


Name : Mrs. Smita Prashant Kavi Address : Kasba Peth Pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 44 Y Sex : F	UHID :SPUN.0000046100  OP Number :SPUNOPV60803 Bill No :SPUN-OCR-10171 Date : 27.01.2024 09:54
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	SONO MAMOGRAPHY - SCREENING	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM - PERIPHERAL SMEAR	
<input type="checkbox"/>	ENT CONSULTATION	
<input type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	GYNAECOLOGY CONSULTATION	
<input type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL) 1 pm	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	EKG	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	LBC PAP TEST - PAPSURE	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1 pm	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Smita Kavi on 27-01-2024

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

	Tick
<ul style="list-style-type: none">• 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.....</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. <p>Review after _____ recommended</p>	
<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. 201097302
Consultant in Medical Medicine
Apollo Speciality Hospital

Date : 27/01/24
MRNO :
Name : Mrs. Smita Kavi
Age/Gender :
Mobile No : 441F

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

SPO2L 97%

Pulse : 86/min	B.P. : 120/70	Resp : 20/min	Temp : 98.6
Weight : 52.1kg	Height : 148 cm	BMI : 20.9	Waist Circum : -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Severe Iron deficiency Anemia (I)

found fit to join duty

Hb : 7.8 .

→ Adv
Tij Feecijest 1gm IV
in 100ml NS IV over
domin

Need Physician Consultation

Follow up date:

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

Date : 27/01/24
MRNO :
Name : Smita Kavi
Age/Gender :
Mobile No : 44 / F

Department : ~~Gen Physician~~ ^{Gynec}
Consultant :
Reg. No : ~~Dr. Samrat Shah~~
Qualification : Dr. Sayali
Consultation Timing : 1209am
Spoz 97d.

Pulse : 86/min	B.P : 120/70	Resp : 20/min	Temp : 98.2
Weight : 52-1kg	Height : 148 cm	BMI : 20.9	Waist Circum : -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Gynaec
44 Yrs.
MH - Irregular
LMP - 20/12/23.
Breasts - No lump detected
NAD -
PIA - soft
PIV - healthy (atrophic)
P/S - cx healthy

Follow up date:


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

Apollo Clinic

CONSENT FORM

Patient Name: Smita Kavi Age: 44 / F
UHID Number: _____ Company Name: Arco Fem!

I ~~Mr~~/Mrs/MS Smita Kavi Employee of Arco Fem!
(Company) Want to inform you that I am not interested in getting lesion test
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Ex TC a dental test to be done on
2nd Saturday OR Feb - 10th Feb 2024

Patient Signature: S.P. [Signature] Date: 27/01/24

3

Patient Name	Mrs SMITA PRASHANT KAVI	Collected	27/Jan/2024 10:40AM
Age/Gender	44 Y 11 M 14 D/F	Received	27/Jan/2024 12:15PM
UHID/MR No	SPUN.0000046100	Reported	27/Jan/2024 12:44PM
Visit ID	SPUNOPV60803	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	885478		

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	7.8	g/dL	12-15	Spectrophotometer
PCV	23.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.84	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	61.9	fL	83-101	Calculated
MCH	20.2	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	18.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,330	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.1	%	40-80	Electrical Impedance
LYMPHOCYTES	26.1	%	20-40	Electrical Impedance
EOSINOPHILS	10.1	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4589.83	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2174.13	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	841.33	Cells/cu.mm	20-500	Calculated
MONOCYTES	708.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.66	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	378000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	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 Eosinophilia

Platelets are Adequate

No Abnormal cells/hemoparasite seen.

Impression: Iron Deficiency Anemia

Advice: Iron studies & Hb Electrophoresis.

Page 1 of 14



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: BED240020077

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

Patient Name : Mrs.SMITA PRASHANT KAVI
Age/Gender : 44 Y 11 M 14 D/F
UHID/MR No : SPUN 0000046100
Visit ID : SPUNOPV60603
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 685478

Collected : 27/Jan/2024 10:40AM
Received : 27/Jan/2024 12:15PM
Reported : 27/Jan/2024 12:44PM
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

Page 2 of 14




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: BED240020077

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

Patient Name	: Mrs.SMITA PRASHANT KAVI	Collected	: 27/Jan/2024 10:40AM
Age/Gender	: 44 Y 11 M 14 D/F	Received	: 27/Jan/2024 12:15PM
UHID/MR No	: SPUN.0000046100	Reported	: 27/Jan/2024 01:23PM
Visit ID	: SPUNOPV60803	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 885476		

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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:BED240020077
 This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.SMITA PRASHANT KAVI	Collected	: 27/Jan/2024 10:40AM
Age/Gender	: 44 Y 11 M 14 D/F	Received	: 27/Jan/2024 12:08PM
UHID/MR No	: SPUN.0000046100	Reported	: 27/Jan/2024 12:51PM
Visit ID	: SPUNOPV60803	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Au@/TPA ID	: 885478		

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	82	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.



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

SIN No: PLF02095654

This test has been performed at Apollo Health and Lifestyle Ltd - Sadeeshu Park Durgam, Diagnostics Lab.



Patient Name : Mrs.SMITA PRASHANT KAVI
Age/Gender : 44 Y 11 M 14 D/F
UHID/MR No : SPUN 0000046100
Visit ID : SPUNOPV60803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 885478

Collected : 27/Jan/2024 01:52PM
Received : 27/Jan/2024 03:26PM
Reported : 27/Jan/2024 04:05PM
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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	92	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:PLP1412290

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



Patient Name	Mrs SMITA PRASHANT KAVI	Collected	27/Jan/2024 10:40AM
Age/Gender	44 Y 11 M 14 D/F	Received	27/Jan/2024 12:15PM
UHD/MR No	SPUN 0000046100	Reported	27/Jan/2024 05:07PM
Visit ID	SPUNOPV60803	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID	885478		

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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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)



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

SIN No: EDT240008624

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



Patient Name	Mrs. SMITA PRASHANT KAVI	Collected	27/Jan/2024 10:40AM
Age/Gender	44 Y 11 M 14 D/F	Received	27/Jan/2024 12:08PM
UHID/IR No	SPUN 0000046100	Reported	27/Jan/2024 01:38PM
Visit ID	SPUNOPV60803	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	885478		

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	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	85	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.95	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.69		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.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:SE04611164



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

Patient Name	Mrs SMITA PRASHANT KAVI	Collected	27/Jan/2024 10:40AM
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Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	885478		

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	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.02	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	51.54	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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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Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04611164

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Visit ID	: SPUNOPV60803	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 885478		

DEPARTMENT OF BIOCHEMISTRY

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



Dr Sneha Shah
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Emp/Auth/TPA ID	865476		

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	0.45	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.09	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.21	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.76	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.61	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.55	mmol/L	101-109	ISE (Indirect)



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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	7.88	U/L	<38	IFCC



Sneha Shah
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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)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.901	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: SPL24013271

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



Patient Name : Mrs SMITA PRASHANT KAVI
Age/Gender : 44 Y 11 M 14 D/F
UHID/MR No : SPUN.0000046100
Visit ID : SPUNOPV60803
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 885478

Collected : 27/Jan/2024 10:40AM
Received : 27/Jan/2024 12:11PM
Reported : 27/Jan/2024 12:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	>1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:UR2269651
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	Mrs SMITA PRASHANT KAVI	Collected	27/Jan/2024 10:40AM
Age/Gender	44 Y 11 M 14 D/F	Received	27/Jan/2024 12:11PM
UHID/MR No	SPUN.0000046100	Reported	27/Jan/2024 12:21PM
Visit ID	SPUNOPV60803	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
EmpriAuth/TPA ID	885478		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Page 14 of 14



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:LP010389

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



2D ECHO / COLOUR DOPPLER

Name : Mrs. Smita Kavi
Ref by : HEALTH CHECKUP

Age : 44YRS / F
Date : 27/01/2024

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



Name	Mrs Smita Prashant Kavi	Age	45 Years
Patient ID	DD/271/2023-2024/1239	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	27/01/2024

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 9.7x4.5cms and **the left kidney** measures 10x5.7cms. 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 8.1x4.6x3.6cms in size. The myometrium appears uniform in echotexture. The endometrium is thickened and measures 19 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 thickened endometrium.
No other significant abnormality is seen.**


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

Powered By Omniview



Name	Mrs Smita Prashant Kavi	Age	45 Years
Patient ID	DD/271/2023-2024/1239	Gender	FEMALE
Ref By	Dr. Apollo Spectra Hospital	Date	27/01/2024

SONOGRAPHY OF BOTH BREASTS

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

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:

* **No significant abnormality is seen.**

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


Dr. Lalit Deore
MD(Radiology)

Powered By Omniview

MRS.SMITA KAVI 44Y
44 Years

MR No:
Location:

SPUN.000046100
Apollo Spectra Hospital Pune
(Swargate) *Expertise. Empowering you.*

Gender: F
Image Count: 1
Arrival Time: 27-Jan-2024 10:39

Physician: SELF
Date of Exam: 27-Jan-2024
Date of Report: 27-Jan-2024 10:48

X-RAY CHEST PA VIEW

HISTORY: HEALTH CHECK UP

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 SANTOSH RATHOD
CONSULTANT RADIOLOGIST
MBBS, DMRD, DNB
REG NO: 2007/12/4060

CONFIDENTIALITY:

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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.

EYE REPORT



ASH/PUN/OPHTH/06/02-0216

Name: Mrs. Smita Kavi

Date: 27/01/24

Age / Sex: 44 Y / F

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

Spectacle Rx

aided Vision
 R 6/6 N12
 L 6/6 N12

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-1.00	-0.50	110°	6/6	-1.50	-0.50	80°
Add (Near)	+1.25	—	—	N6	+1.25	—	—	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Add

Remarks:

(WNL)

PGP
 R -1.00 | -0.50 x 110°
 L -1.50 | -0.50 x 80°

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1 YOS

Consultant:

Kavi, Smita

A22W CE

27.01.2024 11:28:47 AM

Apollo Spectra Hospital
SWARGATE
PUNE-4110

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

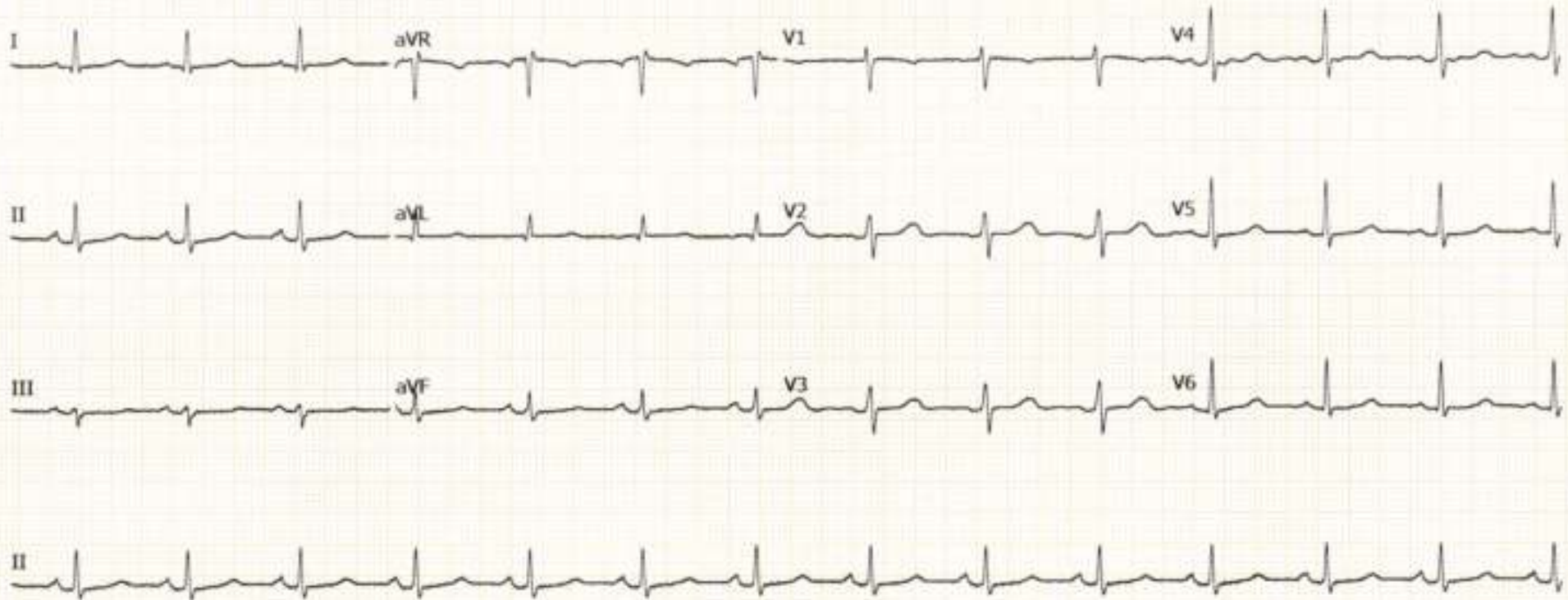
Room:

82 bpm
-- / -- mmHg

148 cm Female
52.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	76 ms	Normal sinus rhythm
QT / QTcBaz :	408 / 476 ms	Normal ECG
PR :	148 ms	
P :	92 ms	
RR / PP :	732 / 731 ms	
P / QRS / T :	64 / 24 / 45 degrees	



Appointment Id	Corporate Name	Name	Email id	Mobile	Agreement
5560188	PHASORZ TECHNOLOGIES PRIVATE L	Dilip Mr	plus@maha.in	9881256552	PHASORZ INDIVIDUAL TES1
62326	PROGNOHEALTH SOLUTIONS INDIA P	Jaysingh Thorat	service@prognhealth.com	7066219427	PROGNOHEALTH SOLUTION:
TS250124	INDUS HEALTH PLUS PRIVATE LIMI	Vidyadhar Gore	info@indushealthplus.com	8408059439	INDUS HEALTH PLUS I 100
61379	INDUS HEALTH PLUS PRIVATE LIMI	SHILPARANI NOJBADE	info@indushealthplus.com	8722981252	INDUS HEALTH PLUS I 100
61337	CIPLA LIMITED	Akshay Rajendra chavan	providersupport@bajafinservhealth.in	8793386653	CIPLA BAJAJ FINSERV AHC
6066371	ARCOFEMI HEALTHCARE LIMITED.	smita kavi	prashant.kavi@bankofbaroda.co.in	8630456426	ARCOFEMI MEDIWHEEL FEM
6066370	ARCOFEMI HEALTHCARE LIMITED	MR. KAVI PRASHANT	prashant.kavi@bankofbaroda.co.in	8630456426	ARCOFEMI MEDIWHEEL MAL
NA	NOVOCURA TECH HEALTH SERVICES	Anirudha Kulkarni	atcenter.cc@mline.co	7757827076	NOVOCURA MFCMCH 654 HC
60308	HEALTH METER SERVICES PRIVATE	Prashant Kanase	myhealthmeter.operations@gmail.com	9850956768	HEALTH METER WO HSPL H
59996	CIPLA LIMITED	Mangesh Sudam padawale	providersupport@bajafinservhealth.in	9284252219	CIPLA BAJAJ FINSERV AHC



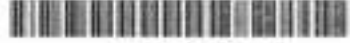
भारतीय विशिष्ट भोळख प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नॉदविण्याचा क्रमांक / Enrollment No 1177/70143/01132

To,
शिमला प्रशांत कावी
Smta Prashant Kavi
307 Somwar Peth Sampada Nagari Apartments
Near Shedge dairy Somwar Peth
Pune City
Kasba Peth Pune City Pune
Maharashtra 411011
9850053438

12/03/2013

Ref: 863 / 16G / 1557331 / 1557871 / P



SH030866553FT



आपला आधार क्रमांक / Your Aadhaar No. :

8200 4330 5945

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
Government of India



शिमला प्रशांत कावी
Smta Prashant Kavi
जन्म वर्ष / Year of Birth : 1979
स्त्री / Female



8200 4330 5945

आधार - सामान्य माणसाचा अधिकार