



: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender UHID/MR No

: 39 Y 11 M 28 D/F : SPUN.0000048659

Visit ID

: SPUNOPV65538

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 85623 Collected : 27/Jul/2024 09:07AM

Received : 27/Jul/2024 10:59AM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 27/Jul/2024 11:23AM

DEPARTMENT OF HAEMATOLOGY

Reported

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.3	g/dL	12-15	Spectrophotometer
PCV	43.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.7	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,270	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			'
NEUTROPHILS	47.4	%	40-80	Electrical Impedance
LYMPHOCYTES	41.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2971.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2627.13	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	244.53	Cells/cu.mm	20-500	Calculated
MONOCYTES	420.09	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.27	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	266000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240196728

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

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,

Begumpet, Hyderabad, Telangana - 500016





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DEPARTMENT OF HAEMATOLOGY

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

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

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Age/Gender

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UHID/MR No Visit ID : SPUN.0000048659 : SPUNOPV65538

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR	R , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr Sneha Shah MBBS, MD (Pathology)

Consultant Pathologist

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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	92	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

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SIN No:PLF02194456

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Patient Name : Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender : 39 Y 11 M 28 D/F UHID/MR No : SPUN.00000486

UHID/MR No : SPUN.0000048659 Visit ID : SPUNOPV65538

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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, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	94	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.

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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240081207

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- 3. 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.
- 4. 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.
- 5. 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)

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM		<u>'</u>	1	
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.43	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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

SIN No:SE04793241

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM		<u>'</u>	1	<u>'</u>
BILIRUBIN, TOTAL	0.62	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.8	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	75.76	U/L	30-120	IFCC
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.66	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		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 *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. 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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

- 2. Cholestatic Pattern:
- *ALP Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated-predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.
- 3. Synthetic function impairment:
- *Albumin-Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

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M.B.B.S, M.D(Pathology)

Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.70	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.78	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.25	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.23	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.36	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.97	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107.95	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.66	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.77	U/L	<38	IFCC

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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			
THYROID PROFILE TOTAL (T3, T4, TSH), SERUM							
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA			
THYROXINE (T4, TOTAL)	9.65	μg/dL	5.48-14.28	CLIA			
THYROID STIMULATING HORMONE (TSH)	2.673	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

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SIN No:SPL24123988

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DEPARTMENT OF IMMUNOLOGY

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

Hig	_t h	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
-----	----------------	------	------	------	--

Or Sneha Shah
MBBS, MD (Pathology)

Consultant Pathologist

SIN No:SPL24123988

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

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016 Address: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Page 13 of 16





: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F

UHID/MR No

: SPUN.0000048659

Visit ID

: SPUNOPV65538

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 85623 Collected

: 27/Jul/2024 09:07AM

Received

: 27/Jul/2024 12:50PM

Reported

: 27/Jul/2024 01:20PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
COMPLETE URINE EXAMINATION (C	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				·
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	1		
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 14 of 16



M.B.B.S,M.D(Pathology)

Consultant Pathologist

DR.Sanjay Ingle

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

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,

Begumpet, Hyderabad, Telangana - 500016





: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender

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UHID/MR No Visit ID

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Emp/Auth/TPA ID

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

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

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P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Page 15 of 16





: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F : SPUN.0000048659

UHID/MR No Visit ID

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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

*** End Of Report ***

Page 16 of 16



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

SIN No:UF011954

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

(Formely known as a Nova Speciality Hospitals Private Limited

CIN- U85100TG2009PTC099414

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

Customer Pending Tests DENTAL, ENT, GYNEC & LBC PAPSURE CLIENT NOT INTERESTED FOR TEST.



Opp. Sarus Sports General, Sarus Baug. 5 Sadashin Peth. Punit, Maharashera 411 650 Ph. No. 020 6710 6500 www.applicapectra.com

: Mrs. Manjusha Rahul Kumathekar Name

Age: 39 Y

Sex: F

Address: Gunwadi Rd Girijanagar Gundwadi Pune 413102

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000048659

OP Number:SPUNOPV65538 Bill No :SPUN-OCR-11254

Date : 27.07.2024 08:51

	Date : 27,07,202	4 08:51
Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D EC	HO - PAN INDIA - FY2324
-	LGAMMA GLUTAMYL TRANFERASE (GGT)	
~	2 2 D ECHO	
-	LIVER FUNCTION TEST (LFT)	
_	4 GLUCOSE, FASTING	
_	HEMOGRAM + PERIPHERAL SMEAR	
X	GYNAECOLOGY CONSULTATION	
2	DIET CONSULTATION	
_	COMPLETE URINE EXAMINATION	
	URINE GLUCOSE(POST PRANDIAL)	
	PERIPHERAL SMEAR	
U	ECG	BPV ASTICIA
× 12	LBC PAP TEST- PAPSURE	KI II S
نك	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	EHE HE
_	DENTAL CONSULTATION	1000
ئاب	GLOCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	10.00
	URINE GLUCOSE(FASTING)	
17	LIKATE, OLYCATED HEMOGLOBIN	
V	X-RAY CHEST PA	
	ENT CONSULTATION	
	HTTNESS BY GENERAL PHYSICIAN	
	BLOOD GROUP ABO AND RH FACTOR	
_22	LIPID PROFILE	
	BODY MASS INDEX (BMI)	-
	OPTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
¥26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Manjusha Kumathelogo 27/07/24 After reviewing the medical history and on clinical examination it has been found that he/she is Tick Medically Fit Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1..... 2..... 3...... However the employee should follow the advice/medication that has been communicated to him/her. Review after Currently Unfit. recommended Review after Unfit Sameat @

General Physician Apollo Spectra Hospital Pune

This certificate is not meant for medico-legal purposes

Reg No. 2021097302
Consultant Internal Medicine
Apollo Speciality Hospital

Dr. Samrat Shah



27/07/24

Department Consultant

Internal Medicine

MRNO Name

Date

Manjusha KumathelBeg No

DR. SAMRAT SHAH

Age/Gender Mobile No.

MBBS, MD

Consultation Timing:

686/100 Temp: Afemile B. P .: | Dolformoria Resp: Oob m Pulse: 60.7 kg Height: 156 cm BMI: 049. 9 Waist Circum: Weight:

General Examination / Allergias History

Clinical Diagnosis & Management Plan

CPC2 100%

mernal Medic ne

SAMI ATCHAR

to join duty Loud

Follow up date:

Apollo Speciality Hospital Consultant Internal Medicine Reg No. 2021097302 Destor Signature
Destor Signature

Book YOUR APPOINTMENT TODAY I Ph.: 020 6720 6500

Fax: 020 6720 6523 www.apollospectra.com





Apollo Clinic

CONSENT FORM

Patient Name: Manjusho Kumthekon Age:	85
UHID Number: Company	Name: 608
IMr/Mrs/Ms Manjusha Kumthekar Employee	of 808
(Company) Want to inform you that I am not interested in getting	Dental ENT
Tests done which is a part of my routine health check package.	Grynec & LBC
And I claim the above statement in my full consciousness.	papsure
Patient Signature: Date:	07/07/2024

Apollo Health and Lifestyle Limited (CIN - URS110752000FLC115819)
Rept. Office: 1-18-46/42, Ashaka Rayhupathi Chembers, 5th Floor, Beginnpet, Pyderabad, Telangana - 500 616
terem.apollobl.com | Email ID: enquiry/apollobl.com, Ph No: 040-4964 7777, Fax No: 4904 7744

Address

D to 36 F - Block 2nd Avenue, Area flager East, Chemius 800 102,
Phone 944-26274564 / 65



Telerigenta: Hyderabed (AS Reo Nege: | Chenda Nege: | Chenda Nege: | Nerdapur | Nelakonta | Nege: Nordapur | Nelakonta | Nege: Nelakonta | Nege: Nelakonta | Ne







: Mrs. MANJUSHA RAHUL KUMATHEKAR

Age/Gender UHID/MR No : 39 Y 11 M 28 D/F : SPUN.0000048659

Visit ID Ref Doctor : SPUNOPV65538

Emp/Auth/TPA ID

: Dr.SELF

: 85623

Collected Received

: 27/Jul/2024 09:07AM : 27/Jul/2024 10:59AM

Reported

: 27/Jul/2024 11:23AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.3	g/dL	12-15	Spectrophotometer
PCV	43.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.7	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,270	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	47.4	%	40-80	Electrical Impedance
LYMPHOCYTES	41.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2971.98	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2627.13	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	244.53	Cells/cu.mm	20-500	Calculated
MONOCYTES	420.09	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.27	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78-3.53	Calculated
PLATELET COUNT	266000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Platelets are Adequate

No hemoparasite seen.

Page 1 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240196728







: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender UHID/MR No : 39 Y 11 M 28 D/F : SPUN.0000048659

Visit ID Ref Doctor SPUNOPV65538

Emp/Auth/TPA ID

: Dr.SELF : 85623 Collected

: 27/Jul/2024 09:07AM

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: 27/Jul/2024 10:59AM

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Status

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Page 2 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240196728







: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F

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Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA			1000000
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240196728







: Mrs. MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F

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Emp/Auth/TPA ID

: Dr.SELF : 85623 Collected

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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	92	mg/dL	70-100	HEXOKINASE	

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 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.

Page 4 of 16



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

SIN No:PLF02194456

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www.apollodiagnostics.in







: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F : SPUN.0000048659

UHID/MR No Visit ID

: SPUNOPV65538

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

85623

Collected

: 27/Jul/2024 09:07AM

Received Reported : 27/Jul/2024 10:59AM : 27/Jul/2024 12:48PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	94	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL	100	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test

Page 5 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240081207

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

www.apollodiagnostics.in







: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F

UHID/MR No

: SPUN.0000048659

Visit ID Ref Doctor : SPUNOPV65538

Emp/Auth/TPA ID

: Dr.SELF

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: Final Report

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DEPARTMENT OF BIOCHEMISTRY

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

- 3. 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.
- 4. 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.
- 5. 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)

Page 6 of 16



Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:EDT240081207







: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender UHID/MR No

Visit ID

: 39 Y 11 M 28 D/F : SPUN.0000048659

Ref Doctor

: SPUNOPV65538 : Dr.SELF

Emp/Auth/TPA ID : 85623 Collected : 27/Jul/2024 09:07AM Received : 27/Jul/2024 01:11PM Reported : 27/Jul/2024 02:49PM

Status

: Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

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
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.43	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		< 0.11	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 7 of 16

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

SIN No:SE04793241









: Mrs. MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F

UHID/MR No

: SPUN.0000048659

Visit ID Ref Doctor : SPUNOPV65538 : Dr.SELF

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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
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.8	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	75.76	U/L	30-120	IFCC
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.66	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		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 *ALT - Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for injuries. hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP - Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age *Bilirubin elevated-predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 8 of 16



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

SIN No:SE04793241

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

www.apollodiagnostics.in







: Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender UHID/MR No : 39 Y 11 M 28 D/F : SPUN.0000048659

Visit ID

: SPUNOPV65538

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 85623

Collected

: 27/Jul/2024 09:07AM

Received Reported : 27/Jul/2024 01:11PM : 27/Jul/2024 02:49PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Page 9 of 16



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

SIN No:SE04793241

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.70	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	11.78	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.25	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.23	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.36	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.97	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107.95	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.27	g/dL	6.6-8.3	Biuret
ALBUMIN	4.66	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	26.77	U/L	<38	IFCC

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

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Age/Gender UHID/MR No : 39 Y 11 M 28 D/F : SPUN.0000048659

Visit ID Ref Doctor : SPUNOPV65538 : Dr.SELF

Emp/Auth/TPA ID : 85623 Collected

: 27/Jul/2024 09:07AM

Received Reported : 27/Jul/2024 01:11PM : 27/Jul/2024 02:03PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.65	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.673	μlU/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

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Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:SPL24123988

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



www.apollodiagnostics.in







: Mrs.MANJUSHA RAHUL KUMATHEKAR

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Visit ID Ref Doctor : SPUNOPV65538

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DEPARTMENT OF IMMUNOLOGY

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

Pituitary Adenoma; TSHoma/Thyrotropinoma High High High High

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Dr Sneha Shah MBBS MD (Pathology) Consultant Pathologist

SIN No:SPL24123988







Mrs.MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F

UHID/MR No

SPUN.0000048659

Visit ID Ref Doctor SPUNOPV65538

Emp/Auth/TPA ID

85623

: Dr.SELF

Collected

27/Jul/2024 09:07AM

Received

: 27/Jul/2024 12:50PM

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: 27/Jul/2024 01:20PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION			lini l	
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Υ		
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image Based Microscopy
BC 0		/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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

SIN No:UR2394538

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







: Mrs. MANJUSHA RAHUL KUMATHEKAR

Age/Gender

: 39 Y 11 M 28 D/F

UHID/MR No Visit ID : SPUN 0000048659 : SPUNOPV65538

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

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

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

SIN No:UR2394538

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Age/Gender UHID/MR No : 39 Y 11 M 28 D/F SPUN.0000048659

Visit ID

SPUNOPV65538

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

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

*** End Of Report ***

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

SIN No:UF011954

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



2D ECHO / COLOUR DOPPLER

Name: Mrs. Manjusha Kumathekar Age: 39YRS/F Ref by : HEALTH CHECKUP Date: 27/07/2024

LA - 32

AO - 26

IVS - 10

PW - 10

LVIDD - 37

LVIDS - 25

EF 60 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 60 %

No regional wall motion abnormality

Normal sized other cardiac chambers.

Mitral valve has thin leaflets with normal flow.

Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation. No LVOT gradient

Normal Tricuspid & pulmonary valves.

No tricuspid regurgitation.

PA pressures Normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

IMPRESSION:

NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION. NO RWMA. NO PULMONARY HTN

NO CLOTS/VEGETATIONS

DR.SAMRAT SHAH

MD, CONSULTANT PHYSICIAN

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030 Ph No: 022 - 6720 6500 | www.apollospectra.com



MRS MANJUSHA KUMATHEKAR MR No:

39 Years

Location:

Physician:

Date of Exam:

Apollo Spectra Hospital Pune

(Swargate)

SELF

27-Jul-2024

27-Jul-2024 10:08 Date of Report:

Age:

Gender: Image Count: Arrival Time:

27-Jul-2024 09:55

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION: No significant abnormality is seen.

Dr.Santhosh Kumar DMRD,DNB Consultant Radiologist

Reg.No: 59248

CONFIDENTIALITY:

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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 or reporting. It is meant to be used in correlation with other relevant clinical findings.

EYE REPORT



ASH/PUN/OPTH/06/02-0216

Mrs. Mansusha Kumathekon Date: 27/07/24

Age /Sex:

39 81F

Ref No.:

Complaint:

No complaints

NG

vision R 6/6

Examination

No Dm

NO HTW

Spectacle Rx

	Right Eye				Left Eye			
W. M.	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	616	7.00	T-75	90.	616	1.50	7.50	80.
Read				No	-			Ne
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision

Remarks:

WNL

Medications: BE Colour vision Normal.

Trade Name	Frequency	Duration	
Refresh Tear	Twice in aday	XISdays	
Tears doop	= '-		

Follow up:

Consultant:

Apollo Spectra Hospitals

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030 Ph: 020 67206500 | Fax: 020 67206523 | www.apollospectra.com



Patient's Name :- Manjusha Kumathekar

AGE : 39 Yrs / F.

Ref. Doctor

:- Healthcheckup.

DATE: 27/7/2024

USG ABDOMEN & PELVIS

<u>Liver</u>: appears normal in size but shows increased echogenicity due to fatty infiltration. No focal lesion is seen. PV and CBD 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.

<u>Pancreas</u>: 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 CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney-9.4 X 4.3 cms. Left kidney – 10.2X 4.6 cms

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

<u>Uterus</u>: appears normal in size measuring 9.1x4.9x6.2 cms. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9.3 mm.

A small fibroid size 12 x18 mm is noted in posterior wall.

Both ovaries: - appear small in size, shape and echo pattern. No obvious free fluid or lymphadenopathy is noted in the abdomen.

IMPRESSION :-

Grade I fatty liver.

Small_intramural uterine fibroid in posterior wall.

Dr. Rajcoe Munot, M.D.

Consultant Radiologist.

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GOVERNMENT OF INDIA



. Kilmer

मंड्रपा राहुल कुमडेकर Manjusha Rahui Kumathekar बन्म वर्षे / Year of Birth ; 1984 वर्षी / Female



8310 8735 0259

आधार - सामान्य माणसाचा अधिकार



मारतीय विशिष्ट ओळख प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता W/O राष्ट्रल ज्ञानेश्वर गुमटेकर, भ्यू बालविकाम मंदिर पिपाठी शेजारी, सार्द कुंज सोसावटी, क्लंट नं. २२ सुनवडी रोड गिरीजानगर, गुनवडी, गुनवडी, पुगे, महाराष्ट्र, 413102 Address: W/O Rahul Dnyaneshwar Kumathekar, Near New Balvikas Mandir Pimpali, Sai Kunj Society, Flat No.22, Gunwadi Road, Girisanagar, Gunwadi, Gunawadi, Pune, Maharashtra, 413102



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