR. VIDYA DESHPANDE  
 MBBS, DGO  
 Family Physician  
 Medical Officer  
 Apollo Clinic, (Aundh, Pune)

*V. Deshpande*

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

Patient Name : Apaksha Sonawane

Date 19/02/24

AGE/Sex : 37/F

UHID/ MR NO :  
14080

	RIGHT EYE	LEFT EYE
FAR VISION	C VA 6/6	C VA 6/6
NEAR VISION	N/6	N/6
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	—	—

Impression: WNL

Optometrist:-

Mr. Ritesh Sutnase

DATE: / /

PATIENT NAME : Apshsha Sonawne

AGE : 37 yrs

MARRIED / UNMARRIED: Married.

MENSTRUAL HISTORY : Irregular cycles

MENARCHE : 12

PMC : \_\_\_\_\_

LMP : 10/12/23      hyst test (-ve)  
PCOS on USG

OBSTETRIC HISTORY : G P L A Para (1)

PAST HISTORY : DM/HT/TB/ ALLERGIES / ASTHAMA / SURGERIES  
met.

FAMILY HISTORY : DM/ HT/ IHD / MALIGNANCIES

leprosus 7  
fo ovarian cyst.

M-S.

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

**APOLLO CLINICS NETWORK MAHARASHTRA**

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

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

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 19-02-2024  
MR NO : CAUN.0000140530

Department : GENERAL  
Doctor :

Name : M/s Apeksha Sonawane

Registration No :

Age/ Gender : 37 Y / Female

Qualification :

Consultation Timing: 10:55

Height	159
Weight	79
BP	110/70
Pulse	76
Waist	92
Hip	99
EMI	31
Consultation with Report	

आयकर विभाग  
INCOME TAX DEPARTMENT

APEKSHA SUJIT SONAWANE

CHANDRAKANT MAHADEV MASAL

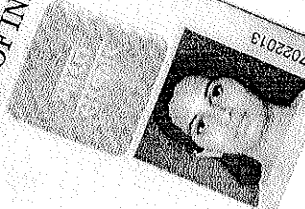
18/01/1987

Permanent Account Number  
AUYPM4790K

  
Signature



भारत सरकार  
GOVT. OF INDIA



27022013

## Aundh Apolloclinic

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**From:** Corporate Apollo Clinic  
**Sent:** 13 February 2024 12:27 PM  
**To:** Customer Care :Mediwheel : New Delhi  
**Cc:** Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Dilip Baniya; Pritam Padyal; Rahul Rai; Aundh Apolloclinic; Wanowrie Apolloclinic  
**Subject:** RE: Health Check-up Bookings No. 9 (Annual)  
**Attachments:** Copy of 13022024.xlsx

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

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) |

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**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
**Sent:** 13 February 2024 11:19  
**To:** Corporate Apollo Clinic <corporate@apolloclinic.com>  
**Cc:** Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>  
**Subject:** Health Check-up Bookings No. 9 (Annual)

Dear Team,

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

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030  
Ph No. 011-41195959  
Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)

PATIENT NAME :-MRS.APEKSHA SONAWANE  
REFERRED BY :- BOB

AGE :- 37 YRS/F  
DATE :- 19.02.2024

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Normal.
- Aortic Valve : Normal.
- Tricuspid Valve : Normal.
- Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal  
RV : Normal  
IVS : Intact  
IAS : Intact  
Pericardial effusion : No  
IVC : Normal.

AO – 23 mm, LA – 26 mm, LVIDd – 40 mm, LVISd – 24 mm, IVS –11 mm, PW – 10 mm.

### CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

Apollo Clinic - Aundh  
Dr. Satyajeet Suryawanshi  
DM (Cardiology)  
MBBS, MD, DNB (CPS)  
020-260572798

**DR.SATYAJEET SURYAWANSHI**  
(CONSULTANT CARDIOLOGIST)

P/S : Normal echo does not rule out coronary artery disease.

### **Apollo Health and Lifestyle Limited**

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Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

### **APOLLO CLINICS NETWORK MAHARASHTRA**

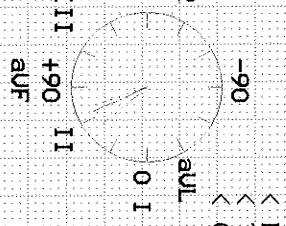
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

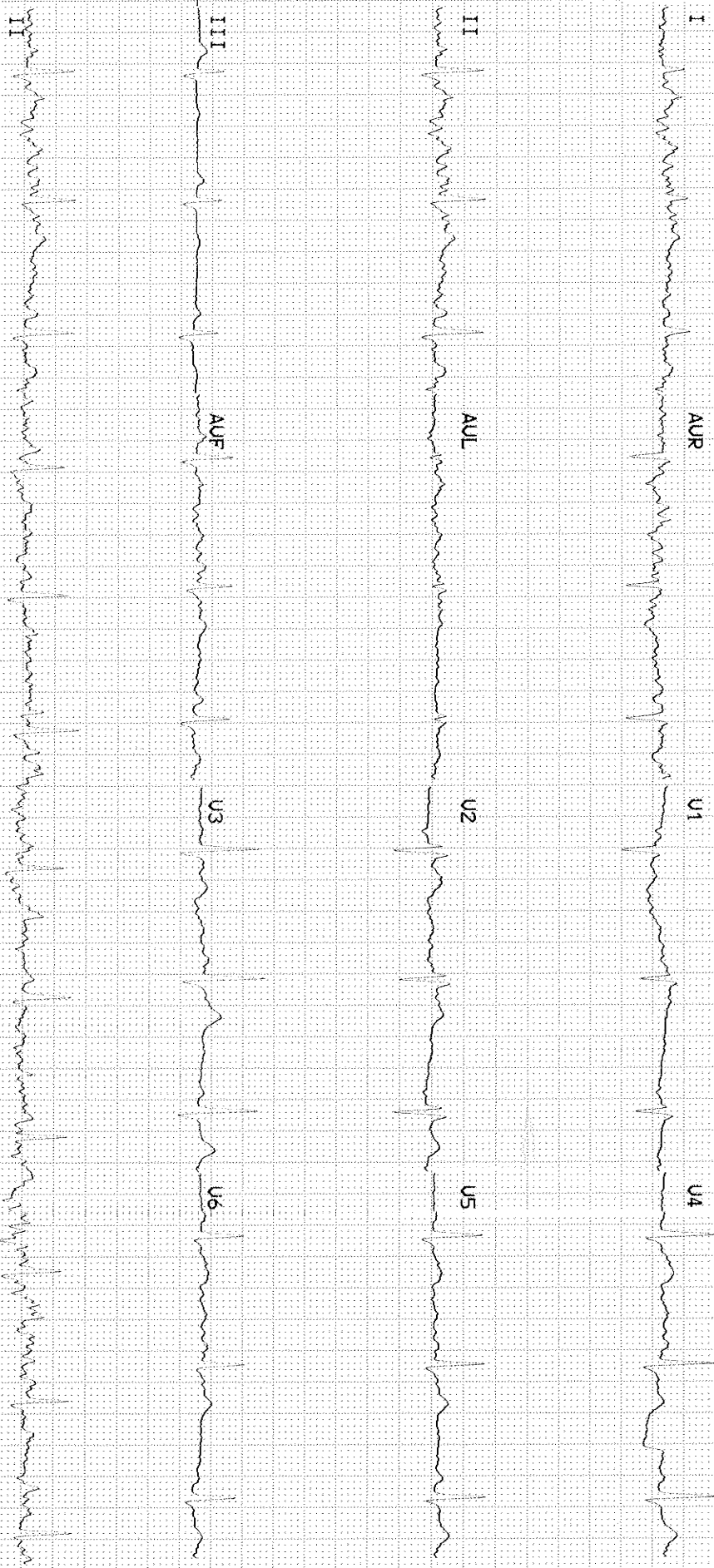
Measurement Results:  
 QRS : 102 ms  
 QT/QTcB : 378 / 410 ms  
 PR : 130 ms  
 P : 88 ms  
 RR/PP : 852 / 275 ms  
 P/QRS/T : 70 / 65 / 50 degrees  
 QTd/QTcBd : 64 / 69 ms  
 Sokolow : 1.1 mV  
 NK : 10



Interpretation:

*no significant abnormality*

APOLLO CLINIC - AUNDH  
 DR. VIKRANT DESHPANDE  
 MBBS, DNB, DGO Report.  
 Family Physician  
 Reg. No : 56565





**Patient Name** : M/s Apeksha Sonawane

**Age/Gender** : 37 Y/F

**UHID/MR No.** : CAUN.0000140530

**OP Visit No** : CAUNOPV166835

**Sample Collected on** :

**Reported on** : 20-02-2024 14:06

**LRN#** : RAD2241404

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 355824

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

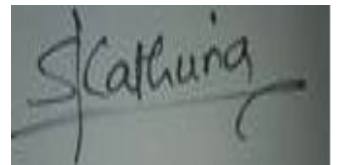
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.



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

<b>Patient Name</b>	: M/s Apeksha Sonawane	<b>Age/Gender</b>	: 37 Y/F
<b>UHID/MR No.</b>	: CAUN.0000140530	<b>OP Visit No</b>	: CAUNOPV166835
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 20-02-2024 15:10
<b>LRN#</b>	: RAD2241404	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 355824		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both **the kidneys** appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 9.6 x 4.4 cm.

Left kidney – 10.3 x 4.1 cm.

**Urinary Bladder** :- is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size measuring 8.8 x 3.8 x 5.4 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.1 mm.

**Both ovaries-** Both the ovaries are bulky in size, shape and multiple small follicles are seen arranged peripherally with hyperechoic stroma seen within.

**Right ovary – 2.7 x 2.0 x 3.5 cm. (vol-10.25cc)**

**Left ovary – 3.3 x 2.7 x 3.7 cm. (vol-17.99cc)**

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

**Patient Name** : M/s Apeksha Sonawane

**Age/Gender** : 37 Y/F

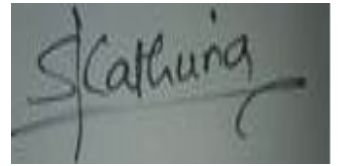
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**IMPRESSION :-**

- **Bilateral polycystic ovaries.**
- **No other significant abnormality detected.**

Suggest – clinical correlation.

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



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

Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 01:56PM
UHID/MR No : CAUN.0000140530	Reported : 20/Feb/2024 02:50PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240043224

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



Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 01:56PM
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Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.8</b>	g/dL	12-15	Spectrophotometer
PCV	<b>31.60</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.87</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>64.8</b>	fL	83-101	Calculated
MCH	<b>22.1</b>	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>18.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,530	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	58.1	%	40-80	Electrical Impedance
LYMPHOCYTES	33.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	5.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4374.93	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2530.08	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	218.37	Cells/cu.mm	20-500	Calculated
MONOCYTES	384.03	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.59	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.73		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>357000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>10</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes+  
WBC's are normal in number and morphology  
Platelets are Adequate

Page 2 of 16



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

SIN No: BED240043224

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



Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 01:56PM
UHID/MR No : CAUN.0000140530	Reported : 20/Feb/2024 02:50PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**  
**No Abnormal cells/hemoparasite seen.**  
**Impression: Iron Deficiency Anemia**



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

SIN No:BED240043224

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



Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 01:56PM
UHID/MR No : CAUN.0000140530	Reported : 20/Feb/2024 03:28PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF HAEMATOLOGY**

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

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



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

SIN No:BED240043224

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



Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 02:05PM
UHID/MR No : CAUN.0000140530	Reported : 20/Feb/2024 03:05PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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.



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

SIN No: PLF02109163

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





Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 04:04PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 19/Feb/2024 08:17PM
UHID/MR No : CAUN.0000140530	Reported : 19/Feb/2024 09:28PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	80	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: PLP1421294

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



Patient Name : M/SAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 01:58PM
UHID/MR No : CAUN.0000140530	Reported : 20/Feb/2024 04:15PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	6.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	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. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: EDT240019188

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



Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 19/Feb/2024 08:20PM
UHID/MR No : CAUN.0000140530	Reported : 19/Feb/2024 08:54PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>225</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	123	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	<b>181</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>156.73</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.17</b>		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

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.
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.



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Consultant Pathologist



SIN No:SE04634826

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

Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 19/Feb/2024 08:20PM
UHID/MR No : CAUN.0000140530	Reported : 19/Feb/2024 08:54PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.33	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.81	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	87.09	U/L	30-120	IFCC
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:


**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

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



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SIN No:SE04634826


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Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 19/Feb/2024 08:20PM
UHID/MR No : CAUN.0000140530	Reported : 19/Feb/2024 08:54PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.62	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>15.30</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.2</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.72	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.35	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.91	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.75	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.34	mmol/L	101-109	ISE (Indirect)



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Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 19/Feb/2024 08:20PM
UHID/MR No : CAUN.0000140530	Reported : 19/Feb/2024 08:54PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.48	U/L	<38	IFCC



  
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SIN No:SE04634826

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

Certificate No: MC-5697

Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 02:20PM
UHID/MR No : CAUN.0000140530	Reported : 20/Feb/2024 03:09PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.85	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.320	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

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

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

Page 12 of 16



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SIN No: SPL24028488

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



Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 20/Feb/2024 02:20PM
UHID/MR No : CAUN.0000140530	Reported : 20/Feb/2024 03:09PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF IMMUNOLOGY**

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



DR. Sanjay Ingle  
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SIN No: SPL24028488

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






Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 19/Feb/2024 08:09PM
UHID/MR No : CAUN.0000140530	Reported : 19/Feb/2024 08:25PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +++		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	20 - 25	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8 - 10	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



**DR. MANISH T. AKARE**  
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SIN No:UR2286667

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




Patient Name : M/sAPEKSHA SONAWANE	Collected : 19/Feb/2024 03:37PM
Age/Gender : 37 Y 1 M 1 D/F	Received : 19/Feb/2024 08:07PM
UHID/MR No : CAUN.0000140530	Reported : 19/Feb/2024 08:24PM
Visit ID : CAUNOPV166835	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 355824	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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



**DR. MANISH T. AKARE**  
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SIN No:UF010639

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



Patient Name	: M/sAPEKSHA SONAWANE	Collected	: 19/Feb/2024 03:37PM
Age/Gender	: 37 Y 1 M 1 D/F	Received	: 21/Feb/2024 05:35PM
UHID/MR No	: CAUN.0000140530	Reported	: 23/Feb/2024 10:00AM
Visit ID	: CAUNOPV166835	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 355824		


DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	3609/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*



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SIN No:CS074751

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