



: Mr.VIKAS PARKHI

Age/Gender

: 62 Y 6 M 20 D/M

UHID/MR No

: CAUN.0000090623

Visit ID

: CAUNOPV184889

: Self

: 1234

T - - (NI - -- -

Ref Doctor Emp/Auth/TPA ID Collected

: 21/Feb/2025 08:40AM

Received

: 21/Feb/2025 01:58PM

Reported

: 21/Feb/2025 02:56PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	42.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.2	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	51.4	%	40-80	Electrical Impedance
LYMPHOCYTES	30.7	%	20-40	Electrical Impedance
EOSINOPHILS	7.7	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3305.02	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1974.01	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	495.11	Cells/cu.mm	20-500	Calculated
MONOCYTES	610.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.01	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.67		0.78- 3.53	Calculated
PLATELET COUNT	224000	cells/cu.mm	150000-410000	Electrical impedence
MPV	8.7	FI	8.1-13.9	Calculated
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology

Platelets are Adequate

Page 1 of 16



SIN No:AUH250203168

MBBS, MD (Pathology) Consultant Pathologist

Dr Sneha Shah

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744







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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

No hemoparasite seen

Page 2 of 16



Consultant Pathologist SIN No:AUH250203168

MBBS, MD (Pathology)

Dr Sneha Shah

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACT	FOR , WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Comment:

- 1. This tests determines ABO & Rh blood groups (testing for other blood group systems not performed) through immunological reaction between RBC antigen & antibody.
- 2. ABO system also has Subgroups of A, B and rare phenotype as Bombay blood group which requires further testing and required recommendations as per the case will be provided.
- 3. Rh system in certain individual can have weak or partial Rh D expression which can result in weaker agglutination reactions and hence all Rh D Negative groups need to be further cross verified using Rh Du testing.
- **4.** In case of Newborn Only forward typing is performed, reverse typing is not performed, since the antibodies are not fully formed. Hence it is recommended to re-test blood grouping after 6 months.
- 5. In certain cases History of Recent blood transfusion (within 3-4mths), of bone marrow transplantation, certain drugs (especially monoclonal antibody) & certain malignancies may interfere with interpretation of blood grouping.
- **6.** It is always recommended for reconfirmation of the Blood Group along with cross matching before blood transfusion.

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SIN No:AUH250203168

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





Patient Name	: Mr.VIKAS PARKHI	Collected	: 21/Feb/2025 11:21AM
Age/Gender	: 62 Y 6 M 20 D/M	Received	: 21/Feb/2025 01:58PM
UHID/MR No	: CAUN.0000090623	Reported	: 21/Feb/2025 02:25PM
Visit ID	: CAUNOPV184889	Status	: Final Report

Ref Doctor Sponsor Name : ARCOFEMI HEALTHCARE LIMITED : Self Emp/Auth/TPA ID

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	99	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

: 1234

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)	109	mg/dL	Non-diabetic <140 ~ Impaired glucose Tolerance 140 - 200 ~ Diabetic >200	

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.

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

SIN No:AUH250203247

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Sponsor Name

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Status : Final Report

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DEPARTMENT OF BIOCHEMISTRY

Received

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	OLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6.2	%	Н	PLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL	С	alculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

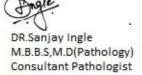
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	220	mg/dL	< 200	CHOD-PAD
TRIGLYCERIDES	183	mg/dL	< 150	GPO-PAP
HDL CHOLESTEROL	41	mg/dL	>=40 Desirable	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	179	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.29		<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	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 40	Low < 35; Borderline Low 35-40	*	
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130- 159	160-189	190-219	>220

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

SIN No:AUH250203170

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.33	mg/dL	0-1.2	Diazo
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	0-0.2	Diazo
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.2	U/L	10-50	IFCC with Pyridoxal Phosphate
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	10-50	IFCC with Pyridoxal Phosphate
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	67.30	U/L	40-129	IFCC
PROTEIN, TOTAL	7.48	g/dL	6.2-8.1	Biuret
ALBUMIN	4.50	g/dL	3.97-4.94	Bromo Cresol Green
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

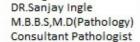
Comment:

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. Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
- 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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SIN No:AUH250203170

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: 21/Feb/2025 06:03PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM							
CREATININE	0.96	mg/dL	0.9-1.3	Jaffe			
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	84.05	mL/min/1.73m ²	>60	CKD-EPI FORMULA			
UREA	23.50	mg/dL	17-49	Calculated			
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	8.02	mg/dL	3.5-7.2	Uricase			
CALCIUM	9.81	mg/dL	8.8-10.2	NM-Bapta			
PHOSPHORUS, INORGANIC	3.15	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	141.08	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)			
CHLORIDE	103.55	mmol/L	101–109	ISE (Indirect)			
PROTEIN, TOTAL	7.48	g/dL	6.2-8.1	Biuret			
ALBUMIN	4.50	g/dL	3.97-4.94	Bromo Cresol Green			
GLOBULIN	2.98	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.51		0.9-2.0	Calculated			

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

SIN No:AUH250203170

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	31.30	U/L	10-71	IFCC

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Consultant Pathologist SIN No:AUH250203170

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

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







Patient Name : M Age/Gender : 6

: Mr.VIKAS PARKHI

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: Self : 1234 Collected Received : 21/Feb/2025 08:40AM

: 21/Feb/2025 02:35PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	136	ng/dL	84.6-202	ECLIA
THYROXINE (T4, TOTAL)	7.57	μg/dL	5.12-14.06	ECLIA
THYROID STIMULATING HORMONE (TSH)	3.690	μIU/mL	0.270-4.20	ECLIA

Comment:

For Pregnant Women	Bio Ref Range for TSH in μIU/mL
9 – 12 Weeks	0.18 – 2.99
First trimester	0.33 - 4.59
Second trimester	0.35 - 4.10
Third trimester	0.21 - 3.15

- 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 Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	ımıgn	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

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

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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Consultant Pathologist SIN No:AUH250203170

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Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	1.150	ng/mL	< 4.1	ECLIA

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	t 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	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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 N	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		/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 13 of 16



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

SIN No:AUH250203169

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

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road,









: Mr.VIKAS PARKHI

Age/Gender

: 62 Y 6 M 20 D/M

UHID/MR No

: CAUN.0000090623

Visit ID

: CAUNOPV184889

: Self

: 1234

Ref Doctor Emp/Auth/TPA ID Collected

: 21/Feb/2025 08:40AM

Received

: 21/Feb/2025 02:14PM

Reported

: 21/Feb/2025 03:15PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Page 14 of 16



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

SIN No:AUH250203169

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







: Mr.VIKAS PARKHI

Age/Gender UHID/MR No : 62 Y 6 M 20 D/M

Visit ID

: CAUN.0000090623

Ref Doctor Emp/Auth/TPA ID : CAUNOPV184889

: Self : 1234 Collected

: 21/Feb/2025 11:21AM

Received

: 21/Feb/2025 02:12PM

Reported Status

: 21/Feb/2025 02:49PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name

Result

Unit

Bio. Ref. Interval

Method

URINE GLUCOSE(POST PRANDIAL)

NEGATIVE

NEGATIVE

GOD-POD

Page 15 of 16



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:AUH250203246

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







: Mr.VIKAS PARKHI

Age/Gender

: 62 Y 6 M 20 D/M

UHID/MR No

: CAUN.0000090623

Visit ID

: CAUNOPV184889

: Self

: 1234

Ref Doctor Emp/Auth/TPA ID Collected

: 21/Feb/2025 08:40AM

Received

: 21/Feb/2025 02:14PM

Reported Status

: 21/Feb/2025 03:15PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Page 16 of 16



Consultant Pathologist SIN No:AUH250203169

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

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







: Mr.VIKAS PARKHI

Age/Gender UHID/MR No

: 62 Y 6 M 20 D/M : CAUN.0000090623

Visit ID

: CAUNOPV184889

Ref Doctor Emp/Auth/TPA ID

: Self : 1234 Collected

: 21/Feb/2025 08:40AM

Received

: 21/Feb/2025 02:14PM

Reported

: 21/Feb/2025 03:15PM

Status

: 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:AUH250203169

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744





: Mr. VIKAS PARKHI

: CAUN.0000090623

Printed On

UHID

: 21-02-2025 11:31 AM

Department

: Radiology

Referred By

: Self : 1234

Employeer Id

Age

: 62Yrs 6Mths 22Days

OP Visit No.

: CAUNOPV184889

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

USG ABDOMEN & PELVIS

Liver appears normal in size and shows enhanced in echotexture.

No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic billiary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri-GB collection. No evidence of focal lesion is seen.

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

Spleen appears normal. No focal lesion seen. Spleenic vein appears normal.

Right Kidney is - 10.1 x 4.6 cm. **Left Kidney is** - 10.8 x 6.0 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.



Prostate is normal in size and echotexture. No evidence of calcification seen. No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION:

Grade I fatty liver.

No other significant abnormality seen.

Suggest - clinical correlation.

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

---End Of The Report---

Dr.SUHAS KATHURIA MBBS,DMRE 2015/04/2158 Radiology



: Mr. VIKAS PARKHI

: CAUN.0000090623

Printed On

UHID

: 22-02-2025 04:57 PM

Department

: Cardiology

Reffered By

: Self

Employeer Id

: 1234

Age

: 62Yrs 6Mths 22Days

OP Visit No.

: CAUNOPV184889

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF CARDIOLOGY

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve: Normal.

Aortic Valve: Normal.

Tricuspid Valve: Normal.

Pulmonary Valve: Normal.

RWMA: Absent.

RA: Normal RV: Normal IVS: Intact IAS: Intact

Pericardial effusion: No

IVC: Normal.

AO -28 mm, LA -29 mm, LVIDd - 32 mm, LVISd -19 mm, IVS -10 mm, PW - 11 mm.

CONCLUSION:

Normal size cardiac chambers.

No RWMA.

Good LV function LVEF-60%.

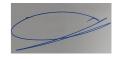
No AR/MR/TR No PAH.

No e/o clot, thrombus, vegetation or pericardial effusion.



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

---End Of The Report---



Dr. SATYAJEET SURYAWANSHI MBBS, D.N.B. (CARDIOLOGY) 2005/05/2798 Cardiology



: Mr. VIKAS PARKHI

: CAUN.0000090623

Printed On

UHID

: 21-02-2025 09:32 AM

Department

: Radiology

Referred By

: Self

Employeer Id

: 1234

Age

: 62Yrs 6Mths 22Days

OP Visit No.

: CAUNOPV184889

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

DEPARTMENT OF RADIOLOGY

CHEST RADIOGRAPH PA VIEW

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

---End Of The Report---

Dr.SUHAS KATHURIA

MBBS,DMRE 2015/04/2158

Radiology





Name : Mr. VIKAS PARKHI

Age: 62Y 6M 20D

Plan

Address: Baner Gaon Pune Maharashtra INDIA 411045

sex : Male

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT

PAN INDIA OP AGREEMENT

UHID: CAUN.0000090623

OP No: CAUNOPV184889 Bill No: CAUN-OCR-81341 Date: Feb 21st 2025 8:20 AM

		Date: Feb 21st, 2025, 8:29 AM				
Sno.	Service Type/Service Name	Department				
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D	ECHO - PAN INDIA - FY2324				
1	DENTAL CONSULTATION	Consultation				
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	Biochemistry				
3	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry				
4	HbAtc, GLYCATED HEMOGLOBIN	Biochemistry				
<u> </u>	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology				
, 6	OPTHAL BY GENERAL PHYSICIAN	Consultation				
	ENT CONSULTATION	Consultation	一			
8	DIET CONSULTATION	Consultation				
9	FITNESS BY GENERAL PHYSICIAN	Consultation	悑			
10	2 D ECHO	Cardiology				
11	X-RAY CHEST PA	X Ray Radiology	悑			
12	ECG	Cardiology	悑			
13	BODY MASS INDEX (BMI)	General	悑			
14	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	悑			
15	COMPLETE URINE EXAMINATION	Clinical Pathology				
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology	情			
-17	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	П			
18	GAMMA GLUTAMYL TRANFERASE (GGT)	Biochemistry	悑			
19	LIVER FUNCTION TEST (LFT)	Biochemistry	悑			
20	LIPID PROFILE	Biochemistry	同			
21	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	悑			
22	URINE GLUCOSE(FASTING)	Clinical Pathology	峝			
23	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	Ħ			
24	GLUCOSE, FASTING	Biochemistry				

6-B1000

9-USG (11:30)

7-FCG 8-X-Ray SKye 3-Dental

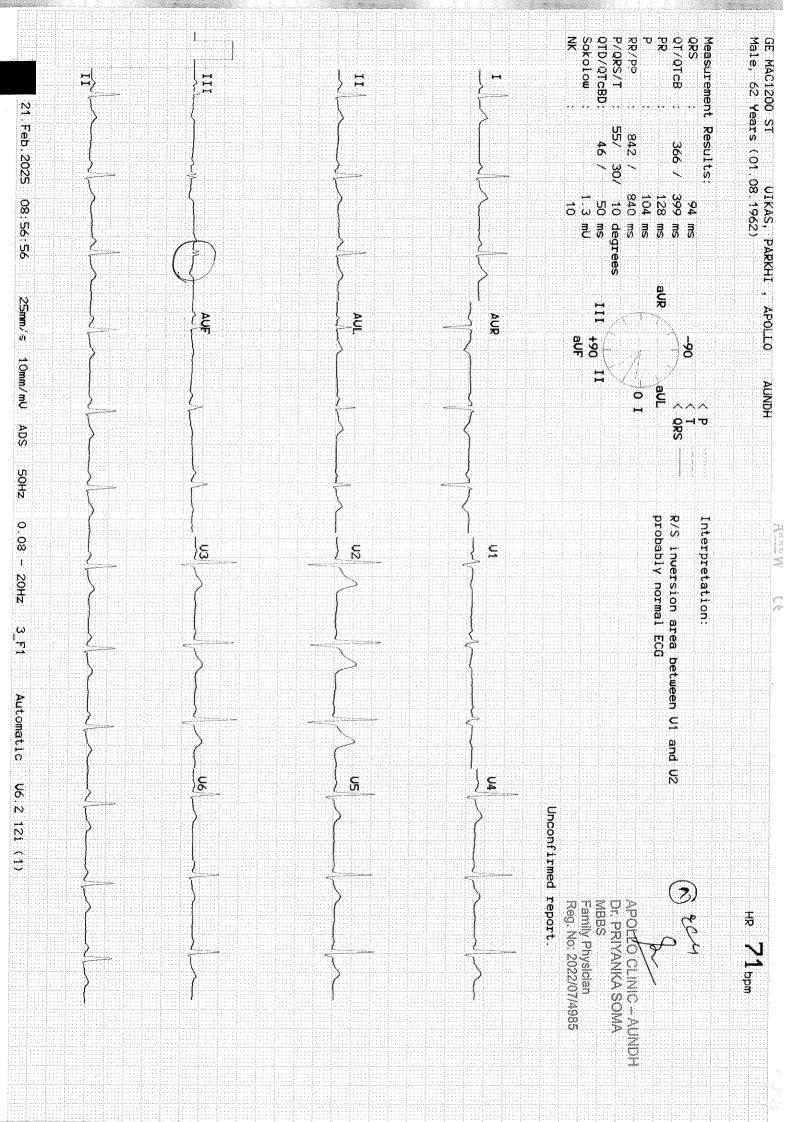
9-2Decho (9:30

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Regd. Office: #7-1-617A, 615 & 816, imperial Towers, 7th Floor: Ameerpet, Hyderabad 500038, Telangana. |
www.apollohi.com | Email ID:enquiry@apollohi.com , Ph No: 040-4904 7777, Fax No: 4904 7744

GSTIN: 27AADCA0733E1Z7

Address: Centriole building above star bucks, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh-411027







: Vikas Parkhi

Date 21/02/25

AGE/Sex

: 624/M

UHID/ MR NO:

	RIGHT EYE	LEFT EYE
FAR VISION	6/18	6/12
NEAR VISION	MIS	N29
ANTERIOR SEGMENT PUPIL	ploomal	Cat
COLOUR VISION	Normal	Normal
FAMILY / MEDICAL HISTORY	Nil	MI.

Impression:					
				<u> </u>	
	•		-,,		•

Adv.: -



Optometrist: -

Ms. Sayali Gawali

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Date

: 2/21/2025

Department

:Dental

Patient Name

: Mr. VIKAS PARKHI

Doctor

: Dr. RUCHIKA

SRIVASTAVA

UHID

: CAUN.0000090623

Registration No.

: A-47509

Age / Gender

: 62Yrs 6Mths 20Days/ Male Qualification

: BDS

Consulation Timing

: 8:30 AM

Height:	Weight: 6°	BMI:	Waist Circum: 94
Temp:	Pulse: 80	Resp :	B.P: 130/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present Complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Vaccination History

☐ Influenza Vaccine

☐ Pneumococcal

Conjugate Vaccine

☐ Shingles Vaccine

□ Tdap

(Tetanus, Diphtheria, Pertussis) Vaccine

☐ HPV Vaccine

☐ Others

Follow up date:

Doctor Signature

Book Your Appointment

Toll Number

Whatsapp Number : 970 100 3333 : 1860 500 7788

Website

: www.apolloclinic.com





भारत सरकार Government of India

भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

Enrollment No. :

0650/90921/00001

To Vikas Umesh Parkhi

FLAT NO 102, TOWER T2, KAPIL MALHAR HSG. SOCIETY.

BANEH, VTC: Pune City, PO: N i.a., Sub District: Pune City, District: Pune, State: Maharashtra, PIN Code: 411045, Mobile: 7588289245





आपका आधार क्रमांक / Your Aadhaar No. :

4877 2149 3891

मेरा आधार, मेरी पहचान









Vikas Umesh Parkhi DOB: 01/08/1962

4877 2149 3891

मेरा आधार, मेरी पहचान

Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info> Date Wed 11-12-2024 15:45

reports@mediwheel.in <reports@mediwheel.in>

Aundh Apolloclinic <aundh@apolloclinic.com>; Niraj B <niraj.b@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>

Dear vikas parkhi,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at AUNDH clinic on 2024-12-14 at 07:30-07:45.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP
Name	AGREEMENT]
Package	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE
Name	50Y MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof



CERTIFICATE OF MEDICAL FITNESS

e/she is	
Medically Fit	
Fit with restrictions/recommendation	ons
Though following restrictions have not impediments to the job.	been revealed, in my opinion, these are
1 HbA1c - 6.2/ 3 P	rediabetie
2 Tg/ Jotal ch/ne	on HDI ch/ LDI ch-
J	w the advice/medication that has been
communicated to him/her.	w the advice/medication that has been
Review after	 ,
Currently Unfit. Review after	recommended
Unfit	Q .
	\sim

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

