



: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No

: SPUN.0000050110

Visit ID

: SPUNOPV68243

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

: 9865323

Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 11:04AM

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: 26/Oct/2024 12:06PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.4	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,530	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			<u>'</u>
NEUTROPHILS	39.4	%	40-80	Electrical Impedance
LYMPHOCYTES	49	%	20-40	Electrical Impedance
EOSINOPHILS	4.3	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2966.82	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3689.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	323.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	512.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.65	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.8		0.78- 3.53	Calculated
PLATELET COUNT	221000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic

WBC's Lymphocytosis

Platelets are Adequate

No hemoparasite seen.

Page 1 of 14



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

This ABOLLO SAGGINITE HO SPITE A PARTY ARELLIEW TENDER OF SAGASHIV Peth Pune, Diagnostical 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 ANNUAL PLUS MALE - 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 2 of 14





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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT.	A		
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 14



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

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	105	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	95	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.

Page 4 of 14



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

SIN No:PLP1487523

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WH	IOLE BLOOD EDTA	<u>'</u>		
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.
- 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 5 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist SIN No:EDT240093455

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

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
L IPID PROFILE , SERUM				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.21	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.14	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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

Page 6 of 14



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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

DPD
DPD
0,0
DPD
Dual Wavelength
IFCC
IFCC
Calculated
IFCC
Biuret
BROMO CRESOL GREEN
Calculated
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. 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.

Page 7 of 14



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

SIN No:SE04839278

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.93	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.49	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.54	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.08	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	98.65	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.70	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

Page 8 of 14



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL	18.29	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 9 of 14



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH)	, SERUM	'		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.31	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.116	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

Page 10 of 14



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

SIN No:SPL24144869

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Page 11 of 14



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

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Mathad

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Pasult

lest Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
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 12 of 14



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UHID/MR No Visit ID

: SPUN.0000050110

Ref Doctor

: SPUNOPV68243 : Dr.SELF

Emp/Auth/TPA ID : 9865323 Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 12:09PM

Reported Status

: 26/Oct/2024 12:43PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

This ABOLLO SAGGETALITY HO SPITTAL PRINTING THE PLAN POR PURPOSITION LIABOR TO SAGGET AND THE PURPOSITION AND THE PURPOSITION

(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

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 14



: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No

: SPUN.0000050110

Visit ID Ref Doctor : SPUNOPV68243 : Dr.SELF

Emp/Auth/TPA ID

: 9865323

Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 12:09PM

Reported

: 26/Oct/2024 12:46PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD
Test Name	Result	Unit	Bio. Ref. Interval	Method

*** End Of Report ***

Page 14 of 14



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

This Apollo Special itself a spital a Parivate Lienite Ad-Sadashiv Peth Pune, Diagnostica 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



: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

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: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No:UF012138 This Apollo Speciality Hospitals Private Limited

This feet liab been period. The Private Limited Formely known as a Nova Speciality Hospitals Private Limited.

The Private Limited Formely Robot 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 WILL BE DONE 02-11-2024



APOLLO SPECTRA HOSPITALS

Opp. Sanas Sports Ground, Saras Baug, Sadashiy Peth, Pune, Maharashtra - 411 030 Ph. No. 020 6720 6500 Cheny (100) 6820 6500

Name : Mr. Sagar Pote

Age: 37 Y

Sex: M

Address: Sadashivepeth, Pune

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:SPUN.0000050110

OP Number: SPUNOPV68243

Bill No :SPUN-OCR-11778 Date : 26.10.2024 08:43

		Jacc . 20.10.2024 00.43
Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO -	PAN INDIA - FY2324
1	GAMMA GLUTAMYL TRANFERASE (GGT)	
2	2 D ECHO (N)	
-3	LIVER FUNCTION TEST (LFT)	
-4	GLUCOSE, FASTING	
	HEMOGRAM + PERIPHERAL SMEAR	
-6	DIET CONSULTATION	
	COMPLETE URINE EXAMINATION	
V	URINE GLUCOSE(POST PRANDIAL)	
- 5	PERIPHERAL SMEAR	
LIE	ECG	
_	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
1	DENTAL CONSULTATION	
V	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11-20 AM	
	URINE GLUCOSE(FASTING)	
_13	HbAke, GLYCATED HEMOGLOBIN	
U	X-RAY CHEST PA	
17	7 ENT CONSULTATION	
14	FITNESS BY GENERAL PHYSICIAN	
-	BLOOD GROUP ABO AND RH FACTOR	
-24	DLIPID PROFILE	
2	DODY MASS INDEX (BMI)	
2	OPTHAL BY GENERAL PHYSICIAN	
	ULTRASOUND - WHOLE ABDOMEN	
	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination	
of Sagar pote on 26-10-2024	
After reviewing the medical history and on clinical examination it has been found that he/she is	
Ticl	K
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. Review afterrecommended	
• Unfit	
General Physician Apollo Spectra Hospital Pune This certificate is not meant for medico-legal purposes MBBS MD Reg No. 2021097302 Reg No. 2021097302 Consultant Internal Medicine Consultant Internal Medicine Apollo Speciality Hospital	



Date MRNO

Name

26-10-2024 Sagar Pote

Age/Gender Mobile No.

Department

Internal Medicine

Consultant

Reg. No

DR. SAMRAT SHAH

Qualification

MBBS, MD

Consultation Timing:

Pulse: gobim	B. P.: 140190 more	Resp: 100 m	Temp: A tehnor w
Weight: 53.5	Height: 164 cm	BMI: 10.9.	Waist Circum :

General Examination / Allergias History

Clinical Diagnosis & Management Plan

Follow up date:

Dr. Samrat Shaft

Reg No. 2021097302 Consultant Internal Medica Apollo Speciality Hospita

Doctor Signature

Apollo Spectra Hospitals

Opp. Sanas Sport Ground. Saras Baug. Sadashiv Peth, Pune, Maharashtra- 411030

Book YOUR APPOINTMENT TODAY I Ph.: 020 6720 6500

Fax: 020 6720 6523 www.apoliospectra.com







Patient Name Age/Gender

: Mr.SAGAR POTE

UHID/MR No

: 37 Y 6 M 0 D/M : SPUN.0000050110

Visit ID

: SPUNOPV68243

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 9865323

Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 11:04AM

Reported

: 26/Oct/2024 12:06PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

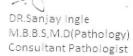
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.4	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,530	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)		1000 10000	Licetrical impedance
NEUTROPHILS	39.4	%	40-80	Electrical Impedance
LYMPHOCYTES	49	%	20-40	Electrical Impedance
EOSINOPHILS	4.3	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	
ABSOLUTE LEUCOCYTE COUNT		,,	11-2	Electrical Impedance
NEUTROPHILS	2966.82	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3689.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	323.79	Cells/cu.mm	20-500	Calculated
MONOCYTES	512.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.65	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.8		0.78- 3.53	Calculated
PLATELET COUNT	221000	cells/cu.mm	150000-410000	
ERYTHROCYTE SEDIMENTATION RATE (ESR) ERIPHERAL SMEAR	7	mm at the end of 1 hour	0-15	Electrical impedence Modified Westergren

RBC's are Normocytic Normochromic

WBC's Lymphocytosis

Platelets are Adequate

No hemoparasite seen.



SIN No:BED240241809

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



Page 1 of 14







: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No Visit ID

: SPUN.0000050110

Ref Doctor

: SPUNOPV68243

Emp/Auth/TPA ID

: Dr.SELF : 9865323 Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 11:04AM

Reported Status

: 26/Oct/2024 12:06PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Page 2 of 14



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

SIN No:BED240241809

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







: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No

: SPUN.0000050110

Visit ID Ref Doctor : SPUNOPV68243

Emp/Auth/TPA ID

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Reported Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Interval

Method

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA

BLOOD GROUP TYPE

0

Rh TYPE

Positive

Microplate

Hemagglutination

Microplate

Hemagglutination

Page 3 of 14



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

SIN No:BED240241809

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







: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No

: SPUN.0000050110

Visit ID Ref Doctor : SPUNOPV68243

Emp/Auth/TPA ID

: Dr.SELF : 9865323 Collected

: 26/Oct/2024 11:42AM

Received

: 26/Oct/2024 12:21PM : 26/Oct/2024 12:50PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Interval

Method

GLUCOSE, FASTING, NAF PLASMA

105

mg/dL

70-100

HEXOKINASE

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.

Test Name						
GLUCOSE	E, POST	PRANDIAL	(PP), 2			
HOURS,	SODIUM	FLUORIDE	PLASMA			

(2 HR)

Result

Unit

Bio. Ref. Interval

Method

95

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

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.

Page 4 of 14

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

SIN No.PI P1487523

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







: Mr. SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No

: SPUN.0000050110

Visit ID Ref Doctor : SPUNOPV68243 : Dr.SELF

Emp/Auth/TPA ID

: 9865323

Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 11:04AM

Reported Status : 26/Oct/2024 02:24PM

rialus

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , $\it W$	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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 5 of 14



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240093455

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







: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.21	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.14	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		< 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

Page 6 of 14



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

SIN No:SE04839278

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







Mr. SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No Visit ID : SPUN.0000050110

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	< 0.2	DPD
BILIRUBIN (INDIRECT)	0.26	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.09	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.6	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	59.71	U/L	30-120	IFCC
PROTEIN, TOTAL	6.70	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		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. 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.

Page 7 of 14



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

SIN No:SE04839278

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







: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No Visit ID : SPUN.0000050110

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.93	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	21.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.49	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.54	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.08	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98.65	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.70	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

Page 8 of 14



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

SIN No:SE04839278

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







: Mr.SAGAR POTE

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name
GAMMA GLUTAMYL
TRANSPEPTIDASE (GGT) , SERUM

Result 18.29 Unit U/L Bio. Ref. Interval

Method

IFCC

Page 9 of 14

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

SIN No:SE04839278

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

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







Patient Name	: Mr.SAGAR POTE
Age/Gender	: 37 Y 6 M 0 D/M
UHID/MR No	: SPUN.0000050110

Visit ID : SPUNOPV68243

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9865323 Collected : 26/Oct/2024 09:06AM Received : 26/Oct/2024 11:15AM Reported : 26/Oct/2024 12:10PM

Status : Final Report

: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.31	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.116	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	Т3	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
				D 10 614

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

SIN No:SPL24144869

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







: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No

: SPUN.0000050110

Visit ID Ref Doctor : SPUNOPV68243

Emp/Auth/TPA ID

: Dr.SELF : 9865323 Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 11:15AM

Reported Status : 26/Oct/2024 12:10PM

Status

: Final Report

Sponsor Name

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

High

High

High

High

Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:SPL24144869

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Emp/Auth/TPA ID

9865323

Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 12:09PM

Reported Status

: 26/Oct/2024 12:43PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
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
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 12 of 14



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

SIN No:UR2417894

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





: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No

: SPUN.0000050110

Visit ID Ref Doctor : SPUNOPV68243

Emp/Auth/TPA ID

: Dr.SELF : 9865323 Collected

: 26/Oct/2024 09:06AM

Received Reported : 26/Oct/2024 12:09PM : 26/Oct/2024 12:43PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Page 13 of 14



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

SIN No:UR2417894

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





: Mr.SAGAR POTE

Age/Gender

: 37 Y 6 M 0 D/M

UHID/MR No Visit ID

: SPUN.0000050110

Ref Doctor

: SPUNOPV68243

Emp/Auth/TPA ID

: Dr.SELF : 9865323 Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 12:09PM : 26/Oct/2024 12:46PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name URINE GLUCOSE(POST PRANDIAL) Result

Unit

Bio. Ref. Interval

Method

NEGATIVE

NEGATIVE

GOD-POD

Test Name

URINE GLUCOSE(FASTING)

Result

Unit

Bio. Ref. Interval

Method

NEGATIVE

NEGATIVE

GOD-POD

*** End Of Report ***

Page 14 of 14

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

SIN No:UF012138

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





: Mr.SAGAR POTE

Age/Gender UHID/MR No : 37 Y 6 M 0 D/M

Visit ID

: SPUN.0000050110 : SPUNOPV68243

Ref Doctor

D-0515

Emp/Auth/TPA ID

: Dr.SELF : 9865323 Collected

: 26/Oct/2024 09:06AM

Received

: 26/Oct/2024 12:09PM

Reported Status

: 26/Oct/2024 12:46PM

olalus

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No:UF012138

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





MR.SAGAR POTE 37Y 37 Years

MR No: Location:

Physician:

Date of Exam:

Date of Report:

SPUN.000050 Apollo Spectra Hospital Purveyering you.

26-Oct-2024 10:14

(Swargate)

SELF 26-Oct-2024

Gender: Image Count:

Arrival Time:

26-Oct-2024 09:45

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality is seen.

Dr.Santhosh Kumar DMRD, DNB Consultant Radiologist

Reg.No: 59248

CONFIDENTIALITY:

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

PLEASE NOTE:

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



Patient's Name :- Mr.Sagar Pote

Ref Doctor :- Health Checkup

AGE: 37 Yrs/M.
DATE: 26/10/2024

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.

Spleen: appears normal in size and echotexture. Splenic vein appears normal.

Pancreas: appears normal in echopattern. No focal lesion/calcification.

<u>Both the kidneys</u>: appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. Right kidney- 8.8 x 4.1 cms Left kidney - 9 x 4.1 cms

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

<u>Prostate</u> is normal in size and echotexture. No evidence of calcification seen. Seminal vesicles appear normal.

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

IMPRESSION:-

Grade I fatty liver.

No other significant abnormality detected.

Dr. Rajcee Munot, M.D. Consultant Radiologist.

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



2D ECHO / COLOUR DOPPLER

Name: Mr. Sagar Pote Ref by: Health Checkup Age: 37 YRS / M Date: 26/10/2024

LA - 32

AO - 26

IVS'- 10

PW - 10

LVIDD - 37

LVIDS - 25

EF 55 %

Normal LV size and systolic function.

No diastolic dysfunction

Normal LV systolic function, LVEF 55 %

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

EYE REPORT



Name: Mg	- Sagae	Pote	ASH/	PUN/OPTH/06/02-0216 Date: 26 10	2024
Age /Sex:	37 yrs,	M		Ref No.:	
Complaint:	For no	utive	eyre	checkup	
Examination		Vision	R 6/6	5, N6 Suno	ided

Spectacle Rx

		Right	Eye			Lef	t Eye	
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								
	Sphere	CYI	Axis	Vision	Sphere	CYI	Axis	Vision

Remarks:

Colow vision

Slit lamp

exam

Medications:

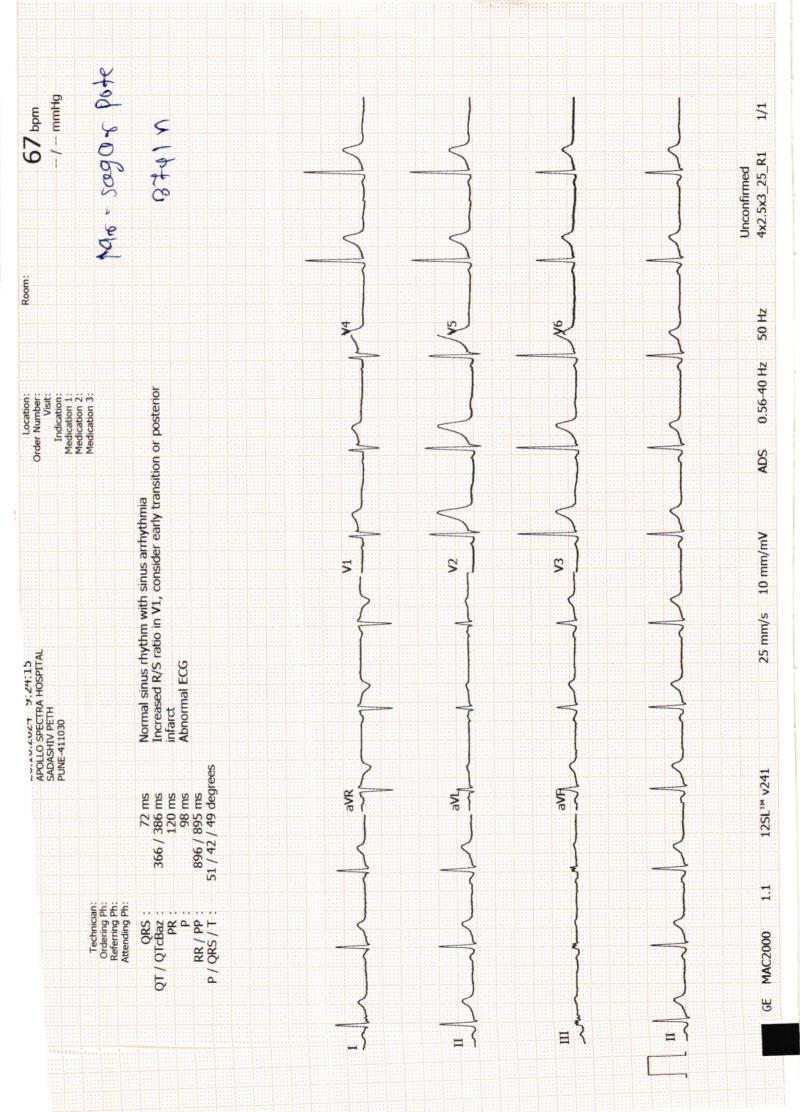
Trade Name	Frequency	Duration
parameter and the second secon		
·		

Follow up:	After	one	year	

Consultant: Da. A.C. Bhayau

Apollo Spectra Hospitals

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



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Agreement	ARCOFEMI MEDIWHEEL MALE AHC CR	BAJAJ FINSERV MORNING STAR AHC	APOLLO HEALTHCO ALYVE HEALTH A	VISIT HEALTH VH000RC AHC CREDI	THE SARASWAT CO-OPERATIVE BANK	HEALTH METER SYIL PACKAGE CRED	ZYLA HEALTH ZYLA0045 AND ZYLA0	ZYLA HEALTH ZYLA0045 AND ZYLA0	AAYUV TECHNOLOGIES EKTGC HC CR	ARCOFEMI MEDIWHEEL FEMALE AHC
Mobile	9309975532	9664141154	9552038634	8742854872	9762539257	9888574014	8308297488	9156363090	9527953583	9404112113
Email id	Pratiksh akalekar91@gmail.com	ganesh suryawanshi1@morningstar.com	operations@alyve.health	ishan bhardvaj@oracle.com	sanjana mahale@saraswatbank.com	hearthmeter preemployment@gmail.com	members@zyła in	members@zyla.in	EKI622487732@ekincare.com	hemant sakpal@bankofbaroda.co.in
The parties with	Sager Prashant Pote	Ganesh Vasant sury awanshi	Shubhangi Dadaso Mainkar	ishan Bhardwaj Ishan Bhardwaj	SANJOG KULKARNI Mr	Pradeep Jadhavar	Sneha Sathe Ms	Swapna Jagtap Ms	Aarti Mangesh Saswade	Priyanka Hemant Sakpal
	ARCOFEMI HEALTHGARE LIMITED	BAJAJ FINSERV HEALTH LIMITED	APOLLO HEALTHCO LIMITED	VISIT HEALTH PRIVATE LIMITED.	THE SARASWAT CO-OPERATIVE BANK.	HEALTH METER SERVICES PRIVATE	ZYLA HEALTH PRIVATE LIMITED	ZYLA HEALTH PRIVATE LIMITED	AAYUV TECHNOLOGIES PRIVATE LIM	ARCOFEMI HEALTHCARE LIMITED .
	533799	332848	331082	327656	326997	326272	326094	326085	320274	270827





भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार Unique Identification Authority of India Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1293/30033/07578

To, मागर प्रशांत पोटे Sagar Prashant Pote S/O: Prashant Pote Milan Apartment

Bhopatkar Marg Near Peruget Police Station 1231 Sadashiv Peth Pune City

S.p. College Pune City Pune Maharashtra 411030

Ref 256 / 17A / 443788 / 444464 / P



SH086147907DF



आपला आधार क्रमांक / Your Aadhaar No. :

8395 8436 6119

आधार — सामान्य माणसाचा अधिकार



भारत सरकार GOVERNMENT OF INDIA



मागर प्रशान पाँट Sagar Prashant Pote जनम् वर्ष / Year of Birth 1987 प्रसार Male



8395 8436 6119

आधार - सामान्य माणसाचा अधिकार