

Patient Name	: Mr.ARINDAM CHOWDHURY	Collected	: 09/Nov/2024 10:26AM
Age/Gender	: 35 Y 0 M 8 D/M	Received	: 09/Nov/2024 01:30PM
UHID/MR No	: CVIM.0000246651	Reported	: 09/Nov/2024 02:16PM
Visit ID	: CVIMOPV638857	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37134		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis++, Microcytes++,
Platelets are Adequate
No Abnormal cells seen

Impression: Iron Deficiency Anemia

Advice: Iron studies & Hb Electrophoresis.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100719

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



Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	7.82	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	59.3	fL	83-101	Calculated
MCH	19	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	25.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5456.46	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2198.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	241.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	698.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

**RBC's Anisopoikilocytosis++, Microcytes++,
WBC's normal in number and morphology**

Platelets are Adequate

Page 2 of 17


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MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

No Abnormal cells seen

Result is rechecked. Kindly correlate clinically


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UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:45PM
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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 FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
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UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:10PM
Visit ID : CVIMOPV638857	Status : Final Report
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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
GLUCOSE, FASTING , NAF PLASMA	79	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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Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 04:22PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 05:11PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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

SIN No:VIR241100795

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UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:29PM
Visit ID : CVIMOPV638857	Status : Final Report
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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) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)

Sneha Shah

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SIN No: VIR241100714

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Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:52PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:57PM
Visit ID : CVIMOPV638857	Status : Final Report
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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	203	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	159	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.65	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<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



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.25	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	98.62	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	48.4	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.5		<1.15	Calculated
ALKALINE PHOSPHATASE	83.12	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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 > 1 In 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 Patten:*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.

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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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) , SERUM				
CREATININE	1.14	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	28.78	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.48	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135.62	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	98.83	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated


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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	48.16	U/L	<55	IFCC



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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				
TRI-iodothyronine (T3, TOTAL)	1.38	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.44	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.237	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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



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M.B.B.S, M.D (Pathology)
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DEPARTMENT OF IMMUNOLOGY

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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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	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.021		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 MOUNT AND MICROSCOPY				
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/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.

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M.B.B.S,M.D(Pathology)
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UHID/MR No	: CVIM.0000246651	Reported	: 09/Nov/2024 05:19PM
Visit ID	: CVIMOPV638857	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37134		

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

Page 16 of 17

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: VIR241100794

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



Patient Name	: Mr.ARINDAM CHOWDHURY	Collected	: 09/Nov/2024 10:26AM
Age/Gender	: 35 Y 0 M 8 D/M	Received	: 09/Nov/2024 02:55PM
UHID/MR No	: CVIM.0000246651	Reported	: 09/Nov/2024 04:24PM
Visit ID	: CVIMOPV638857	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37134		

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(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Page 17 of 17



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

SIN No:VIR241100713

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



Patient Name : Mr.ARINDAM CHOWDHURY
Age/Gender : 35 Y 0 M 8 D/M
UHID/MR No : CVIM.0000246651
Visit ID : CVIMOPV638857
Ref Doctor : Self
Emp/Auth/TPA ID : 22S37134

Collected : 09/Nov/2024 10:26AM
Received : 09/Nov/2024 02:55PM
Reported : 09/Nov/2024 04:24PM
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 understand reporting 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 particulars 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: VIR241100713

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

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014

 **1860 500 7788**
www.apolloclinic.com

Patient Name	: Mr. Arindam Chowdhury	Age	: 35Yrs 0Mths 9Days
UHID	: CVIM.0000246651	OP Visit No.	: CVIMOPV638857
Printed On	: 09-11-2024 07:47 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S37134		

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

Liver appears normal in size and bright in echotexture. 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.

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

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

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

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Grade II fatty liver.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Patient Name	: Mr. Arindam Chowdhury	Age	: 35Yrs 0Mths 9Days
UHID	: CVIM.0000246651	OP Visit No.	: CVIMOPV638857
Printed On	: 09-11-2024 08:07 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S37134		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology



Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>

Date Thu 2024-11-07 18:24

To pummy.25nov@gmail.com <pummy.25nov@gmail.com>

Cc Vimannagar Apolloclinic <vimannagar@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>; Dr. Neha Gupta <neha.gupta@apolloclinic.com>



Dear Arindam Chowdhury,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIMAN NAGAR clinic** on **2024-11-09** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: NYATI MILLENIUM PREMISES, COOPERATIVE SOCIETY LIMITED, SHOP NO.S1 & STILT FLOOR, BUILDING "C".

Contact No: (020) 2663 4331 - 32 - 34.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic



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



তালিকাভুক্তির নম্বর/Enrolment No.: 2010/17906/32094

Date: 04/11/2016

Arindam Chowdhury (অরিন্দম চৌধুরী)

S/O: Abanikanta Chowdhury, KUNCHIA, Kunchia,
Puruliya,
West Bengal - 723129

আপনার **আধার** সংখ্যা/ Your **Aadhaar** No.:

2359 5035 3843



তথ্য

- **আধার** পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়
- পরিচয়ের প্রমাণ অনলাইন অথেন্টিকেশন দ্বারা লাভ করুন
- এটা এক ইলেক্ট্রনিক প্রক্রিয়ায় তৈরী পত্র

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

Signature Not Verified
Digitally signed by DS.UAIDAE
IDENTIFICATION AUTHORITY OF INDIA 01
Date: 2016.11.04 11:32:07 IST

আমার আধার, আমার পরিচয়



1947



help@uidai.gov.in



www.uidai.gov.in

- **আধার** সারা দেশে মান্য
- **আধার** আধারের জন্য আপনার একবারই তালিকাভুক্তি করার আবশ্যিকতা আছে।
- অনুগ্রহ করে আপনার বর্তমান মোবাইল নম্বর এবং ই-মেইল ঠিকানা পঞ্জীকৃত করুন। এতে ভবিষ্যতে আপনার বিভিন্ন সুবিধা পাওয়া সহজ হবে।
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- You need to enrol only once for **Aadhaar**.
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भारत सरकार
GOVERNMENT OF INDIA



অরিন্দম চৌধুরী
Arindam Chowdhury
জন্মতারিখ/ DOB: 01/11/1989
পুরুষ / MALE



2359 5035 3843

আমার আধার, আমার পরিচয়



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ঠিকানা:

এস/ও: অবনীকান্ত চৌধুরী,
কুঁচিয়া, কুনচিয়া, পুরুলিয়া,
পশ্চিম বঙ্গ - 723129

Address:

S/O: Abanikanta Chowdhury,
KUNCHIA, Kunchia, Puruliya,
West Bengal - 723129

2359 5035 3843

MEERA AADHAAR, MERI PEHACHAN

36

Name : Mr. Arindam Chowdhury

Age : 35Y 0M 8D

UHID : CVIM.0000246651

Address : Vadgaon Sheri Pune Maharashtra INDIA 411014

sex : Male

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT
PAN INDIA OP AGREEMENT



CVIM.0000246651

OP No: CVIMOPV638857

Bill No: CVIM-OCR-68589

Date: Nov 9th, 2024, 10:21 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
1	DENTAL CONSULTATION -8	Consultation	<input type="checkbox"/>
2	ENT CONSULTATION	Consultation	<input type="checkbox"/>
3	FITNESS BY GENERAL PHYSICIAN -1	Consultation	<input type="checkbox"/>
4	OPHTHAL BY GENERAL PHYSICIAN -11	Consultation	<input type="checkbox"/>
5	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
6	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
7	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
8	GLUCOSE, POST PRANDIAL (PP) 2 HOURS (POST MEAL) 2hrs.	Biochemistry	<input type="checkbox"/>
9	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
10	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
11	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
14	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
15	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
16	ULTRASOUND - WHOLE ABDOMEN -10.	Ultrasound Radiology	<input type="checkbox"/>
17	X-RAY CHEST PA -6	X Ray Radiology	<input type="checkbox"/>
18	URINE GLUCOSE(POST PRANDIAL) 2hrs.	Clinical Pathology	<input type="checkbox"/>
19	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
20	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
21	2-D ECHO	Cardiology	<input type="checkbox"/>
22	ECG	Cardiology	<input type="checkbox"/>
23	BODY MASS INDEX (BMI) -	General	<input type="checkbox"/>
24	DIET CONSULTATION 12-30 Room no 105	General	<input type="checkbox"/>

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad 500038, Telangana. |
www.apolloh.com | Email ID: enquiry@apolloh.com | Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad | AS Rao Nagar | Chanda Nagar | Korutapur | Nallakunta | Nizampet | Manikonda | Uppal | Andhra Pradesh: Vijay
Sreehamma Peta | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Anna Nagar) | Kotturpuram | T. Nagar | Velusaravakkam | Velachery
Maharashtra: Pune (Aundh) | Nigdi Pradhikaran | Viman Nagar | Wanowrie | Kerala: Uthar Pradesh: Ghaziabad (Indrapuram)

Online appointments: www.apolloh.com

GSTIN: 27AADCA0733E1Z7

Address:
Shop No 1, Ground,
Nyati Millennium Premises, Survey no 209,
Hissa 2, Viman Nagar, Maharashtra

1860 500 7788

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

Of Azindam choudhury on 9-11-24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions /recommendations <p>Though following restriction have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....<u>Cholesterol</u>.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communication to him/her.</p> <p>Review after. _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. • Review after _____recommended • Unfit 	

Dr. Alia Fathima
 DR. [Signature]
 M.B.B.S.
 Registration No. 2023/119050
 Medical officer

The Apollo Clinic,(location)

This certificate is not meant for medico -legal purposes

Date : 11/9/2024 *Mr. Arindam S.*
 Patient Name : Mr. Arindam Chowdhury Department : General Practice
 UHID : CVIM.0000246651 Doctor : Dr. ALIA FATHIMA
 Age / Gender : 35Yrs 0Mths 8Days/ Male Registration No. : 9050
 Consultation Timing : 10:22 AM Qualification : MBBS

Height : 162	Weight : 67	BMI : 28	Waist Circum : 92
Temp : 97	Pulse : 80	Resp : 18	B.P : 119/70

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

O/E: conscious
oriented

RS
CVS
P/a
CAS } NAD

AHC

no clo at present

Past h/o: } nil
Sx h/o

fam h/o: No th, S. HTN, DM
Dad th, S. HTN
Uncle: CA?

no addiction

no allergies

Diet: non veg

Dr. Alia Fathima
M.B.B.S.
Registration No. 2023/11/0050

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE:-

9/11/20

NAME:- Amal Choudhary

AGE:- 32

CORPORATE:- Dr. Arora

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Normal eye for telescope

Impression – Normal Eye Check Up.

3

(Ophthalmology)

246651
35 Years

MR ARINDHAM CHOUDHARY (VMN)
Male

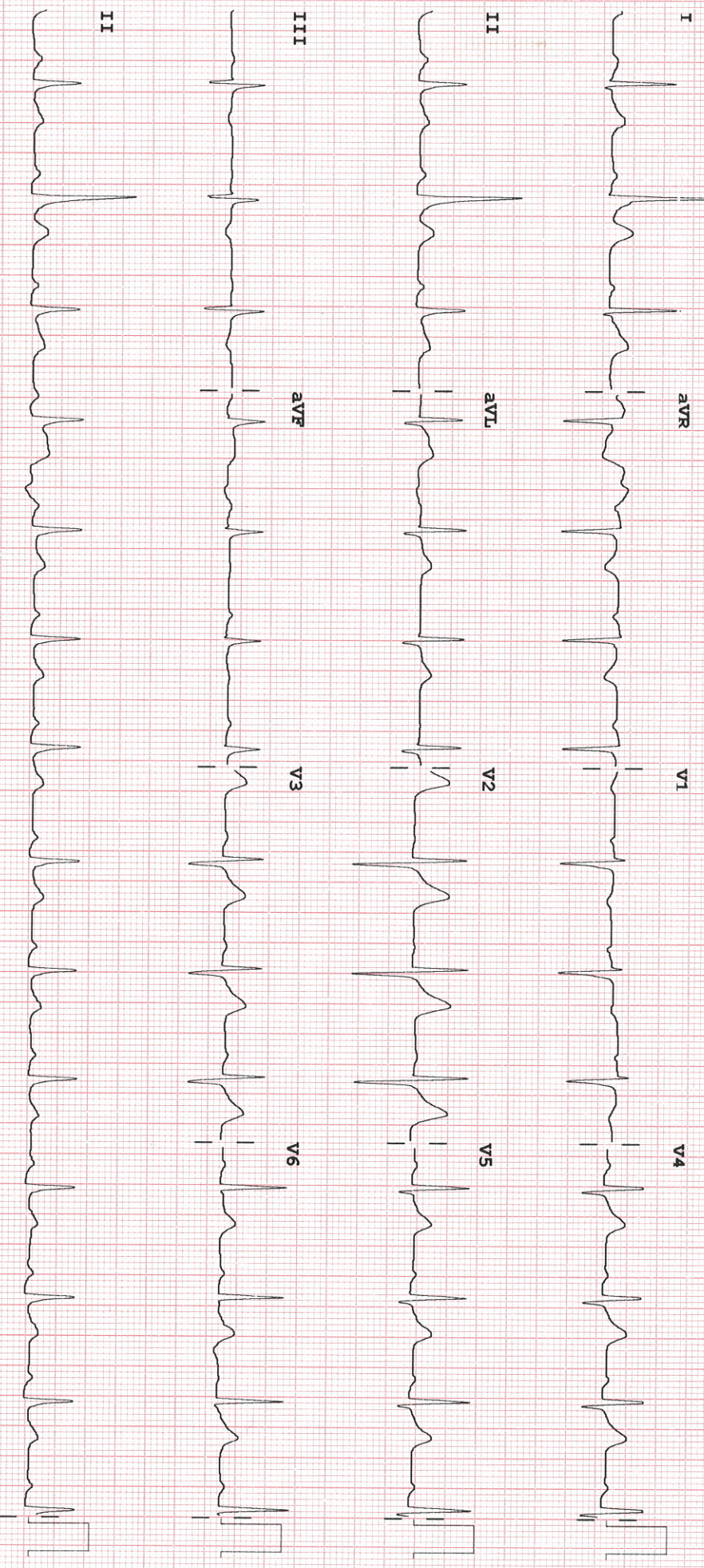
09-Nov-24 1:32:01 PM

Rate 83 Sinus rhythm..... normal P axis, V-rate 50- 99
PR 180 ST elev, probable normal early repol pattern..... ST elevation, age<55
QRSD 80
QT 361
QTc 425

--AXIS--
P 53
QRS 38
T 13
12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50- 40 Hz W PH100B CL P?



Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY
Age/Gender : 35 Y 0 M 8 D/M
UHID/MR No : CVIM.0000246651
Visit ID : CVIMOPV638857
Ref Doctor : Self
Emp/Auth/TPA ID : 22S37134

Collected : 09/Nov/2024 10:26AM
Received : 09/Nov/2024 01:30PM
Reported : 09/Nov/2024 02:16PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's Anisopoikilocytosis++, Microcytes++,
Platelets are Adequate
No Abnormal cells seen**

Impression: Iron Deficiency Anemia

Advice: Iron studies & Hb Electrophoresis.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100719

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



Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:30PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:21PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

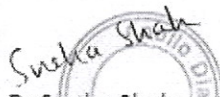
DEPARTMENT OF HAEMATOLOGY

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	14.9	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	7.82	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	59.3	fL	83-101	Calculated
MCH	19	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.3	%	40-80	Electrical Impedance
LYMPHOCYTES	25.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5456.46	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2198.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	241.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	698.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.48		0.78- 3.53	Calculated
PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

**RBC's Anisopoikilocytosis++, Microcytes++,
WBC's normal in number and morphology**

Platelets are Adequate



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: VIR241100719



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



Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY
Age/Gender : 35 Y 0 M 8 D/M
UHID/MR No : CVIM.0000246651
Visit ID : CVIMOPV638857
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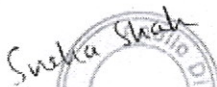
DEPARTMENT OF HAEMATOLOGY

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

No Abnormal cells seen

Result is rechecked. Kindly correlate clinically

Page 3 of 17


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100719

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





Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:30PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:45PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100719

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



Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:12PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:10PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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	79	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.

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: VIR241100718



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



Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 01:20PM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 04:22PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 05:11PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	82	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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

SIN No:VIR241100795

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



Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:16PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:29PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

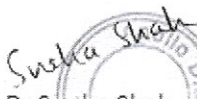
Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: VIR241100714



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



Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:52PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:57PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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	203	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	159	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.65	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<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

Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: VIR241100716



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

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:52PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:57PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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	1.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.25	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	98.62	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	48.4	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.5		<1.15	Calculated
ALKALINE PHOSPHATASE	83.12	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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:

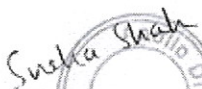
1. Hepatocellular Injury:

*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 > 1 In 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.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100716

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





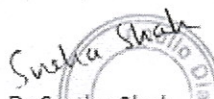
Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:52PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:57PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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) , SERUM				
CREATININE	1.14	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	28.78	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.48	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.16	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135.62	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	98.83	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: VIR241100716

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





Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 01:52PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 02:57PM
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Emp/Auth/TPA ID : 22S37134	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	48.16	U/L	<55	IFCC



Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100716

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



Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 02:34PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 03:17PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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)	1.38	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.44	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.237	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 12 of 17



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

SIN No: VIR241100717

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





Certificate No: MC-5697

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 02:34PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 03:17PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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:VIR241100717

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



Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 02:55PM
UHID/MR No : CVIM.0000246651	Reported : 09/Nov/2024 03:56PM
Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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	AMBER		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.021		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 MOUNT AND MICROSCOPY				
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/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.



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

SIN No: VIR241100715

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



Patient Name	: Mr.ARINDAM CHOWDHURY	Collected	: 09/Nov/2024 10:26AM
Age/Gender	: 35 Y 0 M 8 D/M	Received	: 09/Nov/2024 02:55PM
UHID/MR No	: CVIM.0000246651	Reported	: 09/Nov/2024 03:56PM
Visit ID	: CVIMOPV638857	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37134		

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

SIN No:VIR241100715

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

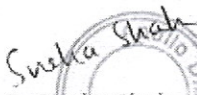


Patient Name	: Mr.ARINDAM CHOWDHURY	Collected	: 09/Nov/2024 01:20PM
Age/Gender	: 35 Y 0 M 8 D/M	Received	: 09/Nov/2024 04:43PM
UHID/MR No	: CVIM.0000246651	Reported	: 09/Nov/2024 05:19PM
Visit ID	: CVIMOPV638857	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37134		

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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: VIR241100794



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

Patient Name : Mr.ARINDAM CHOWDHURY	Collected : 09/Nov/2024 10:26AM
Age/Gender : 35 Y 0 M 8 D/M	Received : 09/Nov/2024 02:55PM
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Visit ID : CVIMOPV638857	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37134	

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(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***



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

SIN No:VIR241100713

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



Patient Name	: Mr.ARINDAM CHOWDHURY	Collected	: 09/Nov/2024 10:26AM
Age/Gender	: 35 Y 0 M 8 D/M	Received	: 09/Nov/2024 02:55PM
UHID/MR No	: CVIM.0000246651	Reported	: 09/Nov/2024 04:24PM
Visit ID	: CVIMOPV638857	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37134		

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting 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 particulars 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: VIR241100713

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

Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & Silt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



1860 500 7788
www.apolloclinic.com

NAME	ARINADAM CHOUDHARY	DATE	11/11/2024
AGE/SEX	35 Y/ M	REF	

ECHOCARDIOGRAPHY REPORT


LV SIZE - NORMAL
NORMAL WALL THICKNESS
RWMA - ABSENT
LV SYSTOLIC FUNCTION - NORMAL
PULMONARY PRESSURES - NORMAL
IAS IVS INTACT
IVC NORMAL
PERICARDIAL EFFUSION/ CLOT/ VEGETATION ABSENT

MEASUREMENTS

AOMM	LAMM	IVSD MM	LVIDD MM	PWD MM	LVIDS MM	EF %
26	30	10	39	09	29	60

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION
NO PULMONARY HYPERTENSION



DR PRAMOD NARKHEDE

MBBS, DNB (MEDICINE), DNB (CARDIOLOGY), FSCAI
INTERVENTIONAL CARDIOLOGIST
MMC 2004093195
7350684764

Patient Name	: Mr. Arindam Chowdhury	Age	: 35Yrs 0Mths 9Days
UHID	: CVIM.0000246651	OP Visit No.	: CVIMOPV638857
Printed On	: 09-11-2024 08:07 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S37134		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

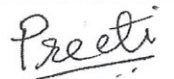
Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Patient Name	: Mr. Arindam Chowdhury	Age	: 35Yrs 0Mths 9Days
UHID	: CVIM.0000246651	OP Visit No.	: CVIMOPV638857
Printed On	: 09-11-2024 07:47 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S37134		

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

Liver appears normal in size and bright in echotexture. 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.

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

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

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

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.


Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Grade II fatty liver.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
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